03/05/2003 15 : 08

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) — **USE FEC MAILING LABEL OR TYPE OR PRINT** ▼ — Example: If typing, type over the lines

American Health Care Association Political Action Committee

ADDRESS (number and street) ▼ 1201 L Street, NW

Check if different than previously reported. (ACC)

Washington | DC | 20005 –

2. **FEC IDENTIFICATION NUMBER** ▼ — CITY ▲ — STATE ▲ — ZIPCODE ▲

C00006080

3. IS THIS REPORT — NEW (N) **OR** X AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report(Q1)

July 15 Quarterly Report(Q2)

October 15 Quarterly Report(Q3)

January 31 Quarterly Report(YE)

July 31 Mid-Year Report(Non-election Year Only) (MY)

Termination Report (TER)

(b) Monthly Report Due On: X

Feb 20 (M2)	May 20 (M5)	Aug 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
Mar 20 (M3)	Jun 20 (M6)	Sep 20 (M9)	Dec 20 (M12) (Non-Election Year Only)
Apr 20 (M4)	Jul 20 (M7)	Oct 20 (M10)	Jan 31 (M13)

(c) 12-Day **PRE**-Election Report for the: Primary (12P) — General (12G) — Runoff (12R) — Convention (12C) — Special (12S)

Election on _____ in the State of _____

(d) 30-Day **P**ost -Election Report for the: General (30G) — Runoff (30R) — Special (30S)

Election on _____ in the State of _____

5. Covering Period 01 01 2003 through 01 31 2003

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer: Anna Lee, PAC Director

Signature of Treasurer: Electronically Filed by Anna Lee, PAC Director — Date 03 05 2003

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only			**FEC FORM 3X** (Revised 1/2001)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

FEC **Form 3X** (Revised 1/2001)

Write or Type Committee Name
American Health Care Association Political Action Committee

Report Covering the Period: From: 01 01 2003 To: 01 31 2003

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2003		98672.88
(b) Cash on Hand at Begining of Reporting Period	98672.88	
(c) Total Receipts (from Line 19)	16501.82	16501.82
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	115174.70	115174.70
7. Total Disbursements (from Line 30)	1420.20	1420.20
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	113754.50	113754.50
9. Debts and Obligations owed **TO** the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed **BY** the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

X 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

FEC Form 3X (Revised 1/2001)

Write or Type Committee Name

American Health Care Association Political Action Committee

Report Covering the Period: From: 01 01 2003 To: 01 31 2003

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)	15450.00	
(ii) Unitemized	1034.16	
(iii) TOTAL (add Lines 11(a)(i) and (ii)) ▶	16484.16	16484.16
(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 32, page 4) ▶	16484.16	16484.16
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 36, page 4)	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.)	17.66	17.66
18. Transfers from Nonfederal Account for Joint Activity	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18) ▶	16501.82	16501.82
20. Total Federal Receipts (subtract Line 18 from Line 19) ▶	16501.82	16501.82

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Revised 1/2001)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared 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	420.20	420.20
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)) ▶	420.20	420.20
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	1000.00	1000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(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	0.00	0.00
30. Total Disbursements (add Lines 21(c), 22, 23,24,25,26,27,28(d),and 29) ▶	1420.20	1420.20
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30) ▶	1420.20	1420.20
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) from Line 11(d), page 3)	16484.16	16484.16
33. Total Contribution Refunds (from Line 28(d))	0.00	0.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32)	16484.16	16484.16
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	420.20	420.20
36. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
37. Net Operating Expenditures (subtract Line 36 from Line 35) ▶	420.20	420.20

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 5 / 13

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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)
American Health Care Association Political Action Committee

A.
Full Name (Last, First, Middle Initial)
Mr. Ron Kirk

Mailing Address
PO Box 720160

City: Dallas State: TX Zip Code: 75372

FEC ID number of contributing federal political committee.

Name of Employer: Ron Kirk for US Senate
Occupation:

Receipt For: Primary General
Other (specify)

Aggregate Year-to-Date: 2000.00

Date of Receipt: 01 24 2003

Amount of Each Receipt this Period: 2000.00

Transaction ID: 10000005619400002

B.
Full Name (Last, First, Middle Initial)
Mr Jerry Neal

Mailing Address
2205 Broadway

City: Mt Vernon State: IL Zip Code: 62864

FEC ID number of contributing federal political committee.

Name of Employer: DSI Healthcare
Occupation: President

Receipt For: Primary General
Other (specify)

Aggregate Year-to-Date: 500.00

Date of Receipt: 01 30 2003

Amount of Each Receipt this Period: 500.00

Transaction ID: 10000005611200003

C.
Full Name (Last, First, Middle Initial)
Mr Rick Carter

Mailing Address
2850 Metro Dr #200

City: Bloomington State: MN Zip Code: 55425

FEC ID number of contributing federal political committee.

Name of Employer: Care Providers of Minnesota
Occupation:

Receipt For: Primary General
Other (specify)

Aggregate Year-to-Date: 2000.00

Date of Receipt: 01 30 2003

Amount of Each Receipt this Period: 2000.00

Transaction ID: 10000005619500004

SUBTOTAL of Receipts This Page (optional) ..... ▶ **4500.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 6 / 13

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
American Health Care Association Political Action Committee

A.
Full Name (Last, First, Middle Initial): Mr V Richard Miller
Mailing Address: 3570 Commerce Dr.
City: Warsaw State: IN Zip Code: 46580
FEC ID number of contributing federal political committee.
Name of Employer: MMM Invest Inc
Occupation: CEO/CFO
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 01 30 2003
Amount of Each Receipt this Period: 250.00
Transaction ID: 10000005619600005

B.
Full Name (Last, First, Middle Initial): Mr. Richard G Miller
Mailing Address: 9403 Mill Brook Rd
City: Louisville State: KY Zip Code: 40223
FEC ID number of contributing federal political committee.
Name of Employer: Kentucky Health Care Assn.
Occupation: State Executive
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 01 30 2003
Amount of Each Receipt this Period: 250.00
Transaction ID: 10000005619700006

C.
Full Name (Last, First, Middle Initial): Mr V Richard Miller
Mailing Address: 3570 Commerce Dr.
City: Warsaw State: IN Zip Code: 46580
FEC ID number of contributing federal political committee.
Name of Employer: MMM Invest Inc
Occupation: CEO/CFO
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 450.00
Date of Receipt: 01 30 2003
Amount of Each Receipt this Period: 200.00
Transaction ID: 10000005619800007

SUBTOTAL of Receipts This Page (optional) ..... ▶ **700.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 7 / 13

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
American Health Care Association Political Action Committee

A.
Full Name (Last, First, Middle Initial): David E Meilier
Mailing Address: 27 Brand Avenue P.O. Box 446
City: Faribault State: MN Zip Code: 55021
FEC ID number of contributing federal political committee.
Name of Employer: Pleasant Manor Inc
Occupation: Administrator/Owner
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 1250.00
Date of Receipt: 01 30 2003
Amount of Each Receipt this Period: 1250.00
Transaction ID: 10000005619900008

B.
Full Name (Last, First, Middle Initial): Mr William Kempiners
Mailing Address: 1029 S 4th St
City: Springfield State: IL Zip Code: 62703
FEC ID number of contributing federal political committee.
Name of Employer: Illinois Health Care Assn
Occupation: Executive Director
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 01 30 2003
Amount of Each Receipt this Period: 500.00
Transaction ID: 10000005620100009

C.
Full Name (Last, First, Middle Initial): Mr. William Gills
Mailing Address: 8 Avenue 1
City: Scarborough State: ME Zip Code: 04074
FEC ID number of contributing federal political committee.
Name of Employer: Continuum Health Care
Occupation:
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 01 30 2003
Amount of Each Receipt this Period: 250.00
Transaction ID: 10000005620200010

SUBTOTAL of Receipts This Page (optional) ..... ▶ **2000.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 8 / 13

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
American Health Care Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr William Biggs

Mailing Address
4605 Belton Highway

City: Anderson State: SC Zip Code: 29621

FEC ID number of contributing federal political committee.

Name of Employer: Health Managemnet Resources
Occupation: Executive Director

Receipt For: Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt: 01 30 2003

Amount of Each Receipt this Period: 1250.00

Transaction ID: 10000005620300011

B. Full Name (Last, First, Middle Initial)
Mr. Don B. Bedell

Mailing Address
P.O. Box 1210

City: Sikeston State: MO Zip Code: 63801

FEC ID number of contributing federal political committee.

Name of Employer: Health Facilities Mgmt Co.
Occupation: President

Receipt For: Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt: 01 30 2003

Amount of Each Receipt this Period: 1250.00

Transaction ID: 10000005620400012

C. Full Name (Last, First, Middle Initial)
Mr Don C. Bedell

Mailing Address
731 North Main St. PO Box 1210

City: Sikeston State: MO Zip Code: 63801

FEC ID number of contributing federal political committee.

Name of Employer: Health Facilities Mgmt Corp
Occupation: President

Receipt For: Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt: 01 30 2003

Amount of Each Receipt this Period: 1250.00

Transaction ID: 10000005620500013

SUBTOTAL of Receipts This Page (optional) ..... ▶ **3750.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 9 / 13

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
American Health Care Association Political Action Committee

A.
Full Name (Last, First, Middle Initial): Ms Dixie Taylor-Huff
Mailing Address: P.O Box 2789
City: Lebanon State: TN Zip Code: 37088
FEC ID number of contributing federal political committee.
Name of Employer: Quality Care Health Center
Occupation: Administrator/Owner
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 1250.00
Date of Receipt: 01 30 2003
Amount of Each Receipt this Period: 1250.00
Transaction ID: 10000005620600014

B.
Full Name (Last, First, Middle Initial): Mr Alfred Santos
Mailing Address: 57 Kilvert Street Suite 200
City: Warwick State: RI Zip Code: 02886
FEC ID number of contributing federal political committee.
Name of Employer: Rhode Island Healthcare Assn
Occupation: Executive Director
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 01 30 2003
Amount of Each Receipt this Period: 250.00
Transaction ID: 10000005620700015

C.
Full Name (Last, First, Middle Initial): Mr. Floyd Rhoades
Mailing Address: 17 Victoria Lane
City: Coto de Caza State: CA Zip Code: 92679
FEC ID number of contributing federal political committee.
Name of Employer: The Chase Group
Occupation: Sr. VP
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 1250.00
Date of Receipt: 01 30 2003
Amount of Each Receipt this Period: 1250.00
Transaction ID: 10000005620800016

SUBTOTAL of Receipts This Page (optional) ..... ▶ **2750.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 10 / 13

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
American Health Care Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr Stuart Goldberg

Mailing Address
134 Great East Neck Rd — PO Box 5249

City — State — Zip Code
West Babylon — NY — 11704

FEC ID number of contributing federal political committee.

Name of Employer
East Neck Nursing Center

Occupation
President

Receipt For: Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
01 30 2003

Amount of Each Receipt this Period
250.00

Transaction ID: 10000005620900017

B. Full Name (Last, First, Middle Initial)
Ms. Ruth Braswell

Mailing Address
3674 Pacific Ave

City — State — Zip Code
Riverside — CA — 92509

FEC ID number of contributing federal political committee.

Name of Employer
Vista Pacifica Enterprises

Occupation
Comm. Relations Coordinator

Receipt For: Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼
1250.00

Date of Receipt
01 30 2003

Amount of Each Receipt this Period
1250.00

Transaction ID: 10000005621100018

C. Full Name (Last, First, Middle Initial)
Ms Adele Wilasek

Mailing Address
7060 Oakland Mills Road — Suite M

City — State — Zip Code
Columbia — MD — 21046

FEC ID number of contributing federal political committee.

Name of Employer
Health Facilities Assn of MD

Occupation

Receipt For: Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
01 31 2003

Amount of Each Receipt this Period
250.00

Transaction ID: 10000005611400019

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1750.00**

TOTAL This Period (last page this line number only) ..... ▶ **15450.00**

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)
[X] 21b [ ] 22 [ ] 23 [ ] 24 [ ] 25
[ ] 26 [ ] 27 [ ] 28a [ ] 28b [ ] 28c [ ] 29

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NAME OF COMMITTEE (In Full)
American Health Care Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Bank of America

Mailing Address
730 15th Street N.W. 2 nd Floor
City: Washington State: DC Zip Code: 20005

Purpose of Disbursement

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District:

Disbursement For: Primary / General / Other (specify)

Date of Disbursement
01 31 2003

Amount of Each Disbursement this Period
309.38

Transaction ID: 10000005621400002

B. Full Name (Last, First, Middle Initial)
Bank of America

Mailing Address
730 15th Street N.W. 2 nd Floor
City: Washington State: DC Zip Code: 20005

Purpose of Disbursement

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District:

Disbursement For: Primary / General / Other (specify)

Date of Disbursement
01 31 2003

Amount of Each Disbursement this Period
90.40

Transaction ID: 10000005621900003

C. Full Name (Last, First, Middle Initial)
Bank of America

Mailing Address
730 15th Street N.W. 2 nd Floor
City: Washington State: DC Zip Code: 20005

Purpose of Disbursement

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District:

Disbursement For: Primary / General / Other (specify)

Date of Disbursement
01 31 2003

Amount of Each Disbursement this Period
4.50

Transaction ID: 10000005622000004

SUBTOTAL of Disbursements This Page (optional) ..... ▶ 404.28

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

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)

[X] 21b [ ] 22 [ ] 23 [ ] 24 [ ] 25
[ ] 26 [ ] 27 [ ] 28a [ ] 28b [ ] 28c [ ] 29

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NAME OF COMMITTEE (In Full)
American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Bank of America

Mailing Address
730 15th Street N.W. 2 nd Floor

City: Washington
State: DC
Zip Code: 20005

Purpose of Disbursement

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District:

Disbursement For: Primary / General / Other (specify)

Date of Disbursement
01 31 2003

Amount of Each Disbursement this Period
15.92

Transaction ID: 1000000562210000 5

B.

C.

SUBTOTAL of Disbursements This Page (optional) ..... ▶	**15.92**
TOTAL This Period (last page this line number only) ..... ▶	**420.20**

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)

☐ 21b	☐ 22	☒ 23	☐ 24	☐ 25	
☐ 26	☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29

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NAME OF COMMITTEE (In Full)
American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Coleman for U.S. Senate

Mailing Address
625 N. Washington St. Ste. 206

City	State	Zip Code
Alexandria	VA	22314

Purpose of Disbursement
YTD:$1000.00 Norm Coleman, U.S. SENATE M

24K
Category/ Type

Candidate Name
Mr. Norm Coleman

Office Sought: House / X Senate / President
State: MN District:

Disbursement For: 2002
Primary X General
Other (specify) ▼
Debt Retirement

Date of Disbursement
01 08 2003

Amount of Each Disbursement this Period
1000.00

Transaction ID: 1000000543470000B

B.

C.

SUBTOTAL of Disbursements This Page (optional) ..... ▶	**1000.00**
TOTAL This Period (last page this line number only) ..... ▶	**1000.00**