

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
Fiserv Health Inc. PAC

ADDRESS (number and street) 5500 Wayzata Blvd Suite 500
 Check if different than previously reported. (ACC)
Minneapolis MN 55416

2. **FEC IDENTIFICATION NUMBER** C00399949
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 04 01 2006 through 06 30 2006

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 Sarah Ratner

Signature of Treasurer Electronically Filed by Sarah Ratner Date 07 14 2006

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
Fiserv Health Inc. PAC

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><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>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		.00
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period	2500.00									
(c) Total Receipts (from Line 19)	7196.00	9696.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	9696.00	9696.00								
7. Total Disbursements (from Line 31)	3500.00	3500.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	6196.00	6196.00								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)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
Fiserv Health Inc. PAC

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	6

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	3944.00	6444.00
(i) Itemized (use Schedule A)		
(ii) Unitemized	3252.00	3252.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	7196.00	9696.00
(b) Political Party Committees .....	.00	.00
(c) Other Political Committees (such as PACs) .....	.00	.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	7196.00	9696.00
12. Transfers From Affiliated/Other Party Committees .....	.00	.00
13. All Loans Received .....	.00	.00
14. Loan Repayments Received .....	.00	.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	.00	.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	.00	.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	.00	.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	.00	.00
(b) Levin Funds (from Schedule H5) .....	.00	.00
(c) Total Transfer (add 18(a) and 18(b)).	.00	.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	7196.00	9696.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	7196.00	9696.00

DETAILED SUMMARY PAGE

of Disbursements

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.....	.00	.00
(ii) Non-Federal Share.....	.00	.00
(b) Other Federal Operating Expenditures.....	.00	.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	.00	.00
22. Transfers to Affiliated/Other Party Committees.....	.00	.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	3500.00	3500.00
24. Independent Expenditure (use Schedule E) .....	.00	.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	.00	.00
26. Loan Repayments Made.....	.00	.00
27. Loans Made.....	.00	.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	.00	.00
(b) Political Party Committees .....	.00	.00
(c) Other Political Committees (such as PACs) .....	.00	.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	.00	.00
29. Other Disbursements.....	.00	.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	.00	.00
(ii) "Levin" Share .....	.00	.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	.00	.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	.00	.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	3500.00	3500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	3500.00	3500.00

DETAILED SUMMARY PAGE
of Disbursements

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)	7196.00	9696.00
34. Total Contribution Refunds (from Line 28(d)) .....	.00	.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	7196.00	9696.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	.00	.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	.00	.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	.00	.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 / 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	

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)
Fiserv Health Inc. PAC

Full Name (Last, First, Middle Initial) A. Jay Anliker		Date of Receipt MM / DD / YYYY 06 / 23 / 2006
Mailing Address 5500 Wayzata Blvd. Suite 500		Transaction ID: A2006-1030125
City Minneapolis	State MN	Zip Code 55416
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Fiserv Health Inc.	Occupation Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) B. Oren Hermel		Date of Receipt MM / DD / YYYY 05 / 01 / 2006
Mailing Address 7705 Walden Blvd		Transaction ID: A2006-830406
City Wausau	State WI	Zip Code 00000
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer Wausau Benefits	Occupation Sr. Vice President Corporate Ops	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) C. William Howard		Date of Receipt MM / DD / YYYY 06 / 09 / 2006
Mailing Address 11321 Anna Way		Transaction ID: A2006-1030085
City Richmond	State VA	Zip Code 23233
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 78.00
Name of Employer Fiserv Health Inc.	Occupation VP Marketing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 234.00	

SUBTOTAL of Receipts This Page (optional)	▶	2118.00
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: (check only one)	PAGE 7 / 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)
Fiserv Health Inc. PAC

Full Name (Last, First, Middle Initial) A. William Howard		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 3 / 2 0 0 6	
Mailing Address 11321 Anna Way		Transaction ID: A2006-1030110	
City Richmond	State VA	Zip Code 23233	Amount of Each Receipt this Period 78.00
FEC ID number of contributing federal political committee. C			
Name of Employer Fiserv Health Inc.	Occupation VP Marketing		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 312.00		

Full Name (Last, First, Middle Initial) B. David J. Lenihan		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 9 / 2 0 0 6	
Mailing Address 5500 Wayzata Blvd. Suite 500		Transaction ID: A2006-1030101	
City Minneapolis	State MN	Zip Code 55416	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			
Name of Employer Fiserv Health Inc.	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. David J. Lenihan		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 3 / 2 0 0 6	
Mailing Address 5500 Wayzata Blvd. Suite 500		Transaction ID: A2006-1030126	
City Minneapolis	State MN	Zip Code 55416	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			
Name of Employer Fiserv Health Inc.	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

SUBTOTAL of Receipts This Page (optional) ▶	178.00
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: (check only one)	PAGE 8 / 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)
Fiserv Health Inc. PAC

A. Full Name (Last, First, Middle Initial)
Perry Dale Lewis

Mailing Address 1140 Cedar Bluff Trail

City Lilburn State GA Zip Code 30047

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

Name of Employer TPS Occupation VP- Compliance

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
05 / 19 / 2006

Transaction ID: A2006-830407

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Phillip B Martin

Mailing Address 615 Wildflower Way

City Eagan State MN Zip Code 55123

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

Name of Employer Fiserv Health Inc. Occupation General Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 216.00

Date of Receipt
06 / 09 / 2006

Transaction ID: A2006-1030088

Amount of Each Receipt this Period
54.00

C. Full Name (Last, First, Middle Initial)
Phillip B Martin

Mailing Address 615 Wildflower Way

City Eagan State MN Zip Code 55123

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

Name of Employer Fiserv Health Inc. Occupation General Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt
06 / 23 / 2006

Transaction ID: A2006-1030113

Amount of Each Receipt this Period
54.00

SUBTOTAL of Receipts This Page (optional)	608.00
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 9 / 12
	(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)
Fiserv Health Inc. PAC

Full Name (Last, First, Middle Initial) A. Elaine H Mischler		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 4 / 2 0 0 6
Mailing Address 310 Pine Island Lane		Transaction ID: A2006-973433
City State Zip Code Schofield WI 00000	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Fiserv Health Inc.	Occupation Medical Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Jeffrey Sjobeck		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 3 / 2 0 0 6
Mailing Address 80 E Pleasant Lake Rd		Transaction ID: A2006-1030121
City State Zip Code North Oaks MN 55127	Amount of Each Receipt this Period 40.00	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Fiserv Health Inc.	Occupation Controller	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

SUBTOTAL of Receipts This Page (optional) ▶	1040.00
TOTAL This Period (last page this line number only) ▶	3944.00

**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 / 12

<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)
Fiserv Health Inc. PAC

Full Name (Last, First, Middle Initial) A. Mark Kennedy 06		Transaction ID: B141106 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 1 / 2 0 0 6	
Mailing Address P.O. Box 49333		Amount of Each Disbursement this Period 1000.00	
City Blaine State MN Zip Code 55449	Purpose of Disbursement P-2006 U.S. Senate MN Candidate Name Mark R Kennedy Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MN District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type

Full Name (Last, First, Middle Initial) B. DeWine for U.S. Senate		Transaction ID: B141858 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 0 6	
Mailing Address P.O. Box 340188		Amount of Each Disbursement this Period 500.00	
City Columbus State OH Zip Code 43234	Purpose of Disbursement P-2006 U.S. Senate OH Candidate Name Mike DeWine Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type

Full Name (Last, First, Middle Initial) C. Prosperity PAC		Transaction ID: B141779 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 6	
Mailing Address 429 N Saint Asaph		Amount of Each Disbursement this Period 500.00	
City Alexandria State VA Zip Code 22314	Purpose of Disbursement O-2006 Fed Multi-cand. PAC VA Candidate Name	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	011 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District:	Not Applicable		

SUBTOTAL of Disbursements This Page (optional) ▶	2000.00
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)
Fiserv Health Inc. PAC

Full Name (Last, First, Middle Initial) A. Talent for Senate		Transaction ID: B142236 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 0 6
Mailing Address 507 Capitol Court NE #100		Amount of Each Disbursement this Period 500.00
City Washington State DC Zip Code 20002	011 Category/ Type	
Purpose of Disbursement P-2006 U.S. Senate MO		
Candidate Name James M Talent		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MO District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Hatch for Senate		Transaction ID: B143768 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 6
Mailing Address 175 South West Temple Ste 650		Amount of Each Disbursement this Period 500.00
City Salt Lake City State UT Zip Code 84101	011 Category/ Type	
Purpose of Disbursement P-2006 U.S. Senate UT		
Candidate Name Orrin G Hatch		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: UT District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Ryan for Congress		Transaction ID: B143669 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 6
Mailing Address P.O. Box 1919		Amount of Each Disbursement this Period 500.00
City Janesville State WI Zip Code 53547	011 Category/ Type	
Purpose of Disbursement P-2006 U.S. House 01 WI		
Candidate Name Paul D Ryan		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 01	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1500.00
TOTAL This Period (last page this line number only) ▶	3500.00

Form/Schedule: SA11A1

Transaction ID:

Please note that the PAC is aware that we follow an alternate method of itemizing payroll receipts rather than the suggested manner of disclosing a single total for the reporting period along with the amount deducted per pay period. Because the amounts collected per pay period may change often during the time covered by a single report, we find that reporting individual deductions separately more accurately discloses how the receipts are collected.