

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5
Atlantic Tele-Network Political Action Committee

ADDRESS (number and street) C/O Atlantic Tele-Network, Inc.
600 Cummings Center
Beverly MA 01915
Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00494526 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 Year-End 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 (12S)
Election on 04 / 30 / 2013 in the State of MA
(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 / 2013 through 04 / 10 / 2013

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 Karl Noone

Signature of Treasurer Karl Noone [Electronically Filed] Date 04 / 18 / 2013

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Atlantic Tele-Network Political Action Committee

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="2013"/>	<input type="text" value="20809.55"/>	<input type="text" value="20809.55"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="20809.55"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="6271.50"/>	<input type="text" value="6271.50"/>
(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="27081.05"/>	<input type="text" value="27081.05"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="8000.00"/>	<input type="text" value="8000.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="19081.05"/>	<input type="text" value="19081.05"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="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

Write or Type Committee Name

Atlantic Tele-Network Political Action Committee

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).....	5687.50	5687.50
(ii) Unitemized	584.00	584.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	6271.50	6271.50
(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 Totals to Line 33, page 5)	6271.50	6271.50
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))..... ▶	6271.50	6271.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	6271.50	6271.50

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	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	8000.00	8000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (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	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(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)) ..	8000.00	8000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	8000.00	8000.00

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)	6271.50	6271.50
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	6271.50	6271.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

**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 11
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input 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)
Atlantic Tele-Network Political Action Committee

Full Name (Last, First, Middle Initial) A. Justin D Benincasa		Date of Receipt MM / DD / YYYY 03 / 28 / 2013 Transaction ID : SA11AI.4466
Mailing Address c/o Atlantic Tele-Network, Inc. 600 Cummings Center		Amount of Each Receipt this Period 700.00
City Beverly	State MA	Zip Code 01915
FEC ID number of contributing federal political committee. C	Bi-weekly payroll deduction - \$100.00	
Name of Employer Atlantic Tele-Network, Inc.	Occupation Chief Financial Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

Full Name (Last, First, Middle Initial) B. Paul Bowersock		Date of Receipt MM / DD / YYYY 03 / 28 / 2013 Transaction ID : SA11AI.4465
Mailing Address c/o Atlantic Tele-Network, Inc. 600 Cummings Center		Amount of Each Receipt this Period 525.00
City Beverly	State MA	Zip Code 01915
FEC ID number of contributing federal political committee. C	Bi-weekly payroll deduction - \$75.00	
Name of Employer Atlantic Tele-Network, Inc.	Occupation President, International Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00	

Full Name (Last, First, Middle Initial) c. John Champagne		Date of Receipt MM / DD / YYYY 03 / 28 / 2013 Transaction ID : SA11AI.4471
Mailing Address 600 Cummings Center		Amount of Each Receipt this Period 280.00
City Beverly	State MA	Zip Code 01915
FEC ID number of contributing federal political committee. C	Bi-weekly payroll deduction - \$40.00	
Name of Employer Atlantic Tele-Network, Inc	Occupation Vice President - Planning and Developm	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

SUBTOTAL of Receipts This Page (optional).....▶	1505.00
TOTAL 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 7 OF 11
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input 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)
Atlantic Tele-Network Political Action Committee

A. Edward Dement
Full Name (Last, First, Middle Initial)
Mailing Address 600 Cummings Center Suite 268Z
City Beverly State MA Zip Code 01915
FEC ID number of contributing federal political committee. **C**
Name of Employer Atlantic Tele-Network, Inc. Occupation Director, Operations
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 280.00

Date of Receipt 03 / 28 / 2013
Transaction ID : SA11AI.4460
Amount of Each Receipt this Period 280.00
Bi-weekly payroll deduction - \$40.00

B. Andrew Fienberg
Full Name (Last, First, Middle Initial)
Mailing Address 600 Cummings Center Suite 268Z
City Beverly State MA Zip Code 01915
FEC ID number of contributing federal political committee. **C**
Name of Employer Atlantic Tele-Network, Inc. Occupation Vice President - Accounting
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 350.00

Date of Receipt 03 / 28 / 2013
Transaction ID : SA11AI.4458
Amount of Each Receipt this Period 350.00
Bi-weekly payroll deduction - \$50.00

C. Angela Flom
Full Name (Last, First, Middle Initial)
Mailing Address c/o Atlantic Tele-Network, Inc. 600 Cummings Center
City Beverly State MA Zip Code 01915
FEC ID number of contributing federal political committee. **C**
Name of Employer Atlantic Tele-Network, Inc. Occupation Asst. VP, Roaming Operations
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 490.00

Date of Receipt 03 / 28 / 2013
Transaction ID : SA11AI.4475
Amount of Each Receipt this Period 490.00
Bi-weekly payroll deduction - \$70.00

SUBTOTAL of Receipts This Page (optional).....▶ 1120.00
TOTAL 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 11
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input 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)
Atlantic Tele-Network Political Action Committee

A. Mark Hlavek
Full Name (Last, First, Middle Initial)

Mailing Address 600 Cummings Center

City Beverly State MA Zip Code 01915

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

Name of Employer Atlantic Tele-Network, Inc. Occupation Vice President - Accounting and Billin

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **539.00**

Date of Receipt **03 / 28 / 2013**

Transaction ID : SA11AI.4470

Amount of Each Receipt this Period **539.00**

Bi-weekly payroll deduction - \$77.00

B. Joshua Holbrook
Full Name (Last, First, Middle Initial)

Mailing Address c/o Atlantic Tele-Network, Inc. 600 Cummings Center

City Beverly State MA Zip Code 01915

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

Name of Employer Atlantic Tele-Network, Inc. Occupation Vice President, Business Planning

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **297.50**

Date of Receipt **03 / 28 / 2013**

Transaction ID : SA11AI.4463

Amount of Each Receipt this Period **297.50**

Bi-weekly payroll deduction - \$42.50

C. William Kreisher
Full Name (Last, First, Middle Initial)

Mailing Address 600 Cummings Center Suite 268Z

City Beverly State MA Zip Code 01915

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

Name of Employer Atlantic Tele-Network, Inc. Occupation Senior Vice President - Corporate Deve

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **770.00**

Date of Receipt **03 / 28 / 2013**

Transaction ID : SA11AI.4457

Amount of Each Receipt this Period **770.00**

Bi-weekly payroll deduction - \$110.00

SUBTOTAL of Receipts This Page (optional)..... **1606.50**

TOTAL 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 9 OF 11
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input 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)
Atlantic Tele-Network Political Action Committee

A. Douglas J. Minster
Full Name (Last, First, Middle Initial)

Mailing Address c/o Atlantic Tele-Network, Inc.
600 Cummings Center

City Beverly State MA Zip Code 01915

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

Name of Employer Atlantic Tele-Network, Inc. Occupation Vice President, Government and Regulat

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
406.00

Date of Receipt
03 / 28 / 2013
Transaction ID : SA11AI.4467

Amount of Each Receipt this Period
406.00

Bi-weekly payroll deduction - \$58.00

B. Karl Noone
Full Name (Last, First, Middle Initial)

Mailing Address c/o Atlantic Tele-Network, Inc.
600 Cummings Center

City Beverly State MA Zip Code 01915

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

Name of Employer Atlantic Tele-Network, Inc. Occupation Senior Vice President and Corporate Co

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
385.00

Date of Receipt
03 / 28 / 2013
Transaction ID : SA11AI.4468

Amount of Each Receipt this Period
385.00

Bi-weekly payroll deduction - \$55.00

C. Louis Tomasetti
Full Name (Last, First, Middle Initial)

Mailing Address 600 Cummings Center

City Beverly State MA Zip Code 01915

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

Name of Employer Atlantic Tele-Network, Inc. Occupation Vice President, Roaming

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
665.00

Date of Receipt
03 / 28 / 2013
Transaction ID : SA11AI.4469

Amount of Each Receipt this Period
665.00

Bi-weekly payroll deduction - \$95.00

SUBTOTAL of Receipts This Page (optional).....▶	1456.00
TOTAL This Period (last page this line number only).....▶	5687.50

**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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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)
Atlantic Tele-Network Political Action Committee

Full Name (Last, First, Middle Initial)

A. ANNA ESHOO FOR CONGRESS

Mailing Address 555 CAPITOL MALL, SUITE 1425

City State Zip Code
SACRAMENTO CA 95814

Purpose of Disbursement
Political Contribution

011

Candidate Name

ANNA ESHOO

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 18

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 15 / 2013

Transaction ID : **SB23.4479**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. COMPETITIVE CARRIERS ASSOCIATION PAC (CCA PAC)

Mailing Address 805 15TH STREET NW
SUITE 401

City State Zip Code
WASHINGTON DC 20005

Purpose of Disbursement
Political Contribution

011

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 08 / 2013

Transaction ID : **SB23.4478**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. FRIENDS OF JOHN THUNE

Mailing Address PO BOX 841

City State Zip Code
SIOUX FALLS SD 57101

Purpose of Disbursement
Political Contribution

011

Candidate Name

JOHN R THUNE

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: SD District: 00

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 15 / 2013

Transaction ID : **SB23.4481**

Amount of Each Disbursement this Period

1000.00

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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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)
Atlantic Tele-Network Political Action Committee

Full Name (Last, First, Middle Initial)

A. THE MARKEY COMMITTEE

Mailing Address PO BOX 526

City MEDFORD State MA Zip Code 02155

Purpose of Disbursement
Political Contribution

011

Candidate Name
EDWARD JOHN MR. MARKEY

Category/
Type

Office Sought: House
 Senate
 President
State: MA District: 07

Disbursement For: 2013
 Primary General
 Other (specify) ▼
Special-Primary

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 15 / 2013

Transaction ID : SB23.4480

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

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

1000.00

8000.00