

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Cruise Lines International Association PAC (CLIA 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="2016"/>	<input type="text" value="34473.09"/>	<input type="text" value="34473.09"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="34473.09"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="17700.00"/>	<input type="text" value="17700.00"/>
(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="52173.09"/>	<input type="text" value="52173.09"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="14000.00"/>	<input type="text" value="14000.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="38173.09"/>	<input type="text" value="38173.09"/>
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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Cruise Lines International Association PAC (CLIA 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).....	15300.00	15300.00
(ii) Unitemized	2400.00	2400.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	17700.00	17700.00
(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)	17700.00	17700.00
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 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))..... ▶	17700.00	17700.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	17700.00	17700.00

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	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	14000.00	14000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (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) 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)) ..	14000.00	14000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	14000.00	14000.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	17700.00	17700.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	17700.00	17700.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

**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"/> 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)
Cruise Lines International Association PAC (CLIA PAC)

A. David Bernstein
Full Name (Last, First, Middle Initial)
Mailing Address 12000 SW 90th Ave.
City Miami State FL Zip Code 33176-5105
FEC ID number of contributing federal political committee. **C**
Name of Employer: Carnival Cruise Lines Occupation: CFO
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1000.00**

Date of Receipt: 02 / 02 / 2016
Transaction ID : A2326AB704FA14434965
Amount of Each Receipt this Period: **1000.00**
 Memo Item

B. William Burke
Full Name (Last, First, Middle Initial)
Mailing Address 6301 Collins Ave. #1903
City Miami Beach State FL Zip Code 33141-4644
FEC ID number of contributing federal political committee. **C**
Name of Employer: Carnival Cruise Lines Occupation: Chief Maritime Officer
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1500.00**

Date of Receipt: 02 / 02 / 2016
Transaction ID : A0C77D45F23B8433DBF3
Amount of Each Receipt this Period: **1500.00**
 Memo Item

C. John Haeflinger
Full Name (Last, First, Middle Initial)
Mailing Address 3353 W. Stonebrook Circle
City Davie State FL Zip Code 33330-1274
FEC ID number of contributing federal political committee. **C**
Name of Employer: Carnival Cruise Lines Occupation: VP Maritime Policy & Analysis
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **500.00**

Date of Receipt: 02 / 02 / 2016
Transaction ID : A378A845FCDB949F3937
Amount of Each Receipt this Period: **500.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... **3000.00**
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 7 OF 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)
Cruise Lines International Association PAC (CLIA PAC)

Full Name (Last, First, Middle Initial)
A. Joshua Leibowitz

Mailing Address 4270 H. Hills Dr.

City	State	Zip Code
Hollywood	FL	33021-1802

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

Name of Employer	Occupation
Carnival Cruise Lines	Chief Strategy Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 02 / 2016

Transaction ID : AD84AFAAE3694430DAF9

Amount of Each Receipt this Period
1000.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Christine Arnholt

Mailing Address 649 Curtiswod Dr.

City	State	Zip Code
Key Biscayne	FL	33149-2001

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

Name of Employer	Occupation
Carnival Cruise Lines	VP - Onboard Marketing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 12 / 2016

Transaction ID : AA2E91925FA8A4A268F9

Amount of Each Receipt this Period
500.00

Memo Item

Full Name (Last, First, Middle Initial)
C. Alan Buckelsew

Mailing Address 3108 Coolidge Ave.

City	State	Zip Code
Los Angeles	CA	90066-1217

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

Name of Employer	Occupation
Carnival Cruise Lines	COO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 12 / 2016

Transaction ID : A1E0904E843564847B4F

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	2500.00
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: (check only one)	PAGE 8 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)
Cruise Lines International Association PAC (CLIA PAC)

Full Name (Last, First, Middle Initial)
A. Stefan Christoffersson

Mailing Address 605 Palm Blvd

City Weston State FL Zip Code 33326-3303

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

Name of Employer: Carnival Cruise Lines Occupation: VP Housekeeping & Laundry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt: **02 / 12 / 2016**

Transaction ID : AAC84D1D573E649128F1

Amount of Each Receipt this Period: **500.00**

Memo Item

Full Name (Last, First, Middle Initial)
B. Thomas Dow

Mailing Address 1750 P Street PH 3

City Washington State DC Zip Code 20036-1365

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

Name of Employer: Carnival North America Occupation: VP Public Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **5000.00**

Date of Receipt: **02 / 12 / 2016**

Transaction ID : A6B2BE66D33DB41A38A0

Amount of Each Receipt this Period: **5000.00**

Memo Item

Full Name (Last, First, Middle Initial)
C. Dominick Froio

Mailing Address 1510 Seabay Road

City Weston State FL Zip Code 33326-3330

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

Name of Employer: Carnival Cruise Lines Occupation: VP - Security Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt: **02 / 12 / 2016**

Transaction ID : A9F40E87D702A46448FC

Amount of Each Receipt this Period: **500.00**

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	6000.00
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: (check only one)	PAGE 9 OF 12
<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)
Cruise Lines International Association PAC (CLIA PAC)

A. Laura Hall
Full Name (Last, First, Middle Initial)
Mailing Address 3441 195th Ave.
City Miramar State FL Zip Code 33029-5890
FEC ID number of contributing federal political committee. **C**
Name of Employer Carnival Cruise Lines Occupation CIO
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **500.00**

Date of Receipt **02 / 12 / 2016**
Transaction ID : A295CA56E44CA456192E
Amount of Each Receipt this Period **500.00**
 Memo Item

B. Michael McGarry
Full Name (Last, First, Middle Initial)
Mailing Address 4109 N. River Street
City Mc Lean State VA Zip Code 22101-5818
FEC ID number of contributing federal political committee. **C**
Name of Employer Carnival Cruise Lines Occupation SVP - Public Affairs
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1000.00**

Date of Receipt **02 / 12 / 2016**
Transaction ID : A382368E8BC2C4492B91
Amount of Each Receipt this Period **1000.00**
 Memo Item

C. Richard Miller
Full Name (Last, First, Middle Initial)
Mailing Address 18842 SW 55th Street
City Miramar State FL Zip Code 33029-6291
FEC ID number of contributing federal political committee. **C**
Name of Employer Carnival Cruise Lines Occupation VP Nautical & Safety
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **500.00**

Date of Receipt **02 / 12 / 2016**
Transaction ID : ACFD2B7685B3440DB8DA
Amount of Each Receipt this Period **500.00**
 Memo Item

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: (check only one)	PAGE 10 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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Cruise Lines International Association PAC (CLIA PAC)

A. Mary Sloan
Full Name (Last, First, Middle Initial)
Mailing Address 4172 Douglas Rd.
City Miami State FL Zip Code 33133-6852
FEC ID number of contributing federal political committee. **C**
Name of Employer Carnival Cruise Lines Occupation VP Risk Management
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 300.00

Date of Receipt 02 / 12 / 2016
Transaction ID : ABDCA019FFB6A405FA69
Amount of Each Receipt this Period 300.00
 Memo Item

B. Terry Thornton
Full Name (Last, First, Middle Initial)
Mailing Address 6901 SW 136th Street
City Miami State FL Zip Code 33156-6970
FEC ID number of contributing federal political committee. **C**
Name of Employer Carnival Cruise Lines Occupation Sr. Vice President
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 02 / 12 / 2016
Transaction ID : A7271A337915D47BA8EC
Amount of Each Receipt this Period 1000.00
 Memo Item

C. Lynn Torrent
Full Name (Last, First, Middle Initial)
Mailing Address 2100 N. Ocean Blvd #1102
City Fort Lauderdale State FL Zip Code 33305-1942
FEC ID number of contributing federal political committee. **C**
Name of Employer Carnival Cruise Lines Occupation EVP
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 02 / 12 / 2016
Transaction ID : A13D084397C044377926
Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1800.00
TOTAL This Period (last page this line number only).....	15300.00

**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 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)
Cruise Lines International Association PAC (CLIA PAC)

Full Name (Last, First, Middle Initial)

A. Duncan D. Hunter for Congress

Mailing Address P.O. Box 1545

City State Zip Code
La Mesa CA 91944-1545

Purpose of Disbursement
Contribution to Committee

Candidate Name
Rep. Duncan D Hunter

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: CA District: 52

Date of Disbursement

MM / DD / YYYY
02 / 02 / 2016

Transaction ID : **B1F58D30A52FA4944BC4**

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Friends of John Thune

Mailing Address P.O. Box 841

City State Zip Code
Sioux Falls SD 57101-0841

Purpose of Disbursement
Contribution to Committee

Candidate Name
Sen. John R Thune

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: SD District:

Date of Disbursement

MM / DD / YYYY
02 / 02 / 2016

Transaction ID : **BB1B64F8E8A824AE881B**

Amount of Each Disbursement this Period

4500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Lisa Murkowski for U.S. Senate

Mailing Address P.O. Box 100847

City State Zip Code
Anchorage AK 99510-0847

Purpose of Disbursement
Contribution to Committee

Candidate Name
Sen. Lisa Murkowski

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: AK District:

Date of Disbursement

MM / DD / YYYY
02 / 02 / 2016

Transaction ID : **B76563B4190AF47AEAB5**

Amount of Each Disbursement this Period

2500.00

Memo Item

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

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

9500.00

**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 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)
Cruise Lines International Association PAC (CLIA PAC)

Full Name (Last, First, Middle Initial)

A. McConnell Senate Committee

Mailing Address P.O. Box 1496

City Louisville State KY Zip Code 40201-1496

Purpose of Disbursement
Contribution to Committee

Candidate Name

Sen. Mitch McConnell

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: KY District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 02 / 2016

Transaction ID : BE891CD63027D4F05BA2

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Sullivan for U.S. Senate

Mailing Address 3705 Arctic Blvd #447

City Anchorage State AK Zip Code 99503-5774

Purpose of Disbursement
Contribution to Committee

Candidate Name

Dan Sullivan

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: AK District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 02 / 2016

Transaction ID : BEEFB4175F18B4A97929

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

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

Amount of Each Disbursement this Period

Memo Item

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

4500.00

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

14000.00