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FE5AN018

FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

---- OCT 22 PM 12: 54

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1. NAME OF COMMITTEE (TYPE OR PF	RINT ▼		ample: If typing or the lines.	g, type	12FE4M5	AIL CENTER
LAMAR STE	RNAD FOR CONG	RESS		1 1 1 1 1 .		. · 	
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-	FICATION NUMBER		CITY			STATE A	ZIP CODE
C 00505	529	3. IS		NEW		AMEND	
		RE	PORT	(N)	OR ———	(A)	
•	EPORT (Choose One)	(b) 12-	Day PRE -	Election Repo	rt for the:		
(a) Quarterly	Reports:			Primary (12P)		General (1	2G) Runoff (12R)
April	15 Quarterly Report (Q1)			riiilaly (12r)	' <u>L</u>	크 General (17	ZG) Hulloli (12H)
lulv	15 Quarterly Report (Q2)			Convention (1	12C)	Special (12	28)
	ber 15 Quarterly Report (Q3) EI	ection on	M M /	D D /		in the State of
Janu	ary 31 Year-End Report (YE	(c) 30-	Day POS	T-Election Rep	ort for the:	· · ·	
				General (30G) [Runoff (30	R) Special (30S)
Term	ination Report (TER)	E	ection on	M M /	000/		in the State of
5. Covering Period	od ("07") ' ("01°	/ 2012	<u>2</u> **** (through	" eo"	/ 30° /	2012 * * *
I certify that I have	e examined this Report an	- 11	-	owledge and I	belief it is ti	ue, correct and	complete.
Type or Print Nam	e of Treasurer	L/Sterna	d				
Signature of Treas	urer				(Date Mo	/ [4] / [2012 [*] *
NOTE: Submission	of false, erroneous, or incom	nplete informa	ation may	subject the per	son signing	this Report to th	ne penalties of 2 U.S.C. §437g.
Office							
Use							FEC FORM 3 (Revised 02/2003)

M 20309236

SUMMARY PAGE

of Receipts and Disbursements

Page 2

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name LAMAR STERNAD FOR CONGRESS

From:





To:







		COLUMN A This Period	COLUMN B Election Cycle-to-Date
3.	Net Contributions (other than loans)		
	(a) Total Contributions (other than loans) (from Line 11(e))		
	(b) Total Contribution Refunds (from Line 20(d))		
	(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))		
7.	Net Operating Expenditures		
	(a) Total Operating Expenditures (from Line 17)		
	(b) Total Offsets to Operating Expenditures (from Line 14)		
	(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))		
3.	Cash on Hand at Close of Reporting Period (from Line 27)		
).	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		
0.	Debts and Obligations Owed BY the Committee (Itemize all on 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

Page 3

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

LAMAR STERNAD FOR CONGRESS

Report Covering the Period:

From:







To:







I. RECEIPTS 11. CONTRIBUTIONS (other than loans) FROM:		COLUMN A Total This Period	COLUMN B Election Cycle-to-Date	
	(a) Individuals/Persons Other Than			
	Political Committees			
	(i) Itemized (use Schedule A)			
	(ii) Unitemized			
	(iii) TOTAL of contributions			
	from individuals			
	(b) Political Party Committees			
	(c) Other Political Committees			
	(such as PACs)			
	(d) The Candidate			
	(e) TOTAL CONTRIBUTIONS			
	(other than loans)			
	(add Lines 11(a)(iii), (b), (c), and (d))			
2	TRANSFERS FROM OTHER			
٠.	AUTHORIZED COMMITTEES			
	7.61116111225			
3.	LOANS:	•		
-	(a) Made or Guaranteed by the			
	Candidate		d n 48 n n 68 n n m	
	(b) All Other Loans			
	(c) TOTAL LOANS			
	(add Lines 13(a) and (b))			
<u> </u>	OFFSETS TO OPERATING			
→.	EXPENDITURES			
	(Refunds, Rebates, etc.)			
5.	OTHER RECEIPTS			
	(Dividends, Interest, etc.)			
6.	TOTAL RECEIPTS (add Lines			
	11(e), 12, 13(c), 14, and 15)			
	(Carry Total to Line 24, page 4)			

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3 (Revised 02/2003)

Page 4

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

PAGE 5 of 16 FOR LINE NUMBER: Use separate schedule(s) (check only one) X 17 18 19a 20b 20c

for each category of the ITEMIZED DISBURSEMENTS 19b **Detailed Summary Page** 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) AMAR STERNAD FOR CONGRESS Full Name (Last, First, Middle Initial) **Date of Disbursement** Mailing Address City State Zip Code Amount of Each Disbursement this Period Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Disbursement For: Senate **Primary** General Other (specify) **President** State: District: Full Name (Last, First, Middle Initiai) Date of Disbursement В. Mailing Address City State Zip Code Amount of Each Disbursement this Period Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Disbursement For: **Primary** Senate General Other (specify) President State: District: Full Name (Last, First, Middle Initial) Date of Disbursement C. Mailing Address City State Zip Code Amount of Each Disbursement this Period Purpose of Disbursement Candidate Name Category/ Type Disbursement For: Office Sought: House **Primary** General Senate President Other (specify) District: State SUBTOTAL of Disbursements This Page (optional).....

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

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or	NAME OF COMMI	rposes, other than us	sing the name and a	ay not be sold or address of any pol	used by any itical committ	person for the purpo se to solicit cantribut	se of soliciting contributions tions from such committee.
Full Name (Last, First, Middle Initial) A.					Date of Disbu	rsement	
	Mailing Address						
	City		State	Zip Code			ch Disbursement this Period
	Purpose of Disburs Candidate Name	sement					<u> </u>
		, , , , , , , , , , , , , , , , , , , 			Category/ Type		
	Office Sought:	House Senate President	Disbursement For Primary Other (s	General			
_	State: Full Name (Last, F	District: First, Middle Initial)					
В.				Date of Disbu	rsement		
	Mailing Address						
	City		State	Zip Code			ch Disbursement this Period
	Purpose of Disbur Candidate Name	sement			Category, Type		
	Office Sought:	House Senate President District:	Disbursement For Primary Other (s	General			
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C.							o o / Y Y Y Y Y
	Mailing Address						
	City		State Zi	p Code			ch Disbursement this Period
	Purpose of Disbursement			=	LUAN S. MA. T. S. LAN		
	Candidate Name				Category Type	,	
	Office Sought:	House Senate President	Disbursement For Primary Other (s	General	•		
_	State:	District:		• • • • • • • • • • • • • • • • • • • •			
s	SUBTOTAL of Disb	ursements This Page	(optional)				

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

16 FOR LINE NUMBER: PAGE OF Use separate schedule(s) (check only one) for each category of the X 17 19b 18 19a Detailed Summary Page 20a 20b 20c 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 nommittee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) LAMAR STERNAD FOR CONGRESS Full Name (Last, First, Middle Initial) **Date of Disbursement** Mailing Address City State Zip Code Amount of Each Disbursement this Period Purpose of Disbursement Candidate Name Category/ Type Office Sought: Disbursement For: House Senate **Primary** General Other (specify) President State: District: Full Name (Last, First, Middle Initial) Date of Disbursement В. Mailing Address City State Zip Code Amount of Each Disbursement this Period Purpose of Disbursement Candidate Name Category/ Type Office Sought: Disbursement For: House **Primary** Senate General President Other (specify) District: State: Full Name (Last, First, Middle Initial) Date of Disbursement C. Mailing Address City State Zip Code Amount of Each Disbursement this Period Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Disbursement For:

General

Primary Other (specify)

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

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

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FEC Schedule B (Form 3) (Revised 02/2009)

State:

Senate

District:

President

PAGE 8 of FOR LINE NUMBER: Use separate schedule(s) (check only one) X 17 18 19a 20a 20h 200

for each category of the ITEMIZED DISBURSEMENTS 19b **Detailed Summary Page** 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) AMAR STERNAD FOR CONGRESS. Full Name (Last, First, Middle Initial) **Date of Disbursement** Mailing Address City State Zip Code Amount of Each Disbursement this Period **Purpose of Disbursement** Candidate Name Category/ Type Office Sought: Disbursement For: House General Senate **Primary** President Other (specify) State: District: Full Name (Last, First, Middle Initial) Date of Disbursement В. Mailing Address City State Zip Code Amount of Each Disbursement this Period Purpose of Disbursement Candidate Name Category/ Type Office Sought: Disbursement For: House Senate **Primary** General Other (specify) **President** State: District: Full Name (Last, First, Middle Initial) Date of Disbursement C. Mailing Address City State Zip Code Amount of Each Disbursement this Period Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Disbursement For: Senate **Primary** General Other (specify) President State: District: SUBTOTAL of Disbursements This Page (optional)..... 7 X 7 X 1X51 7 4X1 7

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

PAGE 9 OF FOR LINE NUMBER: Use separate schedule(s) (check only one)

ITEMIZED DISBURSEMENTS			for each category of the Detailed Summary Page		X 17 18 19a 19b 20a 20b 20c 21
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/	NAME OF COMMI	TTEE (In Full)			
2	LAMAR STE	RNAD FOR CONGRESS	•	•	
	Full Name (Last, Fi	rst, Middle Initial)			
A.					Date of Disbursement
	Mailing Address				Way / Bab / Androy
	City	State	Zip Code		Amount of Each Disbursement this Period
	Purpose of Disburs	sement			
	Candidate Name		Catego Type		
	Office Sought:	House Disbursement For			
		Senate Primary	L		
	State:	President Other (s	specify)		
	Full Name (Last, Fi				
В.	B				Date of Disbursement
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	City	State	Zip Code		Amount of Each Disbursement this Period
	Purpose of Disburs	sement		司	
	Candidate Name		Catego Type		
	Office Sought:	House Disbursement For	: _		
		Senate Primary President Other (s	<u> </u>		
	State:	President Other (s	pacity)		
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C.					Date of Disbursement
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	Purpose of Disburs	sement	The state of the s		
	Candidate Name		Catego Type	iry/	
	Office Sought:	House Disbursement Fo			
		Senate Primary President Other (s			
	State:	District:			
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SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

NAME OF COMMITTEE (In Full)

PAGE 10 OF 16 FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the 17 X 19a 19b 18 Detailed Surumary Page 20a 20b 20c 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. LAMAR STERNAD FOR CONGRESS

	Full Name (Last, First, Middle Initial)		
١.			Date of Disbursement
	Mailing Address		MAM , DIG , ALACACA
	City State Zip Code		Amount of Each Disbursement this Period
	Purpase of Disbursement	7	
	Candidate Name Categor Type	egory/	
	Office Sought: House Senate President Disbursement For: Primary General Other (specify)		
	State: District:	-	
	Full Name (Last, First, Middle Initial)		Data of Bishousessant
3.			Date of Disbursement
	Mailing Address		M / D / V V V V
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	Purpose of Disbursement		
	Purpose of Dispursement		
	Candidate Name Categor Type		
	Office Sought: Disbursement For:		
	Senate Primary General President Other (specify)		
	State: District:	i	
	Full Name (Last, First, Middle Initial)		
•			Date of Disbursement
٠.			[MvM] , [DvD] , [AvAvAvA]
	Mailing Address		
	City State Zip Code		Amount of Each Disbursement this Period
	Purpose of Disbursement		
	Candidate Name Categor Type	iry/	
	Office Sought: House		
•	SUBTOTAL of Disbursements This Page (optional)		
	FOTAL This Period (last page this line number only)		

PAGE 11 OF 16

OANS	for each category of the Detailed Suremary Page FOR LINE NUMBER: (check only one) X 13a 13b						
NAME OF COMMITTEE (In Full) LAMAR STERNAD FOR CONGRESS							
LOAN SOURCE Full Name (Last, First, Middle Initial)	Election: Primary General						
Mailing Address	Other (specify) ▼						
City State ZIP Cod	de						
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Period						
	Interest Rate Secured: W (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 Amount						
City State ZIP Code	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) TOTALS This Period (last page in this line only)	SUBTOTALS This Period This Page (optional)						
Carry outstanding balance only to LINE 3, Schedule D, for this line. If r	no Schedule D, carry forward to appropriate line of Summary.						

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Use separate schedule(s) FOR LINE NUMBER

PAGE 12 OF 16

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OANS			category of the Summary Page	(check only one)	X 13a 13b
IAME OF COMMITTEE (IN F	•				
	me (Last, First, Middle Initial)		Ele	ection:	
Mailing Address				General Other (specify) ▼	
City	State	ZIP Code			
Original Amount of Loan	Cumulative P	ayment To Date		Outstanding at Close of	
TERMS Date Incu	A A A A A A A A A A A A A A A A A A A	Date Due	Interest Rate	Secur	
List All Endorsers or Gu	uarantors (if any) to Loan Source)			<u>es N</u>
1. Full Name (Last, First		Name of Er	nployer		
Mailing Address		Occupation			
City	State ZIP Code	Amount Guaranteed Outstanding	11	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	
2. Full Name (Last, First,	Middle Initial)	Name of Er	mployer		
Mailing Address		Occupation			
City	State ZIP Code	Amount Guaranteed Outstanding			<u></u>
3. Full Name (Last, First,	Middle Initial)	Name of E	mployer		
Mailing Address		Occupation			
City	State ZIP Code	Amount Guaranteed Outstanding	u	, , , , , , , , , , , , , , , , , , ,	-
4. Full Name (Last, First,	Middle Initial)	Name of E	mployer		
Mailing Address		Occupation	1		
City	State ZIP Code	Amount Guaranteec Outstanding	V		
	nis Page (optional)				
TOTALS This Period (last p	age in this line only)		▶	~	
Carry outstanding balance	only to LINE 3, Schedule D, for the	nis line. If no Schedule	D, carry forward	l to appropriate line of	Summary

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Use separate schedule(s) FOR LINE NUMBER:

PAGE 13 OF 16

DANS		for each category of the Detailed Summary Page	(check only one) X 13a
AME OF COMMITTEE (In Full) AMAR STERNAD FOR	CONGRESS		
LOAN SOURCE Full Name (L	ast, First, Middle Initial)		Election: Primary General
Mailing Address			Other (specify)
City	State ZIP	Code	
Original Amount of Loan	Cumulative Payment		ce Outstanding at Close of This Period
Date Incurred	Date D	Due Interest Rate	Secured: % (apr) Yes No
List All Endorsers or Guaran 1. Full Name (Last, First, Mic		Name of Employer	
Mailing Address		Occupation	*****
City	State ZIP Code	Guaranteed	
2. Full Name (Last, First, Mide	le Initial)	Name of Employer	
Mailing Address		Occupation	4.47
City	State ZIP Code	Guaranteed	
3. Full Name (Last, First, Mide	de Initial)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	
4. Full Name (Last, First, Mid-	de Initial)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	
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Use separate schedule(s)

PAGE 14 OF 16

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DANS	for each category of the Detailed Summary Page Check only one X 13a 13b 1		
AME OF COMMITTEE (In Full) _AMAR STERNAD FOR CONGRESS	, , , , , , , , , , , , , , , , , , , ,		
LOAN SOURCE Full Name (Last, First, Middle Initial)	Election: Primary General		
Mailing Address	Other (specify) ▼		
City State ZIP Code			
Original Amount of Loan Cumulative Payment To D	Balance Outstanding at Close of This Period		
Date Incurred Date Due M 'M ' D ' D ' Y ' Y ' Y ' Y ' Y ' Y ' Y ' Y	Interest Rate Secured: YYYYY (apr) Yes No		
List All Endorsers or Guarantors (if any) to Loan Source			
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)			
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.			

Use separate schedule(s)

PAGE 15 OF 16 FOR LINE NUMBER:

DANS		Detailed Suramary Page	(check only one)	13a 13b
AME OF COMMITTEE (In Fu				
AMAR STERNAD FO	DR CONGRESS			
LOAN SOURCE Full Nam	e (Last, First, Middle Initial)		Election: Primary General	
Mailing Address			Other (specify)	
City	State ZIP	Code	W. (1992 - 1	
Original Amount of Loan	Cumulative Paymen		nce Outstanding at Close of	This Period
TERMS Date Incurre	M M / D D /		Secure % (apr)	
1. Full Name (Last, First,	arantors (if any) to Loan Source Middle Initial)	Name of Employer	, ,-,-,-,-	
Mailing Address		Occupation		
			·	
City	State ZIP Code	Amount Guaranteed Outstanding:		
2. Full Name (Last, First, N	Middle Initial)	Name of Employer		
Mailing Address	_	Occupation		
City	State ZIP Code	Amount Guaranteed Outstanding:		
3. Full Name (Last, First, N	Middle Initial)	Name of Employer		
Mailing Address	****	Occupation		
City	State ZIP Code	Amount Guaranteed Outstanding:		
4. Full Name (Last, First, I	Middle Initial)	Name of Employer		
Mailing Address		Occupation		
City	State ZIP Code	Amount Guaranteed Outstanding:		
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Carry outstanding balance o	nly to LINE 3. Schedule D. for this line	. If no Schedule D. carry forw	ard to appropriate line of S	Summary.

PAGE 16 OF 16

DANS	for each category of the Detailed Suramary Page Check only one X 13a 13b 13b
AME OF COMMITTEE (In Full) AMAR STERNAD FOR CONGRESS	
LOAN SOURCE Full Name (Last, First, Middle Initial)	Election: Primary General
Mailing Address	Other (specify) ▼
City State ZIP Code	
Original Amount of Loan Cumulative Payment To D	
Date Incurred Date Due M M / D D / Y V Y V Y V M M M / D D / Y U Y U Y U Y U Y U Y U Y U Y U Y U Y	Interest Rate Secured: W (apr) Yes No
List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial)	Name of Employer
1. Full Harrie (East, First, Middle Initial)	Name of Employer
	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
	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) FOTALS 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

(3/2005)

Federal Election Commission **ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS** The FEC added this page to the end of this filing to indicate how it was received. **Date of Receipt Hand Delivered Postmarked USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified **Postmarked USPS Priority Mail** Delivery Confirmation™ or Signature Confirmation™ Label Postmarked **USPS Express Mail** Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): **Next Business Day Delivery** Date of Receipt Received from House Records & Registration Office **Date of Receipt** Received from Senate Public Records Office **Date of Receipt** Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify):