

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2013"/>		410899.37
(b) Cash on Hand at Beginning of Reporting Period.....	496588.44	
(c) Total Receipts (from Line 19)	8363.08	116635.43
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	504951.52	527534.80
7. Total Disbursements (from Line 31).....	25647.73	48231.01
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	479303.79	479303.79
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	197.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

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

Write or Type Committee Name

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	6425.00	101260.00
(ii) Unitemized	1925.00	15313.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	8350.00	116573.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	8350.00	116573.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	13.08	62.43
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	8363.08	116635.43
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	8363.08	116635.43

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	24647.73	33231.01
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	24647.73	33231.01
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1000.00	15000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. 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 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	25647.73	48231.01
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	25647.73	48231.01

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	8350.00	116573.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	8350.00	116573.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	24647.73	33231.01
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	24647.73	33231.01

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

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

FOR LINE NUMBER: PAGE 6 OF 15
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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)
AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)
A. Richard Beninger

Mailing Address 5002 Foote Rd

City State Zip Code
 Medina OH 44256-5396

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

Name of Employer Occupation
 Beninger Schween and Schmidt Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 16 / 2013
Transaction ID : SA11AI.24572

Amount of Each Receipt this Period
 250.00

Full Name (Last, First, Middle Initial)
B. Dr. Paul Bocciarelli

Mailing Address 506 Cromwell Ave.

City State Zip Code
 Rocky Hill CT 06067

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

Name of Employer Occupation
 Rocky Hill Medical Arts Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 13 / 2013
Transaction ID : SA11AI.24584

Amount of Each Receipt this Period
 250.00

Full Name (Last, First, Middle Initial)
C. Mark Burye

Mailing Address 1150 E Sherman Blvd
 Ste 1600

City State Zip Code
 Muskegon MI 49444

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

Name of Employer Occupation
 West Shore OMS Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 16 / 2013
Transaction ID : SA11AI.24601

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 750.00

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

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

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

FOR LINE NUMBER: PAGE 7 OF 15
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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)
AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)
A. Samuel D'Arco

Mailing Address 519 Stevens Creek Rd

City State Zip Code
 Martinez GA 30907

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

Name of Employer Occupation
 Augusta Oral Surgery Specialis Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 13 / 2013
Transaction ID : SA11AI.24593

Amount of Each Receipt this Period
 1000.00

Full Name (Last, First, Middle Initial)
B. Richard D'Innocenzo

Mailing Address 9 Hunter Ln

City State Zip Code
 Medway MA 02053

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

Name of Employer Occupation
 Boston Univ School of Dental M Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 13 / 2013
Transaction ID : SA11AI.24578

Amount of Each Receipt this Period
 250.00

Full Name (Last, First, Middle Initial)
C. Christopher Durham

Mailing Address 1002 N Church St
 Ste 100

City State Zip Code
 Greensboro NC 27401

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

Name of Employer Occupation
 W M Brown Jr Oral Maxillofacia Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 16 / 2013
Transaction ID : SA11AI.24609

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 15
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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)
AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. Joseph Finelli		Date of Receipt
Mailing Address 5109 W Genesee St Suite 101		<input type="text" value="05"/> / <input type="text" value="13"/> / <input type="text" value="2013"/>
City Camillus	State NY	Zip Code 13031
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.24568
Name of Employer Joseph F Finelli Jr DDS PC		Amount of Each Receipt this Period
Occupation Oral Surgeon		<input type="text" value="250.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="250.00"/>		

Full Name (Last, First, Middle Initial) B. David Junck		Date of Receipt
Mailing Address 1675 Bethany Rd Ste A		<input type="text" value="05"/> / <input type="text" value="16"/> / <input type="text" value="2013"/>
City Sycamore	State IL	Zip Code 60178
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.24607
Name of Employer Self Employed		Amount of Each Receipt this Period
Occupation Oral Surgeon		<input type="text" value="500.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="500.00"/>		

Full Name (Last, First, Middle Initial) C. Michael Lee		Date of Receipt
Mailing Address 3669 Vineyard Pl		<input type="text" value="05"/> / <input type="text" value="13"/> / <input type="text" value="2013"/>
City Cincinnati	State OH	Zip Code 45226
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.24585
Name of Employer Statewood Professional Park		Amount of Each Receipt this Period
Occupation Oral Surgeon		<input type="text" value="250.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="250.00"/>		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1000.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 11 OF 15
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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)
AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

A. Dr. Ron Tankersley
Full Name (Last, First, Middle Initial)
Mailing Address 1404 Riverside Road
City Newport News State VA Zip Code 23606
FEC ID number of contributing federal political committee. **C**
Name of Employer Drs Tankersley, Lee, Kenney Hartman & Occupation Oral & Maxillofacial Surgeon
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 750.00

Date of Receipt 05 / 16 / 2013
Transaction ID : SA11AI.24571
Amount of Each Receipt this Period 750.00

B. Dr. Steven Traub
Full Name (Last, First, Middle Initial)
Mailing Address 8400 Osuna Rd NE Suite 6B
City Albuquerque State NM Zip Code 87111-2073
FEC ID number of contributing federal political committee. **C**
Name of Employer Albuquerque OMS Occupation Oral Surgeon
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 05 / 24 / 2013
Transaction ID : SA11AI.24580
Amount of Each Receipt this Period 250.00

C.
Full Name (Last, First, Middle Initial)
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) Aggregate Year-to-Date

Date of Receipt
Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....	1000.00
TOTAL This Period (last page this line number only).....	6425.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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)
AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. American Association of Oral and Maxillofacial Surgeons

Mailing Address 9700 W. Bryn Mawr

City Rosemont State IL Zip Code 60018

Purpose of Disbursement
1st Qtr Staff Support

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 01 / 2013

Transaction ID : SB21B.24618

Amount of Each Disbursement this Period

24246.73

Category/
Type

Full Name (Last, First, Middle Initial)

B. Paypal

Mailing Address 2211 N. First Street

City San Jose State CA Zip Code 95131

Purpose of Disbursement
Paypal collection fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 31 / 2013

Transaction ID : SB21B.24617

Amount of Each Disbursement this Period

14.80

Category/
Type

Full Name (Last, First, Middle Initial)

C. The Northern Trust Company

Mailing Address 1501 Woodfield Road

City Schaumburg State IL Zip Code 60173

Purpose of Disbursement
Bank Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 03 / 2013

Transaction ID : SB21B.24616

Amount of Each Disbursement this Period

386.20

Category/
Type

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

24647.73

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

24647.73

: 97 `A-G79 @C B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFH`ZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB21B

Transaction ID : SB21B.24618

OMSPAC paid money directly to AAOMS for reimbursement of the following items: Adam Brenman 9700 W Bryn Mawr Ave, Rosemont IL portion of salary \$296.32, Tracy Macino 9700 W Bryn Mawr Ave, Rosemont IL portion of salary \$2,388.77, Jeanne Tuerk 9700 W Bryn Mawr Ave, Rosemont IL portion of salary \$583.52, Karin Wittich 9700 W Bryn Mawr Ave, Rosemont IL portion of salary \$419.70, Sandy Guenther 9700 W Bryn Mawr Ave, Rosemont IL salary \$14,198.04, Blue Cross 25550 Network Pl, Chicago, IL Health Insurance \$3,258.05 Flexible Benefits 10275 W Higgins, Rosemont, IL HRA \$814.65 Guardian P.O. Box 677458, Dallas, TX Dental Insurance \$233.10 Assurant 2323 Grand Blvd, Kansas City, MO LTD, STD & Life \$242.03 Principal Group 711 High Street, Des Moines, IA Pension/401K \$1,812.55

Form/Schedule:

Transaction ID:

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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)
AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Elizabeth Colbert Busch for Congress

Date of Disbursement

Mailing Address P.O. Box 21949

M M M	/	D D D	/	Y Y Y Y Y Y
05		01		2013

City Charleston State SC Zip Code 29413

Transaction ID : **SB23.24622**

Purpose of Disbursement
Federal Campaign Contribution

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

1000.00

Office Sought: House
 Senate
 President
State: SC District: 01

Disbursement For: 2013
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

Mailing Address

M M M	/	D D D	/	Y Y Y Y Y Y

City State Zip Code

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

--

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

Mailing Address

M M M	/	D D D	/	Y Y Y Y Y Y

City State Zip Code

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

--

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

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

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

1000.00

1000.00

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 15 OF 15
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 9 <input type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Illinois Department of Revenue	Nature of Debt (Purpose): State Tax Overpymt for 2008 carryover 09
Mailing Address PO Box 19008	
City State Zip Code Springfield IL 62794-9008	

Outstanding Balance Beginning This Period 190.00	Transaction ID : SD9.18338	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 190.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Illinois Department of Revenue	Nature of Debt (Purpose): State Tax Overpymt for 2009 carryover 2010
Mailing Address PO Box 19008	
City State Zip Code Springfield IL 62794-9008	

Outstanding Balance Beginning This Period 7.00	Transaction ID : SD9.19670	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 7.00

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)..... ▶	197.00
2) TOTALS This Period (last page this line number only)..... ▶	197.00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	197.00