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FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3	For An	Authorized Com	mittee			Office Use Only
1. NAME OF COMMITTEE (in	TYPE OR PRII		cample: If typin er the lines.	g, type	12FE4M5	
FRIENDS OF	STEWART MILLS,	INC.	1 1 1 1 1	1 1 1 1		
ADDRESS (number ar	PO BOX 103	9				
_						
Check if difthan previous reported. (A	usly BRAINERD				MN 5	56401
2. <b>FEC IDENTIFIC</b>	CATION NUMBER ▼	CITY			STATE A	ZIP CODE A STATE ▼ DISTRICT
C C0054673	39	3. IS THIS REPORT	NEW (N)	OR	AMEND (A)	
4 TYPE OF BE	DORT (Olymon One)					
	PORT (Choose One)	(b) 12-Day <b>PRE</b>	-Election Repo	ort for the:		
(a) Quarterly R	eports:	П	Primary (12P)	)	General (1)	2G) Runoff (12R)
April 15	Quarterly Report (Q1)			-	-	
July 15	Quarterly Report (Q2)		Convention (	12C)	Special (12	2S)
Octobe	r 15 Quarterly Report (Q3)	Election on	M M /	D D /	Y	in the State of
January	/ 31 Year-End Report (YE)	(c) 30-Day <b>POS</b>	T-Election Rep	ort for the:		
			General (30G	i)	Runoff (30	R) Special (30S)
<b>X</b> Termina	ation Report (TER)	Election on	M M /	D D /	Y " Y " Y	in the State of
5. Covering Period	M M / D D D 01	/ Y Y Y Y Y 2015	through	M M M 03	/ 31 /	Y Y Y Y Y 2015
certify that I have e	examined this Report and	to the best of my kr	nowledge and	belief it is tr	rue, correct and	complete.
Type or Print Name	of Treasurer Diane Johns	son				
Signature of Treasure	er <u>Diane Johnson</u>		[Electronically 1	Filed] [	Date 04	09 / Y Y Y Y Y Y 2015
NOTE: Submission of	false, erroneous, or incomp	lete information may	subject the per	son signing	this Report to th	e penalties of 2 U.S.C. §437g.
Office						
Use Only						FEC FORM 3 (Revised 02/2003)

### **SUMMARY PAGE**

FEC Form 3 (Revised 02/2003) of Receipts and Disbursements

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1 20 1 01111 0 (11011000 02/200

Write or Type Committee Name

### FRIENDS OF STEWART MILLS, INC.

01 03 31 2015 01 2015 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period **Election Cycle-to-Date** Net Contributions (other than loans) **Total Contributions** (a) 0.00 1634345.39 (other than loans) (from Line 11(e)) .... (b) Total Contribution Refunds 0.00 2500.00 (from Line 20(d)) ..... (c) Net Contributions (other than loans) 0.00 1631845.39 (subtract Line 6(b) from Line 6(a)) ...... Net Operating Expenditures (a) Total Operating Expenditures 210.90 2022269.75 (from Line 17) ..... (b) Total Offsets to Operating 0.00 200.00 Expenditures (from Line 14)..... (c) Net Operating Expenditures 210.90 2022069.75 (subtract Line 7(b) from Line 7(a)) ...... Cash on Hand at Close of 0.00 Reporting Period (from Line 27)..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D).....

#### 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

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0.00

1634345.39

200.00

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

### FRIENDS OF STEWART MILLS, INC.

01 01 2015 03 2015 31 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. RECEIPTS **Total This Period Election Cycle-to-Date** 11. CONTRIBUTIONS (other than loans) FROM: Individuals/Persons Other Than Political Committees 0.00 925246.50 (i) Itemized (use Schedule A)...... 0.00 345048.89 (ii) Unitemized ..... (iii) TOTAL of contributions 0.00 1270295.39 from individuals ..... 0.00 6600.00 (b) Political Party Committees..... Other Political Committees 0.00 357450.00 (such as PACs).....

	,	
12. TRANSFERS FROM OTHER		
AUTHORIZED COMMITTEES	0.00	77626.85

 	· · · · — · ·
AUTHORIZED COM	MITTEES

TOTAL CONTRIBUTIONS (other than loans)

The Candidate .....

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

13. LOANS:		
(a) Made or Guaranteed by the Candidate	0.00	364450.87
(b) All Other Loans	0.00	0.00
(c) TOTAL LOANS	0.00	201450.07

0.00

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b))	0.00	364450.87
14. OFFSETS TO OPERATING		

	EXPENDITURES								
	(Refunds, Rebates, etc.)	 _	7	_	_	7	_	_	(
	OTHER RECEIPTS								
15.	OTHER RECEIPTS			_					
	(Dividends, Interest, etc.)		_			_			ĺ

	(1.014.100, 1.004.00, 0.01, 1.11.11.11.11.11.11.11.11.11.11.11.11.1	-			7	_		7	_				7	_	_	7		
15.	OTHER RECEIPTS (Dividends, Interest, etc.)				7			,	Ξ	1.00			7			7	2286.	69
	<b>TOTAL RECEIPTS</b> (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)	•	Е.	_	7	-	_	7	-	1.00		-	7	-	-	7	2078909.	80

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3 (Revised 02/2003)

ursements

PAGE 4 / 19

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date				
17.	OPERATING EXPENDITURES	210.90	2022269.75				
18.	TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00				
19.	LOAN REPAYMENTS: (a) Of Loans Made or Guaranteed						
	by the Candidate	87.78	4450.87				
	(b) Of All Other Loans (c) TOTAL LOAN REPAYMENTS	0.00	0.00				
	(add Lines 19(a) and (b))	87.78	4450.87				
20.	REFUNDS OF CONTRIBUTIONS TO:  (a) Individuals/Persons Other  Than Political Committees	0.00	1000.00				
	(b) Political Party Committees	0.00	0.00				
	(c) Other Political Committees (such as PACs)	0.00	1500.00				
	(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))	0.00	2500.00				
21.	OTHER DISBURSEMENTS	0.00	1500.00				
22.	TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21)	298.68	2030720.62				
	III. CASH SU	JMMARY					
23.	CASH ON HAND AT BEGINNING OF REPO	RTING PERIOD	297.68				
24	24 TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)						
25.	SUBTOTAL (add Line 23 and Line 24)		298.68				
26.	TOTAL DISBURSEMENTS THIS PERIOD (fro	om Line 22)	298.68				
27.	CASH ON HAND AT CLOSE OF REPORTIN (subtract Line 26 from Line 25)		0.00				

	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS	Use separate schedulifor each category of	le(s) (c	OR LINE NUMBER: PAGE 5 OF 19 check only one)
	EMIZED DISBURSEMENTS	Detailed Summary Pa		17 18 X 19a 19b 20a 20b 20c 21
	y information copied from such Reports and Statements n for commercial purposes, other than using the name and			
$\rangle$	NAME OF COMMITTEE (In Full) FRIENDS OF STEWART MILLS, INC.			
۹.	Full Name (Last, First, Middle Initial) STEWART C. MILLS III			Date of Disbursement
	Mailing Address 22849 OLD GOVERNMENT TRAIL			02 27 2015
	City State NISSWA MN	Zip Code 56468		Amount of Each Disbursement this Period
	Purpose of Disbursement Loan Repayment			87.78 Transaction ID : SB19A.4172
	Candidate Name		Category/ Type	
	Office Sought:  House Senate President  Disbursement Fo Primary Other (s	General		
	State: MN District: 08 Full Name (Last, First, Middle Initial)			
3.	. c tano (Esc., . no., . medic			Date of Disbursement
	Mailing Address			M " M / D " D / Y " Y " Y " Y
	City State	Zip Code		Amount of Each Disbursement this Period
	Purpose of Disbursement			
	Candidate Name	C	Category/ Type	
	Office Sought:  House  Senate  President  Disbursement Fo  Primary  Other (s	General		
	State: District:			
Э.	Full Name (Last, First, Middle Initial)			Date of Disbursement
	Mailing Address			M M / D D / Y Y Y
	City State Z	ip Code		Amount of Each Disbursement this Period
	Purpose of Disbursement			
	Candidate Name		Category/ Type	
	Office Sought:  House  Senate  President  Disbursement Fo  Primary  Other (s	General		
	State: District:			
9	IIRTOTAL of Dishursements This Page (ontional)			87.78

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

87.78

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

PAGE

19

DANS			Detailed Summary Pag			
AME OF COMMITTEE (In Ful	,		Transac	ction ID : SC/10.4104		
FRIENDS OF STEWA	RT MILLS, INC	<b>)</b> .				
STEWART C. MILLS	•	nitial)	[PERSONAL FUNDS]	Election: 2014  Primary  General		
Mailing Address 22849 OLD GOVERNMENT	TRAIL			Other (specify)   ———————————————————————————————————		
City	St	ate ZIP Cod	de			
NISSWA	ľ	MN 56468				
Original Amount of Loan	C	Cumulative Payment To	Date Bala	ance Outstanding at Close of This Period		
2 2	47230.00		4538.65	0.00		
Date Incurre	d Ž014 <sup>Y</sup>	Date Due	Interest Rate 1/31/2018 0.00			
List All Endorsers or Gua	rantors (if anv) to L	oan Source		Yes No		
1. Full Name (Last, First, I			Name of Employer			
Mailing Address			Occupation			
City	State	ZIP Code	Amount Guaranteed Outstanding:	7		
2. Full Name (Last, First, M	fiddle Initial)		Name of Employer			
Mailing Address			Occupation			
City	State	ZIP Code	Amount Guaranteed Outstanding:	7 7 7		
3. Full Name (Last, First, M	1iddle Initial)		Name of Employer			
Mailing Address			Occupation			
City	State	ZIP Code	Amount Guaranteed Outstanding:	9 9 9		
4. Full Name (Last, First, M	1iddle Initial)		Name of Employer			
Mailing Address			Occupation			
City	State	ZIP Code	Amount Guaranteed Outstanding:	9 1 9 1 7		
UBTOTALS This Period This Page (optional)						
TOTALS This Period (last pag	e in this line only)		······	, ,		
Carry outstanding balance or	ly to LINE 3 Sched	ule D for this line If	no Schedule D. carry for	ward to appropriate line of Summary		

**1mage# 15970334541** PAGE 7 / 19

### : 97 'A = G7 9 @ G B9 C I G'H9 L H'F 9 @ 5 H9 8 'HC' 5 'F 9 D C F H Z G7 < 98 I @ 'C F' + H9 A = N 5 H = C B

Form/Schedule: SC/10 Transaction ID: SC/10.4104

(Current loan amount of 42691.35 from a balance of 42691.35 has been forgiven)

Use separate schedule(s) for each category of the

FOR LINE NUMBER: (check only one)

**PAGE** 

×	13a
	13b

19

Detailed Summary Page Transaction ID: SC/10.4106 NAME OF COMMITTEE (In Full) FRIENDS OF STEWART MILLS, INC. LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary STEWART C. MILLS III General Mailing Address Other (specify)  $\blacktriangledown$ 22849 OLD GOVERNMENT TRAIL State ZIP Code City MN 56468 **NISSWA** Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 36000.00 0.00 0.00 **TERMS** Date Incurred Date Due Interest Rate Secured: 29 <sup>M</sup>06<sup>M</sup> ž014 0.00 12/31/18 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount ZIP Code Guaranteed City State Outstanding: SUBTOTALS This Period This Page (optional)..... 0.00 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.

**1mage# 15970334543** PAGE 9 / 19

### : 97 A = G7 9 @ G B9 C I G H9 L H F 9 @ 5 H9 8 HC 5 F 9 D C F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: SC/10 Transaction ID: SC/10.4106

(Current loan amount of 36000.00 from a balance of 36000.00 has been forgiven)

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

PAGE

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19

DAN5		Detailed Summary Pag	ie (check only one)	
AME OF COMMITTEE (In Full) RIENDS OF STEWART MI	LLS, INC.	Transac	tion ID : SC/10.4110	
LOAN SOURCE Full Name (Last, F STEWART C. MILLS III	irst, Middle Initial)	[PERSONAL FUNDS]	Election: 2014  Primary  General	
Mailing Address 22849 OLD GOVERNMENT TRAIL			Other (specify) ▼	
City	State ZIP	Code		
NISSWA	MN 564	168		
Original Amount of Loan	Cumulative Payment	t To Date Bala	nce Outstanding at Close of This Period	
46000	00	0.00	0.00	
TERMS  Date Incurred	Date D			
07 22 2014		1/1/16 ° 0.00	% (apr) Yes No	
List All Endorsers or Guarantors (		No. of England		
1. Full Name (Last, First, Middle In	itial)	Name of Employer		
Mailing Address		Occupation		
City	State ZIP Code	Amount Guaranteed Outstanding:	9	
2. Full Name (Last, First, Middle Ini	ial)	Name of Employer		
Mailing Address		Occupation		
City	State ZIP Code	Amount Guaranteed Outstanding:	9	
3. Full Name (Last, First, Middle Ini	ial)	Name of Employer		
Mailing Address		Occupation		
City	State ZIP Code	Amount Guaranteed Outstanding:	y	
4. Full Name (Last, First, Middle Ini	ial)	Name of Employer		
Mailing Address		Occupation		
City	State ZIP Code	Amount Guaranteed Outstanding:	7	
UBTOTALS This Period This Page (optional)				
<b>COTALS</b> This Period (last page in this	line only)		, , , , , , ,	
Carry outstanding balance only to LIN	E 3, Schedule D, for this line	. If no Schedule D, carry forw	ard to appropriate line of Summary.	

**1mage# 15970334545** PAGE 11 / 19

### : 97 'A = G7 9 @ G B9 CI G'H9 LH F9 @ 5 H98 'HC '5 'F9 DC FHZ G7 < 98 I @ 'C F' + H9 A = N5 H+ C B

Form/Schedule: SC/10 Transaction ID: SC/10.4110

(Current loan amount of 46000.00 from a balance of 46000.00 has been forgiven)

Use separate schedule(s) for each category of the

FOR LINE NUMBER: (check only one)

**PAGE** 

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×	13a
	13b

19

Detailed Summary Page Transaction ID: SC/10.4107 NAME OF COMMITTEE (In Full) FRIENDS OF STEWART MILLS, INC. LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary STEWART C. MILLS III General Mailing Address Other (specify)  $\blacktriangledown$ 22849 OLD GOVERNMENT TRAIL State ZIP Code City MN 56468 **NISSWA** Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 82270.00 0.00 0.00 **TERMS** Date Incurred Date Due Interest Rate Secured: <sup>M</sup> 08<sup>M</sup> <sup>D</sup> 11 ž014 0.00 1/1/16 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount ZIP Code Guaranteed City State Outstanding: SUBTOTALS This Period This Page (optional)..... 0.00 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.

**1mage# 15970334547** PAGE 13 / 19

### : 97 A = G7 9 @ G B9 C I G H9 L H F 9 @ 5 H9 8 HC 5 F 9 D C F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: SC/10 Transaction ID: SC/10.4107

(Current loan amount of 82270.00 from a balance of 82270.00 has been forgiven)

Use separate schedule(s) for each category of the

FOR LINE NUMBER: (check only one)

**PAGE** 

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19

Detailed Summary Page Transaction ID: SC/10.4108 NAME OF COMMITTEE (In Full) FRIENDS OF STEWART MILLS, INC. LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary STEWART C. MILLS III ★ General Mailing Address Other (specify)  $\blacktriangledown$ 22849 OLD GOVERNMENT TRAIL State ZIP Code City MN 56468 **NISSWA** Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 50000.00 0.00 0.00 **TERMS** Date Incurred Date Due Interest Rate Secured: <sup>M</sup> 10<sup>M</sup> 06 ž014 0.00 1/1/16 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 0.00 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.

**1mage# 15970334549** PAGE 15 / 19

### : 97 'A = G7 9 @ G B9 CI G'H9 LH F9 @ 5 H98 'HC '5 'F9 DC FHZ G7 < 98 I @ 'C F' + H9 A = N5 H+ C B

Form/Schedule: SC/10 Transaction ID: SC/10.4108

(Current loan amount of 50000.00 from a balance of 50000.00 has been forgiven)

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

**PAGE** 

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	13b

19

(check only one) Detailed Summary Page Transaction ID: SC/10.4109 NAME OF COMMITTEE (In Full) FRIENDS OF STEWART MILLS, INC. LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary STEWART C. MILLS III ★ General Mailing Address Other (specify)  $\blacktriangledown$ 22849 OLD GOVERNMENT TRAIL State ZIP Code City MN 56468 **NISSWA** Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 25000.00 0.00 0.00 **TERMS** Date Incurred Date Due Interest Rate Secured: <sup>D</sup> 15 <sup>M</sup> 10<sup>M</sup> ž014 0.00 1/1/16 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount ZIP Code Guaranteed City State Outstanding: SUBTOTALS This Period This Page (optional)..... 0.00 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.

**1mage# 15970334551** PAGE 17 / 19

### : 97 'A = G7 9 @ G B9 CI G'H9 LH F9 @ 5 H98 'HC '5 'F9 DC FHZ G7 < 98 I @ 'C F' + H9 A = N5 H+ C B

Form/Schedule: SC/10 Transaction ID: SC/10.4109

(Current loan amount of 25000.00 from a balance of 25000.00 has been forgiven)

Use separate schedule(s)

FOR LINE NUMBER:

PAGE

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for each category of the **X** 13a (check only one) Detailed Summary Page 13b Transaction ID: SC/10.4102 NAME OF COMMITTEE (In Full) FRIENDS OF STEWART MILLS, INC. LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary STEWART C. MILLS III ★ General Mailing Address Other (specify)  $\blacktriangledown$ 22849 OLD GOVERNMENT TRAIL State ZIP Code City MN 56468 **NISSWA** Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 77950.87 0.00 0.00 **TERMS** Date Incurred Date Due Interest Rate Secured: <sup>M</sup> 10<sup>M</sup> <sup>D</sup>22 ž014 0.00 12/31/16 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount ZIP Code Guaranteed City State Outstanding: SUBTOTALS This Period This Page (optional)..... 0.00 TOTALS This Period (last page in this line only) ..... 0.00

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

**1mage# 15970334553** PAGE 19 / 19

### : 97 A = G7 9 @ G B9 C I G H9 L H F 9 @ 5 H9 8 HC 5 F 9 D C F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: SC/10 Transaction ID: SC/10.4102

(Current loan amount of 77950.87 from a balance of 77950.87 has been forgiven)