

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES

FILE NUMBER: -

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
1. Last Name <input type="text"/> First Name <input type="text"/> Position <input type="text"/> Name of Affiliated Organization <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. Last Name <input type="text"/> First Name <input type="text"/> Position <input type="text"/> Name of Affiliated Organization <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. Last Name <input type="text"/> First Name <input type="text"/> Position <input type="text"/> Name of Affiliated Organization <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4. Last Name <input type="text"/> First Name <input type="text"/> Position <input type="text"/> Name of Affiliated Organization <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5. Last Name <input type="text"/> First Name <input type="text"/> Position <input type="text"/> Name of Affiliated Organization <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6. Totals from additional pages <small>(if any)</small>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7. Totals for all employees who, during the reporting period, received \$10,000 or less in total disbursements from your organization and any affiliates	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
8. Totals of Lines 1 through 7	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Enter the Total from Line 10 in Item 57 ⇨			9. Less Deductions	<input type="text"/>	
			10. Net Disbursements	<input type="text"/>	