Image# 12940775925		PAGE 1 / 13
	<b>EPORT OF RECEIPTS</b> <b>ID DISBURSEMENTS</b> Other Than An Authorized Committee	Office Use Only
1. NAME OF TYP	E OR PRINT ▼ Example: If typing, type	12FE4M5
COMMITTEE (in full)	over the lines.	
	oducts Association PAC (CHPA/PAC)	
ADDRESS (number and street)	00 19th Street, NW	
Check if different	uite 700	
then providually	Vashington	DC
2. FEC IDENTIFICATION NUMB		STATE ZIP CODE
C C00040584	3. IS THIS REPORT X (N) OR	AMENDED (A)
4. TYPE OF REPORT ( (Choose One)	b) Monthly Report Due On: Mar 20 (M3) May 20 (M5) Jun 20 (M6)	Sep 20 (M9) Dec 20 (M12)
(a) Quarterly Reports:	Apr 20 (M4) Jul 20 (M7)	Oct 20 (M10) Jan 31 (YE)
April 15 Quarterly Report (Q1)	(c) 12-Day Primary (12P)	General (12G) Runoff (12R)
July 15 Quarterly Report (Q2)	PRE-Election Report for the: Convention (12C)	Special (12S)
October 15 Quarterly Report (Q3)	M M / D D /	Y Y Y Y in the
January 31 Year-End Report (YE)	Election on	State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day <b>POST</b> -Election X General (30G) Report for the:	Runoff (30R) Special (30S)
Termination Report (TER)	Election on 11 06	in the 2012 State of
5. Covering Period	D         J         Y	/ D D / Y Y Y Y Y 26 2012
I certify that I have examined this Re	eport and to the best of my knowledge and belief it is the	rue, correct and complete.
Type or Print Name of Treasurer	oman G. Blazauskas	
Signature of Treasurer	Blazauskas [Electronically Filed]	Date 11 / D D / Y Y Y Y 30 / 2012
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 Rev. 12/2004

### 11/30/2012 15 : 10

### SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

Page 2

Write or Type Committee Name

FEC Form 3X (Rev. 02/2003)

### Consumer Healthcare Products Association PAC (CHPA/PAC)

R	eport Covering the Period: From:	18 2012 To	b: 11 / D D / Y Y Y Y Y 26 2012
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2012		17381.33
	(b) Cash on Hand at Beginning of Reporting Period	2502.61	
	(c) Total Receipts (from Line 19)	1298.82	27862.72
	<ul> <li>(d) Subtotal (add Lines 6(b) and</li> <li>6(c) for Column A and Lines</li> <li>6(a) and 6(c) for Column B)</li> </ul>	3801.43	45244.05
7.	Total Disbursements (from Line 31)	1056.20	42498.82
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	2745.23	2745.23
9.	Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D)	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

X

	- DE	ETAILED SUMMARY PAGE of Receipts	Г
	FEC Form 3X (Rev. 06/2004)		Page <b>3</b>
W	rite or Type Committee Name		
C	Consumer Healthcare Products Ass	ociation PAC (CHPA/PAC)	
R	eport Covering the Period: From:	/ D D / Y Y Y Y 18 2012 To:	M M / D D / Y Y Y Y Y 11 26 2012
	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	1248.82	16461.31
	(i) Itemized (use Schedule A)		
	(ii) Unitemized	50.00	2901.41
	(iii) TOTAL (add		
	Lines 11(a)(i) and (ii)	1298.82	19362.72
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees	0.00	8500.00
	(such as PACs)		0000.00
	(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry		
	Totals to Line 33, page 5)	1298.82	27862.72
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.)	0.00	0.00
10	(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	7 7 7	
	(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))	1298.82	27862.72
20.	Total Federal Receipts		
	(subtract Line 18(c) from Line 19)►	1298.82	27862.72

Image# 12940775927

## DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)	COLUMN A	Page 4 COLUMN B
II. Disbursements	Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures:		
(i) Federal Share	0.00	0.0
(ii) Non-Federal Share	0.00	0.0
(b) Other Federal Operating Expenditures	56.20	480.6
(c) Total Operating Expenditures	56.20	480.6
(add 21(a)(i), (a)(ii), and (b))► Transfers to Affiliated/Other Party	7 7 7	
Committees	0.00	0.0
Federal Candidates/Committees and Other Political Committees	1000.00	42018.13
Independent Expenditures (use Schedule E)	0.00	0.0
Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.0
Loan Repayments Made	0.00	0.0
	0.00	0.0
Loans Made Refunds of Contributions To: (a) Individuals/Persons Other		
Than Political Committees	0.00	0.0
<ul><li>(b) Political Party Committees</li><li>(c) Other Political Committees</li></ul>	0.00	0.0
(such as PACs)	0.00	0.0
(d) Total Contribution Refunds		
(add Lines 28(a), (b), and (c))►	0.00	0.0
Other Disbursements	0.00	0.0
Federal Election Activity (2 U.S.C. §431(20)) (a) Allocated Federal Election Activity		
(from Schedule H6) (i) Federal Share	0.00	0.0
(ii) "Levin" Share	0.00	0.0
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.0
<ul> <li>(c) Total Federal Election Activity (add</li> <li>Lines 30(a)(i), 30(a)(ii) and 30(b)) ▶</li> </ul>	0.00	0.00
	7 7 7	
Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).	1056.20	42498.8
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	1056.20	42498.82
	7	

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## **DETAILED SUMMARY PAGE**

of Disbursements

III. Net Contributions/Operating Ex- penditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
<ol> <li>Total Contributions (other than loans) (from Line 11(d), page 3)</li> </ol>	1298.82	27862.72
<ol> <li>Total Contribution Refunds (from Line 28(d))</li> </ol>	0.00	0.00
<ol> <li>Net Contributions (other than loans) (subtract Line 34 from Line 33)</li> </ol>	1298.82	27862.72
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))►	56.20	480.69
<ol> <li>Offsets to Operating Expenditures (from Line 15, page 3)</li> </ol>	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	56.20	480.69

#### Image# 12940775930

# 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 6 OF

		Detailed Summary Page	X 11a	11b 11c	12	17							
Any information copied from such Reports a or for commercial purposes, other than using			person for the pu	irpose of solicitir	ng contribu	itions							
NAME OF COMMITTEE (In Full) Consumer Healthcare Produ	cts Associat	tion PAC (CHPA/PAC	)										
Full Name (Last, First, Middle Initial) <u>Elizabeth Funderburk</u> Mailing Address 626 F St, NE	lizabeth Funderburk												
City Washington	State DC	Zip Code 20002		31									
FEC ID number of contributing federal political committee.	C			Amount of Each Receipt this Period									
Name of Employer CHPA	Occupation Director, Co	n ommunications & Media											
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 395.96	]										
Full Name (Last, First, Middle Initial) B. Elizabeth Funderburk Mailing Address 626 F St, NE	Date of R	eceipt	vvv	Y									
City	y State Zip Code												
Washington FEC ID number of contributing federal political committee.	C	Amount o	f Each Receipt t		l ).84								
Name of Employer CHPA	Occupation Director, Co	n ommunications & Media											
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 416.80	]										
Full Name (Last, First, Middle Initial) C. John Gay			Date of R	eceipt									
Mailing Address 3180 N. Quincy St.	State	Zip Code	10	31	2012	Y							
Arlington	VA	22207		tion ID : SA11A f Each Receipt t									
FEC ID number of contributing federal political committee.	С			5 5	104	4.17							
Name of Employer	Occupatior												
Consumer Healthcare Products Receipt For:		lent, Government Affairs											
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1562.55	]										
SUBTOTAL of Receipts This Page (optiona TOTAL This Period (last page this line num				<u> </u>	145	.85							

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

(check only one)

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			Detailed Summary Page	×	11a 13		11b 14	11c	12	ſ	17								
	y information copied from such Reports and Sta for commercial purposes, other than using the r				for the		pose of	soliciting	g contri	ibutic	ons								
	NAME OF COMMITTEE (In Full) Consumer Healthcare Products /								T COIN										
A.	Full Name (Last, First, Middle Initial) John Gay Mailing Address 3180 N. Quincy St.	ohn Gay																	
	City Arlington	State VA	Zip Code 22207					SA11AI.											
	FEC ID number of contributing federal political committee.	С					7	,		104.1	7								
	Name of Employer Consumer Healthcare Products	Occupation Vice Presid	ent, Government Affairs																
	Receipt For: Primary General Other (specify) ▼	eipt For: Primary General Aggregate Year-to-Date ▼																	
в.	Full Name (Last, First, Middle Initial) Travis Gibbons Mailing Address 728 18th Street S.						ceipt	/ Y	Y	Y									
	City Arlington	State Zip Code								10     31     2012       Transaction ID : SA11AI.6640       Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С					,	,		20.8	4								
		ctor, Federal Affairs																	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 416.80																
c.	Full Name (Last, First, Middle Initial) Travis Gibbons				Date of	f Re	ceipt												
	Mailing Address 728 18th Street S.				<sup>M</sup> 11	/	D D D		2012										
	City Arlington	State VA	Zip Code 22202					SA11AI.		iod									
	FEC ID number of contributing federal political committee.	С					7			20.8	34								
	Name of Employer	Occupation																	
	Consumer Healthcare Products Receipt For:		ctor, Federal Affairs	_															
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 437.64																
s	UBTOTAL of Receipts This Page (optional)			•			т. I.		1	45.8	5								
т	OTAL This Period (last page this line number or	nly)		•															

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
or for commercial purposes, other than using th		person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Consumer Healthcare Products	s Association PAC (CHPA/PAC	2)
Full Name (Last, First, Middle Initial)         A.       Carlos Gutierrez         Mailing Address 926 North Barton Street         City         Arlington         FEC ID number of contributing federal political committee.         Name of Employer         Consumer Healthcare Products         Receipt For:         Primary       General	State     Zip Code       VA     22201       C       Occupation       Director, State Affairs       Aggregate Year-to-Date ▼	Date of Receipt
Other (specify) ▼         Full Name (Last, First, Middle Initial)         B. Carlos Gutierrez         Mailing Address 926 North Barton Street         City         Arlington         FEC ID number of contributing federal political committee.         Name of Employer         Consumer Healthcare Products         Receipt For:         Primary       General         Other (specify) ▼	State     Zip Code       VA     22201       C     Occupation       Director, State Affairs       Aggregate Year-to-Date ▼	Date of Receipt 11 15 2012 Transaction ID : SA11AI.6651 Amount of Each Receipt this Period 15.21
Full Name (Last, First, Middle Initial)         C.       Mary Kassouf         Mailing Address 501 Slaters Lane         Apt. 404         City         Alexandria         FEC ID number of contributing         federal political committee.         Name of Employer         CHPA         Receipt For:         Primary       General         Other (specify) ▼	State Zip Code VA 22314 C Occupation Director, Meetings Aggregate Year-to-Date ▼ 210.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number		

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

(check only one)

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			Detailed Summary Page		< 11a 13		11b 14	11c		12 16	17
	y information copied from such Reports and s for commercial purposes, other than using the				for the		pose of	soliciting		ntributi	ons
$\left  \right\rangle$	NAME OF COMMITTEE (In Full) Consumer Healthcare Products										
<b>A</b> .	Full Name (Last, First, Middle Initial) Dr. Barbara A. Kochanowski Mailing Address 951 Hidden Park Place City Herndon FEC ID number of contributing federal political committee. Name of Employer CHPA Receipt For: □ Primary □ General Other (specify) ▼		Zip Code 20170 ent, Regulatory Affairs Year-to-Date ▼ 416.80			/ acti	31 ion ID :	SA11AI. Receipt th	20 <b>664</b>		Y 84
в.	Full Name (Last, First, Middle Initial) Dr. Barbara A. Kochanowski Mailing Address 951 Hidden Park Place City Herndon	State VA	Zip Code 20170			/ acti	15		664		Y
	FEC ID number of contributing federal political committee. Name of Employer CHPA Receipt For:		ent, Regulatory Affairs Year-to-Date ▼ 437.64				3		-	20.	34
C.	Full Name (Last, First, Middle Initial)         Scott M. Melville         Mailing Address 1596 Lupine Den Court         City         Vienna         FEC ID number of contributing federal political committee.         Name of Employer         Consumer Healthcare Products         Receipt For:         Primary       General         Other (specify) ▼	State VA C Occupation President a Aggregate				/ act	31 ion ID :	SA11AI. Receipt th	20 . <b>663</b>		У 33
s	UBTOTAL of Receipts This Page (optional)			•	<u> </u>	_	5		+	250.0	)1
Т	OTAL This Period (last page this line number	only)	•••••••	•			7				

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17									
	y information copied from such Reports and S for commercial purposes, other than using the			rson for the purpose of soliciting contributions									
	NAME OF COMMITTEE (In Full) Consumer Healthcare Products	Associat	ion PAC (CHPA/PAC)										
Α.	Full Name (Last, First, Middle Initial) Scott M. Melville Mailing Address 1596 Lupine Den Court City	State	Zip Code	Date of Receipt									
	Vienna FEC ID number of contributing federal political committee.	C	22182	Amount of Each Receipt this Period									
	Name of Employer         Consumer Healthcare Products         Receipt For:         Primary       General         Other (specify) ▼	Occupation President a Aggregate											
в.	Full Name (Last, First, Middle Initial) Lindsay Morris Mailing Address 7605 Trail Run Rd.	Date of Receipt											
	City Falls Church FEC ID number of contributing federal political committee.	State VA	10     31     2012       Transaction ID : SA11AI.6656       Amount of Each Receipt this Period       62.51										
	Name of Employer Consumer Healthcare Products Receipt For: Primary General Other (specify)	Occupation Governmen Aggregate											
C.	Full Name (Last, First, Middle Initial) Lindsay Morris Mailing Address 7605 Trail Run Rd. City Falls Church FEC ID number of contributing federal political committee. Name of Employer Consumer Healthcare Products Receipt For:	State VA C Occupation Governmer		Date of Receipt          M M       /       Y									
s	Primary General Other (specify) ▼ UBTOTAL of Receipts This Page (optional)	333.35											
Т	OTAL This Period (last page this line number of	only)	••••••										

FOR LINE NUMBER:

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PAGE 11 OF

			Detailed Summary Page		✓ 11a 13		11b 14	11c		12 16	17		
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the	atements ma name and a	I ay not be sold or used by any pe Iddress of any political committee	erson to s	for the	purp ntrib	ose of	solicitin	g co h co	ntribut	ions		
$\left.\right\rangle$	NAME OF COMMITTEE (In Full) Consumer Healthcare Products	Associat	ion PAC (CHPA/PAC)										
Α.	Full Name (Last, First, Middle Initial)         Ted Peterson         Mailing Address       8417 Weller Avenue	Date of Receipt											
	City	State	Zip Code			acti		SA11AI					
	McLean	VA	22102	_	Amount	of	Each F	Receipt t	nis P	'eriod			
	FEC ID number of contributing federal political committee.	С				_	,	7	_	41.	.67		
	Name of Employer CHPA	Occupation VP											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 833.40										
в.	Full Name (Last, First, Middle Initial) Ted Peterson				Date of	Re	ceipt						
	Mailing Address 8417 Weller Avenue		11 15 / Y Y Y Y 12012										
	City	State VA	Zip Code 22102					SA11AI					
	McLean FEC ID number of contributing federal political committee.	C			Amount	eriod 41.	67						
	Name of Employer CHPA												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 875.07										
<u>с</u> .	Full Name (Last, First, Middle Initial)				Date of	Re	ceipt						
	Mailing Address 1449 N Street, NW Apartment 3				<sup>M</sup> 10	/	D 1			)12	Y		
	City Washington	State DC	Zip Code 20005					SA11AI Receipt t					
	FEC ID number of contributing federal political committee.	С					7	7	_	250	.00		
	Name of Employer												
	CHPA		Policy & Int'l Affairs										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00										
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	OTAL This Period (last page this line number o			•			, ,	7		1248.	82		

S	CHEDULE B (FEC Form 3X)		F	)R			JMBEF	3:			PAGE	= 12	OF 13	
	EMIZED DISBURSEMENTS	Use separate schedule(s) (che		hec	k on	ly one)								
		Detailed Summary Page		×	21b 27		22 28a	-	23 28b	24	L	25 29	26 30b	
	ny information copied from such Reports and Staten for commercial purposes, other than using the nam													
$\square$	NAME OF COMMITTEE (In Full)													
	Consumer Healthcare Products As	sociation PAC (CHF	PA/F	PA	C)									
Α.	Full Name (Last, First, Middle Initial) Wells Fargo Bank						Date	of Di	sburse	ement				
	Mailing Address 1800 K Street NW						M M / D D / Y Y Y Y 11 13 2012							
	,	State Zip Code				-	Tran	sact	ion ID	: SB21	B.66	58		
	Washington Purpose of Disbursement	DC 20006			_	-								
			0	01			Amou	nt of	Each	Disbur	seme	ent this	Period	
	Candidate Name		Cate Ty	egoi ype	ry/				,			5	6.20	
		nent For: Primary General Other (specify) <b>v</b>												
	State: District:													
в.	Full Name (Last, First, Middle Initial)						Date	of Di	sburse	ement				
	Mailing Address					-	M	VI /	D	D /	Y	Y Y	Y	
							_							
	City S	State Zip Code												
	Purpose of Disbursement				٦		Amou	nt of	Fach	Disbur	seme	ent this	Period	
	Candidate Name		Cate	egoi ype	ry/	Amount of Each Disbursement this Perio								
		nent For: Primary General Other (specify) v												
	State: District:													
C.	Full Name (Last, First, Middle Initial)						Date	of Di	sburse	ement				
	Mailing Address						M = 1	VI /	D	D /	Y	Y Y	Y	
	City	State Zip Code												
	Purpose of Disbursement		-											
	Candidate Name		Cate Ty	egoi ype	ry/	Amount of Each Disbursement this Period							Period	
		nent For: Primary General Other (specify) <b>v</b>							- , · _ '					
_	State: District:													
⊢	SUBTOTAL of Disbursements This Page (optional)				-		E		3				6.20 6.20	
ľΤ	<b>OTAL</b> This Period (last page this line number only)								7			5	0.20	

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 13 OF 13
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	r one)
	Detailed Summary Page	21b 27	22         X         23         24         25         26           28a         28b         28c         29         30b
Any information copied from such Reports and State or for commercial purposes, other than using the na			
NAME OF COMMITTEE (In Full)			
Consumer Healthcare Products As	ssociation PAC (CHF	PA/PAC)	
Full Name (Last, First, Middle Initial) A. BOB CASEY FOR SENATE INC			Date of Disbursement
Mailing Address 700 13TH STREET NW SUITE 600			11 / D D / Y Y Y Y 11 01 2012
City	State Zip Code		Transaction ID : SB23.6659
WASHINGTON	DC 20005		
Purpose of Disbursement			Amount of Each Disbursement this Period
Candidate Name ROBERT P JR CASEY		Category/ Type	1000.00
Office Sought: House Disburse	ment For: 2012	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Senate President	Primary General Other (specify)		
State: PA District: 00			
Full Name (Last, First, Middle Initial) B.			Date of Disbursement
			M M / D D / Y Y Y Y
Mailing Address			
City	State Zip Code		
Purpose of Disbursement			Amount of Each Disbursement this Period
Candidate Name	Category/ Type		
Senate President	ment For: Primary General Other (specify) ▼		
State: District: Full Name (Last, First, Middle Initial)			
C.			Date of Disbursement
Mailing Address			
City	State Zip Code		
Purpose of Disbursement			
Candidate Name Category/ Type			Amount of Each Disbursement this Period
Office Sought: House Disburse Senate President	ment For: Primary General Other (specify) ▼		
State: District:	- \-r J/ ¥		
SUBTOTAL of Disbursements This Page (optional).		••••••	1000.00
TOTAL This Period (last page this line number only	)	····· ►	1000.00

I