

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 Sam Gaskins For Congress

ADDRESS (number and street) PO Box 251 Hopkinsville KY 42241

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C C00565663 3. IS THIS REPORT NEW (N) OR AMENDED (A) KY 01

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 05 / 06 / 2016 through 06 / 30 / 2016

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 Samuel Lewis Gaskins

Signature of Treasurer Samuel Lewis Gaskins [Electronically Filed] Date 07 / 15 / 2016

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

Office Use Only table with 8 columns and 1 row. FEC FORM 3 (Revised 02/2003)

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

**Sam Gaskins 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))....	275.00	200.00
(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)).....	275.00	200.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	1125.94	1354.43
(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)).....	1125.94	1354.43
8. Cash on Hand at Close of Reporting Period (from Line 27).....	164.78	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	5681.59	

**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

**Sam Gaskins For Congress**

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

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	250.00	0.00
(ii) Unitemized.....	25.00	200.00
(iii) TOTAL of contributions from individuals ▶	275.00	200.00
(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))..	275.00	200.00
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	0.00	1354.43
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	1354.43
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	0.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.).....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	275.00	1554.43

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	1125.94	1354.43
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. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	1125.94	1354.43

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	1015.72
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	275.00
25. SUBTOTAL (add Line 23 and Line 24).....	1290.72
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	1125.94
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	164.78

**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)  
**Sam Gaskins For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Ronald Adams**

Mailing Address 4255 Ft. Campbell Blvd.

City Hopkinsville State KY Zip Code 42240

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

Name of Employer ABC Financial Occupation Financial Officer

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 20 / 2016

**Transaction ID : SA11AI.4273**

Amount of Each Receipt this Period  
250.00

Memo Item

**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

Memo Item

**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

Memo Item

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

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

250.00

250.00

**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)  
**Sam Gaskins For Congress**

Full Name (Last, First, Middle Initial) <b>A. Best Western</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2016
Mailing Address 80 Chenault Road		Amount of Each Disbursement this Period 237.12
City Frankfort	State KY	
Zip Code 40601	Purpose of Disbursement 002	<input type="checkbox"/> Memo Item
Candidate Name <b>Sam Gaskins For Congress</b>		Transaction ID : <b>SB17.4286</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: KY	District: 01	

Full Name (Last, First, Middle Initial) <b>B. Breckenridge Inn</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2016
Mailing Address 2800 Breckenridge Inn		Amount of Each Disbursement this Period 207.30
City Louisville	State KY	
Zip Code 40220	Purpose of Disbursement 002	<input type="checkbox"/> Memo Item
Candidate Name <b>Sam Gaskins For Congress</b>		Transaction ID : <b>SB17.4289</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: KY	District: 01	

Full Name (Last, First, Middle Initial) <b>c. Host Gator</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2016
Mailing Address 11251 NW Freeway STE 400		Amount of Each Disbursement this Period 16.95
City Houston	State TX	
Zip Code 77092	Purpose of Disbursement 004	<input type="checkbox"/> Memo Item
Candidate Name <b>Sam Gaskins For Congress</b>		Transaction ID : <b>SB17.4282</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: KY	District: 01	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	461.37
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 7 OF 13	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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)  
**Sam Gaskins For Congress**

Full Name (Last, First, Middle Initial) <b>A. NationBuilder</b>		Date of Disbursement MM / DD / YYYY 06 / 01 / 2016
Mailing Address 520 S. Grand Ave., 2nd Floor		Amount of Each Disbursement this Period 119.00
City Los Angeles	State CA	
Zip Code 90071	Purpose of Disbursement	<input type="checkbox"/> Memo Item
Candidate Name <b>Sam Gaskins For Congress</b>	Category/Type	<b>Transaction ID : SB17.4280</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: KY District: 01		

Full Name (Last, First, Middle Initial) <b>B. Office Max</b>		Date of Disbursement MM / DD / YYYY 06 / 06 / 2016
Mailing Address 190 Clinic Dr		Amount of Each Disbursement this Period 121.54
City Hopkinsville	State KY	
Zip Code 42240	Purpose of Disbursement	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 003	<b>Transaction ID : SB17.4278</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Office Max</b>		Date of Disbursement MM / DD / YYYY 06 / 10 / 2016
Mailing Address 190 Clinic Dr		Amount of Each Disbursement this Period 168.54
City Hopkinsville	State KY	
Zip Code 42240	Purpose of Disbursement	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 001	<b>Transaction ID : SB17.4279</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	409.08
<b>TOTAL</b> This Period (last page this line number only).....	870.45

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

NAME OF COMMITTEE (In Full) **Sam Gaskins For Congress** Transaction ID : **SC/10.4137**

**LOAN SOURCE** Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]**  Memo Item  
**Samuel Lewis Gaskins**

Election: 2016  
 Primary  
 General  
 Other (specify) ▼

Mailing Address  
 PO Box 251

City State ZIP Code  
 Hopkinsville KY 42241

Original Amount of Loan 1354.43	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 1354.43
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**TERMS**

Date Incurred: M 09 / D 29 / Y 2014  
 Date Due: M / D / Y 11/5/2016  
 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)..... ▶ 1354.43

**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) **Sam Gaskins For Congress** Transaction ID : **SC/10.4132**

**LOAN SOURCE** Full Name (Last, First, Middle Initial) **PERSONAL FUNDS**  Memo Item  
**Samuel Lewis Gaskins**  
 Election: 2016  
 Primary  
 General  
 Other (specify) ▼

Mailing Address  
 PO Box 251  
 City State ZIP Code  
 Hopkinsville KY 42241

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1369.38	0.00	1369.38

**TERMS**  
 Date Incurred: M 10 / D 04 / Y 2014  
 Date Due: M / D / Y 11/2/2016  
 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)..... ▶ 1369.38  
**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) **Sam Gaskins For Congress** Transaction ID : **SC/10.4134**

**LOAN SOURCE** Full Name (Last, First, Middle Initial) **PERSONAL FUNDS**  Memo Item  
**Samuel Lewis Gaskins**

Election: 2016  
 Primary  
 General  
 Other (specify) ▼

Mailing Address  
 PO Box 251

City State ZIP Code  
 Hopkinsville KY 42241

Original Amount of Loan 1046.35	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 1046.35
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**TERMS**

Date Incurred: M 10 / D 06 / Y 2014  
 Date Due: M / D / Y 11/02/2016  
 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)..... ▶ 1046.35

**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) **Sam Gaskins For Congress** Transaction ID : **SC/10.4155**

**LOAN SOURCE** Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]**  Memo Item  
**Samuel Lewis Gaskins**

Election: 2016  
 Primary  
 General  
 Other (specify) ▼

Mailing Address  
 PO Box 251

City State ZIP Code  
 Hopkinsville KY 42241

Original Amount of Loan 994.47	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 994.47
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**TERMS**

Date Incurred: M 12 / D 31 / Y 2014  
 Date Due: M / D / Y 11/02/2016  
 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)..... ▶ 994.47

**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) **Sam Gaskins For Congress** Transaction ID : **SC/10.4173**

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  Memo Item Election: 2016  
**Sam Gaskins For Congress**  Primary  
 Mailing Address PO Box 251  General  
 Other (specify) ▼

City State ZIP Code  
 Hopkinsville KY 42241

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
427.31	0.00	427.31

**TERMS** Date Incurred Date Due Interest Rate Secured:  
 M 01 / D 02 / Y 2015 M M / D D / Y 11/04/2016 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: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

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

**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) **Sam Gaskins For Congress** Transaction ID : **SC/10.4227**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>Sam Gaskins For Congress</b>	<input type="checkbox"/> Memo Item	Election: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO Box 251		
City Hopkinsville	State KY	ZIP Code 42241

Original Amount of Loan 489.65	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 489.65
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**TERMS**

Date Incurred M 12 / D 31 / Y 2015	Date Due M / D / Y 05 Nov 2016	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

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

<b>SUBTOTALS</b> This Period This Page (optional).....	▶	489.65
<b>TOTALS</b> This Period (last page in this line only).....	▶	5681.59

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