Image# 11953225932 PAGE 1 / 12

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

1	or other man	All Authorized	Committee			Office Use Only	
1. NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼		mple: If typir r the lines.	ig, type	12FE4M5		
American College of Nu	ırse Practitior	ners Political	Action Co	mmittee	<u> </u>		
ADDRESS (number and street)	1501 Wilson Blvd						
Check if different	Suite 509						
than previously reported. (ACC)	Arlington				VA L	22209	
2. FEC IDENTIFICATION NUI	MBER ▼	CITY 🛦		S	STATE A	ZIP CO	DE 🛦
C C00382440		3. IS THIS REPORT	V .	IEW N) OR	AM (A)	ENDED	
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports:	(b) Monthly Report Due On:	Feb 20 (M2) Mar 20 (M3)		May 20 (M5)	Sep	20 (M8) 20 (M9)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only)
April 15 Quarterly Report (Q1 July 15 Quarterly Report (Q2 October 15 Quarterly Report (Q3	PRE-EI Report		Primary (12P	12C)	General (12S)	Jan 31 (YE) Runoff (12R)
January 31 Year-End Report (YE	<u> </u>	Election on	M M /	D D /	Y Y Y Y	in the State o	f
July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report (TER)	POST-	Election for the:	General (300	i)	Runoff (3	OR) in the	Special (30S)
		Election on				State o	f
5. Covering Period 11	01	2011	through	11	30 /	2011	
I certify that I have examined this Type or Print Name of Treasurer	•	e best of my kno	wledge and k	pelief it is true	e, correct and	complete.	
Signature of Treasurer Wade :	S Williams		[Electronically	Filed] Da	ate 12	/ 14 /	2011
NOTE: Submission of false, erroned	ous, or incomplete	information may su	bject the pers	on signing thi	s Report to th	e penalties of 2 l	J.S.C. §437g.
Office Use Only						FEC FOR Rev. 12/2	

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2

Write or Type Committee Name

American College of Nurse Practitioners Political Action Committee

2011 30 2011 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 55441.38 January 1, 2011 (b) Cash on Hand at 60532.27 Beginning of Reporting Period..... 12123.01 6645.00 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 67177.27 67564.39 6(a) and 6(c) for Column B)..... 445.04 832.16 Total Disbursements (from Line 31)...... Cash on Hand at Close of 8. Reporting Period 66732.23 66732.23 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D)

×

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

American College of Nurse Practitioners Political Action Committee

	I. Deseints	COLUMN A	COLUMN B				
	I. Receipts	Total This Period	Calendar Year-to-Date				
11. Co	ntributions (other than loans) From:						
(a)							
	Than Political Committees	1800.00	3500.00				
	(i) Itemized (use Schedule A)	3.55					
	(ii) Unitemized	4845.00	8510.00				
	(iii) TOTAL (add	2045.00	42040.00				
	Lines 11(a)(i) and (ii)▶	6645.00	12010.00				
(b)	Political Party Committees	0.00	0.00				
(c)		0.00					
	(such as PACs)	0.00	0.00				
(d)	,						
	11(a)(iii), (b), and (c)) (Carry	6645.00	12010.00				
10 Tro	Totals to Line 33, page 5) ansfers From Affiliated/Other	0040.00	12010.00				
	rty Committees	0.00	0.00				
	, , , , , , , , , , , , , , , , , , , ,						
13. All	Loans Received	0.00	0.00				
	an Repayments Received	0.00	0.00				
	fsets To Operating Expenditures						
	efunds, Rebates, etc.)	0.00	0.00				
	arry Totals to Line 37, page 5)funds of Contributions Made	7	0.00				
	Federal Candidates and Other						
	litical Committees	0.00	0.00				
17. Otl	her Federal Receipts						
(Di	ividends, Interest, etc.)	0.00	113.01				
	ansfers 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				
(D)	Levin Funds (nom Schedule H3)		0.00				
(c)	Total Transfers (add 18(a) and 18(b))	0.00	0.00				
	tal Receipts (add Lines 11(d), , 13, 14, 15, 16, 17, and 18(c))▶	6645.00	12123.01				
20. Tot	tal Federal Receipts						
(su	ubtract Line 18(c) from Line 19)▶	6645.00	12123.01				

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
1.	Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)	10101 01100	Calcinda Teal-to-Date
	(i) Federal Share	0.00	0.00
	.,	0.00	0.00
	(ii) Non-Federal Share(b) Other Federal Operating	0.00	0.00
	Expenditures	490.58	832.16
	(c) Total Operating Expenditures		
	(add 21(a)(i), (a)(ii), and (b)) ▶	490.58	832.16
	Transfers to Affiliated/Other Party	0.00	0.00
	Contributions to	0.00	0.00
	Federal Candidates/Committees and Other Political Committees	0.00	0.00
	Independent Expenditures	0.00	200
	(use Schedule E) Coordinated Party Expenditures	0.00	0.00
	(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
	(use scriedule i)	7 7	0.00
	Loan Repayments Made	0.00	0.00
		0.00	0.00
	Loans MadeRefunds of Contributions To:	0.00	0.00
	(a) Individuals/Persons Other Than Political Committees	0.00	0.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees	0.00	0.00
	(such as PACs)	0.00	7
	(d) Total Contribution Refunds		
	(add Lines 28(a), (b), and (c))▶	0.00	0.00
	Other Disbursements	-45.54	0.00
•	Other Dispursements	-40.04	7
	Federal Election Activity (2 U.S.C. §431(20))		
	(a) Allocated Federal Election Activity		
	(from Schedule H6)	0.00	0.00
	(i) Federal Share		
	(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
	2.1100 00(a)(i), 00(a)(ii) and 00(b))	7	
	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	445.04	832.16
	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)		
	from Line 31)	445.04	832.16

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Ex- penditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date			
3. Total Contributions (other than loans) (from Line 11(d), page 3)	6645.00	12010.00			
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00			
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	6645.00	12010.00			
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	490.58	832.16			
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00			
3. Net Operating Expenditures (subtract Line 37 from Line 36)	490.58	832.16			

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FO	R LINE	NU	IMBER	:	PAGE	6	OF	12
(che	eck only	or or	ne)					
×	11a		11b		11c	12	2	
	13		14		15	16	6	17

	the name and address of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full)	rectitioners Delitical Action Committee	
/ American College of Nurse P	ractitioners Political Action Committ	ee
Full Name (Last, First, Middle Initial) Gail Lauryn		Date of Receipt
Mailing Address 11201 S. Lothain Avenue		11 07 2011
City	State Zip Code	Transaction ID : 7194952
Chicago	IL 60643	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer	Occupation	-
Take Care Clinic	Nurse Practioner	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) . Margaret Eigenberger		Date of Receipt
Mailing Address 14733 Stoney Creek Way		11 07 2011
City	State Zip Code	Transaction ID : 7194953
Broomfield	CO 80023	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer	Occupation	-
Kaiser Permanente	Nurse Practioner	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Jill Olmstead	'	Date of Receipt
Mailing Address 1847 Sunnycrest Drive		11 07 2011
City	State Zip Code	Transaction ID : 7194954
Fullerton	CA 92835	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer	Occupation	-
St. Jude Heritage Health	Nurse Practioner	
Receipt For:	Aggregate Year-to-Date ▼]
Primary General Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)) >	750.00
TOTAL This Period (last page this line numb	per only)	

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

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

FOR	LINE	NU	MBER	:	PAGE	=	7	OF	12
(chec	k only	or	ıe)						
X	11a [11b		11c		12		
	13		14		15		16	;	17

NAME OF COMMITTEE (In Full) American College of Nurse Pr	actitioners Political Action Commit	tee
Full Name (Last, First, Middle Initial) Lori North Mailing Address 4383 W. Ponds Circle		Date of Receipt
	70.0.4	11 07 2011
City Littleton	State Zip Code CO 80123	Transaction ID : 7194955
FEC ID number of contributing federal political committee.	С	Amount of Each Receipt this Period 250.00
Name of Employer Denver VA Hospital	Occupation Nurse Practioner	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Marie Coffin		Date of Receipt
Mailing Address 1106 Summerlon Way City	State Zip Code	11 07 2011 Transaction ID : 7194956
Dodge City	KS 67801	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Take Care Health Systems	Occupation Nurse Practitioner	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Denise G Link		Date of Receipt
Mailing Address PO Box 40356 4032 N. 11Th Avenue		11 07 2011
City Phoenix	State Zip Code AZ 85067	Transaction ID : 7194983 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	
Arizona State University	Nurse Practitioner	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	
SUBTOTAL of Receipts This Page (optional).		550.00
COLICIA di Modelpio IIIIo I ago (opilona).		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FO	R LINE	NU	IMBER	:	PAGE	8	OF	12
(ch	eck only	or or	ne)					
×	11a		11b		11c	12	2	
	13		14		15	16	6	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.

or for commercial purposes, other than using the	ne name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American College of Nurse Pra	actitioners Political Action Committe	ee
Full Name (Last, First, Middle Initial) A. Nanette Alexander		Date of Receipt
Mailing Address 117 North Moodus Rd.		11 03 2011
City	State Zip Code	Transaction ID: 7195250
Moodus	CT 06469	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	155.00
Name of Employer	Occupation	
Prime Health Center	Nurse Practitioner	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	295.00	
Full Name (Last, First, Middle Initial) 3. M.J. Henderson		Date of Receipt
Mailing Address 33 Hillcrest Rd		11 03 2011
City	State Zip Code	Transaction ID: 7195251
Wakefield	RI 02879	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer	Occupation	
Rheumatology Associates, Providence RI	Nurse Practitioner	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	
Full Name (Last, First, Middle Initial) Jan DiSantostefano		Date of Receipt
Mailing Address 2437 Maxton Crest Drive		11 03 2011 _
City	State Zip Code	Transaction ID : 7195270
Apex	NC 27539	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer	Occupation	
SAS Healthcare	Nurse Practitioner	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	325.00	
SUBTOTAL of Receipts This Page (optional)		380.00
TOTAL This Period (last page this line numbe	r only)	

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

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

F	OR	LINE	NU	MBER	:	PAGE	9	OF	12
(0	che	ck only	or	ne)					
	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

Full Name (Last, First, Middle Initial) Helen Ruddy Mailing Address 21-26 21st Rd		Date of Receipt
City	Stata Zin Codo	11 20 2011
City Astoria	State Zip Code NY 11105	Transaction ID : 7195274
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 50.00
Name of Employer	Occupation	
NYU Health Service	Nurse Practitioner	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) Nanette Alexander		Date of Receipt
Mailing Address 117 North Moodus Rd.		M = M / D = D / Y = Y = Y
City	State Zip Code	11 20 2011
Moodus	CT 06469	Transaction ID : 7195276 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer	Occupation	
Prime Health Center	Nurse Practitioner	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 315.00	
Full Name (Last, First, Middle Initial)		
Susan Apold Giampietro		Date of Receipt
Mailing Address 25 Pamela Lane	Otata Zin Octob	11 20 2011
City New Rochelle	State Zip Code NY 10804	Transaction ID : 7195278 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	50.00
Name of Employer	Occupation	
American College of Nurse Practitioner	Director, Department of Nursing	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	400.00	

ľ

S	CHEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 10 OF 12						
ΙT	EMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the		(check only one)			¬	٦		
			Summary Page	X 21		23 28b	24 28c	25 29	26 30b	
Λ	y information copied from such Reports and Statem	L conte mass	not be cold or us							
	for commercial purposes, other than using the nam									
	NAME OF COMMITTEE (In Full)									
	American College of Nurse Practition	oners Po	olitical Actio	n Commi	ttee					
^	Full Name (Last, First, Middle Initial)				Data	(Dialayuna an				
A.	Fundraising By Net					Date of Disbursement				
	Mailing Address 1101 Pennsylvania Avenue, NW 6th Floor				11	1 1 1 1 1 1				
	•	State	Zip Code		Trans	action ID :	7108511			
	Washington Purpose of Disbursement	DC	20004				7100011			
	Credit Card Processing Fees			001	Amoun	t of Each [Disbursemer	nt this F	Period	
	Candidate Name			Category/				113	01	
	Office Sought: House Dishurs	ont For		Type		7		113	.51	
		nent For: Primary Other (spec	General		Credit C	Card Proces	sing Fees			
	State: District:	(-	- <i>J</i> / •							
	Full Name (Last, First, Middle Initial)									
B.	Fundraising By Net			Date o	f Disbursen		Y Y	Υ		
	Mailing Address 1101 Pennsylvania Avenue, NW 6th Floor			11	03		2011			
	Washington	State DC	Zip Code 20004		Trans	saction ID :	7195272			
	Purpose of Disbursement Credit Card Processing Fees			001	Amoun	t of Each [Disbursemer	nt this F	Period	
	Candidate Name			Category/ Type			. ,	2	23	
	Office Sought: House Disbursem	nent For: Primary	General		Credit (Card Proces	ssing Fees			
	President State: District:	Other (spec	cify) 🔻		G. Gaill V	, a. a	g . eee			
_	Full Name (Last, First, Middle Initial)									
C.	Fundraising By Net				Date o	Date of Disbursement				
	Mailing Address 1101 Pennsylvania Avenue, NW 6th Floor				11	20		2011		
	,	State DC	Zip Code 20004		Trans	action ID :	7195279			
	Purpose of Disbursement									
	Credit Card Processing Fees Candidate Name			001 Category/	Amoun	t of Each [Disbursemer		Period .86	
	Office Sought: House Disbursem	ant For		Туре	_	7	7			
	Senate	Primary Other (spec	General cify) ▼		Credit C	Card Proces	sing Fees			
	State: District:									
H	UBTOTAL of Disbursements This Page (optional) OTAL This Period (last page this line number only).						7	126	.10	

S 17

SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 11 OF 12				
ITEMIZED DISBURSEMENTS	Use separate schedule(s)	FOR LINE NUMBER: PAGE 11 OF 12 (check only one)				
II EIVIIZED DISDURSEIVIEN IS	for each category of the	(criccit orling	22 23 24 25 26			
	Detailed Summary Page	27	28a 28b 28c 29 30b			
Any information copied from such Reports and State	ments may not be sold or us	sed by any ners	on for the purpose of soliciting contributions			
or for commercial purposes, other than using the na						
NAME OF COMMITTEE (In Full)						
American College of Nurse Practit	ioners Political Action	on Committe	ee			
<u>-</u>						
Full Name (Last, First, Middle Initial)						
A. Fundraising By Net	Date of Disbursement					
Mailing Address 1101 Pennsylvania Avenue, NW	11 07 2011					
6th Floor			11 0/ 2011			
City						
Washington	State Zip Code DC 20004		Transaction ID: 7195280			
Purpose of Disbursement						
Credit Card Processing Fees	001	Amount of Each Disbursement this Period				
Candidate Name		Category/	359.48			
000		Type	333.40			
	ement For:					
Senate President	Primary General		Credit Card Processing Fees			
State: District:	Other (specify) ▼					
Full Name (Last, First, Middle Initial)						
B.	Date of Disbursement					
Mailing Address	Mailing Address					
City	State Zip Code					
Purpose of Disbursement	1					
ruipose oi Dispuisement			Amount of Each Disbursement this Period			
Candidate Name			Amount of Each dispulsement this Fellou			
-		Category/ Type				
Office Sought: House Disburse	ement For:	- 7 F -	,			
Senate	Primary General					
President	Other (specify) ▼					
State: District:	- 					
Full Name (Last, First, Middle Initial)	· · · · · · · · · · · · · · · · · · ·					
C.	Date of Disbursement					
Mailing Adduses	M M / D D / Y Y Y Y					
Mailing Address						
City						
,						
Purpose of Disbursement	Purpose of Disbursement					
	Amount of Each Disbursement this Period					
Candidate Name		Category/				
000		Type				
	ement For:					
Senate President	Primary General					
State: District:	Other (specify) ▼					
Side. Bioline.						
SUBTOTAL of Disbursements This Page (optional).		_	359.48			
CODITION DISDUISONNENIS THIS LAGE (OPHONAI).						
TOTAL This Period (last nage this line number only	<i>i</i>)	_	485.58			

SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 12 OF					
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page						
LIMELD DIODONOLIVILITIO		21b	22 23 24 25 26				
		27	28a 28b 28c X 29 30				
Any information copied from such Reports and Statem							
or for commercial purposes, other than using the name	e and address of any politic	al committee to	solicit contributions from such committee.				
NAME OF COMMITTEE (In Full)	-						
angle American College of Nurse Practition	oners Political Actio	n Committe	ee				
Full Name (Last, First, Middle Initial)							
Fundraising By Net			Date of Disbursement				
			M M / D D / Y Y Y Y				
Mailing Address 1101 Pennsylvania Avenue, NW			11 01 2011				
City State Zip Code							
•	DC 20004		Transaction ID: 7108510				
Purpose of Disbursement							
Void - Check Written 03.29.2011		001	Amount of Each Disbursement this Period				
Candidate Name		Category/	-45.54				
Office Coughts	ant Fam	Type	-43.04				
Office Sought: House Disbursem	ent For: Primary General		Weight Objects William 20 00 00 1				
	Other (specify)		Void - Check Written 03.29.2011				
State: District:	ou.o. (opoo) ▼						
Full Name (Last, First, Middle Initial)							
	Date of Disbursement						
			M M / D D / Y Y Y Y				
Mailing Address							
City S	tate Zip Code						
- ,	,						
Purpose of Disbursement							
Candidate Name			Amount of Each Disbursement this Period				
Candidate Name		Category/ Type					
Office Sought: House Disbursem	ent For:	туре	, , , , , , , , , , , , , , , , , , , ,				
	Primary General						
President	Other (specify) ▼						
State: District:							
Full Name (Last, First, Middle Initial)	Full Name (Last, First, Middle Initial)						
	Date of Disbursement						
Mailing Address			M M / D D / Y Y Y Y				
Walling / Galesce							
City	tate Zip Code						
Purpose of Disbursement							
Tulpose of Disbursement			Amount of Fook Dickurson at this Davied				
Candidate Name		Category/	Amount of Each Disbursement this Period				
		Type					
Office Sought: House Disbursem							
	Primary General						
	Other (specify) ▼						
State: District:							
CURTOTAL of Dishurasments This Dans (anticas)			-45.54				
SUBTOTAL of Disbursements This Page (optional)		·····					
TOTAL This Period (last page this line number only).			-45.54				