

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

Friends of Lenar

ADDRESS (number and street)

P.O. Box 66152

Check if different than previously reported. (ACC)

Washington

DC

20035

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C C00564138

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

LA

06

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

MM / DD / YYYY
11 / 04 / 2014

DD / YYYY

YYYY

in the State of

LA

(c) 30-Day POST-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

MM / DD / YYYY

DD / YYYY

YYYY

in the State of

5. Covering Period

MM / DD / YYYY
10 / 01 / 2014

DD / YYYY

YYYY

through

MM / DD / YYYY
10 / 15 / 2014

DD / YYYY

YYYY

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 David Satterfield

Signature of Treasurer David Satterfield

[Electronically Filed]

Date

MM / DD / YYYY
10 / 23 / 2014

DD / YYYY

YYYY

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

Write or Type Committee Name

Friends of Lenar

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))....	6750.00	180890.98
(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)).....	6750.00	180890.98
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	22039.21	201135.67
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	1500.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	22039.21	199635.67
8. Cash on Hand at Close of Reporting Period (from Line 27).....	5612.62	
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).....	43244.62	

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

Friends of Lenar

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).....	6500.00	171150.00
(ii) Unitemized.....	250.00	8240.98
(iii) TOTAL of contributions from individuals ▶	6750.00	179390.98
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	1500.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	6750.00	180890.98
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	24357.30
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	24357.30
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	1500.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	0.01
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	6750.00	206748.29

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	22039.21	201135.67
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) ▶	22039.21	201135.67

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	20901.83
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	6750.00
25. SUBTOTAL (add Line 23 and Line 24).....	27651.83
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	22039.21
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	5612.62

**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 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Friends of Lenar

A. Full Name (Last, First, Middle Initial)
Carleton Casey

Mailing Address 503 CENTRAL AVE

City Houma State LA Zip Code 70364-3015

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

Name of Employer Buquet Distributing Co., Inc. Occupation General Manager

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 13 / 2014

Transaction ID : AC04F07AB4DAB4A94AFA

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
Hilton Michel

Mailing Address 12 Asphodel Ave.

City Houma State LA Zip Code 70360-7930

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

Name of Employer Michel Hilton & Associates Inc Occupation Financial Planner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 14 / 2014

Transaction ID : A36F1B8B8ACFD49A3AAB

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
Elizabeth Gil

Mailing Address PO Box 157

City Patterson State LA Zip Code 70392-0157

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 12 / 2014

Transaction ID : AC66DC66E0D804911BD5

Amount of Each Receipt this Period
 2500.00

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

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

4500.00

**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)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Friends of Lenar

A. Full Name (Last, First, Middle Initial)
Lisa Gros

Mailing Address 2018A Hwy. 70 S.

City Pierre Part State LA Zip Code 70339-4647

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 13 / 2014

Transaction ID : AF5A40DB9124C49CDB13

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Wayne Smith

Mailing Address 242 Lake Crescent Cir.

City Houma State LA Zip Code 70360-7909

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

Name of Employer Information Requested Occupation Information Requested
 Petroleum Laboratories Inc. President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 13 / 2014

Transaction ID : A4111EE22D9BB4D5FA24

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Gwen Chauvin

Mailing Address 401 St. George Rd.

City Schriever State LA Zip Code 70395-4309

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 13 / 2014

Transaction ID : A34831CCEFA3F4DB3AE0

Amount of Each Receipt this Period
1000.00

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

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

2000.00

6500.00

**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 12			
	<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)
Friends of Lenar

Full Name (Last, First, Middle Initial) A. Community Press, LLC		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2014
Mailing Address 910 N. Foster Dr.		Amount of Each Disbursement this Period 1080.00 Transaction ID : B9D59EB6E0A284A219C6
City Baton Rouge	State LA	
Zip Code 70806-1807	Purpose of Disbursement Advertising Expense	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Wendel Printing Inc		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2014
Mailing Address 5700 Hayne Blvd		Amount of Each Disbursement this Period 2360.94 Transaction ID : B9DB6F3AEC34C48EDA21
City New Orleans	State LA	
Zip Code 70126-1252	Purpose of Disbursement Printing Expense	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Brandon Verdun		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2014
Mailing Address 113 Singleton St		Amount of Each Disbursement this Period 1747.50 Transaction ID : BF4C9534360CF466983E
City Thibodaux	State LA	
Zip Code 70301-2337	Purpose of Disbursement Payroll	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	5188.44
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			
	<input checked="" type="checkbox"/> 17 <input 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)
Friends of Lenar

Full Name (Last, First, Middle Initial) A. Alissa Batts		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2014
Mailing Address P.O. Box 12		Amount of Each Disbursement this Period 600.00 Transaction ID : BF94C34FCDB874F5681B
City Addis State LA Zip Code 70710-0012	Purpose of Disbursement Payroll	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Hannah Lasyone		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2014
Mailing Address 6089 Twin Bridges Rd		Amount of Each Disbursement this Period 800.00 Transaction ID : B7E3E760833364339A4E
City Alexandria State LA Zip Code 71303-7710	Purpose of Disbursement Payroll	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Putting America Back on the Right Trak		Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2014
Mailing Address 727 High Street		Amount of Each Disbursement this Period 9166.63 Transaction ID : B03036C2D6B5841FB9EC
City Houma State LA Zip Code 70360-4711	Purpose of Disbursement Sign Installation, Postage for Direct Mail	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	10566.63
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 9 OF 12	
	<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)
Friends of Lenar

Full Name (Last, First, Middle Initial) A. Mrs. Hannah Dake Pickle		Date of Disbursement M M / D D / Y Y Y Y 10 / 13 / 2014
Mailing Address 1525 North Bertrand Drive		Amount of Each Disbursement this Period 1800.00 Transaction ID : BD0F3034B366F4417AEE
City Lafayette State LA Zip Code 70506-2109	Purpose of Disbursement Payroll	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Stripe		Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2014
Mailing Address 3180 18th Street, Suite 100		Amount of Each Disbursement this Period 3.46 Transaction ID : B193D41562BA94E7DA7A
City San Francisco State CA Zip Code 94110-2043	Purpose of Disbursement Credit Card Processing Fees	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Brave New Television		Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2014
Mailing Address 13716 Shady Hollow		Amount of Each Disbursement this Period 4000.00 Transaction ID : BA44D0FEEFE304B08A0F
City Denham Springs State LA Zip Code 70726-8822	Purpose of Disbursement Media Placement	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	5803.46
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 10 OF 12		
	<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)
Friends of Lenar

Full Name (Last, First, Middle Initial) A. Mrs. Hannah Dake Pickle		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2014
Mailing Address 1525 North Bertrand Drive		Amount of Each Disbursement this Period 236.01 Transaction ID : BBEC34E92671444AA816
City Lafayette State LA Zip Code 70506-2109	Purpose of Disbursement Expense Reimbursement (Itemization Below Threshold)	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <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	
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.		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).....	236.01
TOTAL This Period (last page this line number only).....	21794.54

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)
Friends of Lenar

Transaction ID : CBD75A25D930F455EA8A

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

Lenar Whitney

[PERSONAL FUNDS]

Election: 2014

Primary
 General
 Other (specify) ▼

Mailing Address
P.O. Box 66152

City State ZIP Code
Washington DC 20035-6152

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
24357.30 0.00 24357.30

TERMS

Date Incurred Date Due Interest Rate Secured:
M M / D D / Y Y Y Y M M / D D / Y Y None 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)..... ▶ 24357.30
TOTALS This Period (last page in this line only)..... ▶ 24357.30

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

NAME OF COMMITTEE (In Full)
Friends of Lenar

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Putting America Back on the Right Trak		Nature of Debt (Purpose): Sign Materials & Installation, Printing, Media Production
Mailing Address 727 High Street		
City State Zip Code Houma LA 70360-4711		

Outstanding Balance Beginning This Period		Transaction ID : DB1AE9B00943C4FBDA55	
0.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
18887.32	0.00	18887.32	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of Debt (Purpose):
Mailing Address		
City State Zip Code		

Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of Debt (Purpose):
Mailing Address		
City State Zip Code		

Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

1) SUBTOTALS This Period This Page (optional)	▶	18887.32
2) TOTALS This Period (last page this line number only)	▶	18887.32
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	▶	24357.30
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶		43244.62