

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**
America's Essential Hospitals Political Action Committee, (Essential Hospitals PAC)

ADDRESS (number and street) 401 9th Street, NW
Suite 900
 Check if different than previously reported. (ACC) Washington DC 20004

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00602805 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 M M M / D D D / Y Y Y Y Y Y in the State of
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on M M M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period 09 / 01 / 2018 through 09 / 30 / 2018

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Jackson, Carlos, , ,
Type or Print Name of Treasurer

Signature of Treasurer Jackson, Carlos, , , [Electronically Filed] Date 01 / 30 / 2019

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

America's Essential Hospitals Political Action Committee, (Essential Hospitals PAC)

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="2018"/>	<input type="text" value="49955.36"/>	<input type="text" value="49955.36"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="86983.24"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="1690.04"/>	<input type="text" value="44320.10"/>
(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="88673.28"/>	<input type="text" value="94275.46"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="10034.95"/>	<input type="text" value="15637.13"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="78638.33"/>	<input type="text" value="78638.33"/>
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

America's Essential Hospitals Political Action Committee, (Essential Hospitals PAC)

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).....	1530.04	43469.62
(ii) Unitemized	160.00	850.48
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	1690.04	44320.10
(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)	1690.04	44320.10
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)).....▶	1690.04	44320.10
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	1690.04	44320.10

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	34.95	1137.13
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	34.95	1137.13
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	10000.00	14500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(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)) ..	10034.95	15637.13
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	10034.95	15637.13

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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)	1690.04	44320.10
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1690.04	44320.10
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	34.95	1137.13
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	34.95	1137.13

**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 12
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)
America's Essential Hospitals Political Action Committee, (Essential Hospitals PAC)

A. Graziano, Carl, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2008 Watkins Way
 City Mount Airy State MD Zip Code 21771-3744
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) America's Essential Hospitals Occupation (for Individual) Director of Communications
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 714.30

Date of Receipt 09 / 14 / 2018
Transaction ID : CF5B4E814FE647ECB154
 Amount of Each Receipt this Period 47.62
 Memo Item

B. Graziano, Carl, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2008 Watkins Way
 City Mount Airy State MD Zip Code 21771-3744
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) America's Essential Hospitals Occupation (for Individual) Director of Communications
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 714.30

Date of Receipt 09 / 28 / 2018
Transaction ID : 6BD5731397964A4BAF5A
 Amount of Each Receipt this Period 47.62
 Memo Item

C. Shields, Charlie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 47 SE Erin Ct
 City Saint Joseph State MO Zip Code 64507-7984
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Truman Medical Centers Occupation (for Individual) President & CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt 09 / 06 / 2018
Transaction ID : 746801544E814756A0DC
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1095.24
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 12
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
America's Essential Hospitals Political Action Committee, (Essential Hospitals PAC)

A. Siegel, Bruce, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5802 Johnson Ave
 City Bethesda State MD Zip Code 20817-3416
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) America's Essential Hospitals Occupation (for Individual) President and CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3695.80

Date of Receipt 09 / 14 / 2018
Transaction ID : F5983B4280714EEBBA28
 Amount of Each Receipt this Period 217.40
 Memo Item

B. Siegel, Bruce, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5802 Johnson Ave
 City Bethesda State MD Zip Code 20817-3416
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) America's Essential Hospitals Occupation (for Individual) President and CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3695.80

Date of Receipt 09 / 28 / 2018
Transaction ID : 3940CF47588A4A1A9656
 Amount of Each Receipt this Period 217.40
 Memo Item

C.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼

Date of Receipt
 Amount of Each Receipt this Period
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	434.80
TOTAL This Period (last page this line number only).....	1530.04

**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"/> 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)

America's Essential Hospitals Political Action Committee, (Essential Hospitals PAC)

Full Name (Last, First, Middle Initial)

A. Clarke For Congress

Mailing Address 111-36 200Th. Street

City Hollis State NY Zip Code 11412

Purpose of Disbursement 2018 General

Category/Type

Candidate Name Clarke, Yvette, Diana, ,

Office Sought: House Senate President
 Disbursement For: 2018 Primary General Other (specify) ▼
 State: NY District: 09

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 5797F91164E
 Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Debbie Dingell For Congress

Mailing Address 19855 W. Outer Dr. Ste 103 Ae

City Dearborn State MI Zip Code 48124

Purpose of Disbursement 2018 General

Category/Type

Candidate Name Dingell, Deborah, Ann, ,

Office Sought: House Senate President
 Disbursement For: 2018 Primary General Other (specify) ▼
 State: MI District: 12

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 5147F13F077I
 Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Doug Jones For Senate Committee

Mailing Address PO Box 131025

City Birmingham State AL Zip Code 35213

Purpose of Disbursement 2020 Primary

Category/Type

Candidate Name Jones, Doug, , ,

Office Sought: House Senate President
 Disbursement For: 2020 Primary General Other (specify) ▼
 State: AL District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : A0CCFFA06I
 Amount of Each Disbursement this Period

Memo Item

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

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"/> 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)

America's Essential Hospitals Political Action Committee, (Essential Hospitals PAC)

Full Name (Last, First, Middle Initial)

A. Friends Of Susan Brooks

Mailing Address 9425 N Meridian St
237

City Indianapolis

State IN

Zip Code 46260-1308

Purpose of Disbursement
2018 General

011

Candidate Name

Brooks, Susan, W., ,

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: IN District: 05

Date of Disbursement

MM / DD / YYYY
09 / 27 / 2018

FEC Identification Number

C C00500207

Transaction ID : 0DC58929513

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Jeffries For Congress

Mailing Address 3430 Connecticut Avenue, NW #11704

City Washington

State DC

Zip Code 20008

Purpose of Disbursement
2018 General

011

Candidate Name

Jeffries, Hakeem, S., ,

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: NY District: 08

Date of Disbursement

MM / DD / YYYY
09 / 27 / 2018

FEC Identification Number

C C00503052

Transaction ID : 902A7A3CD9:

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Johnson For Congress

Mailing Address PO Box 906

City Marietta

State OH

Zip Code 45750

Purpose of Disbursement
2018 General

011

Candidate Name

Johnson, William, L., ,

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: OH District: 06

Date of Disbursement

MM / DD / YYYY
09 / 20 / 2018

FEC Identification Number

C C00476820

Transaction ID : 45D4F60B95

Amount of Each Disbursement this Period

1000.00

Memo Item

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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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)

America's Essential Hospitals Political Action Committee, (Essential Hospitals PAC)

Full Name (Last, First, Middle Initial)

A. Michael Burgess For Congress

Mailing Address PO Box 2334

City
Denton

State
TX

Zip Code
76202-2334

Purpose of Disbursement
2018 General

011

Category/
Type

Candidate Name

Burgess, Michael, Clifton, ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: TX District: 26

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	27	/	2018

FEC Identification Number

C C00372532

Transaction ID : CA716FF309I

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. People For Ben

Mailing Address PO Box 31129

City
Santa Fe

State
NM

Zip Code
87594

Purpose of Disbursement
2018 General

011

Category/
Type

Candidate Name

Lujan, Ben, Ray, ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: NM District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	27	/	2018

FEC Identification Number

C C00443689

Transaction ID : CDF7DAEB2I

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Roskam For Congress Committee

Mailing Address P. O. Box 713

City
Wheaton

State
IL

Zip Code
60187

Purpose of Disbursement
2018 General

011

Category/
Type

Candidate Name

Roskam, Peter, James, ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: IL District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	27	/	2018

FEC Identification Number

C C00410969

Transaction ID : 31E3C22EA0

Amount of Each Disbursement this Period

1000.00

Memo Item

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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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)

America's Essential Hospitals Political Action Committee, (Essential Hospitals PAC)

Full Name (Last, First, Middle Initial)

A. Stabenow For US Senate

Mailing Address P.O. Box 4945

City
East Lansing

State
MI

Zip Code
48826

Purpose of Disbursement
2018 General

011

Category/
Type

Candidate Name

Stabenow, Deborah, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: MI District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		27		2018

FEC Identification Number

C C00344473

Transaction ID : 5EC15E4E0C

Amount of Each Disbursement this Period

1000.00

Memo Item

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

Disbursement For:
 Primary General
 Other (specify)

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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FEC Identification Number

C

Amount of Each Disbursement this Period

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Memo Item

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

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

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Memo Item

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

1000.00

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

10000.00
