

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
CASSIS FOR CONGRESS

ADDRESS (number and street) 46350 GRAND RIVER AVE SUITE A
 Check if different than previously reported. (ACC) NOVI MI 48374

2. **FEC IDENTIFICATION NUMBER** C C00523431 CITY STATE ZIP CODE STATE DISTRICT
3. IS THIS REPORT NEW (N) **OR** AMENDED (A) MI 11

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
08 / 17 / 2012 through 09 / 30 / 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 Sean C. Sant
Signature of Treasurer Sean C. Sant *[Electronically Filed]* Date M M / D D / Y Y Y Y
05 / 09 / 2013

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
CASSIS 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))....	800.00	203340.00
(b) Total Contribution Refunds (from Line 20(d))	2000.00	2000.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	-1200.00	201340.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	1482.50	399499.22
(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)).....	1482.50	399499.22
8. Cash on Hand at Close of Reporting Period (from Line 27).....	1840.78	
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).....	213422.99	

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

CASSIS 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).....	800.00	100720.00
(ii) Unitemized.....	0.00	7520.00
(iii) TOTAL of contributions from individuals ▶	800.00	108240.00
(b) Political Party Committees.....	0.00	600.00
(c) Other Political Committees (such as PACs).....	0.00	94500.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	800.00	203340.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	200000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	200000.00
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)..... ▶	800.00	403340.00

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	1482.50	399499.22
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	2000.00	2000.00
(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)).....	2000.00	2000.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	3482.50	401499.22

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	4523.28
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	800.00
25. SUBTOTAL (add Line 23 and Line 24).....	5323.28
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	3482.50
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1840.78

**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 13
	<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)
CASSIS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
David Staudt

Mailing Address 23715 Nilan Drive

City State Zip Code
Novi MI 48375

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

Name of Employer Occupation
Allegra Network, LLC Director IT

Receipt For: 2012
 Primary General
 Other (specify) Special-Primary

Election Cycle-to-Date
800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 05 2012

Transaction ID : SA11AI.4811

Amount of Each Receipt this Period
800.00

In-kind - Food & Beverage

B. 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 M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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 M / D 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).....

800.00

800.00

**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 6 OF 13			
	<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)
CASSIS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Impact Media Professionals, LLC		Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2012
Mailing Address 23715 Nilan Drive		Amount of Each Disbursement this Period 500.00
City Novi	State MI	
Zip Code 48375	Purpose of Disbursement Food & Beverage	Transaction ID : SB17.4809
Candidate Name	Category/ Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	
State: District:		

Full Name (Last, First, Middle Initial) B. David Staudt		Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2012
Mailing Address 23715 Nilan Drive		Amount of Each Disbursement this Period 800.00
City Novi	State MI	
Zip Code 48375	Purpose of Disbursement In-kind - Food & Beverage	Transaction ID : SB17.4812
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	
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).....	1300.00
TOTAL This Period (last page this line number only).....	1300.00

**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 7 OF 13			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
CASSIS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Barbara M. Kassler			Date of Disbursement M M / D D / Y Y Y Y 09 / 25 / 2012	
Mailing Address 50414 Hunters Creek Trail			Amount of Each Disbursement this Period 2000.00	
City Shelby Township	State MI	Zip Code 48317	Transaction ID : SB20A.4803	
Purpose of Disbursement Refund General Contribution		Category/ Type 010		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" 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		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 <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		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 <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

SUBTOTAL of Disbursements This Page (optional)	2000.00
TOTAL This Period (last page this line number only)	2000.00

SCHEDULE C (FEC Form 3) LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4110

CASSIS FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2012

NANCY CASSIS

Primary

General

Other (specify) ▼

Mailing Address

22186 DALEVIEW DR

City

State

ZIP Code

NOVI

MI

48374

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 06 / D 13 / Y 2012

Date Due

M M / D D / Y N/A

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)..... ▶

25000.00

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 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4112

CASSIS FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2012

NANCY CASSIS

Primary

General

Other (specify) ▼

Mailing Address

22186 DALEVIEW DR

City

State

ZIP Code

NOVI

MI

48374

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

125000.00

0.00

125000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

06

27

2012

N/A

0.00

% (apr)

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)..... ▶

125000.00

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 3)
LOANS

NAME OF COMMITTEE (In Full) **CASSIS FOR CONGRESS** Transaction ID : **SC/10.4114**

LOAN SOURCE Full Name (Last, First, Middle Initial) NANCY CASSIS	[PERSONAL FUNDS]	Election: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 22186 DALEVIEW DR		

City	State	ZIP Code
NOVI	MI	48374

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
50000.00	0.00	50000.00

TERMS		Date Incurred	Date Due	Interest Rate	Secured:
M 06	D 28	Y 2012 Y	M / D / Y N/A Y	0.00 % (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).....	50000.00
TOTALS This Period (last page in this line only).....	200000.00

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

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)

CASSIS FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Sandy Baxter

Nature of Debt (Purpose):
Fundraising Consulting

Mailing Address 3886 Old Elm Drive, SE

City State Zip Code
Kentwood MI 49512

Outstanding Balance Beginning This Period

1000.00

Transaction ID : SD10.4711

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Brighthouse

Nature of Debt (Purpose):
Telephone - Final Bill

Mailing Address 14525 Farmington Road

City State Zip Code
Livonia MI 48154

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4728

Amount Incurred This Period

10.78

Payment This Period

0.00

Outstanding Balance at Close of This Period

10.78

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Concentric Office LLC

Nature of Debt (Purpose):
Compliance Services

Mailing Address 8136 Old Keene Mill Road
Suite A300

City State Zip Code
Springfield VA 22152

Outstanding Balance Beginning This Period

1000.00

Transaction ID : SD10.4713

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1000.00

- 1) **SUBTOTALS** This Period This Page (optional) ▶
- 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) ▶

2010.78

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)

CASSIS FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Honigman Miller Schwartz and Cohn LLP

Mailing Address 222 North Washington Square
Suite 400

City State Zip Code
Lansing MI 48933

Nature of Debt (Purpose):
Legal Fees

Outstanding Balance Beginning This Period **Transaction ID : SD10.4717**
3092.10

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period
0.00 0.00 3092.10

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Honigman Miller Schwartz and Cohn LLP

Mailing Address 222 North Washington Square
Suite 400

City State Zip Code
Lansing MI 48933

Nature of Debt (Purpose):
Legal Fees

Outstanding Balance Beginning This Period **Transaction ID : SD10.4735**
0.00

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period
575.78 0.00 575.78

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Honigman Miller Schwartz and Cohn LLP

Mailing Address 222 North Washington Square
Suite 400

City State Zip Code
Lansing MI 48933

Nature of Debt (Purpose):
Legal Fees

Outstanding Balance Beginning This Period **Transaction ID : SD10.4736**
0.00

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period
2115.60 0.00 2115.60

1) SUBTOTALS This Period This Page (optional)	▶	5783.48
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

NAME OF COMMITTEE (In Full)
CASSIS FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Jamestown Associates		Nature of Debt (Purpose): List Production
Mailing Address 5 Mapleton Road Suite 300		
City State	Zip Code	
Princeton NJ	08540	

Outstanding Balance Beginning This Period	Transaction ID : SD10.4716	
<input type="text" value="628.73"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="628.73"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor David Mroz		Nature of Debt (Purpose): Salary
Mailing Address 10523 Pontiac Lake Road		
City State	Zip Code	
White Lake MI	48363	

Outstanding Balance Beginning This Period	Transaction ID : SD10.4707	
<input type="text" value="4000.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="4000.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nathan Wurtzel		Nature of Debt (Purpose): Fundraising Consulting
Mailing Address 600 Pennsylvania Avenue, SE Suite 330		
City State	Zip Code	
Washington DC	20003	

Outstanding Balance Beginning This Period	Transaction ID : SD10.4708	
<input type="text" value="1000.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="1000.00"/>

1) SUBTOTALS This Period This Page (optional)	<input type="text" value="5628.73"/>
2) TOTALS This Period (last page this line number only)	<input type="text" value="13422.99"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text" value="200000.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="213422.99"/>