

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 National Limousine Association Political Action Committee

ADDRESS (number and street) 49 South Maple Avenue Marlon NJ 08053

2. FEC IDENTIFICATION NUMBER C C00359380 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report. (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31. (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special. (d) 30-Day POST-Election Report for the: General, Runoff, Special.

5. Covering Period 04 01 2020 through 06 30 2020

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Gomez, Alice, , , Type or Print Name of Treasurer

Signature of Treasurer Gomez, Alice, , , [Electronically Filed] Date 07 15 2020

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

National Limousine Association Political Action Committee

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2020"/>		<input type="text" value="55715.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="54587.98"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="885.00"/>	<input type="text" value="1890.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="55472.98"/>	<input type="text" value="57605.00"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="2127.86"/>	<input type="text" value="4259.88"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="53345.12"/>	<input type="text" value="53345.12"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

National Limousine Association Political Action Committee

Report Covering the Period: From: / / To: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	650.00	850.00
(ii) Unitemized	235.00	1040.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	885.00	1890.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	885.00	1890.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	885.00	1890.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	885.00	1890.00

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	127.86	259.88
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	127.86	259.88
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2000.00	4000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	2127.86	4259.88
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2127.86	4259.88

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	885.00	1890.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	885.00	1890.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	127.86	259.88
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	127.86	259.88

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 11
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Limousine Association Political Action Committee

A. Assolin, Matthew, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 16335 N Greenfield

City Spring	State TX	Zip Code 77379
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Nikko's Worldwide	Occupation (for Individual) President & CEO
--------------------------------------------------------	------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	16	/	2020

Transaction ID : SA11AI.6764

Amount of Each Receipt this Period
100.00

Memo Item
 Credit Card Contribution

B. Assolin, Matthew, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 16335 N Greenfield

City Spring	State TX	Zip Code 77379
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Nikko's Worldwide	Occupation (for Individual) President & CEO
--------------------------------------------------------	------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	14	/	2020

Transaction ID : SA11AI.6769

Amount of Each Receipt this Period
100.00

Memo Item
 Credit Card Contribution

C. Assolin, Matthew, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 16335 N Greenfield

City Spring	State TX	Zip Code 77379
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Nikko's Worldwide	Occupation (for Individual) President & CEO
--------------------------------------------------------	------------------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	29	/	2020

Transaction ID : SA11AI.6775

Amount of Each Receipt this Period
100.00

Memo Item
 Credit Card Contribution

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 11
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
National Limousine Association Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Boccio, Carla, , ,

Mailing Address 214 Ridgewood Drive

City Amherst	State NY	Zip Code 14226
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Buffalo Limousine	Occupation (for Individual) Owner
--------------------------------------------------------	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	27	/	2020

Transaction ID : SA11AI.6765

Amount of Each Receipt this Period
100.00

Memo Item
Credit Card Contribution

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Boccio, Carla, , ,

Mailing Address 214 Ridgewood Drive

City Amherst	State NY	Zip Code 14226
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Buffalo Limousine	Occupation (for Individual) Owner
--------------------------------------------------------	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	27	/	2020

Transaction ID : SA11AI.6770

Amount of Each Receipt this Period
100.00

Memo Item
Credit Card Contribution

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Boccio, Carla, , ,

Mailing Address 214 Ridgewood Drive

City Amherst	State NY	Zip Code 14226
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Buffalo Limousine	Occupation (for Individual) Owner
--------------------------------------------------------	--------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	29	/	2020

Transaction ID : SA11AI.6777

Amount of Each Receipt this Period
100.00

Memo Item
Credit Card Contribution

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 11
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
National Limousine Association Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Canady, Laura, , ,

Mailing Address 1547 Dutchman Circle

City Iron Station	State NC	Zip Code 28080
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) CLT Express Livery	Occupation (for Individual) Co-Owner
---------------------------------------------------------	-----------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		29		2020

Transaction ID : SA11Al.6778

Amount of Each Receipt this Period
50.00

Memo Item
Credit Card Contribution

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Receipt this Period

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	50.00
TOTAL This Period (last page this line number only).....	650.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Limousine Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Alliant Merchant Services

Mailing Address 552 Fort Evans Rd
Suite 202

City Leesburg State VA Zip Code 20176

Purpose of Disbursement
Credit Card Processing Fee

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 04 / 2020

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.6780

Amount of Each Disbursement this Period

[REDACTED] 25.90

Memo Item

Full Name (Last, First, Middle Initial)

B. Alliant Merchant Services

Mailing Address 552 Fort Evans Rd
Suite 202

City Leesburg State VA Zip Code 20176

Purpose of Disbursement
Gateway Billing Fee

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 04 / 2020

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.6783

Amount of Each Disbursement this Period

[REDACTED] 16.83

Memo Item

Full Name (Last, First, Middle Initial)

C. Alliant Merchant Services

Mailing Address 552 Fort Evans Rd
Suite 202

City Leesburg State VA Zip Code 20176

Purpose of Disbursement
Credit Card Processing Fee

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 02 / 2020

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.6781

Amount of Each Disbursement this Period

[REDACTED] 25.90

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

[REDACTED] 68.63

[REDACTED]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Limousine Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Alliant Merchant Services

Mailing Address 552 Fort Evans Rd
Suite 202

City
Leesburg

State
VA

Zip Code
20176

Purpose of Disbursement
Gateway Billing Fee

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	2		2	0	2	0

FEC Identification Number

C []

Transaction ID : SB21B.6784

Amount of Each Disbursement this Period

1	6	.	2	0
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Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

[]

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C []

Amount of Each Disbursement this Period

--	--	--	--	--

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

[]

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C []

Amount of Each Disbursement this Period

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Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

1	6	.	2	0
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8	4	.	8	3
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Limousine Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. GARRET GRAVES FOR CONGRESS

Mailing Address PO BOX 64845

City
BATON ROUGE

State
LA

Zip Code
70896

Purpose of Disbursement
2020 Primary Contribution

011

Category/
Type

Candidate Name

GRAVES, GARRET, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: LA District: 06

Date of Disbursement

MM / DD / YYYY
06 / 30 / 2020

FEC Identification Number

C C00558486

Transaction ID : SB23.6787

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. SHAHEEN FOR SENATE

Mailing Address PO BOX 75357

City
WASHINGTON

State
DC

Zip Code
20013

Purpose of Disbursement
2020 Primary Contribution

011

Category/
Type

Candidate Name

SHAHEEN, JEANNE, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify)

State: NH District: 00

Date of Disbursement

MM / DD / YYYY
06 / 09 / 2020

FEC Identification Number

C C00457325

Transaction ID : SB23.6786

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

2000.00

TOTAL This Period (last page this line number only)..... ▶

2000.00