

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Porter for Congress

Report Covering the Period: From:

M	M
1	1

D	D
2	5

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	8

	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)).....	0.00	0.00
(b) Total Contribution Refunds (from Line 20(d)).....	2300.00	3742.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	-2300.00	-3742.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	39022.23	54693.76
(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)).....	39022.23	54693.76
8. Cash on Hand at Close of Reporting Period (from Line 27).....	26133.96	
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).....	4500.00	

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

Write or Type Committee Name
Porter for Congress

Report Covering the Period: From:

M	M
1	1

D	D
2	5

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	8

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).....

0.00

0.00

(ii) Unitemized.....

0.00

0.00

(iii) TOTAL of contributions

0.00

0.00

from individuals..... ▶

0.00

0.00

(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)

0.00

0.00

(add Lines 11(a)(iii), (b), (c), and (d))

12. TRANSFERS FROM OTHER
AUTHORIZED COMMITTEES.....

743.87

743.87

13. LOANS

(a) Made or Guaranteed by the
Candidate.....

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS
(add Lines 13(a) and (b)).....

0.00

0.00

14. OFFSETS TO OPERATING
EXPENDITURES
(Refunds, Rebates, etc.).....

0.00

0.00

15. OTHER RECEIPTS
(Dividends, Interest, etc.).....

211.61

211.61

16. **TOTAL RECEIPTS** (add Lines
11(e), 12, 13(c), 14, and 15)
(Carry Total to Line 24, page 4)..... ▶

955.48

955.48

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	39022.23	54693.76
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.....	2300.00	3742.00
(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)).....	2300.00	3742.00
21. OTHER DISBURSEMENTS.....	5000.00	5000.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	46322.23	63435.76

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	71500.71
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	955.48
25. SUBTOTAL (add Line 23 and Line 24).....	72456.19
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	46322.23
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	26133.96

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d (check only one)	PAGE 5 / 21
	<input checked="" type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 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)
Porter for Congress

A. Full Name (Last, First, Middle Initial) 2008 Joint Candidate Committee Mailing Address 228 S. Washington Street #115 City Alexandria State VA Zip Code 22314-		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td>/</td><td>3</td><td>1</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> Transaction ID: 90109.C19741 Amount of Each Receipt this Period <table border="1"> <tr> <td>743.87</td> </tr> </table> Transfers From Affil./Auth. <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) NOTE:Some Memos Prev Reported	M	M	/	D	D	/	Y	Y	Y	Y	1	2	/	3	1	/	2	0	0	8	743.87
M	M	/	D	D	/	Y	Y	Y	Y														
1	2	/	3	1	/	2	0	0	8														
743.87																							
FEC ID number of contributing federal political committee. C																							
Name of Employer Occupation Receipt For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ xGeneral2008		Election Cycle-to-Date ▼ <table border="1"> <tr> <td>743.87</td> </tr> </table>	743.87																				
743.87																							

B. Full Name (Last, First, Middle Initial) Martha Schar Mailing Address 750 Chain Bridge Road City Mc Lean State VA Zip Code 22101-		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td>/</td><td>3</td><td>1</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> Transaction ID: 90109.C19743 Amount of Each Receipt this Period <table border="1"> <tr> <td>172.89</td> </tr> </table> Transfer Memo <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) [MEMO ITEM] NOTE:Rcvd by JFC by 11/4/8	M	M	/	D	D	/	Y	Y	Y	Y	1	2	/	3	1	/	2	0	0	8	172.89
M	M	/	D	D	/	Y	Y	Y	Y														
1	2	/	3	1	/	2	0	0	8														
172.89																							
FEC ID number of contributing federal political committee. C																							
Name of Employer Occupation Homemaker Receipt For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ xGeneral2008		Election Cycle-to-Date ▼ <table border="1"> <tr> <td>172.89</td> </tr> </table>	172.89																				
172.89																							

C. Full Name (Last, First, Middle Initial) James Perkins Mailing Address PO Box 288 City Rusk State TX Zip Code 75785-		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td>/</td><td>3</td><td>1</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> Transaction ID: 90109.C19744 Amount of Each Receipt this Period <table border="1"> <tr> <td>250.00</td> </tr> </table> Transfer Memo <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) [MEMO ITEM] NOTE:Rcvd by JFC by 11/4/8	M	M	/	D	D	/	Y	Y	Y	Y	1	2	/	3	1	/	2	0	0	8	250.00
M	M	/	D	D	/	Y	Y	Y	Y														
1	2	/	3	1	/	2	0	0	8														
250.00																							
FEC ID number of contributing federal political committee. C																							
Name of Employer Occupation Citizens 1st Bank Banker Receipt For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ xGeneral2008		Election Cycle-to-Date ▼ <table border="1"> <tr> <td>250.00</td> </tr> </table>	250.00																				
250.00																							

SUBTOTAL of Receipts This Page (optional)	743.87
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:	PAGE 6 / 21
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Porter for Congress

A.	Full Name (Last, First, Middle Initial) Dwight Schar		Date of Receipt
	Mailing Address 750 Chain Bridge Road		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Mc Lean	VA	22101-
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
	Name of Employer N.V.R. Homes Inc.		Occupation President
Receipt For: 2010		Election Cycle-to-Date ▼	
<input type="checkbox"/> Primary	<input type="checkbox"/> General		
<input checked="" type="checkbox"/> Other (specify) ▼		<input type="text" value="172.90"/>	
	xGeneral2008		
		Transaction ID: 90109.C19742	
		Amount of Each Receipt this Period	
		<input type="text" value="172.90"/>	
		Transfer Memo	
		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
		[MEMO ITEM]	
		NOTE:Rcvd by JFC by 11/4/8	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="0.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="743.87"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 21
	(check only one)
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input checked="" type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Porter for Congress

A.

Full Name (Last, First, Middle Initial) Bank West of Nevada		Date of Receipt MM / DD / YYYY 11 / 30 / 2008
Mailing Address PO Box 26237		Transaction ID: 81203.C19737
City Las Vegas	State NV	Zip Code 89126-0237
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 148.11
Name of Employer	Occupation	Other Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ xGeneral2008	Election Cycle-to-Date ▼ 148.11	

B.

Full Name (Last, First, Middle Initial) Bank West of Nevada		Date of Receipt MM / DD / YYYY 12 / 31 / 2008
Mailing Address PO Box 26237		Transaction ID: 90127.C19747
City Las Vegas	State NV	Zip Code 89126-0237
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 63.50
Name of Employer	Occupation	Other Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ xGeneral2008	Election Cycle-to-Date ▼ 211.61	

SUBTOTAL of Receipts This Page (optional)	211.61
TOTAL This Period (last page this line number only)	211.61

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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Porter for Congress

A.

Full Name (Last, First, Middle Initial)
IN Compliance Inc.

Transaction ID: 81201.E6331
Date of Disbursement

Mailing Address PO Box 751271

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	1		2	0	0	8

City State Zip Code
Las Vegas NV 89136-

Amount of Each Disbursement this Period

4	2	3	5	0	0
---	---	---	---	---	---

Purpose of Disbursement
Consulting Treasury

--

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Candidate Name

--

CONSULTING TREASURY

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
American Express

Transaction ID: 81215.E6354
Date of Disbursement

Mailing Address PO Box 0001

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	5		2	0	0	8

City State Zip Code
Los Angeles CA 90096-

Amount of Each Disbursement this Period

1	0	6	7	1	0
---	---	---	---	---	---

Purpose of Disbursement
See Below/Travel & Exps

--

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Candidate Name

--

SEE BELOW/TRAVEL & EXPS

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
Albertsons Stores

Transaction ID: 81215.E6359
Date of Disbursement

Mailing Address 2020 Sunset Rd

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	5		2	0	0	8

City State Zip Code
Las Vegas NV 89120-

Amount of Each Disbursement this Period

1	5	1	3	0
---	---	---	---	---

Purpose of Disbursement
Office supplies

--

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Candidate Name

--

[MEMO ITEM]
MEMO: OFFICE SUPPLIES

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ►

1	4	9	0	6	0
---	---	---	---	---	---

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

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**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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Porter for Congress

A. Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 0001 City Los Angeles State CA Zip Code 90096- Purpose of Disbursement Credit Card Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81215.E6355 Date of Disbursement 12 / 15 / 2008
	Amount of Each Disbursement this Period 145.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: CREDIT CARD FEES

B. Full Name (Last, First, Middle Initial) Capitol Hill Club Mailing Address 300 First Street SE City Washington State DC Zip Code 20003- Purpose of Disbursement Catering/Meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81215.E6358 Date of Disbursement 12 / 15 / 2008
	Amount of Each Disbursement this Period 1099.07 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: CATERING/MEALS

C. Full Name (Last, First, Middle Initial) Capitol Lounge Mailing Address 229 Pennsylvania Ave SE City Washington State DC Zip Code 20003- Purpose of Disbursement Meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81215.E6357 Date of Disbursement 12 / 15 / 2008
	Amount of Each Disbursement this Period 50.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: MEALS

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	0.00

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)

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)
Porter for Congress

A. Full Name (Last, First, Middle Initial) Chevron <hr/> Mailing Address 4150 Boulder Hwy <hr/> City Henderson State NV Zip Code 89014- <hr/> Purpose of Disbursement Travel Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81215.E6365 Date of Disbursement 12 / 15 / 2008
	Amount of Each Disbursement this Period 39.14
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	[MEMO ITEM] MEMO: TRAVEL
	Category/Type

B. Full Name (Last, First, Middle Initial) Costco <hr/> Mailing Address 1080 Sunset Rd <hr/> City Henderson State NV Zip Code 89014- <hr/> Purpose of Disbursement Office supplies Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81215.E6356 Date of Disbursement 12 / 15 / 2008
	Amount of Each Disbursement this Period 978.99
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	[MEMO ITEM] MEMO: OFFICE SUPPLIES
	Category/Type

C. Full Name (Last, First, Middle Initial) Hertz Rent a Car <hr/> Mailing Address 3030 E. Sahara Avenue <hr/> City Las Vegas State NV Zip Code 89104- <hr/> Purpose of Disbursement Travel Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81215.E6367 Date of Disbursement 12 / 15 / 2008
	Amount of Each Disbursement this Period 1109.77
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	[MEMO ITEM] MEMO: TRAVEL
	Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	0.00

**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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Porter for Congress

A. Full Name (Last, First, Middle Initial) National Car Rental <hr/> Mailing Address 5233 Rent a Car Rd <hr/> City Tulsa State OK Zip Code 74117- <hr/> Purpose of Disbursement Travel Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81215.E6366 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 8
	Amount of Each Disbursement this Period 246.22
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	[MEMO ITEM] MEMO: TRAVEL
	Category/ Type

B. Full Name (Last, First, Middle Initial) Palazzo <hr/> Mailing Address 3255 Las Vegas Blvd S. <hr/> City Las Vegas State NV Zip Code 89109- <hr/> Purpose of Disbursement Catering Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81215.E6362 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 8
	Amount of Each Disbursement this Period 5417.90
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	[MEMO ITEM] MEMO: CATERING
	Category/ Type

C. Full Name (Last, First, Middle Initial) Palazzo <hr/> Mailing Address 3255 Las Vegas Blvd S. <hr/> City Las Vegas State NV Zip Code 89109- <hr/> Purpose of Disbursement Room rental fee Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81215.E6363 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 8
	Amount of Each Disbursement this Period 759.46
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	[MEMO ITEM] MEMO: ROOM RENTAL FEE
	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	0.00

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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Porter for Congress

A.

Full Name (Last, First, Middle Initial)
Shell Gas

Mailing Address 3425 E Flamingo Road

City Las Vegas State NV Zip Code 89121-

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 81215.E6360
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	5	/	2	0	0	8

Amount of Each Disbursement this Period

34.34

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: TRAVEL

B.

Full Name (Last, First, Middle Initial)
Vons Store

Mailing Address 7405 S. Durango Drive

City Las Vegas State NV Zip Code 89113-

Purpose of Disbursement
Office supplies

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 81215.E6361
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	5	/	2	0	0	8

Amount of Each Disbursement this Period

31.05

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: OFFICE SUPPLIES

C.

Full Name (Last, First, Middle Initial)
IN Compliance Inc.

Mailing Address PO Box 751271

City Las Vegas State NV Zip Code 89136-

Purpose of Disbursement
Printing

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 81215.E6353
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	5	/	2	0	0	8

Amount of Each Disbursement this Period

92.60

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

PRINTING

SUBTOTAL of Disbursements This Page (optional) ▶

92.60

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

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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)

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)
Porter for Congress

A. Full Name (Last, First, Middle Initial) IN Compliance Inc. <hr/> Mailing Address PO Box 751271 <hr/> City Las Vegas State NV Zip Code 89136- <hr/> Purpose of Disbursement Consulting Treasury Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81215.E6352 Date of Disbursement 12 / 15 / 2008
	Amount of Each Disbursement this Period 2695.00
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	CONSULTING TREASURY

B. Full Name (Last, First, Middle Initial) James M. McCullough <hr/> Mailing Address 5450 S. Fort Apache Road #286 <hr/> City Las Vegas State NV Zip Code 89148- <hr/> Purpose of Disbursement Salary Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81201.E6327 Date of Disbursement 12 / 01 / 2008
	Amount of Each Disbursement this Period 6000.00
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	SALARY

C. Full Name (Last, First, Middle Initial) Matt Leffingwell <hr/> Mailing Address 207 Prince Street <hr/> City Alexandria State VA Zip Code 22314- <hr/> Purpose of Disbursement See Below/Travel Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81217.E6369 Date of Disbursement 12 / 17 / 2008
	Amount of Each Disbursement this Period 869.08
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	SEE BELOW/TRAVEL

SUBTOTAL of Disbursements This Page (optional) ▶	9564.08
TOTAL This Period (last page this line number only) ▶	(Empty box)

**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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Porter for Congress

A.	Full Name (Last, First, Middle Initial) National Car Rental	Transaction ID: 81217.E6370 Date of Disbursement 12 / 17 / 2008
	Mailing Address 5233 Rent a Car Rd	Amount of Each Disbursement this Period 869.08
	City Tulsa State OK Zip Code 74117-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Travel	[MEMO ITEM] MEMO: TRAVEL
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) IN Compliance Inc.	Transaction ID: 81201.E6333 Date of Disbursement 12 / 01 / 2008
	Mailing Address PO Box 751271	Amount of Each Disbursement this Period 10.00
	City Las Vegas State NV Zip Code 89136-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Telephone	TELEPHONE
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Weeks & Co LLP	Transaction ID: 81202.E6339 Date of Disbursement 12 / 01 / 2008
	Mailing Address 823 Congress Ave #1330	Amount of Each Disbursement this Period 6000.00
	City Austin State TX Zip Code 78701-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Consulting Fundraising	CONSULTING FUNDRAISING
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	6010.00
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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Porter for Congress

<p>A. Full Name (Last, First, Middle Initial) IN Compliance Inc.</p> <p>Mailing Address PO Box 751271</p> <p>City Las Vegas State NV Zip Code 89136-</p> <p>Purpose of Disbursement Consulting Treasury</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 81217.E6368 Date of Disbursement 12 / 15 / 2008</p> <p>Amount of Each Disbursement this Period 6200.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>CONSULTING TREASURY</p>
<p>B. Full Name (Last, First, Middle Initial) AT&T Wireless-Cingular Wireless</p> <p>Mailing Address PO Box 60017</p> <p>City Los Angeles State CA Zip Code 90060-</p> <p>Purpose of Disbursement Telephone</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 90109.E6372 Date of Disbursement 12 / 22 / 2008</p> <p>Amount of Each Disbursement this Period 129.79</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>TELEPHONE</p>
<p>C. Full Name (Last, First, Middle Initial) IRS</p> <p>Mailing Address</p> <p>City Ogden State UT Zip Code 84201-</p> <p>Purpose of Disbursement Payroll taxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 81201.E6328 Date of Disbursement 12 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 459.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>PAYROLL TAXES</p>

SUBTOTAL of Disbursements This Page (optional) ▶

6788.79

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 16 / 21

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)
Porter for Congress

A.

Full Name (Last, First, Middle Initial)
Weeks & Co LLP

Mailing Address 823 Congress Ave #1330

City State Zip Code
Austin TX 78701-

Purpose of Disbursement
Consulting Fundraising

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 81204.E6348

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	4		2	0	0	8

Amount of Each Disbursement this Period

1490.40

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

CONSULTING FUNDRAISING

SUBTOTAL of Disbursements This Page (optional) ►

1490.40

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

38851.96

**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 17 / 21

<input type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input checked="" type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)
Porter for Congress

A.

Full Name (Last, First, Middle Initial)
DAM PAC

Mailing Address PO Box 751271

City Las Vegas State NV Zip Code 89136-

Purpose of Disbursement
CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼
xGeneral2008

Transaction ID: 81217.E6371

Date of Disbursement

^M	^M	/	^D	^D	/	^Y	^Y	^Y	^Y
1	2		1	7		2	0	0	8

Amount of Each Disbursement this Period

5000.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

5000.00

**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 18 / 21

<input type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input checked="" type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)
Porter for Congress

A.

Full Name (Last, First, Middle Initial)
Charles Brennan

Mailing Address 7341 Lake Farm Avenue

City Las Vegas State NV Zip Code 89131-

Purpose of Disbursement
Refund of Contribution

Candidate Name

010
Category/
Type

Office Sought: House
 Senate
 President

State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼
xGeneral2008

Transaction ID: 90127.E6383

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	5		2	0	0	8

Amount of Each Disbursement this Period

2300.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ►

2300.00

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

2300.00

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 19 / 21
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
Porter for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Aristotle International	Nature of Debt (Purpose): Software & Support
Mailing Address 205 Pennsylvania Ave SE	
City State ZIP Code Washington DC 20003-	

Outstanding Balance Beginning This Period 4500.00	Transaction ID: LS81204.E6349	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 4500.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor American Express	Nature of Debt (Purpose): See Below/Travel & Exps
Mailing Address PO Box 0001	
City State ZIP Code Los Angeles CA 90096-	

Outstanding Balance Beginning This Period 10671.09	Transaction ID: LS81215.E6354	
Amount Incurred This Period 0.00	Payment This Period 10671.09	Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Am Comm Inc.	Nature of Debt (Purpose): Telephone services
Mailing Address PO Box 97676	
City State ZIP Code Las Vegas NV 89193-	

Outstanding Balance Beginning This Period 80.00	Transaction ID: LS81215.E6351	
Amount Incurred This Period 0.00	Payment This Period 80.00	Outstanding Balance at Close of This Period 0.00

1) SUBTOTALS This Period This Page (optional).....	▶	4500.00
2) TOTALS This Period (last page this line number only).....	▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 20 / 21
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
Porter for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Weeks & Co LLP	Nature of Debt (Purpose): Consulting Fundraising
Mailing Address 823 Congress Ave #1330	
City State ZIP Code Austin TX 78701-	

Outstanding Balance Beginning This Period 7490.40	Transaction ID: LS81202.E6339	
Amount Incurred This Period 0.00	Payment This Period 7490.40	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor James M. McCullough	Nature of Debt (Purpose): Salary
Mailing Address 5450 S. Fort Apache Road #286	
City State ZIP Code Las Vegas NV 89148-	

Outstanding Balance Beginning This Period 6000.00	Transaction ID: LS81201.E6327	
Amount Incurred This Period 0.00	Payment This Period 6000.00	Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor IN Compliance Inc.	Nature of Debt (Purpose): Consulting Treasury
Mailing Address PO Box 751271	
City State ZIP Code Las Vegas NV 89136-	

Outstanding Balance Beginning This Period 13130.00	Transaction ID: LS81201.E6331	
Amount Incurred This Period 0.00	Payment This Period 13130.00	Outstanding Balance at Close of This Period 0.00

1) SUBTOTALS This Period This Page (optional).....	▶	0.00
2) TOTALS This Period (last page this line number only).....	▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 21 / 21
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
 Porter for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor IN Compliance Inc.			Nature of Debt (Purpose): Telephone
Mailing Address PO Box 751271			
City Las Vegas	State NV	ZIP Code 89136-	

Outstanding Balance Beginning This Period		Transaction ID: LS81201.E6333	
10.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	10.00	0.00	

1) SUBTOTALS This Period This Page (optional).....	0.00
2) TOTALS This Period (last page this line number only).....	4500.00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	4500.00