

# 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  
United Association Political Education Committee

ADDRESS (number and street) Three Park Place  
 Check if different than previously reported. (ACC)  
Annapolis MD 21401

2. **FEC IDENTIFICATION NUMBER** C00012476  
**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 09 01 2009 through 09 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 Assistant Treasurer Patrick R. Perno

Signature of Treasurer Electronically Filed by Assistant Treasurer Patrick R. Perno Date 10 12 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  
United Association Political Education Committee

Report Covering the Period: From: 

M	M
0	9

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
0	9

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		749945.17
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period .....	993935.81									
(c) Total Receipts (from Line 19) .....	112344.30	971026.91								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	1106280.11	1720972.08								
7. Total Disbursements (from Line 31) .....	155600.00	770291.97								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	950680.11	950680.11								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> 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

Write or Type Committee Name  
United Association Political Education Committee

Report Covering the Period: From: 

M	M
0	9

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
0	9

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) .....	240.00	840.00
(ii) Unitemized .....	112047.01	957539.90
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	112287.01	958379.90
(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) .....	112287.01	958379.90
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	12000.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	57.29	647.01
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)) .....	112344.30	971026.91
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	112344.30	971026.91

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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.....	0.00	17291.97
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	17291.97
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	105600.00	647500.00
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.....	50000.00	105500.00
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))..	155600.00	770291.97
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	155600.00	770291.97

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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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) .....	112287.01	958379.90
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	112287.01	958379.90
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	17291.97
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	17291.97

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 6 / 20	
	(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"/> 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)  
United Association Political Education Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Randolph L Smith		Date of Receipt	
	Mailing Address 50983 Partridge Woods Drive		M M / D D / Y Y Y Y 09 / 11 / 2009	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.11982
	Granger	IN	46530	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
	C		240.00	
Name of Employer N/A		Occupation N/A		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Donation		
		Aggregate Year-to-Date ▼		
		240.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	240.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	240.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 7 / 20	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
United Association Political Education Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Bank of America		Date of Receipt
	Mailing Address 1501 Pennsylvania Avenue, NW		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Washington	DC	20013
	FEC ID number of contributing federal political committee.		Transaction ID: SA17.11972
	<input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer	Occupation	<input type="text" value="57.29"/>	
Interest			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="647.01"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="57.29"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="57.29"/>

**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)  
United Association Political Education Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) SUSAN M COLLINS  Mailing Address 223 NOWELL ROAD  City BANGOR State ME Zip Code 04401  Purpose of Disbursement Donation (Void Check) <input type="checkbox"/> 011 Category/Type Candidate Name SUSAN M COLLINS  Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: ME District: 00	Transaction ID: SB23.12024 Date of Disbursement 09 / 30 / 2009  Amount of Each Disbursement this Period -5000.00
<b>B.</b>	Full Name (Last, First, Middle Initial) KATHLEEN ANN DAHLKEMPER  Mailing Address 530 SEMINOLE DRIVE  City ERIE State PA Zip Code 16505  Purpose of Disbursement Donation <input type="checkbox"/> 011 Category/Type Candidate Name KATHLEEN ANN DAHLKEMPER  Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: PA District: 03	Transaction ID: SB23.12007 Date of Disbursement 09 / 24 / 2009  Amount of Each Disbursement this Period 5000.00
<b>C.</b>	Full Name (Last, First, Middle Initial) Joe Donnelly for Congress  Mailing Address P.O. Box 1961  City South Bend State IN Zip Code 46634  Purpose of Disbursement Donation <input type="checkbox"/> 011 Category/Type Candidate Name Joe Donnelly for Congress  Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IN District: 02	Transaction ID: SB23.12006 Date of Disbursement 09 / 22 / 2009  Amount of Each Disbursement this Period 5000.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	5000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)



A. Form/Schedule : **SB23**

Check voided

Transaction ID : **SB23.12024**

**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 / 20

<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)  
United Association Political Education Committee

A.	Full Name (Last, First, Middle Initial) <b>FRANKEN RECOUNT FUND</b>	<b>Transaction ID:</b> SB23.12009
	Mailing Address 4190 Vinewood Lane, #111-554	Date of Disbursement 09 / 28 / 2009
	City: Minneapolis State: MN Zip Code: 55442	Amount of Each Disbursement this Period 10000.00
	Purpose of Disbursement: Donation to Retire Debt from Recount Candidate Name: FRANKEN RECOUNT FUND Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	012 Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Recount	

B.	Full Name (Last, First, Middle Initial) <b>ALEXANDER GIANNOULIAS</b>	<b>Transaction ID:</b> SB23.12003
	Mailing Address 20 E CEDAR STREET	Date of Disbursement 09 / 17 / 2009
	City: CHICAGO State: IL Zip Code: 60611	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement: Donation Candidate Name: ALEXANDER GIANNOULIAS Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 00	011 Category/Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

C.	Full Name (Last, First, Middle Initial) <b>ALAN MARK GRAYSON</b>	<b>Transaction ID:</b> SB23.12004
	Mailing Address 8419 OAK PARK ROAD	Date of Disbursement 09 / 18 / 2009
	City: ORLANDO State: FL Zip Code: 32819	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement: Donation Candidate Name: ALAN MARK GRAYSON Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 08	011 Category/Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>20000.00</b>
<b>TOTAL</b> 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)  
United Association Political Education Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) Al Green for Congress</p> <p>Mailing Address 3003 S. Loop West Ste 420</p> <p>City Houston State TX Zip Code 77054</p> <p>Purpose of Disbursement Donation</p> <p>Candidate Name Al Green for Congress</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: TX District: 09</p>	<p><b>Transaction ID:</b> SB23.11994</p> <p>Date of Disbursement 09 / 03 / 2009</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) PAUL W HODES</p> <p>Mailing Address 26 SOUTH MAIN STREET #253</p> <p>City CONCORD State NH Zip Code 03301</p> <p>Purpose of Disbursement Donation</p> <p>Candidate Name PAUL W HODES</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NH District: 00</p>	<p><b>Transaction ID:</b> SB23.12011</p> <p>Date of Disbursement 09 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) MARY JO KILROY</p> <p>Mailing Address 3100 MIDGARD ROAD</p> <p>City COLUMBUS State OH Zip Code 43202</p> <p>Purpose of Disbursement Donation</p> <p>Candidate Name MARY JO KILROY</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: OH District: 15</p>	<p><b>Transaction ID:</b> SB23.12002</p> <p>Date of Disbursement 09 / 17 / 2009</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>

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

15000.00

**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)  
United Association Political Education Committee

<b>A.</b> Full Name (Last, First, Middle Initial) RON KIND <hr/> Mailing Address 205 South 5th Ave <hr/> City LA CROSSE State WI Zip Code 54601 <hr/> Purpose of Disbursement Donation	Transaction ID: SB23.11993 Date of Disbursement 09 / 01 / 2009 <hr/> Amount of Each Disbursement this Period 1000.00	
		Candidate Name RON KIND Category/Type 011
		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 03 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) KROM, BETH <hr/> Mailing Address 1212 S VICTORY BLVD <hr/> City BURBANK State CA Zip Code 91502 <hr/> Purpose of Disbursement Donation	Transaction ID: SB23.12029 Date of Disbursement 09 / 30 / 2009 <hr/> Amount of Each Disbursement this Period 5000.00	
		Candidate Name KROM, BETH Category/Type 011
		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) LANGEVIN, JAMES R CONGRESSMAN <hr/> Mailing Address 9 JEFFERSON ST <hr/> City WARWICK State RI Zip Code 02888 <hr/> Purpose of Disbursement Donation	Transaction ID: SB23.12000 Date of Disbursement 09 / 15 / 2009 <hr/> Amount of Each Disbursement this Period 4600.00	
		Candidate Name LANGEVIN, JAMES R CONGRESSMAN Category/Type 011
		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: RI District: 02 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

10600.00

**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)  
United Association Political Education Committee

A.	Full Name (Last, First, Middle Initial) STEVEN C LATOURETTE		Transaction ID: SB23.11997 Date of Disbursement																					
	Mailing Address 9956 JOHNNYCAVE RIDGE RD		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td>/</td><td>0</td><td>9</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	9	/	0	9	/	2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y														
0	9	/	0	9	/	2	0	0	9															
City PAINSSVILLE	State OH	Zip Code 44077	Amount of Each Disbursement this Period 2500.00																					
Purpose of Disbursement Donation		Category/Type 011																						
Candidate Name STEVEN C LATOURETTE																								
Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	2010																					
State: OH	District: 14	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> General																					

B.	Full Name (Last, First, Middle Initial) lantz for Congress		Transaction ID: SB23.12017 Date of Disbursement																					
	Mailing Address PO BOX 1846		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td>/</td><td>3</td><td>0</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	9	/	3	0	/	2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y														
0	9	/	3	0	/	2	0	0	9															
City MEDIA	State PA	Zip Code 19063	Amount of Each Disbursement this Period 5000.00																					
Purpose of Disbursement Donation		Category/Type																						
Candidate Name lantz for Congress																								
Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	2010																					
State: PA	District: 07	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> General																					

C.	Full Name (Last, First, Middle Initial) lantz for Congress		Transaction ID: SB23.12019 Date of Disbursement																					
	Mailing Address PO BOX 1846		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td>/</td><td>3</td><td>0</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	9	/	3	0	/	2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y														
0	9	/	3	0	/	2	0	0	9															
City MEDIA	State PA	Zip Code 19063	Amount of Each Disbursement this Period 5000.00																					
Purpose of Disbursement Donation		Category/Type 011																						
Candidate Name lantz for Congress																								
Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	2010																					
State: PA	District: 07	<input type="checkbox"/> Primary <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> General																					

SUBTOTAL of Disbursements This Page (optional) .....	<b>12500.00</b>
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TOTAL This Period (last page this line number only) .....	
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# 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)  
United Association Political Education Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) <b>DANIEL WILLIAM LIPINSKI</b>	<b>Transaction ID:</b> SB23.12021 Date of Disbursement 09 / 30 / 2009	
	Mailing Address 4501 GRAND AVENUE		
	City WESTERN SPRINGS	State IL	Zip Code 60558
	Purpose of Disbursement Donations	011 Category/ Type	
	Candidate Name DANIEL WILLIAM LIPINSKI		
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: IL District: 03		
		Amount of Each Disbursement this Period 5000.00	
<b>B.</b>	Full Name (Last, First, Middle Initial) <b>CHRISTOPHER SCOTT MURPHY</b>	<b>Transaction ID:</b> SB23.12014 Date of Disbursement 09 / 30 / 2009	
	Mailing Address 825 WOLF HILL RD		
	City CHESHIRE	State CT	Zip Code 06410
	Purpose of Disbursement Donation	011 Category/ Type	
	Candidate Name CHRISTOPHER SCOTT MURPHY		
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: CT District: 05		
		Amount of Each Disbursement this Period 5000.00	
<b>C.</b>	Full Name (Last, First, Middle Initial) <b>H SCOTT MURPHY</b>	<b>Transaction ID:</b> SB23.12012 Date of Disbursement 09 / 30 / 2009	
	Mailing Address 615 GLEN STREET		
	City GLEN FALLS	State NY	Zip Code 12801
	Purpose of Disbursement Donation	011 Category/ Type	
	Candidate Name H SCOTT MURPHY		
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: NY District: 20		
		Amount of Each Disbursement this Period 2500.00	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	12500.00
<b>TOTAL</b> 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 15 / 20

<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)  
United Association Political Education Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) <b>H SCOTT MURPHY</b>  Mailing Address <b>615 GLEN STREET</b>  City <b>GLEN FALLS</b> State <b>NY</b> Zip Code <b>12801</b>  Purpose of Disbursement Donation <span style="float: right;"><input type="text" value="011"/></span> Candidate Name <b>H SCOTT MURPHY</b> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: <b>NY</b> District: <b>20</b>	Transaction ID: <b>SB23.12013</b> Date of Disbursement <input type="text" value="09"/> <input type="text" value="09"/> / <input type="text" value="30"/> <input type="text" value="09"/> / <input type="text" value="20"/> <input type="text" value="09"/> <input type="text" value="09"/> <input type="text" value="09"/>  Amount of Each Disbursement this Period <input type="text" value="5000.00"/>
<b>B.</b>	Full Name (Last, First, Middle Initial) <b>JOHN WALTER OLVER</b>  Mailing Address <b>1333 WEST STREET</b>  City <b>AMHERST</b> State <b>MA</b> Zip Code <b>01002</b>  Purpose of Disbursement Donation <span style="float: right;"><input type="text" value="011"/></span> Candidate Name <b>JOHN WALTER OLVER</b> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: <b>MA</b> District: <b>01</b>	Transaction ID: <b>SB23.11995</b> Date of Disbursement <input type="text" value="09"/> <input type="text" value="09"/> / <input type="text" value="03"/> <input type="text" value="09"/> / <input type="text" value="20"/> <input type="text" value="09"/> <input type="text" value="09"/> <input type="text" value="09"/>  Amount of Each Disbursement this Period <input type="text" value="2500.00"/>
<b>C.</b>	Full Name (Last, First, Middle Initial) <b>SOLOMON P ORTIZ</b>  Mailing Address <b>4514 CARLOW</b>  City <b>CORPUS CHRISTI</b> State <b>TX</b> Zip Code <b>78413</b>  Purpose of Disbursement Donation <span style="float: right;"><input type="text" value="011"/></span> Candidate Name <b>SOLOMON P ORTIZ</b> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: <b>TX</b> District: <b>27</b>	Transaction ID: <b>SB23.11991</b> Date of Disbursement <input type="text" value="09"/> <input type="text" value="09"/> / <input type="text" value="01"/> <input type="text" value="09"/> / <input type="text" value="20"/> <input type="text" value="09"/> <input type="text" value="09"/> <input type="text" value="09"/>  Amount of Each Disbursement this Period <input type="text" value="1000.00"/>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="8500.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# 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)  
United Association Political Education Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) <b>WILLIAM OWENS</b></p> <p>Mailing Address <b>42 BLUE HERON WAY</b></p> <p>City <b>PLATTSBURGH</b> State <b>NY</b> Zip Code <b>12901</b></p> <p>Purpose of Disbursement Donation</p> <p>Candidate Name <b>WILLIAM OWENS</b></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: <b>NY</b> District: <b>23</b></p> <p>Disbursement For: <b>2009</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary</p>	<p><b>Transaction ID:</b> SB23.11998 <b>Date of Disbursement</b> 09 / 15 / 2009</p> <p>Amount of Each Disbursement this Period <b>5000.00</b></p> <p><b>011</b> Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) <b>REPUBLICAN PARTY OF WISCONSIN</b></p> <p>Mailing Address <b>148 E. Johnson Street</b></p> <p>City <b>Madison</b> State <b>WI</b> Zip Code <b>53703</b></p> <p>Purpose of Disbursement Donation</p> <p>Candidate Name <b>REPUBLICAN PARTY OF WISCONSIN</b></p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <b>2010</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.12008 <b>Date of Disbursement</b> 09 / 24 / 2009</p> <p>Amount of Each Disbursement this Period <b>5000.00</b></p> <p><b>011</b> Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) <b>LUCILLE ROYBAL-ALLARD</b></p> <p>Mailing Address <b>PO Box 582</b></p> <p>City <b>Kensington</b> State <b>MD</b> Zip Code <b>20895</b></p> <p>Purpose of Disbursement Donation</p> <p>Candidate Name <b>LUCILLE ROYBAL-ALLARD</b></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: <b>CA</b> District: <b>34</b></p> <p>Disbursement For: <b>2010</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.12005 <b>Date of Disbursement</b> 09 / 22 / 2009</p> <p>Amount of Each Disbursement this Period <b>5000.00</b></p> <p><b>011</b> Category/ Type</p>

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

**15000.00**

**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)  
United Association Political Education Committee

A.	Full Name (Last, First, Middle Initial) SALAZAR, JOHN T MR.	Transaction ID: SB23.11996 Date of Disbursement 09 / 09 / 2009
	Mailing Address 2415 Mullins	Amount of Each Disbursement this Period 2500.00
	City Alamosa State CO Zip Code 81101	
	Purpose of Disbursement Donation Candidate Name SALAZAR, JOHN T MR. Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 03	011 Category/Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) BRAD SHERMAN	Transaction ID: SB23.12020 Date of Disbursement 09 / 30 / 2009
	Mailing Address 4570 VAN NUYS BLVD #270	Amount of Each Disbursement this Period 4000.00
	City SHERMAN OAKS State CA Zip Code 91403	
	Purpose of Disbursement Donation Candidate Name BRAD SHERMAN Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 27	011 Category/Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) IKE SKELTON	Transaction ID: SB23.12001 Date of Disbursement 09 / 15 / 2009
	Mailing Address 1814 Franklin Avenue	Amount of Each Disbursement this Period 5000.00
	City Lexington State MO Zip Code 64067	
	Purpose of Disbursement Donation Candidate Name IKE SKELTON Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 04	011 Category/Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

11500.00

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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<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)  
United Association Political Education Committee

A.	Full Name (Last, First, Middle Initial) OLYMPIA J SNOWE	Transaction ID: SB23.12025
	Mailing Address PO BOX 2006	Date of Disbursement MM / DD / YYYY 09 / 30 / 2009
	City SOUTH PORTLAND State ME Zip Code 04104	Amount of Each Disbursement this Period -5000.00
	Purpose of Disbursement Donation 9Void Check	011 Category/ Type
	Candidate Name OLYMPIA J SNOWE	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: ME District: 00	

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

-5000.00

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

105600.00

A. Form/Schedule : **SB23**

Check voided

Transaction ID : **SB23.12025**

**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 20 / 20

<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)

United Association Political Education Committee

A.

Full Name (Last, First, Middle Initial)

Democratic Governor's Association

Mailing Address 1401 K Street, NW

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Donation

Candidate Name

012  
Category/  
Type

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB29.12023

Date of Disbursement

09 / 30 / 2009

Amount of Each Disbursement this Period

50000.00

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

50000.00

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

50000.00