

**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

NODAK PAC

ADDRESS (number and street)

PO Box 75214

☐Check if different
than previously
reported. (ACC)

Washington

DC

20013

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00384115

3. IS THIS
REPORT☒NEW
(N)

OR

☐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:☐

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 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

01

01

2006

through

03

31

2006

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

Timothy Purdon

Signature of Treasurer

Electronically Filed by Timothy Purdon

Date

04

14

2006

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. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
NODAK PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	1	0	1	2	0	0	6

To:

M	M	D	D	Y	Y	Y	Y
0	3	3	1	2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2006		205.38
(b) Cash on Hand at Beginning of Reporting Period	205.38	
(c) Total Receipts (from Line 19)	27501.87	27501.87
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	27707.25	27707.25
7. Total Disbursements (from Line 31)	25828.08	25828.08
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1879.17	1879.17
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	

☐ 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. 02/2003)

Page 3

Write or Type Committee Name

NODAK PAC

Report Covering the Period:

From:

M M
0 1D D
0 1Y Y Y Y
2 0 0 6

To:

M M
0 3D D
3 1Y Y Y Y
2 0 0 6

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	0.00	0.00
(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)	27500.00	27500.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ➡	27500.00	27500.00
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.)	1.87	1.87
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 Transfer (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))	27501.87	27501.87
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	27501.87	27501.87

DETAILED SUMMARY PAGE

of Disbursements

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Page 4

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)		0.00	0.00
(i) Federal Share.....			
(ii) Non-Federal Share.....		0.00	0.00
(b) Other Federal Operating Expenditures.....		5328.08	5328.08
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....		5328.08	5328.08
22. Transfers to Affiliated/Other Party Committees.....		0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....		10000.00	10000.00
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.....		10500.00	10500.00
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared 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))..		25828.08	25828.08
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....		25828.08	25828.08

DETAILED SUMMARY PAGE

of Disbursements

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Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	27500.00	27500.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	27500.00	27500.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	5328.08	5328.08
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	5328.08	5328.08

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

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

FOR LINE NUMBER: PAGE 6 / 11

(check only one)

☐ 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)

NODAK PAC

Full Name (Last, First, Middle Initial)

A. AMERICAN CRYSTAL SUGAR COMPANY POLITICAL ACTION COMMITTEE

Mailing Address 101 NORTH THIRD STREET

City State Zip Code
 MOORHEAD MN 56560

FEC ID number of contributing
federal political committee. **C** C00110338

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 3 / 0 2 / 2 0 0 6

Transaction ID: SA11C.4370

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

B. AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - P E O P L E, QUALIFIED

Mailing Address 1625 L STREET NW

City State Zip Code
 WASHINGTON DC 20036

FEC ID number of contributing
federal political committee. **C** C00011114

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 3 / 1 3 / 2 0 0 6

Transaction ID: SA11C.4372

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

C. INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS COMMITTEE ON POLITICAL EDUCATION

Mailing Address 1125 15TH ST N.W.

City State Zip Code
 WASHINGTON DC 20005

FEC ID number of contributing
federal political committee. **C** C00027342

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 2 / 2 3 / 2 0 0 6

Transaction ID: SA11C.4368

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)

12500.00

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: PAGE 7 / 11

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NODAK PAC

A. Full Name (Last, First, Middle Initial)
MACHINISTS NON PARTISAN POLITICAL LEAGUE

Mailing Address 9000 Machinists Place

City State Zip Code
Upper Marlboro MD 20772

FEC ID number of contributing
federal political committee. **C** C00002469

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 3 / 2 0 0 6

Transaction ID: SA11C.4375

Amount of Each Receipt this Period

5000.00

B. Full Name (Last, First, Middle Initial)
NEW YORK LIFE INSURANCE COMPANY POLITICAL ACTION COMMITTEE

Mailing Address 51 Madison Ave.
Room 117M

City State Zip Code
New York NY 10010

FEC ID number of contributing
federal political committee. **C** C00158881

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 3 / 2 0 0 6

Transaction ID: SA11C.4378

Amount of Each Receipt this Period

5000.00

C. Full Name (Last, First, Middle Initial)
PHYSICAL THERAPY POLITICAL ACTION COMMITTEE

Mailing Address 1111 North Fairfax Street

City State Zip Code
Alexandria VA 22314

FEC ID number of contributing
federal political committee. **C** C00012880

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 3 / 2 0 0 6

Transaction ID: SA11C.4377

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)

15000.00

TOTAL This Period (last page this line number only)

27500.00

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)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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)
NODAK PAC

Full Name (Last, First, Middle Initial)

A. Campaign Compliance, LLC

Mailing Address 3615 Fels Lane

City State Zip Code
Ellicott City MD 21043

Purpose of Disbursement
Accounting

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.4380

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2251.89

Full Name (Last, First, Middle Initial)

B. Fraioli and Associates

Mailing Address 80 F Street, NW #804

City State Zip Code
Washington DC 20001

Purpose of Disbursement
PAC fundraising consultant

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.4379

Date of Disbursement

/ /

Amount of Each Disbursement this Period

3076.19

SUBTOTAL of Disbursements This Page (optional)

5328.08

TOTAL This Period (last page this line number only)

5328.08

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)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
NODAK PAC

A. BOSWELL FOR CONGRESS Full Name (Last, First, Middle Initial) Mailing Address PO Box 6220 City Des Moines State IA Zip Code 50309 Purpose of Disbursement Candidate Name LEONARD L. BOSWELL Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 03 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB23.4384 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 0 6 Amount of Each Disbursement this Period 1000.00
B. CHET EDWARDS FOR CONGRESS Full Name (Last, First, Middle Initial) Mailing Address PO Box 23273 City WACO State TX Zip Code 76702 Purpose of Disbursement Candidate Name CHET EDWARDS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 17 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB23.4385 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 0 6 Amount of Each Disbursement this Period 1000.00
C. DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE - CONTRIBUTIONS Full Name (Last, First, Middle Initial) Mailing Address 430 South Capitol Street SE 2nd Floor City Washington State DC Zip Code 20003 Purpose of Disbursement Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB23.4396 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 7 / 2 0 0 6 Amount of Each Disbursement this Period 5000.00
SUBTOTAL of Disbursements This Page (optional)		7000.00
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)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
NODAK PAC

A. FRIENDS FOR BARON HILL Full Name (Last, First, Middle Initial) Mailing Address PO Box 1071 City Seymour State IN Zip Code 47274 Purpose of Disbursement Candidate Name BARON P HILL Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 09 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB23.4397 Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2006 Amount of Each Disbursement this Period 1000.00
B. FRIENDS OF DAN MAFFEI Full Name (Last, First, Middle Initial) Mailing Address PO BOX 74 City SYRACUSE State NY Zip Code 13214 Purpose of Disbursement Candidate Name DANIEL BENJAMIN MAFFEI Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 25 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB23.4391 Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2006 Amount of Each Disbursement this Period 1000.00
C. SPRATT FOR CONGRESS COMMITTEE Full Name (Last, First, Middle Initial) Mailing Address PO BOX 830 City YORK State SC Zip Code 29745 Purpose of Disbursement Candidate Name JOHN M JR SPRATT Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 05 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB23.4388 Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2006 Amount of Each Disbursement this Period 1000.00
SUBTOTAL of Disbursements This Page (optional)		3000.00
TOTAL This Period (last page this line number only)		10000.00

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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NODAK PAC

A. Full Name (Last, First, Middle Initial) North Dakota Democratic Party		Transaction ID: SB29.4382 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 0 / 2 0 0 6</div> </div>
Mailing Address 1902 E. Divide Avenue		Amount of Each Disbursement this Period <div>5000.00</div>
City Bismarck State ND Zip Code 58501		
Purpose of Disbursement Contribution	<div>Category/Type</div>	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B. Full Name (Last, First, Middle Initial) Paul Evans 2006		Transaction ID: SB29.4394 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 4 / 2 0 0 6</div> </div>
Mailing Address		Amount of Each Disbursement this Period <div>500.00</div>
City State Zip Code		
Purpose of Disbursement Contribution-state	<div>Category/Type</div>	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C. Full Name (Last, First, Middle Initial) Roger Johnson for Ag Commissioner		Transaction ID: SB29.4383 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 0 / 2 0 0 6</div> </div>
Mailing Address 1902 East Divide Avenue		Amount of Each Disbursement this Period <div>5000.00</div>
City Bismarck State ND Zip Code 58507		
Purpose of Disbursement Contribution-state	<div>Category/Type</div>	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
SUBTOTAL of Disbursements This Page (optional)		<div>10500.00</div>
TOTAL This Period (last page this line number only)		<div>10500.00</div>