



**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name  
**Jim Tracy for Congress**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e))....	0.00	1517121.57
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	175050.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	0.00	1342071.57
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) .....	-385.40	1337868.28
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	250.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	-385.40	1337618.28
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	385.40	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	0.00	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	0.00	

**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)

Write or Type Committee Name

**Jim Tracy for Congress**

Report Covering the Period: From:  /  /  To:  /  /

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0.00	1201426.90
(ii) Unitemized.....	0.00	66646.00
(iii) TOTAL of contributions from individuals ▶	0.00	1268072.90
(b) Political Party Committees.....	0.00	1000.00
(c) Other Political Committees (such as PACs).....	0.00	234621.00
(d) The Candidate.....	0.00	13427.67
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	0.00	1517121.57
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	0.00	50000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	50000.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	250.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	0.00	1567371.57

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	-385.40	1337868.28
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	161000.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	14050.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	175050.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	-385.40	1512918.28

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	0.00
25. SUBTOTAL (add Line 23 and Line 24).....	0.00
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	-385.40
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	385.40

**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 5 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)  
**Jim Tracy for Congress**

Full Name (Last, First, Middle Initial) <b>A. THE STONERIDGE GROUP LLC</b>			Date of Disbursement M M / D D / Y Y Y Y <b>08 / 18 / 2015</b>
Mailing Address <b>4400 NORTH POINT PKWY STE 190</b>			Amount of Each Disbursement this Period <b>-359.40</b>
City <b>ALPHARETTA</b>	State <b>GA</b>	Zip Code <b>30022</b>	Transaction ID : <b>SB.2</b>
Purpose of Disbursement <b>VOID CHECK - WEB SERVICE</b>		Category/ Type	
Candidate Name			INVOICE PAID IN ERROR
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>B. TIMES GAZETTE</b>			Date of Disbursement M M / D D / Y Y Y Y <b>08 / 18 / 2015</b>
Mailing Address <b>323 EAST DEPOT ST PO BOX 380</b>			Amount of Each Disbursement this Period <b>-504.38</b>
City <b>SHELBYVILLE</b>	State <b>TN</b>	Zip Code <b>37162</b>	Transaction ID : <b>SB.12</b>
Purpose of Disbursement <b>VOID CHECK SEE REISSUE ON 9/9</b>		Category/ Type	
Candidate Name			
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>C. TIMES GAZETTE</b>			Date of Disbursement M M / D D / Y Y Y Y <b>09 / 09 / 2015</b>
Mailing Address <b>323 EAST DEPOT ST PO BOX 380</b>			Amount of Each Disbursement this Period <b>504.38</b>
City <b>SHELBYVILLE</b>	State <b>TN</b>	Zip Code <b>37162</b>	Transaction ID : <b>SB.21</b>
Purpose of Disbursement <b>MEDIA</b>		Category/ Type	
Candidate Name			
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:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>-359.40</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>-359.40</b>

**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 6 OF 12			
	<input type="checkbox"/> 17 <input checked="" 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)  
**Jim Tracy for Congress**

Full Name (Last, First, Middle Initial) <b>A. ANDY ADAMS</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 09 / 2015
Mailing Address 801 MOORELAND LN.		Amount of Each Disbursement this Period 2400.00
City MURFREESBORO	State TN	
Zip Code 37128	Purpose of Disbursement GENERAL CONTRIBUTION REFUND	Transaction ID : SB.13
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>B. ANDY ADAMS</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 18 / 2015
Mailing Address 801 MOORELAND LN.		Amount of Each Disbursement this Period -2400.00
City MURFREESBORO	State TN	
Zip Code 37128	Purpose of Disbursement VOID CHECK SEE REISSUE ON 9/9	Transaction ID : SB.6
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>C. KAREN ADAMS</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 09 / 2015
Mailing Address 801 MOORELAND LN.		Amount of Each Disbursement this Period 2400.00
City MURFREESBORO	State TN	
Zip Code 37128	Purpose of Disbursement GENERAL CONTRIBUTION REFUND	Transaction ID : SB.18
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2400.00
<b>TOTAL</b> 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 7 OF 12			
	<input type="checkbox"/> 17 <input checked="" 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)  
**Jim Tracy for Congress**

Full Name (Last, First, Middle Initial) <b>A. KAREN ADAMS</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 18 / 2015
Mailing Address 801 MOORELAND LN.		Amount of Each Disbursement this Period -2400.00
City MURFREESBORO	State TN	
Zip Code 37128	Purpose of Disbursement VOID CHECK SEE REISSUE ON 9/9	Transaction ID : SB.9
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>B. R. MURRAY HATCHER</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 18 / 2015
Mailing Address 205 POWELL PL.		Amount of Each Disbursement this Period -2400.00
City BRENTWOOD	State TN	
Zip Code 37027	Purpose of Disbursement VOID CHECK SEE REISSUE ON 9/9	Transaction ID : SB.10
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>C. R. MURRAY HATCHER</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 09 / 2015
Mailing Address 205 POWELL PL.		Amount of Each Disbursement this Period 2400.00
City BRENTWOOD	State TN	
Zip Code 37027	Purpose of Disbursement GENERAL CONTRIBUTION REFUND	Transaction ID : SB.19
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	-2400.00
<b>TOTAL</b> 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 type="checkbox"/> 17 <input checked="" 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)  
**Jim Tracy for Congress**

Full Name (Last, First, Middle Initial) <b>A. JOHN R. INGRAM</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 09 / 2015		
Mailing Address P.O. BOX 50058			Amount of Each Disbursement this Period 2400.00		
City NASHVILLE	State TN	Zip Code 37205	Transaction ID : SB.16		
Purpose of Disbursement GENERAL CONTRIBUTION REFUND		Category/ Type			
Candidate Name					
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>B. JOHN R. INGRAM</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 18 / 2015		
Mailing Address P.O. BOX 50058			Amount of Each Disbursement this Period -2400.00		
City NASHVILLE	State TN	Zip Code 37205	Transaction ID : SB.7		
Purpose of Disbursement VOID CHECK SEE REISSUE ON 9/9		Category/ Type			
Candidate Name					
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>C. GARY R. KING</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 09 / 2015		
Mailing Address P.O. BOX 607			Amount of Each Disbursement this Period 1000.00		
City SHELBYVILLE	State TN	Zip Code 37162	Transaction ID : SB.15		
Purpose of Disbursement GENERAL CONTRIBUTION REFUND		Category/ Type			
Candidate Name					
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:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1000.00
<b>TOTAL</b> 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 type="checkbox"/> 17 <input checked="" 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)  
**Jim Tracy for Congress**

Full Name (Last, First, Middle Initial) <b>A. GARY R. KING</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 18 / 2015
Mailing Address P.O. BOX 607		Amount of Each Disbursement this Period -1000.00
City SHELBYVILLE	State TN	
Zip Code 37162	Purpose of Disbursement VOID CHECK SEE REISSUE ON 9/9	Category/ Type
Candidate Name	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>B. JOHN TOMLINSON</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 09 / 2015
Mailing Address 12104 HOFFMAN ST #306		Amount of Each Disbursement this Period 500.00
City STUDIO CITY	State CA	
Zip Code 91604	Purpose of Disbursement GENERAL CONTRIBUTION REFUND	Category/ Type
Candidate Name	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>C. JOHN TOMLINSON</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 18 / 2015
Mailing Address 12104 HOFFMAN ST #306		Amount of Each Disbursement this Period -500.00
City STUDIO CITY	State CA	
Zip Code 91604	Purpose of Disbursement VOID CHECK SEE REISSUE ON 9/9	Category/ Type
Candidate Name	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	-1000.00
<b>TOTAL</b> 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 type="checkbox"/> 17 <input checked="" 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)  
**Jim Tracy for Congress**

Full Name (Last, First, Middle Initial) <b>A. DELTA WHOLESALE LIQUORS</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 18 / 2015		
Mailing Address 802 ROZELLE ST			Amount of Each Disbursement this Period -350.00		
City MEMPHIS	State TN	Zip Code 38104	Transaction ID : SB.1		
Purpose of Disbursement VOID CHECK SEE REISSUE ON 9/9		Category/ Type			
Candidate Name					
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>B. DELTA WHOLESALE LIQUORS</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 09 / 2015		
Mailing Address 802 ROZELLE ST			Amount of Each Disbursement this Period 350.00		
City MEMPHIS	State TN	Zip Code 38104	Transaction ID : SB.14		
Purpose of Disbursement CONTRIBUTION REFUND		Category/ Type			
Candidate Name					
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>C.</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		Category/ Type			
Candidate Name					
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:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	0.00

# 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)  
**Jim Tracy for Congress**

Transaction ID : **SC.10**

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
**JIM TRACY**

**[PERSONAL FUNDS]**

Election: 2014

Primary  
 General  
 Other (specify) ▼

Mailing Address  
PO BOX 332490

City State ZIP Code  
MURFREESBORO TN 37133

CANDIDATE LOAN FROM PERSONAL FUNDS

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
50000.00	50000.00	0.00

**TERMS**

Date Incurred: M 07 / D 03 / Y 2014  
 Date Due: M M / D D / ON DEMAND  
 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: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....	[ ] 0.00
<b>TOTALS</b> 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.

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SC/10

Transaction ID : SC.10

CANDIDATE LOAN FROM PERSONAL FUNDS

Form/Schedule:

Transaction ID: