

**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

SAL LILIENTHAL ELECTION COMMITTEE

ADDRESS (number and street)

9 BRIDGE STREET

PO BOX 381

Check if different
than previously
reported. (ACC)

KENT

CT

06757

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C

C00544742

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

CT

05

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
10 / 01 / 2013

through

M M / D D / Y Y Y Y
12 / 31 / 2013

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 Carol Lilienthal

Signature of Treasurer

Carol Lilienthal

[Electronically Filed]

Date

M M / D D / Y Y Y Y
01 / 22 / 2014

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**FEC FORM 3**
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 2 / 12

Write or Type Committee Name

SAL LILIENTHAL ELECTION COMMITTEE

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	1		2	0	1	3

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	1	3

	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))....	5055.00	11000.00
(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))	5055.00	11000.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	8748.60	10513.60
(b) Total Offsets to Operating Expenditures (from Line 14)	0.12	0.12
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	8748.48	10513.48
8. Cash on Hand at Close of Reporting Period (from Line 27)	11486.52	
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)	11000.00	

For further information contact:

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

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

DETAILED SUMMARY PAGE of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 12

Write or Type Committee Name

SAL LILIENTHAL ELECTION COMMITTEE

Report Covering the Period:

From:

M M / D D / Y Y Y Y
10 / 01 / 2013

To:

M M / D D / Y Y Y Y
12 / 31 / 2013

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).....

1300.00

5200.00

(ii) Unitemized.....

735.00

2480.00

(iii) TOTAL of contributions from individuals ▶

2035.00

7680.00

(b) Political Party Committees.....

0.00

300.00

(c) Other Political Committees (such as PACs).....

0.00

0.00

(d) The Candidate.....

3020.00

3020.00

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

5055.00

11000.00

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:

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

11000.00

11000.00

(b) All Other Loans.....

0.00

0.00

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

11000.00

11000.00

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

0.12

0.12

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)..... ▶

16055.12

22000.12

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 12

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	8748.60	10513.60
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	8748.60	10513.60

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	4180.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	16055.12
25. SUBTOTAL (add Line 23 and Line 24).....	20235.12
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	8748.60
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	11486.52

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

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

FOR LINE NUMBER: PAGE 5 OF 12
 (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 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)
SAL LILIENTHAL ELECTION COMMITTEE

A. Full Name (Last, First, Middle Initial) John W. Conklin		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 06 / 2013	
Mailing Address 57 Park Avenue Apt. 3		Transaction ID : SA11AI.4170	
City Albany	State NY	Zip Code 12202	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer NYS Board of Elections	Occupation Public Information Officer		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		
B. Full Name (Last, First, Middle Initial) Harry C. Rehnberg		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 11 / 2013	
Mailing Address 65 Tanguay Road		Transaction ID : SA11AI.4174	
City Kent	State CT	Zip Code 06757	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer Self	Occupation Investor		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		
C. Full Name (Last, First, Middle Initial) Louis G Timolat		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 02 / 2013	
Mailing Address 254 Route 63		Transaction ID : SA11AI.4178	
City Falls Church	State CT	Zip Code 06031	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00	
Name of Employer None	Occupation Retired		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00		
SUBTOTAL of Receipts This Page (optional).....		1300.00	
TOTAL This Period (last page this line number only).....		1300.00	

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

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

FOR LINE NUMBER:

PAGE 6 OF 12

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

SAL LILIENTHAL ELECTION COMMITTEE

Full Name (Last, First, Middle Initial)

SAL STEPHEN ROSS LILIENTHAL

Mailing Address 9 BRIDGE STREET

PO BOX 381

City

KENT

State

CT

Zip Code

06757

FEC ID number of contributing
federal political committee.

C H4CT05129

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

3020.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		20		2013

Transaction ID : SA11D.4183

Amount of Each Receipt this Period

2950.00

Full Name (Last, First, Middle Initial)

B.

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

Full Name (Last, First, Middle Initial)

C.

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).....

2950.00

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

2950.00

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

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

FOR LINE NUMBER:

PAGE 7 OF 12

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input checked="" type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	

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NAME OF COMMITTEE (In Full)

SAL LILIENTHAL ELECTION COMMITTEE

Full Name (Last, First, Middle Initial)

SAL STEPHEN ROSS LILIENTHAL

Mailing Address 9 BRIDGE STREET

PO BOX 381

City

KENT

State

CT

Zip Code

06757

FEC ID number of contributing
federal political committee.

C H4CT05129

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

10020.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		21		2013

Transaction ID : SA13A.4220

Amount of Each Receipt this Period

7000.00

Loan

Full Name (Last, First, Middle Initial)

SAL STEPHEN ROSS LILIENTHAL

Mailing Address 9 BRIDGE STREET

PO BOX 381

City

KENT

State

CT

Zip Code

06757

FEC ID number of contributing
federal political committee.

C H4CT05129

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

14020.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		21		2013

Transaction ID : SA13A.4221

Amount of Each Receipt this Period

4000.00

Laon

Full Name (Last, First, Middle Initial)

C. 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

11000.00

11000.00

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

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 8 OF 12

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

SAL LILIENTHAL ELECTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Barile Printers

Mailing Address 43 Viets Street
Box 2628

City State Zip Code
New Britain CT 06050

Purpose of Disbursement
Book Printing

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
12 / 28 / 2013

Amount of Each Disbursement this Period

5900.00

Transaction ID : SB17.4209

Category/
Type

B. Cogent Consulting

Mailing Address 18 Lake Garda Drive

City State Zip Code
Unionville CT 06085

Purpose of Disbursement
Campaign Consulting

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
10 / 14 / 2013

Amount of Each Disbursement this Period

700.00

Transaction ID : SB17.4199

Category/
Type

c. Cogent Consulting

Mailing Address 18 Lake Garda Drive

City State Zip Code
Unionville CT 06085

Purpose of Disbursement
Campaign Consulting

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
11 / 20 / 2013

Amount of Each Disbursement this Period

700.00

Transaction ID : SB17.4206

Category/
Type

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

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

7300.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 9 OF 12

<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)

SAL LILIENTHAL ELECTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Election CFO, LLC

Mailing Address PO Box 26141

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		14		2013

City	State	Zip Code
Alexandria	VA	22313

Purpose of Disbursement
Compliance Consulting

Amount of Each Disbursement this Period

250.00

Transaction ID : SB17.4197

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

B. Exit 4 Multimedia

Mailing Address PO Box 215

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		18		2013

City	State	Zip Code
South Kent	CT	06785

Purpose of Disbursement
Video Services

Amount of Each Disbursement this Period

350.00

Transaction ID : SB17.4200

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

C. Exit 4 Multimedia

Mailing Address PO Box 215

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		07		2013

City	State	Zip Code
South Kent	CT	06785

Purpose of Disbursement
Video Services

Amount of Each Disbursement this Period

350.00

Transaction ID : SB17.4205

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

950.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 10 OF 12

<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)

SAL LILIENTHAL ELECTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. PayPal

Mailing Address 2211 N First St

City	State	Zip Code
San Joes	CA	95131

Purpose of Disbursement
CC Processing

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		21		2013

Amount of Each Disbursement this Period

203.30

Transaction ID : SB17.4226

B. PayPal

Mailing Address 2211 N First St

City	State	Zip Code
San Joes	CA	95131

Purpose of Disbursement
CC Processing

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		21		2013

Amount of Each Disbursement this Period

116.30

Transaction ID : SB17.4227

C. PayPal

Mailing Address 2211 N First St

City	State	Zip Code
San Joes	CA	95131

Purpose of Disbursement
CC Processing

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		30		2013

Amount of Each Disbursement this Period

6.10

Transaction ID : SB17.4214

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

325.70

8575.70

SCHEDULE C (FEC Form 3)
LOANS

PAGE 11 OF 12

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4220

SAL LILIENTHAL ELECTION COMMITTEE**LOAN SOURCE** Full Name (Last, First, Middle Initial)**[PERSONAL FUNDS]**

Election: 2014

SAL STEPHEN ROSS LILIENTHAL☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

9 BRIDGE STREET
PO BOX 381

City

State

ZIP Code

KENT

CT

06757

Original Amount of Loan

7000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

7000.00

TERMS

Date Incurred

M 12 / D 21 / Y 2013

Date Due

M / D / Y 12/31/14

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)..... ►

7000.00

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

PAGE 12 OF 12

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4221

SAL LILIENTHAL ELECTION COMMITTEE**LOAN SOURCE** Full Name (Last, First, Middle Initial)**[PERSONAL FUNDS]**

Election: 2014

SAL STEPHEN ROSS LILIENTHAL☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

9 BRIDGE STREET
PO BOX 381

City

State

ZIP Code

KENT

CT

06757

Original Amount of Loan

4000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

4000.00

TERMS

Date Incurred

M 12 / D 21 / Y 2013

Date Due

M / D / Y

12/31/14

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)..... ►

4000.00

TOTALS This Period (last page in this line only)..... ►

11000.00

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