

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
Alzheimer's Action PAC

ADDRESS (number and street) PO Box 65209
 Check if different than previously reported. (ACC)
Washington DC 20035-5209

2. **FEC IDENTIFICATION NUMBER** C00430421
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 2009 through 06 30 2009

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 Mr. Craig Engle
Signature of Treasurer Electronically Filed by Mr. Craig Engle Date 07 13 2009

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. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
Alzheimer's Action PAC

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		27967.63
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	27967.63									
(c) Total Receipts (from Line 19)	21400.00	21400.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	49367.63	49367.63								
7. Total Disbursements (from Line 31)	10722.23	10722.23								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	38645.40	38645.40								
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. 06/2004)

Write or Type Committee Name
Alzheimer's Action PAC

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	9

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)	21250.00	21250.00
(ii) Unitemized	150.00	150.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	21400.00	21400.00
(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)	21400.00	21400.00
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.)	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 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))	21400.00	21400.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	21400.00	21400.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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.....	7722.23	7722.23
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	7722.23	7722.23
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	3000.00	3000.00
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.....	0.00	0.00
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))..	10722.23	10722.23
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	10722.23	10722.23

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	21400.00	21400.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	21400.00	21400.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	7722.23	7722.23
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	7722.23	7722.23

**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 / 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)
Alzheimer's Action PAC

A.	Full Name (Last, First, Middle Initial) Stanley Abramson		Date of Receipt
	Mailing Address 1050 Connecticut Ave, NW		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 2 / 1 8 / 2 0 0 9
	City	State	Zip Code
	Washington	DC	20036
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4392
Name of Employer Arent Fox		Occupation attorney	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00
			Contribution

B.	Full Name (Last, First, Middle Initial) Meryl Comer		Date of Receipt
	Mailing Address 9826 Connecticut Avenue		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 3 / 0 6 / 2 0 0 9
	City	State	Zip Code
	Kensington	MD	20895
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4397
Name of Employer self-employed		Occupation consultant	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 1500.00
			Contribution

C.	Full Name (Last, First, Middle Initial) John Dwyer		Date of Receipt
	Mailing Address 1050 Connecticut Avenue, NW		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 4 / 1 6 / 2 0 0 9
	City	State	Zip Code
	Washington	DC	20036
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4400
Name of Employer Arent Fox PLLC		Occupation attorney	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 5000.00
			Contribution

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 6750.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 11

(check only one)

<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)
Alzheimer's Action PAC

A.

Full Name (Last, First, Middle Initial)
Lois England

Mailing Address 2832 Chain Bridge Rd, NW

City State Zip Code
Washington DC 20016-3406

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M / D D / Y Y Y Y
06 / 29 / 2009

Transaction ID: SA11AI.4405

Amount of Each Receipt this Period

500.00

Contribution

B.

Full Name (Last, First, Middle Initial)
Marshall Gelfand

Mailing Address P.O. Box 2202

City State Zip Code
Palm Springs CA 92263

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y
02 / 26 / 2009

Transaction ID: SA11AI.4393

Amount of Each Receipt this Period

1000.00

Contribution

C.

Full Name (Last, First, Middle Initial)
Baylie Rosenberg

Mailing Address 125 Chateaux Drive

City State Zip Code
Palm Beach FL 33480

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M / D D / Y Y Y Y
05 / 26 / 2009

Transaction ID: SA11AI.4401

Amount of Each Receipt this Period

500.00

Contribution

SUBTOTAL of Receipts This Page (optional)

2000.00

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: PAGE 8 / 11
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Alzheimer's Action PAC

<p>A. Full Name (Last, First, Middle Initial) George Vradenburg</p> <p>Mailing Address 2901 Woodland Drive, NW</p> <p>City State Zip Code Washington DC 20008</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation retired retired</p> <p>Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 5000.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 7 / 2 0 0 9</p> <p>Transaction ID: SA11AI.4391</p> <p>Amount of Each Receipt this Period 5000.00</p> <p>Contribution</p>
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<p>B. Full Name (Last, First, Middle Initial) Patricia Vradenburg</p> <p>Mailing Address 2901 Woodland Drive, NW</p> <p>City State Zip Code Washington DC 20008</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation self-employed writer</p> <p>Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 5000.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 0 3 / 0 6 / 2 0 0 9</p> <p>Transaction ID: SA11AI.4396</p> <p>Amount of Each Receipt this Period 5000.00</p> <p>Contribution</p>
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<p>C. Full Name (Last, First, Middle Initial) Leo Zickler</p> <p>Mailing Address 7200 Wisconsin Ave Suite 1005</p> <p>City State Zip Code Bethesda MD 20814</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation ORFG Operations LCC Executive</p> <p>Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2500.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 9</p> <p>Transaction ID: SA11AI.4403</p> <p>Amount of Each Receipt this Period 2500.00</p> <p>Contribution</p>
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SUBTOTAL of Receipts This Page (optional)	12500.00
TOTAL This Period (last page this line number only)	21250.00

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)

<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)
Alzheimer's Action PAC

A. Full Name (Last, First, Middle Initial) Arent Fox LLP Mailing Address 1050 Connecticut Ave, NW City Washington State DC Zip Code 20036 Purpose of Disbursement Legal/accounting/admin fees 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: SB21B.4408 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 3 / 2 0 0 9
	Amount of Each Disbursement this Period 1525.36
B. Full Name (Last, First, Middle Initial) Arent Fox LLP Mailing Address 1050 Connecticut Ave, NW City Washington State DC Zip Code 20036 Purpose of Disbursement Legal/accounting/admin fees 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: SB21B.4409 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 3 / 2 0 0 9
	Amount of Each Disbursement this Period 1433.70
C. Full Name (Last, First, Middle Initial) Arent Fox LLP Mailing Address 1050 Connecticut Ave, NW City Washington State DC Zip Code 20036 Purpose of Disbursement Legal/accounting/admin fees 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: SB21B.4410 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 1 / 2 0 0 9
	Amount of Each Disbursement this Period 2327.00

SUBTOTAL of Disbursements This Page (optional) ▶	5286.06
TOTAL This Period (last page this line number only) ▶	(Empty box)

**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 / 11

<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)
Alzheimer's Action PAC

A. Full Name (Last, First, Middle Initial) Arent Fox LLP Mailing Address 1050 Connecticut Ave, NW City Washington State DC Zip Code 20036 Purpose of Disbursement Legal/accounting/admin fees 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: SB21B.4411 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 3 / 2 0 0 9
	Amount of Each Disbursement this Period 778.91
B. Full Name (Last, First, Middle Initial) Arent Fox LLP Mailing Address 1050 Connecticut Ave, NW City Washington State DC Zip Code 20036 Purpose of Disbursement Legal/accounting/admin fees 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: SB21B.4406 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 0 9
	Amount of Each Disbursement this Period 1532.36

SUBTOTAL of Disbursements This Page (optional) ►

2311.27

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

7597.33

**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 / 11

<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)
Alzheimer's Action PAC

A. Full Name (Last, First, Middle Initial) DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE	Transaction ID: SB23.4418 Date of Disbursement MM / DD / YYYY 06 / 09 / 2009
	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 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:
Amount of Each Disbursement this Period 2000.00	
B. Full Name (Last, First, Middle Initial) MIKULSKI FOR SENATE COMMITTEE	Transaction ID: SB23.4421 Date of Disbursement MM / DD / YYYY 02 / 26 / 2009
	Mailing Address P O B 13147 City BALTIMORE State MD Zip Code 21203 Purpose of Disbursement Contribution Candidate Name BARBARA MIKULSKI Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MD District: 00
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)	▶	3000.00