

**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
 American Association of Oral and Maxillofacial Surgeons Political Action Committ-
 55

ADDRESS (number and street) 8700 West Bryn Mawr Ave.
 Check if different than previously reported. (ACC) Rosemont IL 80018

2. **FEC IDENTIFICATION NUMBER** CITY STATE ZIPCODE

C00005690

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)
<input checked="" type="checkbox"/> 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 _____ in the State of _____

(d) 30-Day Post-Election Report for the:

General (30G)	Runoff (30R)	Special (30S)
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Election on _____ in the State of _____

5. Covering Period 03 01 2003 through 03 31 2003

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 Dr. Douglas Fain

Signature of Treasurer Electronically Filed by Dr. Douglas Fain Date 04 17 2003

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							
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SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Association of Oral and Maxillofacial Surgeons Political Action Committ-
ee

Report Covering the Period: From: ^M03 ^D01 ^Y2003 To: ^M03 ^D31 ^Y2003

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ^Y 2003 ^M ^D		355343.56
(b) Cash on Hand at Beginning of Reporting Period	387221.71	
(c) Total Receipts (from Line 19)	4555.36	49522.51
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	401777.07	404866.07
<hr/>		
7. Total Disbursements (from Line 31)	9410.00	12499.00
<hr/>		
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	392367.07	392367.07
<hr/>		
9. Debts and Obligations owed TO the committee (itemize all on Schedule C and/or Schedule D)	633.00	
<hr/>		
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

American Association of Oral and Maxillofacial Surgeons Political Action Committ-
ee

Report Covering the Period: From: ^M03 ^D01 ^Y2003 To: ^M03 ^D31 ^Y2003

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)	2250.00	
(ii) Unitemized	2100.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii))	4350.00	48399.18
(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)	4350.00	48399.18
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	500.00
17. Other Federal Receipts (Dividends, Interest, etc.)	205.36	623.33
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))	4555.36	49522.51
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	4555.36	49522.51

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)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	1910.00	1964.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	1910.00	1964.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	7500.00	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	35.00
(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	35.00
29. Other Disbursements.....	0.00	500.00
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 ActMty (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))..	9410.00	12499.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	9410.00	12499.00

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)	4350.00	48399.18
34. Total Contribution Refunds (from Line 28(d))	0.00	35.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	4350.00	48364.18
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1910.00	1964.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1910.00	1964.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 6 / 13	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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)
American Association of Oral and Maxillofacial Surgeons Political Action Committ-
ee

Full Name (Last, First, Middle Initial) A. Dr. Allen Fielding		Date of Receipt M / D / Y 03 / 14 / 2003
Mailing Address Dept of OMS 3223 N. Broad St.		Transaction ID: SA11A1.9149
City Philadelphia	State PA	Zip Code 19140
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Temple University	Occupation Oral Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Keith Hoffman		Date of Receipt M / D / Y 03 / 07 / 2003
Mailing Address 1500 East Katella Ave Suite R		Transaction ID: SA11A1.9159
City Orange	State CA	Zip Code 92667
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Oral & Maxillofacial Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Michael Hunter		Date of Receipt M / D / Y 03 / 24 / 2003
Mailing Address 451 Andover St. Suite 125		Transaction ID: SA11A1.9158
City North Andover	State MA	Zip Code 01845
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Northeast Oral & axillofa- dal Surgery	Occupation Oral Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	1000.00
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 / 13	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Association of Oral and Maxillofacial Surgeons Political Action Committ-
ee

Full Name (Last, First, Middle Initial) A. Dr. Mark Kuo		Date of Receipt M / D / Y 03 / 11 / 2003
Mailing Address 10887 East San Felipe Avenue		Transaction ID: SA11A1.9163
City Clovis	State CA	Zip Code 93611
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self-Employed	Occupation Oral Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Dr. Donald Seago		Date of Receipt M / D / Y 03 / 20 / 2003
Mailing Address 971 Lakeland Drive Suite 225		Transaction ID: SA11A1.9140
City Jackson	State MS	Zip Code 39216-4609
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer OMS Associates	Occupation Oral Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Dr. Harvey Silverman		Date of Receipt M / D / Y 03 / 31 / 2003
Mailing Address 605 Beaver Run Rd.		Transaction ID: SA11A1.9141
City Lilburn	State GA	Zip Code 30047
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self	Occupation Oral Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	▶	1250.00
TOTAL This Period (last page this line number only)	▶	2250.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 8 / 13	
	<input type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
American Association of Oral and Maxillofacial Surgeons Political Action Committ-
ee

Full Name (Last, First, Middle Initial) A. Northern Trust Bank		Date of Receipt M / D / Y 03 / 07 / 2003
Mailing Address 8501 W. Higgins Road		Transaction ID: SA17.9180
City Chicago	State IL	Zip Code 60631
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 105.48
Name of Employer	Occupation	CD Interest
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 456.48	

Full Name (Last, First, Middle Initial) B. Northern Trust Bank		Date of Receipt M / D / Y 03 / 07 / 2003
Mailing Address 8501 W. Higgins Road		Transaction ID: SA17.9181
City Chicago	State IL	Zip Code 60631
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 29.48
Name of Employer	Occupation	Interest
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 485.98	

Full Name (Last, First, Middle Initial) C. Seudder Investments Service Company		Date of Receipt M / D / Y 03 / 25 / 2003
Mailing Address P.O. Box 219154		Transaction ID: SA17.9182
City Kansas City	State MO	Zip Code 64121-7197
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 70.40
Name of Employer	Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 221.55	

SUBTOTAL of Receipts This Page (optional)	▶	205.38
TOTAL This Period (last page this line number only)	▶	205.36

**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)

PAGE 9 / 13

<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
	27		28a		28b		28c		29		30b

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NAME OF COMMITTEE (In Full)
American Association of Oral and Maxillofacial Surgeons Political Action Committ-
ee

Full Name (Last, First, Middle Initial) A. Northern Trust Bank		Transaction ID: SB21B.9175 Date of Disbursement 03 / 12 / 2003
Mailing Address 8501 W. Higgins Road		Amount of Each Disbursement this Period 1885.00
City Chicago	State IL	
Zip Code 60631		
Purpose of Disbursement Payment of Fed Income Tax Owed	Category/ Type	
Candidate Name		
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	▶	1885.00
TOTAL This Period (last page this line number only)	▶	1885.00

**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)				PAGE 10 / 13			
	<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b		

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NAME OF COMMITTEE (In Full)
American Association of Oral and Maxillofacial Surgeons Political Action Committ-
ee

Full Name (Last, First, Middle Initial) A. Democratic National Committee		Transaction ID: SB23.9165 Date of Disbursement 03 / 20 / 2003	
Mailing Address 430 South Capitol Street SE		Amount of Each Disbursement this Period 1000.00	
City Washington	State DC	Zip Code 20003	Category/ Type
Purpose of Disbursement Federal Campaign Contribution		Candidate Name	
Office Sought: House Senate President			
State: District	Disbursement For: 2004 Primary General <input checked="" type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. GINGREY FOR CONGRESS		Transaction ID: SB23.9167 Date of Disbursement 03 / 20 / 2003	
Mailing Address PO Box U		Amount of Each Disbursement this Period 1000.00	
City Marietta	State GA	Zip Code 30060	Category/ Type
Purpose of Disbursement Federal Campaign Contribution		Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House Senate President			
State: GA District 11	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. GRASSLEY COMMITTEE		Transaction ID: SB23.9168 Date of Disbursement 03 / 20 / 2003	
Mailing Address PO BOX 1000		Amount of Each Disbursement this Period 1000.00	
City DES MOINES	State IA	Zip Code 50304	Category/ Type
Purpose of Disbursement Federal Campaign Contribution		Candidate Name	
Office Sought: House <input checked="" type="checkbox"/> Senate President			
State: IA District 00	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional)	3000.00
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)				PAGE 11 / 13			
	<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b		

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NAME OF COMMITTEE (In Full)
American Association of Oral and Maxillofacial Surgeons Political Action Committ-
ee

Full Name (Last, First, Middle Initial) A. SAM BROWNBACK FOR U S SENATE		Transaction ID: SB23.9169 Date of Disbursement 03 / 20 / 2003	
Mailing Address P.O. BOX 2008		Amount of Each Disbursement this Period 1000.00	
City TOPEKA	State KS		Zip Code 66601
Purpose of Disbursement Federal Campaign Contribution			Category/ Type
Candidate Name			
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: KS	District: D0		

Full Name (Last, First, Middle Initial) B. Sue Kelly for Congress		Transaction ID: SB23.9171 Date of Disbursement 03 / 20 / 2003	
Mailing Address 1707 Prince St #6		Amount of Each Disbursement this Period 1000.00	
City Alexandria	State VA		Zip Code 22314
Purpose of Disbursement Federal Campaign Contribution			Category/ Type
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: NY	District: 19		

Full Name (Last, First, Middle Initial) C. WYDEN FOR SENATE		Transaction ID: SB23.9172 Date of Disbursement 03 / 27 / 2003	
Mailing Address 123 NE 3RD SUITE 321		Amount of Each Disbursement this Period 2500.00	
City PORTLAND	State OR		Zip Code 97232
Purpose of Disbursement Federal Campaign Contribution			Category/ Type
Candidate Name			
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2004 Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: OR	District: D0		

SUBTOTAL of Disbursements This Page (optional)	▶	4500.00
TOTAL This Period (last page this line number only)	▶	7500.00

SCHEDULE D (FEC Form 3X)

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
American Association of Oral and Maxillofacial Surgeons Political Action Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Illinois Department of Revenue		Nature of Debt (Purpose): State Taxes Owed to Committee	
Mailing Address PO Box 19008			
City Springfield	State IL	ZIP Code 62794-9008	
Outstanding Balance Beginning This Period 455.00		Transaction ID: SD9.8816	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 455.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Illinois Department of Revenue		Nature of Debt (Purpose): State Income tax	
Mailing Address PO Box 19008			
City Springfield	State IL	ZIP Code 62794-9008	

Outstanding Balance Beginning This Period 178.00		Transaction ID: SD9.8763	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 178.00	

1) SUBTOTALS This Period This Page (optional)	▶	633.00
2) TOTALS This Period (last page this line number only)	▶	633.00
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3X)

(Use separate schedule(s) for each numbered line)

DEBTS AND OBLIGATIONS

FOR LINE NUMBER: (check only one)

9
 10

Excluding Loans

NAME OF COMMITTEE (In Full)
American Association of Oral and Maxillofacial Surgeons Political Action Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor U. S. Treasury		Nature of Debt (Purpose): Federal Income Tax	
Mailing Address Attention Tax Department			
City	State	ZIP Code	
Kansas City	MO	64999	
Outstanding Balance Beginning This Period		Transaction ID: SD10.8766	
1885.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	1885.00	0.00	

1) SUBTOTALS This Period This Page (optional)	▶	0.00
2) TOTALS This Period (last page this line number only)	▶	0.00
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	