Image# 14961539925				PAGE 1 / 12
	EPORT OF RE ND DISBURSE Other Than An Authoriz	EMENTS		Office Use Only
1. NAME OF <b>TYF</b> COMMITTEE (in full)		Example: If typing, type over the lines.	12FE4M5	
ADDRESS (number and street)	535 Dressler RD NW			
Check if different than previously	Canton		OH	44718
2. FEC IDENTIFICATION NUMB	ER V CITY			
C C00544957	3. IS THI			IENDED
<ul> <li>(Choose One)</li> <li>(a) Quarterly Reports:</li> <li>April 15 Quarterly Report (Q1)</li> <li>July 15 Quarterly Report (Q2)</li> <li>October 15 Quarterly Report (Q3)</li> <li>January 31</li> </ul>	(b) Monthly Report Due On: Apr 20 (N (c) 12-Day PRE-Election Report for the: Election on	//3) Jun 20 (	M6) Sep	
Year-End Report (YE) July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report (TER)	(d) 30-Day <b>POST</b> -Election Report for the: Election on	General (30G)	Runoff (3	
5. Covering Period 04	/ D D / Y Y Y Y 01 2014	through 0		2014
-	Robert I Broida MD	[Electronically Filed]	Date 07	/ D D / Y Y Y Y 10 2014
NOTE: Submission of false, erroneous	. or incomplete information may	subject the person sign	ing this Report to th	ne penalties of 2 U.S.C. 8437a
Office Use Only				FEC FORM 3X Rev. 12/2004

07/10/2014 10 : 17

	<b>n 3X</b> (Rev. 02/2003)	SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS	Page <b>2</b>
Write or Type Co EMP PAC	mmittee Name		
Report Covering		04 / D D / Y Y Y Y 01 2014	To: 06 / 0 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on H Janua	1 -1 -1 -1		2622.80
(b) Cash on H Beginning	Hand at of Reporting Period	8452.32	
	eipts (from Line 19)	7554.42	14748.20
6(c) for C	add Lines 6(b) and olumn A and Lines 6(c) for Column B)	16006.74	17371.00
7. Total Disburse	ments (from Line 31)	10250.00	11614.26
8. Cash on Hand Reporting Perio (subtract Line		5756.74	5756.74
the Committee	ligations Owed <b>TO</b> (Itemize all on nd/or Schedule D)	0.00	
	ligations Owed <b>BY</b> (Itemize all on nd/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

×

## **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name
EMP PAC

Report Covering the Period: From: 04	/         D         D         /         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y	b: 06 / 06 / 2014
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
I. Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees	3948.96	6997.92
(i) Itemized (use Schedule A)	7 7 7	
(ii) Unitemized	3605.46	7750.28
(ii) TOTAL (add	, , , , , , , , , , , , , , , , , , , ,	7 7
Lines 11(a)(i) and (ii)	7554.42	14748.20
(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	7554.40	14748.20
Totals to Line 33, page 5)▶	7554.42	14746.20
2. Transfers From Affiliated/Other		
Party Committees	0.00	0.00
3. All Loans Received	0.00	0.00
4 Lean Denoumente Dessiund	0.00	0.00
<ol> <li>Loan Repayments Received</li> <li>Offsets To Operating Expenditures</li> </ol>	7 7	7 7
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	0.00
6. Refunds of Contributions Made		
to Federal Candidates and Other		
Political Committees	0.00	0.00
7. Other Federal Receipts		
(Dividends, Interest, etc.)	0.00	0.00
3. Transfers from Non-Federal and Levin Funds		7 7 7
(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
9. Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))►	7554.42	14748.20
2. Tatal Fadaval Dassista		
2. Total Federal Receipts	7664.40	4 4740 0
(subtract Line 18(c) from Line 19)►	7554.42	14748.2

## DETAILED SUMMARY PAGE

	COLUMN A	COLUMN B
II. Disbursements	Total This Period	COLUMN B Calendar Year-to-Date
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	1114.2
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.0
<ul> <li>(c) Total Operating Expenditures</li> <li>(add 21(a)(i), (a)(ii), and (b))</li> </ul>	0.00	1114.2
Transfers to Affiliated/Other Party Committees	0.00	0.0
Contributions to Federal Candidates/Committees and Other Political Committees		
and Other Political Committees Independent Expenditures	10250.00	10500.00
(use Schedule E) Coordinated Party Expenditures	0.00	0.0
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.0
Loan Repayments Made	0.00	0.00
Loans Made	0.00	0.0
Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees	0.00	0.0
(b) Political Party Committees	0.00	0.0
(c) Other Political Committees	0.00	0.0
(such as PACs)	0.00	7 7 7
(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
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))►	0.00	0.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	10250.00	11614.2
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	10250.00	11614.26

FE6AN026

I

### DETAILED SUMMARY PAGE

of Disbursements

II. Net Contributions/Operating Expenditures	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>	7554.42	14748.20
<ol> <li>Total Contribution Refunds (from Line 28(d))</li> </ol>	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	7554.42	14748.20
<ul> <li>Total Federal Operating Expenditures</li> <li>(add Line 21(a)(i) and Line 21(b))</li> </ul>	0.00	1114.26
. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	1114.26

#### Image# 14961539930

SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	;	

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 6 OF

TIEMIZED RECEIPTS		for each category of the Detailed Summary Page		11a 13		11b		11c	12		17
Any information copied from such Reports ar or for commercial purposes, other than using				for the		pose		soliciting	g contr	ibutio	ons
NAME OF COMMITTEE (In Full)											
A. Full Name (Last, First, Middle Initial) Mailing Address 50 East Drive City Hartville	Zip Code 44632			/ sact	ion II	30 D:\$	5 <u>A11AI</u>		4	Ŷ	
FEC ID number of contributing federal political committee. Name of Employer EMP Receipt For: 2014	OH C Occupation Emergency Aggregate			Amoun 416.67		7	n Re	eceipt th		10d 250.(	)1
Constant Other (specify) ▼ Full Name (Last, First, Middle Initial) Louis Cirillo Mailing Address 91 Woodridge Drive	2500.02		Date o	f Re		D	/ •		Y	Y	
City Saunderstown FEC ID number of contributing federal political committee. Name of Employer	State RI Occupation	Zip Code 02874		06 Trans	t of	; i <b>on IE</b> Each	30 <b>) : S</b>	SA11AI.	2014 <b>.4610</b> his Per	1	)9
EMP Receipt For: 2014 Primary X General Other (specify) V	Emergency		]								
C. Full Name (Last, First, Middle Initial) Mailing Address 2523 Hanover Ave			_	Date o	f Re	D	t 30	/ Y	2014	Y 1	Ŷ
City Richmond FEC ID number of contributing federal political committee. Name of Employer EMP Receipt For: 2014 ☐ Primary X General Other (specify) ▼	State VA C Occupation Emergency Aggregate			Trans	t of	ion II Each	D : 3	SA11AI eccipt th	l <b>.4611</b> his Per		00
SUBTOTAL of Receipts This Page (optional TOTAL This Period (last page this line num	,		• - •			7		- 7	16	\$50.0	0

#### Image# 14961539931

SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	5	

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 7

OF

12

••			Detailed Summary Page		<b>&lt;</b> 11a		11b	11c	12		
	winformation partial framework. Describer 10	totom and a			13 for the		14	15	10	-	17
Ar or	ny information copied from such Reports and S for commercial purposes, other than using the	name and a	ay not be sold or used by any pound of used by any pound by any political committee	erson e to s	tor the olicit co	pur ntrik	pose of outions f	soliciting	) contr	mitte	ons e.
$\square$	NAME OF COMMITTEE (In Full)										
$ \rangle$	EMP PAC										
/											
Α.	Full Name (Last, First, Middle Initial) Timothy Corvino				Date o	f Re	ceint				
<b>~</b> ·	Mailing Address 128 Miles Road								Y	V	V
					06	1	30		201		
	City	State	Zip Code		Trans	sact	ion ID :	SA11AL	4615		
	Chagrin Falls	OH	44022	_	Amoun	t of	Each F	Receipt th	is Per	iod	
	FEC ID number of contributing	С							;	249.0	00
	federal political committee.				too 00/		7	7			
	Name of Employer	Occupation		-	\$83.33/ı	mon	tniy				
	EMP	Emergency	Physician								
	Receipt For: 2014	Aggregate	Year-to-Date ▼								
	Other (specify)		498.00								
			/9 /9 /9								
	Full Name (Last, First, Middle Initial)										
В.	Daniel Geary			_	Date o	f Re	eceipt				
Mailing Address 142 Woodshire					M M	/			Y		Y
	City	State	Zip Code	_	06 Trans	act	30	SA11AL	2014	+	
	Pittsburgh	PA	15215					Receipt th		riod	
	FEC ID number of contributing	0									
	federal political committee.	С					7		ż	249.9	99
	Name of Employer	Occupation		- \$	\$83.33/r	non	thly				
	EMP	Emergency	Physician								
	Receipt For: 2014	Aggregate	Year-to-Date ▼								
	Primary General		400.00								
	Other (specify)		, 499.98								
_	Full Name (Last, First, Middle Initial)										
C.	John Janikas				Date o	f Re	eceipt				
	Mailing Address 43 Outlook Drive South				M M	/	D	7 / Y	Y	Y	Y
	<u></u>	Ctata	Zin Code	_	06	١,	30		2014	4	
	City Mechanicville	State NY	Zip Code 12118					SA11AI.			
		_			Amoun	τοι	Each F	Receipt th	lis Per	100	_
	FEC ID number of contributing federal political committee.	С			L.,				;	249.9	99
		Occupation			\$83.33/	mon		,			
	Name of Employer	Occupation									
	EMP Receipt For: 2014	Emergency									
	Primary X General	Aggregate	Year-to-Date ▼								
	Other (specify)		499.98								
_			, ,								
					<u> </u>				7	748.9	8
S	<b>UBTOTAL</b> of Receipts This Page (optional)		•••••••	-	<u></u>	÷	7	7	<u> </u>	-U.S	5
1					1.1.1.1.1.1.1	-					

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

10

- J -

# SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

FOR LINE NUMBER:

PAGE

8 OF

12

	-	Use separate schedule(s)	(check only one)
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports or for commercial purposes, other than us	and Statements maing the name and a	ay not be sold or used by any p address of any political committed	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
/			
Full Name (Last, First, Middle Initial)           A.         Andrew Jenis			Date of Receipt
Mailing Address 115 Cayuga Heights R	oad		M M / D D / Y Y Y Y Y 06 30 2014
City	State	Zip Code	Transaction ID : SA11AI.4632
Ithaca	NY	14850	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		150.00
Name of Employer	Occupation	l	= \$50.00/monthly
EMP	Emergency	Physician	
Receipt For: 2014	Aggregate	Year-to-Date ▼	
Primary X General	33 - 3		1
Other (specify)		300.00	
Full Name (Last, First, Middle Initial) B. Joseph Kuchinski			Date of Receipt
Mailing Address 32 Woodland Ave			
			06 30 _2014 _
City	State	Zip Code	Transaction ID : SA11AI.4638
Mountain Lakes	NJ	07046	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		300.00
Name of Employer	Occupation	1	\$100.00/monthly
EMP	Emergency	Physician	
Receipt For: 2014	Aggregate	Year-to-Date ▼	
Primary X General Other (specify) V		600.00	]
Full Name (Last, First, Middle Initial) C. Sidney Lee			Dote of Perceint
Mailing Address 701 15th Ave			Date of Receipt
			06 30 2014
City	State	Zip Code	Transaction ID : SA11AI.4640
Honolulu	HI	96816	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		150.00
Name of Employer	Occupation	l	\$50.00/monthly
EMP	Emergency	Physician	
Receipt For: 2014		Year-to-Date ▼	
Primary X General			1
Other (specify)		300.00	1
SUBTOTAL of Receipts This Page (optio	nal)		600.00
TOTAL This Period (last page this line n	umber only)		

#### Image# 14961539933

SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS		

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 9 OF

	for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
Any information copied from such Reports and s or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full)		
A. Full Name (Last, First, Middle Initial) Merci Madar Mailing Address 7805 Valderrama Way	State Zip Code	Date of Receipt
Bradenton FEC ID number of contributing federal political committee.	FL 34202	Amount of Each Receipt this Period 249.99
Name of Employer EMP Receipt For: 2014 Primary X General Other (specify)	Occupation Emergency Physician Aggregate Year-to-Date ▼ 499.98	\$83.33/monthly
B. Full Name (Last, First, Middle Initial) Mailing Address 20 James River Rd		Date of Receipt
City Beavercreek FEC ID number of contributing federal political committee.	State Zip Code OH 45434	06 30 2014 Transaction ID : SA11AI.4646 Amount of Each Receipt this Period 300.00
Name of Employer EMP Receipt For: 2014 Primary X General Other (specify)	Occupation Emergency Physician Aggregate Year-to-Date ▼ 350.01	\$100.00/monthly
Full Name (Last, First, Middle Initial)         Oliver Mayorga         Mailing Address 32 Church St         City         Mystic         FEC ID number of contributing federal political committee.         Name of Employer         EMP         Receipt For: 2014         Primary       ✓ General         Other (specify) ▼	State       Zip Code         CT       06355         C       Occupation         Emergency Physician       Aggregate Year-to-Date ▼         Aggregate Year-to-Date ▼       300.00	Date of Receipt 06 30 2014 Transaction ID : SA11AI.4649 Amount of Each Receipt this Period 150.00 \$50.00/monthly
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number		699.99

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 10 OF

	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	Statements may not be sold or used by any e name and address of any political committee	person for the purpose of soliciting contributions									
NAME OF COMMITTEE (In Full)											
Full Name (Last, First, Middle Initial) A. Mark Slabinski	Date of Receipt										
Mailing Address 3004 Edison St. NW	M = M / D = D / Y = Y = Y = Y 06 30 2014										
City Uniontown	State Zip Code OH 44685	Transaction ID : SA11AI.4672									
		Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C	249.99									
Name of Employer	Occupation	\$83.33/monthly									
EMP	Emergency Physician										
Receipt For: 2014	Aggregate Year-to-Date ▼										
Other (specify)	499.98										
Full Name (Last, First, Middle Initial) B.	Date of Receipt										
Mailing Address											
City	State Zip Code	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С										
Name of Employer	Name of Employer Occupation										
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼										
Full Name (Last, First, Middle Initial)	Date of Receipt										
Mailing Address	Mailing Address										
City	State Zip Code	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С										
Name of Employer	of Employer Occupation										
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	]									
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number		► 249.99 3948.96									

SCHEDULE B (FEC Form 3X)				FC	OR I	LINE N	NE NUMBER: PAGE 11 OF 12							
IT	EMIZED DISBURSEMENTS	Use separate schedule(s for each category of the		(C	heck	c only	one)							
			d Summary Page		$\mid$	21b 27	22 28a	×	23 28b	24 28c	25			
	ny information copied from such Reports and State for commercial purposes, other than using the name					perso	n for the		ose c	of solicitin	g contril	outions		
$\square$	NAME OF COMMITTEE (In Full)													
	EMP PAC													
Δ	Full Name (Last, First, Middle Initial) Charles Boustany Jr.					Date of Disbursement								
/							04 / D D / Y Y Y Y 04 17 2014							
	Mailing Address PO Box 80126													
	City	State LA	Zip Code				Trans	sactio	on ID	: SB23.4	593			
	Lafayette Purpose of Disbursement	LA	70598			_								
	Contribution			0	)11		Amoun	t of I	Each	Disburse	ment thi	s Period		
	Candidate Name			Cate	egor	y/					2	50.00		
	Charles Boustany Jr.				ype			-	7		2	50.00		
	Office Sought: House Disburse Senate	ment For: Primary	2014 General											
	President	Other (sp												
	State: LA District: 03		<i>37</i> <b>•</b>											
	Full Name (Last, First, Middle Initial)													
В.	DR. RAUL RUIZ FOR CONGRES	. RAUL RUIZ FOR CONGRESS					Date of Disbursement							
	Meiling Address - DO DOV 2122													
	Mailing Address PO BOX 3433						05				2014	-		
	City PALM DESERT	State CA	Zip Code 92261				Trans	sacti	on ID	: SB23.4	598			
	Purpose of Disbursement	0/1	32201	-	-	-1								
	Contribution			C	011		Amoun	t of I	Each	Disburse	ment thi	s Period		
	Candidate Name			Cate		y/					50	00.00		
	RAUL RUIZ Office Sought: X House Disburse	ment For:		Ty	уре			-	"	7				
		Primary	2014 General											
	President	Other (sp												
_	State: CA District: 36	1												
~	Full Name (Last, First, Middle Initial)													
C.	Friends of Heck Committee Mailing Address PO Box 750114					Date of Disbursement								
						_	05 15 2014							
							2014							
	City	State	Zip Code				Transaction ID : SB23.4595			595				
	Las Vegas Purpose of Disbursement	NV	89136											
	Contribution 011						Amount of Each Disbursement this Period							
	Candidate Name	Cate	egory/	v/										
	JOE HECK				ype	<b>,</b>	4000.00							
		ment For:												
	Senate President	Primary Other (sp	General											
	State: NV District: 03		Vectory)											
Г							_	-						
s	UBTOTAL of Disbursements This Page (optional).								7		92	50.00		
ΙT	<b>OTAL</b> This Period (last page this line number only	/)			•••••		- La	_	,					

SCHEDULE B (FEC Form 3X)			NUMBER: PAGE 12 OF 12						
ITEMIZED DISBURSEMENTS	Use separate schedule(s)	(check only							
	for each category of the Detailed Summary Page	21b 27	22         X         23         24         25         26           28a         28b         28c         29         30b						
Any information copied from such Reports and Staten or for commercial purposes, other than using the name	nents may not be sold or use ne and address of any politica	d by any perso al committee to	on for the purpose of soliciting contributions solicit contributions from such committee.						
NAME OF COMMITTEE (In Full)									
Full Name (Last, First, Middle Initial)			Data of Dishuranment						
A. Friends of Heck Committee	Date of Disbursement								
Mailing Address PO Box 750114	J Address PO Box 750114								
,	State Zip Code		Transaction ID : SB23.4683						
Las Vegas Purpose of Disbursement	NV 89136								
Contribution		011	Amount of Each Disbursement this Period						
		Category/	1000.00						
JOE HECK Office Sought: X House Disburser	nent For: 2014	Туре	7 7 7						
	Primary X General								
	Other (specify)								
State: NV District: 03 Full Name (Last, First, Middle Initial)									
B.			Date of Disbursement						
Mailing Address									
City	State Zip Code								
Purpose of Disbursement									
Candidate Name			Amount of Each Disbursement this Period						
		Category/ Type							
Office Sought: House Disbursen									
President	Primary General Other (specify) ▼								
State: District:									
Full Name (Last, First, Middle Initial)									
C.	Date of Disbursement								
Mailing Address		M M / D D / Y Y Y Y Y							
City	State Zip Code								
Purpose of Disbursement	Purpose of Disbursement								
Candidate Name	Category/ Type	Amount of Each Disbursement this Period							
Office Sought: House Disburser Senate President	nent For: Primary General Other (specify) <b>v</b>								
State: District:									
SUBTOTAL of Disbursements This Page (optional)		••••••	1000.00						
TOTAL This Period (last page this line number only)		····· ►	10250.00						