

FY 06

#	I-3 Cash Receipt #	I-3	PAYEE	CK DATE	CK #	ADDRESS	CITY	STATE	ZIP	PURPOSE	AMOUNT	I-3 Account Number (SFY-Fund- Appr.#-Orgn- Revenue Source Code)	I-3 Deposit Date	DHR Division Receiving Funds	Division Administrator
		Orgn													
1	3790410099906	7100	QUAD CITY FEDERATION OF LABOR	03/24/06	6213	311-1/2 21 St	Rock Island	IL	61201	Equal Pay Day Support	\$ 100.00	06-0001- -7100-0733	4/10/2006	Status of Women	Charlotte Nelson
2	3790411199906	7100	QUAD CITY NATL ORG WOMEN	03/31/06	1166	PO Box 5483	Rock Island	IL	61201	Equal Pay Day Support	\$ 50.00	06-0001- -7100-0733	4/25/2006	Status of Women	Charlotte Nelson
		XXXX	Subtotal By CR #								\$ 150.00				