Image# 13964487054 PAGE 1 / 12

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

			Office Use Only
1. NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, typover the lines.	De 12FE4M5
Liberty Unleashed			
ADDRESS (number and street)	26071 Talega Ave.		
Check if different			
than previously reported. (ACC)	Laguna Hills		CA 92653
2. FEC IDENTIFICATION NU	MBER ▼ C	ITY ▲	STATE ▲ ZIP CODE ▲
C C00522482		IS THIS REPORT X NEW (N)	OR AMENDED (A)
4. TYPE OF REPORT (Choose One)	Report	eb 20 (M2) May 2	0 (M5) Aug 20 (M8) Nov 20 (M1 (Non-Election Year Only)
(a) Quarterly Reports:	Due On: Ma	ar 20 (M3) Jun 20	O (M6) Sep 20 (M9) Dec 20 (M1 (Non-Election Year Only)
April 15		or 20 (M4) Jul 20	(M7) Oct 20 (M10) Jan 31 (YE)
Quarterly Report (Q1 July 15	(c) 12-Day	Primary (12P)	General (12G) Runoff (12R
Quarterly Report (Q2	PRE-Election Report for the:	Convention (12C)	Special (12S)
October 15 Quarterly Report (Q3	3)		
January 31 Year-End Report (YE	Elect	tion on	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	POST-Election	General (30G)	Runoff (30R) Special (30S
Termination Report (TER)	Report for the:	M = M / D =	D / Y Y Y Y Y in the
(,	Elect	tion on	State of
5. Covering Period 01	01 2013	through	06 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
I certify that I have examined this	s Report and to the best of	of my knowledge and belief	it is true, correct and complete.
Type or Print Name of Treasurer	Jae Kim		·
Signature of Treasurer Jae Ki	im	[Electronically Filed	7 Date 07 31 2013
Olynatule of Heasulet		[Licen omenny 1 neu	. Date 5. 51 2013
NOTE: Submission of false, errone	ous, or incomplete informati	on may subject the person si	gning this Report to the penalties of 2 U.S.C. §437g
Office			FEC FORM 3X
Use Only			Rev. 12/2004

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name Liberty Unleashed 2013 06 30 2013 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 1814.44 January 1, 2013 (b) Cash on Hand at 1814.44 Beginning of Reporting Period..... 10904.19 10904.19 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 12718.63 12718.63 6(a) and 6(c) for Column B)..... 1714.95 1714.95 Total Disbursements (from Line 31)...... 8. Cash on Hand at Close of Reporting Period 11003.68 11003.68 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 25306.14 Schedule C and/or Schedule D) 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

Liberty	/ Unle	ashed
LIDCIT	, Сппс	asiica

Report Covering the Period: From: 01	01 2013 To:	06 30 2013
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees	0.00	0.00
(i) Itemized (use Schedule A)	0.00	0.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add	, , ,	
Lines 11(a)(i) and (ii)▶	0.00	0.00
(4)(/ 44 4 (/		
(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	0.00	0.00
Totals to Line 33, page 5)	0.00	0.00
Transfers From Affiliated/Other Party Committees	0.00	0.00
Party Committees	0.00	0.00
All Loans Received	0.00	0.00
7.11 254.10 110001704	7	
Loan Repayments Received	0.00	0.00
Offsets To Operating Expenditures	7 7	5.00
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	10904.19	10904.19
Refunds of Contributions Made	7	
to Federal Candidates and Other		
Political Committees	0.00	0.00
Other Federal Receipts		
(Dividends, Interest, etc.)	0.00	0.00
Transfers from Non-Federal and Levin Funds	,	,
(a) Non-Federal Account	2.22	
(from Schedule H3)	0.00	0.00
	0.00	200
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))	0.00	200
(c) Total Transfers (add To(a) and To(b))	0.00	0.00
Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))▶	10904.19	10904.19
Total Federal Receipts (subtract Line 18(c) from Line 19)▶	10904.19	10904.15

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures: (a) Allocated Federal/Non-Federal	Total Tillo I ollow	Juichdal Teal-to-Date
Activity (from Schedule H4) (i) Federal Share	0.00	0.00
(i) Federal Share		
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating	1714.95	1714.95
Expenditures(c) Total Operating Expenditures	1714.55	17 14.55
(add 21(a)(i), (a)(ii), and (b))▶	1714.95	1714.95
Transfers to Affiliated/Other Party		0.00
CommitteesContributions to	0.00	0.00
Federal Candidates/Committees and Other Political Committees	0.00	0.00
Independent Expenditures	0.00	0.00
(use Schedule E) Coordinated Party Expenditures	0.00	0.00
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
	200	
Loan Repayments Made	0.00	0.00
Loans Made	0.00	0.00
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		0.00
(such as PACs)	0.00	0.00
(d) Total Contribution Refunds		
(add Lines 28(a), (b), and (c))▶	0.00	0.00
Other Disbursements	0.00	0.00
Other Disbursements	0.00	0.00
Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity		
(from Schedule H6) (i) Federal Share	0.00	0.00
(7)		
(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	3.00	
Lines 30(a)(i), 30(a)(ii) and 30(b)) ▶	0.00	0.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	1714.95	1714.95
	7	7 7 7
Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	1714.95	1714.95

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
3. Total Contributions (other than loans) (from Line 11(d), page 3)	0.00	0.00
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0.00	0.00
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	1714.95	1714.95
7. Offsets to Operating Expenditures (from Line 15, page 3)	10904.19	10904.19
3. Net Operating Expenditures (subtract Line 37 from Line 36)	-9189.24	-9189.24

TEMIZED RECEIPTS Detailed Summary Page 11a 11b 11c 12 12 13 14 15 15 12 12 13 14 15 15 12 12 13 14 15 15 12 12 13 14 15 15 12 12 13 14 15 15 12 12 13 14 15 15 12 15	SCHEDULE A (FEC Form 3X)			Lica congreta cohodulo(c)		FOR LINE NUMBER: PAGE 6 OF 12						
Any information copied from such Reports and Statements may not be sold or used by any, person for the purposes, other than using the name and address of any political committee to solicit contributions from such commit Value of for commercial purposes, other than using the name and address of any political committee to solicit contributions from such commit Value of Commercial purposes, other than using the name and address of any political committee to solicit contributions from such commit Value of Committee to solicit contributions from such commit Value of Committee to solicit contributions from such commit Value of Committee to solicit contributions from such commit Value of Committee to solicit contributions from such commit Value of Committee to solicit committee to solicit committee to solicit committee to solicit committee. Date of Receipt Full Name (Last, First, Middle Initial) Cocupation Full Name (Last, First, Middle Initial) Full Name (Last, First, Middle Initial) Cocupation Full Name (Last, First, Middle Initial) Cocupation Faccipt For: Primary General Other (specify) ▼ Date of Receipt Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Date of Receipt Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Date of Receipt Aggregate Year-to-Date ▼ Anount of Each Receipt this Period Anount of Each Receipt this Period	ITEMIZED RECEIPTS			Use separate schedule(s) for each category of the								
Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributor for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee to solicit contributions from such committee. NAME OF COMMITTEE (in Full) Liberty Unleashed Full Name (Last, First, Middle Initial) A. Authorize Net Mailing Address PO Box 8999 Gity Full Name (Last, First, Middle Initial) B. Authorize Net Mailing Address PO Box 8999 Gity State Zip Code Primary General Other (specify) ▼ State Zip Code Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Cocupation Full Name (Last, First, Middle Initial) B. Authorize Net Mailing Address PO Box 8999 Gity State Zip Code CA 94128 Date of Receipt Transaction ID: \$A15.8442 Amount of Each Receipt this Period Transaction ID: \$A15.8442 Amount of Each Receipt this Period Transaction ID: \$A15.8442 Amount of Each Receipt this Period Transaction ID: \$A15.8442 Amount of Each Receipt this Period Full Name (Last, First, Middle Initial) C. Full Name (Last, First, Middle Initial) C. Full Name (Last, First, Middle Initial) C. Mailing Address City State Zip Code Fec ID number of contributing federal political committee. Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ State Zip Code Aggregate Year-to-Date ▼ Date of Receipt this Period Amount of Each Receipt this Period			Detailed Summary Page	-	_				, -	-	17	
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Other (specify) ▼	Rece		Aggregate	Year-to-Date ▼								
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Primary General Other (specify) ▼	Rece	eipt For:	Aggregate	Year-to-Date ▼								
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C. Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Occupation Receipt For: Primary General Other (specify) ▼ SUBTOTAL of Receipts This Page (optional)		Other (specify) ▼		, 2904.19	4							
City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Occupation Receipt For: Primary Other (specify) ▼ Aggregate Year-to-Date ▼ SUBTOTAL of Receipts This Page (optional)		Name (Last, First, Middle Initial)				Date	of Re	ceipt				
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FEC ID number of contributing federal political committee. Name of Employer Occupation Receipt For: Primary Other (specify) ▼ Aggregate Year-to-Date ▼ SUBTOTAL of Receipts This Page (optional)	City		State	Zip Code		Amou	nt of	Each	Receipt	this	Period	
Receipt For: Primary General Other (specify) ▼ SUBTOTAL of Receipts This Page (optional)			С				-	,				
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Other (specify) ▼ SUBTOTAL of Receipts This Page (optional)	Rece	. '	Aggregate	Year-to-Date ▼								
SUBTOTAL of Receipts This Page (optional)												
TOTAL This Period (last page this line number only)					<u> </u>	Ľ.	-	,	- 1	+	10904. ²	#

S 17

SCHEDULE B (FEC Form 3X)		FOR LINE		
ITEMIZED DISBURSEMENTS	DISBURSEMENTS Use separate schedule(s) (check only one)			
	Detailed Summary Page	X 21b 27	22 23 28a 28b	24 25 26 28c 29 30b
Г				
Any information copied from such Reports and Stater or for commercial purposes, other than using the name				
NAME OF COMMITTEE (In Full)				
Liberty Unleashed				
Full Name (Last, First, Middle Initial)				
A. Florida State Fair Authority			Date of Disburs	ement
Mailing Address PO Box 11766				2013
City	State Zip Code		Transaction II	D : SB21B.6443
Tampa	FL 33680		Transaction it	J: 3D21D.0443
Purpose of Disbursement Facility rental payment			Amount of Each	Disbursement this Period
Candidate Name		Category/ Type		1000.00
Office Sought: House Disburser	ment For:	Туре	,	7
Senate	Primary General			
President	Other (specify) ▼			
State: District:				
Full Name (Last, First, Middle Initial)				
B. Florida State Fair Authority			Date of Disburs	ement
Mailing Address DO D 44700				10 / Y Y Y Y Y Y
Mailing Address PO Box 11766			03	19 2013
•	State Zip Code		Transaction II	D : SB21B.6444
Tampa Purpose of Disbursement	FL 33680			
Facility rental payment			Amount of Each	Disbursement this Period
Candidate Name		Category/		
		Type		500.00
Office Sought: House Disburser	nent For:			
Senate	Primary General			
President	Other (specify) ▼			
State: District: Full Name (Last, First, Middle Initial)				
C.			Date of Disburs	ement
Mailing Address			M M / D	D / Y Y Y Y
City	State Zip Code			
Purpose of Disbursement				
Candidate Name		Amount of Each	Disbursement this Period	
Candidate Marie		Category/ Type		
Office Sought: House Disburser	ment For:	Туре	7	7
Senate	Primary General			
President	Other (specify) ▼			
State: District:	· 			
CURTOTAL of Dishurseness This Board (ast)				1500.00
SUBTOTAL of Disbursements This Page (optional)		·····		100.00
TOTAL This Period (last page this line number only)				1500.00

SCHEDULE C (FEC Form 3X) LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 8 OF 12

FOR LINE 13 OF FORM 3X

	Detailed Suffillary Page
IAME OF COMMITTEE (In Full) Liberty Unleashed	Transaction ID : SC/10.4542
•	
LOAN SOURCE Full Name (Last, First, Middle Initial) Jae Kim	Election: Primary General
Mailing Address 26071 Talega Ave	Other (specify)
	de 92653
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Period
50.00	0.00 50.00
TERMS Date Incurred Date Due	Interest Rate Secured:
M M / D D / Y Y Y Y Y M M / D D / Y	√31/2012 0.00 % (apr) Yes X 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
	Amount
City State ZIP Code	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)	50.00
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.

SCHEDULE C (FEC Form 3X)

Use separate schedule(s) for each category of the Detailed Summary Page

edule(s) PAGE 9 OF 12
of the FOR LINE 13 OF FORM 3X

		Detailed Summary	Page	TOIT LINE T	3 01 1 0111	VI JA
AME OF COMMITTEE (In Full)			Transaction	n ID : SC/10.45	532	
iberty Unleashed						
LOAN SOURCE Full Name (Last, First, M	Middle Initial)		Elect	ion:		
Jae Kim	,		F	Primary		
				General		
Mailing Address 26071 Talega Ave				Other (specify)	▼	
City Laguna Hills		ode 92653				
Original Amount of Loan	Cumulative Payment To	Date	Balance O	utstanding at C	Close of Thi	s Period
100.00		0.00		, , ,	100.	.00
TERMS Date Incurred	Date Due	Interest	Pato		Secured:	
		YYYY		7	Secureu.	
06 / 15 / 2012		2/31/2012	0.00	% (apr)	Yes	X No
List All Endorsers or Guarantors (if any)	to Loan Source					
Full Name (Last, First, Middle Initial)		Name of Employer				
Mailing Address		Occupation				
City State	ZIP Code	Amount Guaranteed				1
State	ZII OOU C	Outstanding:	7			1
2. Full Name (Last, First, Middle Initial)		Name of Employer				
Mailing Address		Occupation				
walling Addiess		Jecupation				
		Amount				1
City State	ZIP Code	Guaranteed Outstanding:	7			1
3. Full Name (Last, First, Middle Initial)		Name of Employer				
Na dia a Ada						
Mailing Address		Occupation				
		Amount				1
City State	ZIP Code	Guaranteed				
		Outstanding:	7			
4. Full Name (Last, First, Middle Initial)		Name of Employer				
Mailing Address		Occupation				
		Amount				1
City State	ZIP Code	Guaranteed Outstanding:	7	7		
SUBTOTALS This Period This Page (optional	l)	>		7	100.	.00
TOTALS This Period (last page in this line o	nly)	>		, , ,		
		01				
Carry outstanding balance only to LINE 3, S	cnedule D, for this line. If	no Schedule D, carry	torward to	appropriate	line of Sur	nmary.

SCHEDULE C (FEC Form 3X) LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 10 OF 12 FOR LINE 13 OF FORM 3X

	Detailed Suffilliary Fage
IAME OF COMMITTEE (In Full) Liberty Unleashed	Transaction ID : SC/10.4533
•	
LOAN SOURCE Full Name (Last, First, Middle Initial) Jae Kim	Election: Primary General
Mailing Address 26071 Talega Ave	Other (specify)
	de 92653
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Period
100.00	0.00
TERMS Date Incurred Date Due	Interest Rate Secured:
M = M / D = D / Y = Y = Y = Y = M = M / D = D / Y =	√31/2012 0.00 % (apr) Yes X 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
01.	Amount
City State ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
SUBTOTALS This Period This Page (optional)	
TOTALS This Period (last page in this line only)	250.00
Carry outstanding balance only to LINE 3, Schedule D, for this line. If I	no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 11 OF
FOR LINE NUMBER:
(check only one)

X 9 10

12

NAME OF COMMITTEE (In Full) Liberty Unleashed		
A. Full Name (Last, First, Middle Initial) of Debto Authorize.Net	Nature of Debt (Purpose): Overcharged processing fee	
Mailing Address PO Box 8999		
City State San Fransisco	Zip Code CA 94128	
Outstanding Balance Beginning This Period		Transaction ID : SD9.6251
10904.19		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	10904.19	0.00
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor	Nature of Debt (Purpose):
Mailing Address		
	7'o Code	
City State	Zip Code	
Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
		, ,
C. Full Name (Last, First, Middle Initial) of Debto	r or Creditor	Nature of Debt (Purpose):
Mailing Address		
City	State Zip Code	
Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
	7	7
SUBTOTALS This Period This Page (optional)		0.00
2) TOTALS This Period (last page this line number	only)	0.00
3) TOTAL OUTSTANDING LOANS from Schedule	7	
4) ADD 2) and 3) and carry forward to appropriate	line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 12 OF
FOR LINE NUMBER:
(check only one)

	9
X	10

12

NAME OF COMMITTEE (In Full) Liberty Unleashed		
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Florida State Fair Authority		Nature of Debt (Purpose): Facilities rental
Mailing Address PO Box 11766		
City State Tampa	Zip Code FL 33680	
Outstanding Balance Beginning This Period		Transaction ID : SD10.6250
26556.14 Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	1500.00	25056.14
B. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of Debt (Purpose):
Mailing Address		
City State	Zip Code	
Outstanding Balance Beginning This Period	i	,
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
C. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of Debt (Purpose):
Mailing Address		
City	State Zip Code	
Outstanding Balance Beginning This Period	i	
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
1) SUBTOTALS This Period This Page (optional)		25056.14
2) TOTALS This Period (last page this line number only)		25056.14
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)		250.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)		25306.14