

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
DAVID CROWE FOR CONGRESS

ADDRESS (number and street) PO BOX 12845
 Check if different than previously reported. (ACC) TUCSON AZ 85732

2. **FEC IDENTIFICATION NUMBER** ▼ C C00510578 3. IS THIS REPORT NEW (N) **OR** AMENDED (A)
CITY ▲ STATE ▲ ZIP CODE ▲ STATE ▼ DISTRICT
AZ 03

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 M M / D D / Y Y Y Y in the State of
(c) 30-Day **POST**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on M M / D D / Y Y Y Y in the State of

5. Covering Period M M / D D / Y Y Y Y through M M / D D / Y Y Y Y
01 / 01 / 2012 through 03 / 31 / 2012

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 Antonio Procopio
Signature of Treasurer Antonio Procopio *[Electronically Filed]* Date M M / D D / Y Y Y Y
04 / 20 / 2012

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

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
DAVID CROWE 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))....	12200.00	12200.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	12200.00	12200.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	16000.00	16000.00
(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)).....	16000.00	16000.00
8. Cash on Hand at Close of Reporting Period (from Line 27).....	71200.00	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	75000.00	

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

DAVID CROWE FOR CONGRESS

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	11875.00	11875.00
(ii) Unitemized.....	325.00	325.00
(iii) TOTAL of contributions from individuals ▶	12200.00	12200.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	12200.00	12200.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	75000.00	75000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	75000.00	75000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	87200.00	87200.00

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	16000.00	16000.00
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	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	16000.00	16000.00

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	87200.00
25. SUBTOTAL (add Line 23 and Line 24).....	87200.00
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	16000.00
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	71200.00

**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 5 OF 12
	<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)
DAVID CROWE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Peter F Beahan

Mailing Address 8881 N. Ozona Dr.

City Tucson State AZ Zip Code 85718

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

Name of Employer BeachFishman Occupation Accountant

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 09 / 2012

Transaction ID : SA11AI.4126

Amount of Each Receipt this Period
 300.00

B. Full Name (Last, First, Middle Initial)
Rene Beauchamp

Mailing Address 5148 S Peachwood Dr

City Gilbert State AZ Zip Code 85293

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

Name of Employer USIC Occupation Consultant

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 09 / 2012

Transaction ID : SA11AI.4120

Amount of Each Receipt this Period
 2500.00

C. Full Name (Last, First, Middle Initial)
Vida Beauchamp

Mailing Address 5148 S Peachwood Dr

City Gilbert State AZ Zip Code 85293

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

Name of Employer NA Occupation Retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 09 / 2012

Transaction ID : SA11AI.4122

Amount of Each Receipt this Period
 2500.00

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

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

5300.00

**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 6 OF 12
	<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)
DAVID CROWE FOR CONGRESS

Full Name (Last, First, Middle Initial) David Cohen		Date of Receipt M M / D D / Y Y Y Y Y Y 02 / 09 / 2012	
Mailing Address 6511 N Silversmith Place		Transaction ID : SA11AI.4128	
City Tucson	State AZ	Zip Code 85750	Amount of Each Receipt this Period _____ 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Beach Fleishman	Occupation Accountant		Amount of Each Receipt this Period _____ 250.00
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 250.00		

Full Name (Last, First, Middle Initial) DAVID CROWE		Date of Receipt M M / D D / Y Y Y Y Y Y 02 / 07 / 2012	
Mailing Address PO BOX 12845		Transaction ID : SA11AI.4115	
City TUCSON	State AZ	Zip Code 85732	Amount of Each Receipt this Period _____ 25.00
FEC ID number of contributing federal political committee. C H2AZ03095			
Name of Employer Tucson Embedded Systems	Occupation Business Owner		Amount of Each Receipt this Period _____ 75025.00
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 75025.00		

Full Name (Last, First, Middle Initial) Kelly Dameron		Date of Receipt M M / D D / Y Y Y Y Y Y 02 / 14 / 2012	
Mailing Address 8810 Crockett Drive		Transaction ID : SA11AI.4113	
City Argyle	State TX	Zip Code 76226	Amount of Each Receipt this Period _____ 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer EFW	Occupation VP Airborne Systems		Amount of Each Receipt this Period _____ 1000.00
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 1000.00		

SUBTOTAL of Receipts This Page (optional).....	_____ 1275.00
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 7 OF 12
	<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)
DAVID CROWE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Jan Drabczuk

Mailing Address 776 Long Lake Drive

City Orlando State FL Zip Code 32765

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

Name of Employer Self Employed Occupation Consultant

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 09 / 2012

Transaction ID : SA11AI.4124

Amount of Each Receipt this Period
 2500.00

B. Full Name (Last, First, Middle Initial)
Debra S Graham

Mailing Address 5407 Duvall Dr.

City Bethesda State MD Zip Code 20816

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

Name of Employer Dean & Company Occupation Consultant

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 19 / 2012

Transaction ID : SA11AI.4105

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
Jimmy J. Lovelace

Mailing Address 9066 E Sugar Sumac St.

City Tucson State AZ Zip Code 85747

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

Name of Employer Bach Fleishman Occupation Accountant

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 09 / 2012

Transaction ID : SA11AI.4130

Amount of Each Receipt this Period
 250.00

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

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

3750.00

**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 12
	<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)
DAVID CROWE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Andrew D Macdonald

Mailing Address 2715 36th Pl.

City Washington State DE Zip Code 20007

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

Name of Employer Self Employed Occupation Lawyer

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 19 / 2012

Transaction ID : SA11AI.4103

Amount of Each Receipt this Period
 300.00

B. Full Name (Last, First, Middle Initial)
Megan E Rupp

Mailing Address 7 West Kirke Street

City Chevy Chase State MD Zip Code 20815

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

Name of Employer Self Employed Occupation Lawyer

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 19 / 2012

Transaction ID : SA11AI.4101

Amount of Each Receipt this Period
 250.00

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

Mailing Address 3825 52nd Street

City Washington State DC Zip Code 20016

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

Name of Employer JBR Media Ventures Occupation Partner

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 06 / 2012

Transaction ID : SA11AI.4111

Amount of Each Receipt this Period
 1000.00

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

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

1550.00

11875.00

**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 9 OF 12
	<input type="checkbox"/> 11a 12 <input checked="" 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)
DAVID CROWE FOR CONGRESS

Full Name (Last, First, Middle Initial) DAVID CROWE		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 01 / 2012	
Mailing Address PO BOX 12845		Transaction ID : SA13A.4134	
City State Zip Code TUCSON AZ 85732	Amount of Each Receipt this Period _____ 75000.00		
FEC ID number of contributing federal political committee. C H2AZ03095	Name of Employer Occupation Tucson Embedded Systems Business Owner		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 75000.00		

Full Name (Last, First, Middle Initial) B. _____		Date of Receipt M M / D D / Y Y Y Y Y Y	
Mailing Address _____		_____	
City State Zip Code _____	Amount of Each Receipt this Period _____		
FEC ID number of contributing federal political committee. C _____	Name of Employer Occupation _____		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____		

Full Name (Last, First, Middle Initial) C. _____		Date of Receipt M M / D D / Y Y Y Y Y Y	
Mailing Address _____		_____	
City State Zip Code _____	Amount of Each Receipt this Period _____		
FEC ID number of contributing federal political committee. C _____	Name of Employer Occupation _____		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____		

SUBTOTAL of Receipts This Page (optional).....	_____ 75000.00
TOTAL This Period (last page this line number only).....	_____ 75000.00

**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 10 OF 12			
	<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)
DAVID CROWE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Charla Bailey		Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2012
Mailing Address 713 North Walnut St		Amount of Each Disbursement this Period 4000.00
City North Little Rock	State AR Zip Code 72114	
Purpose of Disbursement	Category/Type 001	Transaction ID : SB17.4144
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Charla Bailey		Date of Disbursement M M / D D / Y Y Y Y 02 / 01 / 2012
Mailing Address 713 North Walnut St		Amount of Each Disbursement this Period 4000.00
City North Little Rock	State AR Zip Code 72114	
Purpose of Disbursement	Category/Type 001	Transaction ID : SB17.4142
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Charla Bailey		Date of Disbursement M M / D D / Y Y Y Y 02 / 17 / 2012
Mailing Address 713 North Walnut St		Amount of Each Disbursement this Period 4000.00
City North Little Rock	State AR Zip Code 72114	
Purpose of Disbursement	Category/Type	Transaction ID : SB17.4145
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	12000.00
TOTAL 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 11 OF 12			
	<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)
DAVID CROWE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Charla Bailey		Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2012
Mailing Address 713 North Walnut St		Amount of Each Disbursement this Period 4000.00
City North Little Rock	State AR	
Zip Code 72114	Purpose of Disbursement	Transaction ID : SB17.4146
Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) 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	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C.		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	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	4000.00
TOTAL This Period (last page this line number only).....	16000.00

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **DAVID CROWE FOR CONGRESS** Transaction ID : **SC/10.4134**

LOAN SOURCE Full Name (Last, First, Middle Initial) DAVID CROWE	[PERSONAL FUNDS]	Election: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO BOX 12845		

City	State	ZIP Code
TUCSON	AZ	85732

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
75000.00	0.00	75000.00

TERMS		Date Incurred	Date Due	Interest Rate	Secured:
M 01	D 01	Y 2012 Y	M M / D D / June 1, 2012	18.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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).....	75000.00
TOTALS This Period (last page in this line only).....	75000.00

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