

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

Janice Kovach for Congress

ADDRESS (number and street)

196 West State Street

Check if different than previously reported. (ACC)

Trenton

NJ

08608

2. FEC IDENTIFICATION NUMBER ▼

C C00554980

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

NJ

07

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)

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

11 /

04 /

2014

in the State of

NJ

(c) 30-Day POST-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

/

/

/

in the State of

5. Covering Period

10 /

01 /

2014

through

10 /

15 /

2014

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 Peter D Nichols

Signature of Treasurer Peter D Nichols

[Electronically Filed]

Date

10 /

21 /

2014

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

Office Use Only

FEC FORM 3 (Revised 02/2003)

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name  
**Janice Kovach for Congress**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	7860.00	67280.33
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	250.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	7860.00	67030.33
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	288.26	94934.80
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	288.26	94934.80
8. Cash on Hand at Close of Reporting Period (from Line 27).....	17095.53	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	45000.00	

**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 3 (Revised 12/2003)

Write or Type Committee Name

**Janice Kovach for Congress**

Report Covering the Period: From:  /  /  To:  /  /

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	1500.00	38045.00
(ii) Unitemized.....	860.00	13802.00
(iii) TOTAL of contributions from individuals ▶	2360.00	51847.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	5500.00	8733.33
(d) The Candidate.....	0.00	6700.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	7860.00	67280.33
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	0.00	45000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	45000.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	0.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	7860.00	112280.33

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	288.26	94934.80
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. 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	250.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	250.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	288.26	95184.80

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	9523.79
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	7860.00
25. SUBTOTAL (add Line 23 and Line 24).....	17383.79
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	288.26
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	17095.53

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 14
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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)  
**Janice Kovach for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Deborah Hurley**

Mailing Address 10 Pine St

City State Zip Code  
Montclair NJ 07042-4726

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
York Street Project Director of Development

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : VNJOVD93WW7**

Amount of Each Receipt this Period

**B.** Full Name (Last, First, Middle Initial)  
**Laurenti Consultants LLC**

Mailing Address 18 Bank St

City State Zip Code  
Morristown NJ 07960-5115

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : VNJOVD9YTC0**

Amount of Each Receipt this Period

PARTNERSHIP--partners below if itemized

**C.** Full Name (Last, First, Middle Initial)  
**Shawn Laurenti**

Mailing Address 9 Norwood Ct

City State Zip Code  
Morristown NJ 07960-6332

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Laurenti Consultants LLC Principal

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : VNJOVD9YTD7**

Amount of Each Receipt this Period

**[MEMO ITEM]**  
\* Partner Share - Laurenti Consultants LLC

**SUBTOTAL** of Receipts This Page (optional).....

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

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 14
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Janice Kovach for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Kelly Leight**

Mailing Address 588 Longview Rd

City South Orange State NJ Zip Code 07079-1325

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

Name of Employer Self Occupation Political Consultant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1050.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 13 / 2014

**Transaction ID : VNJOVD9YT38**

Amount of Each Receipt this Period  
300.00

**B.** Full Name (Last, First, Middle Initial)  
**George Maul**

Mailing Address 79 Stone Run Rd

City Bedminster State NJ Zip Code 07921-1711

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

Name of Employer The Discovery Orchestra Occupation Artistic Director

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 14 / 2014

**Transaction ID : VNJOVD9YT62**

Amount of Each Receipt this Period  
150.00

**C.** Full Name (Last, First, Middle Initial)  
**John McKenna**

Mailing Address PO Box 324

City Chester State NJ Zip Code 07930-0324

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

Name of Employer None Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 04 / 2014

**Transaction ID : VNJOVD8AXM8**

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional).....

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

550.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 14
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Janice Kovach for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Phoebe M Pollinger**

Mailing Address 174 Montclair Ave

City Montclair State NJ Zip Code 07042-4133

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

Name of Employer None Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 06 / 2014

**Transaction ID : VNJOVD81KM8**

Amount of Each Receipt this Period  
 250.00

**B.** Full Name (Last, First, Middle Initial)  
**Sharon L. Weiner**

Mailing Address 30 Elm St Apt 307

City Morristown State NJ Zip Code 07960-4160

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

Name of Employer Murphy McKeon PC Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 13 / 2014

**Transaction ID : VNJOVD9YT88**

Amount of Each Receipt this Period  
 250.00

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional).....

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

500.00

1500.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 14
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Janice Kovach for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Off the Sidelines PAC**

Mailing Address 124 Washington St

City State Zip Code  
Foxboro MA 02035-1368

FEC ID number of contributing federal political committee. **C** C00525600

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 09 / 2014

**Transaction ID : VNJOVD8VAX2**

Amount of Each Receipt this Period  
5000.00

**B.** Full Name (Last, First, Middle Initial)  
**Planned Parenthood Action Fund Inc PAC**

Mailing Address 434 W 33rd St

City State Zip Code  
New York NY 10001-2601

FEC ID number of contributing federal political committee. **C** C00314617

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 13 / 2014

**Transaction ID : VNJOVD9YTW6**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional).....

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

5500.00

5500.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 14			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Janice Kovach for Congress**

Full Name (Last, First, Middle Initial) <b>A. Sage Payment Solutions</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2014
Mailing Address 1750 Old Meadow Rd		Amount of Each Disbursement this Period 368.26
City McLean	State VA	
Zip Code 22102-4327	Purpose of Disbursement Processing Fee	<b>Transaction ID : VNH1K9X2MR0</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Sage Payment Solutions</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2014
Mailing Address 1750 Old Meadow Rd		Amount of Each Disbursement this Period -35.00
City McLean	State VA	
Zip Code 22102-4327	Purpose of Disbursement Reversal - Unitemized Chargeback - Overcharge	<b>Transaction ID : VNH1K9X2MW2</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Sage Payment Solutions</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2014
Mailing Address 1750 Old Meadow Rd		Amount of Each Disbursement this Period -35.00
City McLean	State VA	
Zip Code 22102-4327	Purpose of Disbursement Reversal - Unitemized Chargeback - Overcharge	<b>Transaction ID : VNH1K9X2MX0</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	298.26
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 10 OF 14	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Janice Kovach for Congress**

Full Name (Last, First, Middle Initial) <b>A. Sage Payment Solutions</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 14 / 2014</b>
Mailing Address 1750 Old Meadow Rd		Amount of Each Disbursement this Period -5.00 <b>Transaction ID : VNH1K9X2MY8</b>
City McLean	State VA	
Zip Code 22102-4327	Purpose of Disbursement Reversal - Unitemized Chargeback - Overcharge	Category/ Type <b>001</b>
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. Sage Payment Solutions</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 14 / 2014</b>
Mailing Address 1750 Old Meadow Rd		Amount of Each Disbursement this Period -5.00 <b>Transaction ID : VNH1K9X2MZ5</b>
City McLean	State VA	
Zip Code 22102-4327	Purpose of Disbursement Reversal - Unitemized Chargeback - Overcharge	Category/ Type <b>001</b>
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General	
State: District:	Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	-10.00
<b>TOTAL</b> This Period (last page this line number only).....	288.26

# SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Janice Kovach for Congress** Transaction ID : **VNJ0VCTQ4T5L**

**LOAN SOURCE** Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Election: 2014  
**Janice Kovach**  
 Primary  
 General  
 Other (specify) ▼

Mailing Address  
4 Mitchell Ln

City State ZIP Code  
Clinton NJ 08809-2606

Original Amount of Loan 20000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 20000.00
-------------------------------------	------------------------------------	---

**TERMS**

Date Incurred: M 06 / D 13 / Y 2014  
Date Due: M / D / Y On Demand  
Interest Rate: 0.00 % (apr)  
Secured:  Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

**SUBTOTALS** This Period This Page (optional)..... ▶ 20000.00

**TOTALS** This Period (last page in this line only)..... ▶ [ ]

**Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.**

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SC/10

Transaction ID : VNJOVCTQ4T5L

Candidate Loan - Personal Funds

Form/Schedule:

Transaction ID:

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **Janice Kovach for Congress** Transaction ID : **VNJ0VCYBF24L**

**LOAN SOURCE** Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Election: 2014  
**Janice Kovach**  
 Primary  
 General  
 Other (specify) ▼

Mailing Address  
 4 Mitchell Ln  
 City State ZIP Code  
 Clinton NJ 08809-2606

Original Amount of Loan 25000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 25000.00
-------------------------------------	------------------------------------	---

**TERMS**  
 Date Incurred: M 07 / D 12 / Y 2014  
 Date Due: M / D / Y On Demand  
 Interest Rate: 0.00 % (apr)  
 Secured:  Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....	▶	[ ] 25000.00
<b>TOTALS</b> This Period (last page in this line only).....	▶	[ ] 45000.00

**Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.**

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SC/10

Transaction ID : VNJOVCYBF24L

Candidate Loan - Personal Funds

Form/Schedule:

Transaction ID: