

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
Faith Family Freedom Fund

ADDRESS (number and street) 801 G Street, NW
 Check if different than previously reported. (ACC)
Washington DC 20001

2. **FEC IDENTIFICATION NUMBER** C00489625
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

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 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 08 01 2011 through 08 31 2011

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 Paul Tripodi

Signature of Treasurer Electronically Filed by Paul Tripodi Date 09 20 2011

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									
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FEC FORM 3X
(Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
Faith Family Freedom Fund

Report Covering the Period: From:

M	M
0	8

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	8

D	D
3	1

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>X</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	X	Y	Y	Y	2	0	1	1		50413.00
X	Y	Y	Y							
2	0	1	1							
(b) Cash on Hand at Beginning of Reporting Period	100253.53									
(c) Total Receipts (from Line 19)	7258.72	156501.55								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	107512.25	206914.55								
7. Total Disbursements (from Line 31)	9437.78	108840.08								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	98074.47	98074.47								
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)	22177.98									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
Faith Family Freedom Fund

Report Covering the Period: From:

M	M
0	8

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	8

D	D
3	1

Y	Y	Y	Y
2	0	1	1

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	4355.72	109939.94
(ii) Unitemized	2903.00	46561.61
(iii) TOTAL (add Lines 11(a)(i) and (ii)	7258.72	156501.55
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	7258.72	156501.55
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	7258.72	156501.55
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	7258.72	156501.55

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	9437.78	78284.08
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	9437.78	78284.08
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	60.00
(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 28(a), (b), and (c))	0.00	60.00
29. Other Disbursements.....	0.00	30496.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	9437.78	108840.08
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	9437.78	108840.08

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	7258.72	156501.55
34. Total Contribution Refunds (from Line 28(d))	0.00	60.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	7258.72	156441.55
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	9437.78	78284.08
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	9437.78	78284.08

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 12
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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)
Faith Family Freedom Fund

A. Full Name (Last, First, Middle Initial)
Mr. Tom Breuer

Mailing Address 9 Plymouth Rd

City Winchester State MA Zip Code 01890-9340

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

Name of Employer Breuer & Co. Occupation Engineer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 01 / 2011

Transaction ID: SA11AI.6805

Amount of Each Receipt this Period 1000.00

B. Full Name (Last, First, Middle Initial)
Mr. Jared Carman

Mailing Address 6748 Canterbury Dr

City Highland State UT Zip Code 84003-9331

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

Name of Employer Agitant Learning Occupation Self Employed

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 08 / 01 / 2011

Transaction ID: SA11AI.6763

Amount of Each Receipt this Period 50.00

C. Full Name (Last, First, Middle Initial)
Family Research Council Action

Mailing Address 801 G Street, NW

City Washington State DC Zip Code 20001

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 16019.94

Date of Receipt 08 / 31 / 2011

Transaction ID: SA11AI.6806

Amount of Each Receipt this Period 1055.72

In-kind - Administrative, compliance, fundraising support, website

SUBTOTAL of Receipts This Page (optional) ► 2105.72

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 12
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Faith Family Freedom Fund

A.

Full Name (Last, First, Middle Initial) Mrs. Ellis Naegele		Date of Receipt MM / DD / YYYY 08 / 02 / 2011	
Mailing Address 901 Marquette Ave Ste 2730		Transaction ID: SA11AI.6801	
City Minneapolis	State MN	Zip Code 55402-3256	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Info requested per best effort		Occupation Info requested per best efforts	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

B.

Full Name (Last, First, Middle Initial) Mr. Robert Naegele		Date of Receipt MM / DD / YYYY 08 / 02 / 2011	
Mailing Address 901 Marquette Ave Ste 2730		Transaction ID: SA11AI.6799	
City Minneapolis	State MN	Zip Code 55402-3256	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Info requested per best effort		Occupation Info requested per best efforts	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2500.00	

C.

Full Name (Last, First, Middle Initial) Mr. Craig Seaman		Date of Receipt MM / DD / YYYY 08 / 18 / 2011	
Mailing Address 870 Deerland Rd		Transaction ID: SA11AI.6803	
City Long Lake	State NY	Zip Code 12847-2308	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed		Occupation Real Estate	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 8 / 12	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Faith Family Freedom Fund

A.	Full Name (Last, First, Middle Initial) Mr. Robert Sweet		Date of Receipt																					
	Mailing Address 182 Pioneer Farm Way		<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>0</td><td>8</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	2		2	0	1	1
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	8		0	2		2	0	1	1														
	City	State	Zip Code		Transaction ID: SA11AI.6798																			
	Ellsworth	ME	04605-3854																					
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>		Amount of Each Receipt this Period																				
Name of Employer None		Occupation Retired		<input type="text" value="250.00"/>																				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		<input type="text" value="250.00"/>																				

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="250.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="4355.72"/>

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

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Faith Family Freedom Fund

<p>A. Full Name (Last, First, Middle Initial) Family Research Council Action</p> <p>Mailing Address 801 G Street, NW</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement In-kind - Administrative, compliance, fundraising support, website</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: SB21B.6807 Date of Disbursement 08 / 31 / 2011</p> <p>Amount of Each Disbursement this Period 1055.72</p> <p>001 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Holly Roepke</p> <p>Mailing Address 10125 Lasaine Ave</p> <p>City Northridge State CA Zip Code 91325</p> <p>Purpose of Disbursement Bus tour organizer expense</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: SB21B.6817 Date of Disbursement 08 / 17 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>003 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Mark A. Roepke</p> <p>Mailing Address 5550 Columbia Pike #742</p> <p>City Arlington State VA Zip Code 22204</p> <p>Purpose of Disbursement Bus tour driver</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: SB21B.6816 Date of Disbursement 08 / 03 / 2011</p> <p>Amount of Each Disbursement this Period 3382.06</p> <p>002 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

5437.78

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 10 / 12

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

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NAME OF COMMITTEE (In Full)
Faith Family Freedom Fund

A.

Full Name (Last, First, Middle Initial)

Mark A. Roepke

Transaction ID: SB21B.6818

Date of Disbursement

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

Mailing Address 5550 Columbia Pike
#742

City Arlington State VA Zip Code 22204

Amount of Each Disbursement this Period

4000.00

Purpose of Disbursement
Bus tour driver

002
Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

4000.00

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

9437.78

SCHEDULE D (FEC Form 3X)

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)
Faith Family Freedom Fund

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Family Research Council Action			Nature of Debt (Purpose): Non-federal newspaper ad
Mailing Address 801 G Street, NW			
City Washington	State DC	ZIP Code 20001	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>		Transaction ID: SD10.6826	
Amount Incurred This Period <input type="text" value="4463.40"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="4463.40"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Family Research Council Action			Nature of Debt (Purpose): Bus tour travel expenses
Mailing Address 801 G Street, NW			
City Washington	State DC	ZIP Code 20001	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>		Transaction ID: SD10.6825	
Amount Incurred This Period <input type="text" value="3543.64"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="3543.64"/>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Kathleen Flavin			Nature of Debt (Purpose): Bus tour organizer
Mailing Address 6304 Dunaway Court			
City McLean	State VA	ZIP Code 22101	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>		Transaction ID: SD10.6823	
Amount Incurred This Period <input type="text" value="1068.31"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1068.31"/>	

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="9075.35"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

SCHEDULE D (FEC Form 3X)

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)
Faith Family Freedom Fund

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor John L. Productions			Nature of Debt (Purpose): Rental of bus for bus tour
Mailing Address 143 Laurelwood Dr.			
City Pike Road	State AL	ZIP Code 36064	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>		Transaction ID: SD10.6813	
Amount Incurred This Period <input type="text" value="5706.21"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="5706.21"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Mark A. Roepke			Nature of Debt (Purpose): Bus tour driver
Mailing Address 5550 Columbia Pike #742			
City Arlington	State VA	ZIP Code 22204	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>		Transaction ID: SD10.6824	
Amount Incurred This Period <input type="text" value="7228.47"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="7228.47"/>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Mark A. Roepke			Nature of Debt (Purpose): Bus tour driver
Mailing Address 5550 Columbia Pike #742			
City Arlington	State VA	ZIP Code 22204	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>		Transaction ID: SD10.6827	
Amount Incurred This Period <input type="text" value="167.95"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="167.95"/>	

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="13102.63"/>
2) TOTALS This Period (last page this line number only).....	<input type="text" value="22177.98"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text" value="0.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text" value="22177.98"/>