



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

**Standing up for California's Middle Class**

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="2015"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="25000.00"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="45000.00"/>	<input type="text" value="70000.00"/>
(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="70000.00"/>	<input type="text" value="70000.00"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="6904.50"/>	<input type="text" value="6904.50"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="63095.50"/>	<input type="text" value="63095.50"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="2198.67"/>	

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

**Standing up for California's Middle Class**

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).....	0.00	0.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	45000.00	70000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	45000.00	70000.00
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)).....▶	45000.00	70000.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	45000.00	70000.00

**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 .....	6904.50	6904.50
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	6904.50	6904.50
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
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)) ..	6904.50	6904.50
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	6904.50	6904.50

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	45000.00	70000.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	45000.00	70000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	6904.50	6904.50
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	6904.50	6904.50

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3XA  
Transaction ID :

Update Summary page and Schedule D

Form/Schedule:  
Transaction ID:

**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 14
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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

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)  
**Standing up for California's Middle Class**

**A. Asian American Small Business PAC**

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

Mailing Address 515 South Figueroa Street  
Suite 110

City Los Angeles	State CA	Zip Code 90071
---------------------	-------------	-------------------

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 ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	08	/	2015

**Transaction ID : INCA9**

Amount of Each Receipt this Period  
5000.00

Memo Item

**B. California Association of Psychiatric Technicians, Inc. PAC**

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

Mailing Address 1220 S Street, Suite 100

City Sacramento	State CA	Zip Code 95811
--------------------	-------------	-------------------

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 ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	24	/	2015

**Transaction ID : INCA14**

Amount of Each Receipt this Period  
5000.00

Memo Item

**C. Peace Officers Research Assoc of CA (PORAC) Statewide Independent Expenditure Comm**

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

Mailing Address 4010 Truxel Road

City Sacramento	State CA	Zip Code 95834
--------------------	-------------	-------------------

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 ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	09	/	2015

**Transaction ID : INCA10**

Amount of Each Receipt this Period  
5000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	15000.00
<b>TOTAL</b> 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 8 OF 14
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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)  
**Standing up for California's Middle Class**

**A. State Building and Construction Trades Council of California PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 1231 I Street, Suite 302

City Sacramento	State CA	Zip Code 95814
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee.

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 /  /

**Transaction ID : INCA11**

Amount of Each Receipt this Period

Memo Item

**B. UFCW Western States Council Independent Expenditure PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address P.O. Box 5158

City Buena Park	State CA	Zip Code 90622
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee.

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 /  /

**Transaction ID : INCA15**

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
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FEC ID number of contributing federal political committee.

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  
 /  /

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<input type="text" value="30000.00"/>
<b>TOTAL</b> This Period (last page this line number only).....	<input type="text" value="45000.00"/>



**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)

**Standing up for California's Middle Class**

Full Name (Last, First, Middle Initial)

**A. Firefighters Print & Design, Inc.**

Mailing Address 1780 Creekside Oaks Drive

City  
Sacramento

State  
CA

Zip Code  
95833

Purpose of Disbursement  
Printing

003

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	8		3	1		2	0	1	5

FEC Identification Number

C [REDACTED]

Transaction ID : EXPB8

Amount of Each Disbursement this Period

[REDACTED] 210.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Olson Hagel & Fishburn LLP**

Mailing Address 555 Capitol Mall, Suite 1425

City  
Sacramento

State  
CA

Zip Code  
95814

Purpose of Disbursement  
Legal & Reporting Services

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	7		0	8		2	0	1	5

FEC Identification Number

C [REDACTED]

Transaction ID : EXPB5

Amount of Each Disbursement this Period

[REDACTED] 182.87

Memo Item

Full Name (Last, First, Middle Initial)

**C. Olson Hagel & Fishburn LLP**

Mailing Address 555 Capitol Mall, Suite 1425

City  
Sacramento

State  
CA

Zip Code  
95814

Purpose of Disbursement  
Legal & Reporting Services

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	7		0	8		2	0	1	5

FEC Identification Number

C [REDACTED]

Transaction ID : EXPB3

Amount of Each Disbursement this Period

[REDACTED] 3993.70

Memo Item

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

[REDACTED] 4386.57

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

[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)

**Standing up for California's Middle Class**

Full Name (Last, First, Middle Initial)

**A. Olson Hagel & Fishburn LLP**

Mailing Address 555 Capitol Mall, Suite 1425

City Sacramento State CA Zip Code 95814

Purpose of Disbursement  
Legal & Reporting Services

001

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
07 / 15 / 2015

FEC Identification Number

C

Transaction ID : EXPB6

Amount of Each Disbursement this Period

123.69

Memo Item

Full Name (Last, First, Middle Initial)

**B. Olson Hagel & Fishburn LLP**

Mailing Address 555 Capitol Mall, Suite 1425

City Sacramento State CA Zip Code 95814

Purpose of Disbursement  
Legal & Reporting Services

001

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
08 / 14 / 2015

FEC Identification Number

C

Transaction ID : EXPB7

Amount of Each Disbursement this Period

440.20

Memo Item

Full Name (Last, First, Middle Initial)

**C. Olson Hagel & Fishburn LLP**

Mailing Address 555 Capitol Mall, Suite 1425

City Sacramento State CA Zip Code 95814

Purpose of Disbursement  
Legal & Reporting Services

001

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 15 / 2015

FEC Identification Number

C

Transaction ID : EXPB12

Amount of Each Disbursement this Period

329.30

Memo Item

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

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

893.19



**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)  
**Standing up for California's Middle Class**

**A. Ramirez, Melody, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 411 South Main Street, Suite M100

City Los Angeles State CA Zip Code 90013

Purpose of Disbursement Travel Reimbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 09 / 21 / 2015

FEC Identification Number C

Transaction ID : EXPB13

Amount of Each Disbursement this Period 462.00

Memo Item

**B. Southwest Airlines**

Full Name (Last, First, Middle Initial)

Mailing Address 2702 Love Field Drive

City Dallas State TX Zip Code 75235

Purpose of Disbursement Travel Reimbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 09 / 21 / 2015

FEC Identification Number C

Transaction ID : EDTB1EXPB1

Amount of Each Disbursement this Period 462.00

Memo Item

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

FEC Identification Number C

Amount of Each Disbursement this Period

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	462.00
<b>TOTAL</b> This Period (last page this line number only).....▶	6904.50

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 13 OF 14
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**Standing up for California's Middle Class**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Daily, Stephanie, , ,</b>			Nature of Debt (Purpose): Fundraiser Reimbursement
Mailing Address 411 South Main, M100			
City Los Angeles	State CA	Zip Code 90013	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : PAYD19</b>	
Amount Incurred This Period 761.37	Payment This Period 0.00	Outstanding Balance at Close of This Period 761.37

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Olson Hagel &amp; Fishburn LLP</b>			Nature of Debt (Purpose): Legal & Reporting Services
Mailing Address 555 Capitol Mall, Suite 1425			
City Sacramento	State CA	Zip Code 95814	

Outstanding Balance Beginning This Period 3993.70	<b>Transaction ID : PAYD2</b>	
Amount Incurred This Period 0.00	Payment This Period 3993.70	Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>The Strategy Group, Inc.</b>			Nature of Debt (Purpose): Travel for meeting
Mailing Address 7530 North Franklin Street			
City Chicago	State IL	Zip Code 60654	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : PAYD123</b>	
Amount Incurred This Period 741.30	Payment This Period 0.00	Outstanding Balance at Close of This Period 741.30

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	1502.67
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 14 OF 14
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**Standing up for California's Middle Class**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>The Strategy Group, Inc.</b>			Nature of Debt (Purpose): Travel for meeting
Mailing Address 7530 North Franklin Street			
City Chicago	State IL	Zip Code 60654	

Outstanding Balance Beginning This Period		Transaction ID : <b>PAYD124</b>	
0.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
696.00	0.00	696.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	696.00
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	2198.67
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	2198.67