

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

Continuing A Majority Party Action Committee (CAMPAC)

ADDRESS (number and street) 5915 Eastman Avenue Suite 100 Midland MI 48640-6824

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00350462

3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

### 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)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- Feb 20 (M2)
  - Mar 20 (M3)
  - Apr 20 (M4)
  - May 20 (M5)
  - Jun 20 (M6)
  - Jul 20 (M7)
  - Oct 20 (M10)
  - Aug 20 (M8)
  - Sep 20 (M9)
  - Nov 20 (M11) (Non-Election Year Only)
  - Dec 20 (M12) (Non-Election Year Only)
  - Jan 31 (YE)

- (c) 12-Day PRE-Election Report for the:
- Primary (12P)
  - General (12G)
  - Runoff (12R)
  - Convention (12C)
  - Special (12S)

Election on [MM] / [DD] / [YYYY] in the State of [ ]

- (d) 30-Day POST-Election Report for the:
- General (30G)
  - Runoff (30R)
  - Special (30S)

Election on [MM] / [DD] / [YYYY] in the State of [ ]

5. Covering Period [09] / [01] / [2013] through [09] / [30] / [2013]

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 Kim Holzhauser

Signature of Treasurer Kim Holzhauser [Electronically Filed] Date [10] / [18] / [2013]

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 |  |  |  |  |  |  |  |  |  |
|-----------------|--|--|--|--|--|--|--|--|--|

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

**Continuing A Majority Party Action Committee (CAMPAC)**

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

|  | COLUMN A<br>This Period                | COLUMN B<br>Calendar Year-to-Date      |
|--|--|--|
| 6. (a) Cash on Hand<br>January 1, <input type="text" value="2013"/>  | <input type="text" value="93864.27"/>  | <input type="text" value="93864.27"/>  |
| (b) Cash on Hand at<br>Beginning of Reporting Period.....  | <input type="text" value="150470.82"/> |  |
| (c) Total Receipts (from Line 19) .....  | <input type="text" value="32008.48"/>  | <input type="text" value="346231.17"/> |
| (d) Subtotal (add Lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B).....              | <input type="text" value="182479.3"/>  | <input type="text" value="440095.44"/> |
| 7. Total Disbursements (from Line 31).....   | <input type="text" value="60746"/>     | <input type="text" value="318362.14"/> |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)).....                         | <input type="text" value="121733.3"/>  | <input type="text" value="121733.3"/>  |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | <input type="text" value="0"/>         |  |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) ..... | <input type="text" value="26153.48"/>  |  |

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

**Continuing A Majority Party Action Committee (CAMPAC)**

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

| <b>I. Receipts</b>  | <b>COLUMN A<br/>Total This Period</b> | <b>COLUMN B<br/>Calendar Year-to-Date</b> |
|---|---------------------------------------|---|
| 11. Contributions (other than loans) From:  |                                       |   |
| (a) Individuals/Persons Other Than Political Committees   |                                       |   |
| (i) Itemized (use Schedule A).....  | 7500                                  | 94750                                     |
| (ii) Unitemized .....   | 0                                     | -53750                                    |
| (iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶  | 7500                                  | 41000                                     |
| (b) Political Party Committees .....  | 0                                     | 0   |
| (c) Other Political Committees (such as PACs).....  | 24500                                 | 305140                                    |
| (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....  | 32000                                 | 346140                                    |
| 12. Transfers From Affiliated/Other Party Committees.....   | 0                                     | 0   |
| 13. All Loans Received .....  | 0                                     | 0   |
| 14. Loan Repayments Received.....   | 0                                     | 0   |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)..... | 0                                     | 0   |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....           | 0                                     | 0   |
| 17. Other Federal Receipts (Dividends, Interest, etc.).....   | 8.48                                  | 91.17                                     |
| 18. Transfers from Non-Federal and Levin Funds  |                                       |   |
| (a) Non-Federal Account (from Schedule H3).....   | 0                                     | 0   |
| (b) Levin Funds (from Schedule H5) .....  | 0                                     | 0   |
| (c) Total Transfers (add 18(a) and 18(b))..   | 0                                     | 0   |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶                        | 32008.48                              | 346231.17                                 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶                                  | 32008.48                              | 346231.17                                 |

**DETAILED SUMMARY PAGE**  
of Disbursements

| II. Disbursements  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures:  |                               |                                   |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4)                                  |                               |                                   |
| (i) Federal Share .....  | 0                             | 0                                 |
| (ii) Non-Federal Share.....  | 0                             | 0                                 |
| (b) Other Federal Operating Expenditures .....   | 746                           | 131862.14                         |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....                        | 746                           | 131862.14                         |
| 22. Transfers to Affiliated/Other Party Committees.....  | 0                             | 0                                 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....         | 60000                         | 186000                            |
| 24. Independent Expenditures (use Schedule E) .....  | 0                             | 0                                 |
| 25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....                   | 0                             | 0                                 |
| 26. Loan Repayments Made.....  | 0                             | 0                                 |
| 27. Loans Made.....  | 0                             | 0                                 |
| 28. Refunds of Contributions To:   |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees .....                                  | 0                             | 0                                 |
| (b) Political Party Committees .....   | 0                             | 0                                 |
| (c) Other Political Committees (such as PACs).....   | 0                             | 500                               |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....                            | 0                             | 500                               |
| 29. Other Disbursements .....  | 0                             | 0                                 |
| 30. Federal Election Activity (2 U.S.C. §431(20))  |                               |                                   |
| (a) Allocated Federal Election Activity (from Schedule H6)                                     |                               |                                   |
| (i) Federal Share .....  | 0                             | 0                                 |
| (ii) "Levin" Share.....  | 0                             | 0                                 |
| (b) Federal Election Activity Paid Entirely With Federal Funds .....                           | 0                             | 0                                 |
| (c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....           | 0                             | 0                                 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..      | 60746                         | 318362.14                         |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 60746                         | 318362.14                         |

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans)<br>(from Line 11(d), page 3) .....          | 32000                         | 346140                            |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                              | 0                             | 500                               |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....      | 32000                         | 345640                            |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b)) ..... ▶ | 746                           | 131862.14                         |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3).....                   | 0                             | 0                                 |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) .....▶               | 746                           | 131862.14                         |

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3XN  
Transaction ID :

PAYMENTS TO THE LEVATINO GROUP FOR FUNDRAISING COORDINATION ARE FOR SERVICES PROVIDED ON BEHALF OF CAMPAC AND ARE NOT COSTS ASSOCIATED WITH ANY SPECIFIC CANDIDATE. PAYMENTS TO THE LEVATINO GROUP FOR FUNDRAISING EXPENSES INCLUDE CATERING COSTS, SUPPLIES, POSTAGE AND SHIPPING, LODGING AND SHUTTLE SERVICES. THESE COSTS ARE ON BEHALF OF CAMPAC AND ARE NOT COSTS ASSOCIATED WITH ANY SPECIFIC CANDIDATE.

Form/Schedule:  
Transaction ID:

**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 18  
(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)  
**Continuing A Majority Party Action Committee (CAMPAC)**

**A. PECHANGA BAND OF LUISENO INDIANS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 1477  
 City Temecula State CA Zip Code 92593-1477  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 5000

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2013  
**Transaction ID : 2918-3519-c**  
 Amount of Each Receipt this Period  
 5000  
 Donation

**B. Danielle M Maurer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2507 N Vernon Street  
 City Arlington State VA Zip Code 22207-4008  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Fierce Isakowitz and Blalock Sr VP  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 2500

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2013  
**Transaction ID : 3641-3520-c**  
 Amount of Each Receipt this Period  
 2500  
 Donation

**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  
 M M M / D D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 7500.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | 7500.00 |

**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 18  |
| <input type="checkbox"/> 11a  | <input type="checkbox"/> 11b | <input checked="" 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 |

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NAME OF COMMITTEE (In Full)  
**Continuing A Majority Party Action Committee (CAMPAC)**

Full Name (Last, First, Middle Initial)  
**A. Farm Credit Council Political Action Committee**

Mailing Address 50 F Street NW  
Suite 900

City Washington State DC Zip Code 20001-1530

FEC ID number of contributing federal political committee. **C** C00193631

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500

Date of Receipt  
09 / 25 / 2013  
**Transaction ID : 3640-3511-c**

Amount of Each Receipt this Period  
2500

Donation

Full Name (Last, First, Middle Initial)  
**B. GENERAL ELECTRIC COMPANY POLITICAL ACTION COMMITTEE**

Mailing Address 1299 Pennsylvania Avenue NW  
Suite 1100

City Washington State DC Zip Code 20004-2414

FEC ID number of contributing federal political committee. **C** C00024869

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000

Date of Receipt  
09 / 25 / 2013  
**Transaction ID : 2671-3512-c**

Amount of Each Receipt this Period  
1000

Donation

Full Name (Last, First, Middle Initial)  
**C. AMERICAN ASSOCIATION OF NURSE ANESTHETISTS SEPARATE SEGREGATED FUND (CRNA-PAC)**

Mailing Address 222 S Prospect Avenue  
Dept.

City Park Ridge State IL Zip Code 60068-4037

FEC ID number of contributing federal political committee. **C** C00173153

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000

Date of Receipt  
09 / 30 / 2013  
**Transaction ID : 2100-3514-c**

Amount of Each Receipt this Period  
5000

Donation

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 8500.00 |
| <b>TOTAL</b> 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 9 OF 18  |
| <input type="checkbox"/> 11a  | <input type="checkbox"/> 11b | <input checked="" 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 |

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NAME OF COMMITTEE (In Full)  
**Continuing A Majority Party Action Committee (CAMPAC)**

**A. American College Of Surgeons Professional Association PAC - (ACSPA-SURGEONS PAC)**

Full Name (Last, First, Middle Initial)  
Mailing Address 20 F Street NW  
Suite 1000

City Washington State DC Zip Code 20001-6701

FEC ID number of contributing federal political committee. **C** C00382424

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000

Date of Receipt  
09 / 30 / 2013  
**Transaction ID : 3537-3513-c**

Amount of Each Receipt this Period  
1000

Donation

**B. COLLEGE OF AMERICAN PATHOLOGISTS PAC (PATHPAC)**

Full Name (Last, First, Middle Initial)  
Mailing Address 1350 I Street NW  
Suite 590

City Washington State DC Zip Code 20005-3305

FEC ID number of contributing federal political committee. **C** C00274944

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000

Date of Receipt  
09 / 30 / 2013  
**Transaction ID : 2176-3517-c**

Amount of Each Receipt this Period  
5000

Donation

**C. MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)  
Mailing Address 1295 State Street

City Springfield State MA Zip Code 01111-0001

FEC ID number of contributing federal political committee. **C** C00118943

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500

Date of Receipt  
09 / 30 / 2013  
**Transaction ID : 2560-3515-c**

Amount of Each Receipt this Period  
2500

Donation

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 8500.00 |
| <b>TOTAL</b> 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 10 OF 18   |
| <input type="checkbox"/> 11a  | <input type="checkbox"/> 11b | <input checked="" 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 |

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NAME OF COMMITTEE (In Full)  
**Continuing A Majority Party Action Committee (CAMPAC)**

**A. NATIONAL ASSOCIATION OF MUTUAL INSURANCE COMPANIES PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 68700  
 City Indianapolis State IN Zip Code 46268-0700  
 FEC ID number of contributing federal political committee. **C** C00170258  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2013  
**Transaction ID : 3133-3516-c**  
 Amount of Each Receipt this Period  
 2500  
 Donation

**B. WINE AND SPIRITS WHOLESALERS OF AMERICA, INC. POLITICAL ACTION COMMITTEE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 805 15th Street NW Suite 430  
 City Washington State DC Zip Code 20005-2273  
 FEC ID number of contributing federal political committee. **C** C00147173  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2013  
**Transaction ID : 2549-3518-c**  
 Amount of Each Receipt this Period  
 5000  
 Donation

**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  
 M M M / D D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period

|  |          |
|--|----------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 7500.00  |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | 24500.00 |

**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 |

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NAME OF COMMITTEE (In Full)

**Continuing A Majority Party Action Committee (CAMPAC)**

Full Name (Last, First, Middle Initial)

**A. Aristotle**

Mailing Address 205 Pennsylvania Avenue SE

City Washington State DC Zip Code 20003-1164

Purpose of Disbursement  
Campaign finance software

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 09    |   | 02    |   | 2013      |

**Transaction ID : SB21B-3228-3524-e**

Amount of Each Disbursement this Period

|    |
|----|
| 75 |
|----|

Full Name (Last, First, Middle Initial)

**B. ANDREWS HOOPER PAVLIK PLC**

Mailing Address 5915 Eastman Avenue  
Suite 100

City Midland State MI Zip Code 48640-6824

Purpose of Disbursement  
Accounting services

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 09    |   | 25    |   | 2013      |

**Transaction ID : SB21B-1625-3521-e**

Amount of Each Disbursement this Period

|     |
|-----|
| 668 |
|-----|

Full Name (Last, First, Middle Initial)

**C. Carey Limousine DC Inc**

Mailing Address 1610 Mount Vernon Ave

City Alexandria State V Zip Code 48640-6824

Purpose of Disbursement  
Fundraising: Car service

003

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 09    |   | 30    |   | 2013      |

**Transaction ID : SB21B-3644-2832-V**

Amount of Each Disbursement this Period

|        |
|--------|
| 715.65 |
|--------|

**[MEMO ITEM]**

Subitemization of THE LEVATINO GROUP ( 09/30/13 )

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

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

|        |
|--------|
| 743.00 |
|--------|

|  |
|--|
|  |
|--|

**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 |

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NAME OF COMMITTEE (In Full)

**Continuing A Majority Party Action Committee (CAMPAC)**

Full Name (Last, First, Middle Initial)

**A. CHARLIE PALMER STEAKHOUSE**

Mailing Address 101 Constitution Avenue NW

City Washington State DC Zip Code 20001-2133

Purpose of Disbursement  
Fundraising: Catering for event

003  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 30 / 2013

**Transaction ID : SB21B-3041-2833-V**

Amount of Each Disbursement this Period

4305.38

**[MEMO ITEM]**

Subitemization of THE LEVATINO GROUP ( 09/30/13 )

Full Name (Last, First, Middle Initial)

**B. CONCORD TECHNOLOGIES**

Mailing Address 101 Stewart Street  
Suite 1000

City Seattle State WA Zip Code 98101-2411

Purpose of Disbursement  
Fundraising: Blast faxes

003  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 30 / 2013

**Transaction ID : SB21B-3039-2834-V**

Amount of Each Disbursement this Period

65

**[MEMO ITEM]**

Subitemization of THE LEVATINO GROUP ( 09/30/13 )

Full Name (Last, First, Middle Initial)

**C. FEDERAL CITY CATERERS**

Mailing Address 1119 12th Street NW

City Washington State DC Zip Code 20005-4632

Purpose of Disbursement  
Fundraising: Catering for event

003  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 30 / 2013

**Transaction ID : SB21B-1765-2835-V**

Amount of Each Disbursement this Period

3185.2

**[MEMO ITEM]**

Subitemization of THE LEVATINO GROUP ( 09/30/13 )

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

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

0.00

**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 |

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NAME OF COMMITTEE (In Full)

**Continuing A Majority Party Action Committee (CAMPAC)**

Full Name (Last, First, Middle Initial)

**A. LEVY**

Mailing Address 1500 S Capitol Street SE

City Washington State DC Zip Code 20003-3599

Purpose of Disbursement  
Fundraising: Catering for event

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

/  /

**Transaction ID : SB21B-3157-2836-V**

Amount of Each Disbursement this Period

**[MEMO ITEM]**

Subitemization of THE LEVATINO GROUP ( 09/30/13 )

Full Name (Last, First, Middle Initial)

**B. Republic National Distributing Co**

Mailing Address 4325 Sheriff Road NE

City Washington State DC Zip Code 20019-3738

Purpose of Disbursement  
Fundraising: Catering for event

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

/  /

**Transaction ID : SB21B-3647-2839-V**

Amount of Each Disbursement this Period

**[MEMO ITEM]**

Subitemization of THE LEVATINO GROUP ( 09/30/13 )

Full Name (Last, First, Middle Initial)

**C. The Peninsula**

Mailing Address 700 Fifth Ave at 55th Street

City New York State NY Zip Code 10019

Purpose of Disbursement  
Fundraising: Catering for event

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

/  /

**Transaction ID : SB21B-3645-2837-V**

Amount of Each Disbursement this Period

**[MEMO ITEM]**

Subitemization of THE LEVATINO GROUP ( 09/30/13 )

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

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

**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 |

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NAME OF COMMITTEE (In Full)

**Continuing A Majority Party Action Committee (CAMPAC)**

Full Name (Last, First, Middle Initial)

**A. Bill Johnson For Congress Committee**

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 09    |   | 18    |   | 2013      |

Mailing Address 3755 Hunters Hill

**Transaction ID : SB23-1972-3522-e**

City Poland State OH Zip Code 44514-5308

Amount of Each Disbursement this Period

|      |
|------|
| 5000 |
|------|

Purpose of Disbursement  
Contribution to candidate

|                   |
|-------------------|
| 011               |
| Category/<br>Type |

Candidate Name

**Bill Johnson**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: OH District: 06

Full Name (Last, First, Middle Initial)

**B. Gary Miller For Congress**

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 09    |   | 18    |   | 2013      |

Mailing Address 721 Brea Canyon Road  
Suite 7

**Transaction ID : SB23-3358-3506-e**

City Diamond Bar State CA Zip Code 91789-3039

Amount of Each Disbursement this Period

|      |
|------|
| 5000 |
|------|

Purpose of Disbursement  
Contribution to candidate

|                   |
|-------------------|
| 011               |
| Category/<br>Type |

Candidate Name

**Gary G Miller**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CA District: 31

Full Name (Last, First, Middle Initial)

**C. IOWANS FOR LATHAM**

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 09    |   | 18    |   | 2013      |

Mailing Address PO Box 8237

**Transaction ID : SB23-2275-3505-e**

City Des Moines State IA Zip Code 50301-8237

Amount of Each Disbursement this Period

|      |
|------|
| 5000 |
|------|

Purpose of Disbursement  
Contribution to candidate

|                   |
|-------------------|
| 011               |
| Category/<br>Type |

Candidate Name

**Tom Latham**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: IA District: 03

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

|          |
|----------|
| 15000.00 |
|----------|

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

|  |
|--|
|  |
|--|

**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 |

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NAME OF COMMITTEE (In Full)

**Continuing A Majority Party Action Committee (CAMPAC)**

Full Name (Last, First, Middle Initial)

**A. Lee Terry For Congress**

Mailing Address PO Box 540098

City Omaha State NE Zip Code 68154-0098

Purpose of Disbursement  
Contribution to candidate

011

Candidate Name

**Lee Terry**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NE District: 02

Date of Disbursement

MM / DD / YYYY  
09 / 18 / 2013

**Transaction ID : SB23-3637-3510-e**

Amount of Each Disbursement this Period

5000

Full Name (Last, First, Middle Initial)

**B. Rothfus For Congress**

Mailing Address PO Box 435

City Sewickley State PA Zip Code 15143-0435

Purpose of Disbursement  
Contribution to candidate

011

Candidate Name

**Keith J Rothfus**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: PA District: 12

Date of Disbursement

MM / DD / YYYY  
09 / 18 / 2013

**Transaction ID : SB23-3411-3509-e**

Amount of Each Disbursement this Period

5000

Full Name (Last, First, Middle Initial)

**C. SCOTT RIGELL FOR CONGRESS**

Mailing Address 915 First Colonial Road  
Suite 100

City Virginia Beach State VA Zip Code 23454-3186

Purpose of Disbursement  
Contribution to candidate

011

Candidate Name

**Edward Scott Rigell**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: VA District: 02

Date of Disbursement

MM / DD / YYYY  
09 / 18 / 2013

**Transaction ID : SB23-1696-3508-e**

Amount of Each Disbursement this Period

5000

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

15000.00

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

# 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 |

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NAME OF COMMITTEE (In Full)

### Continuing A Majority Party Action Committee (CAMPAC)

Full Name (Last, First, Middle Initial)

#### A. Tom Reed For Congress

Mailing Address PO Box 391

|        |       |            |
|--------|-------|------------|
| City   | State | Zip Code   |
| Geneva | NY    | 14456-0391 |

Purpose of Disbursement  
Contribution to candidate

011

Candidate Name

#### Thomas W Reed II

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NY District: 23

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 |   | 1 | 8 |   | 2 | 0 | 1 | 3 |

Transaction ID : SB23-1720-3507-e

Amount of Each Disbursement this Period

|  |  |  |  |  |  |  |  |  |   |   |   |
|--|--|--|--|--|--|--|--|--|---|---|---|
|  |  |  |  |  |  |  |  |  | 5 | 0 | 0 |
|--|--|--|--|--|--|--|--|--|---|---|---|

Full Name (Last, First, Middle Initial)

#### B. Candice Miller For Congress

Mailing Address 70 Macomb Place  
Suite 310

|               |       |            |
|---------------|-------|------------|
| City          | State | Zip Code   |
| Mount Clemens | MI    | 48043-5626 |

Purpose of Disbursement  
Contribution to candidate

011

Candidate Name

#### Candice S. Miller

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MI District: 10

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 |   | 3 | 0 |   | 2 | 0 | 1 | 3 |

Transaction ID : SB23-2228-3527-e

Amount of Each Disbursement this Period

|  |  |  |  |  |  |  |  |  |   |   |   |
|--|--|--|--|--|--|--|--|--|---|---|---|
|  |  |  |  |  |  |  |  |  | 5 | 0 | 0 |
|--|--|--|--|--|--|--|--|--|---|---|---|

Full Name (Last, First, Middle Initial)

#### C. Jason Smith for Congress

Mailing Address PO Box 1324

|                |       |            |
|----------------|-------|------------|
| City           | State | Zip Code   |
| Cape Girardeau | MO    | 63702-1324 |

Purpose of Disbursement  
Contribution to candidate

011

Candidate Name

#### Jason Smith

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MO District: 08

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 |   | 3 | 0 |   | 2 | 0 | 1 | 3 |

Transaction ID : SB23-3614-3530-e

Amount of Each Disbursement this Period

|  |  |  |  |  |  |  |  |  |   |   |   |
|--|--|--|--|--|--|--|--|--|---|---|---|
|  |  |  |  |  |  |  |  |  | 5 | 0 | 0 |
|--|--|--|--|--|--|--|--|--|---|---|---|

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

15000.00

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



**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 |

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NAME OF COMMITTEE (In Full)

**Continuing A Majority Party Action Committee (CAMPAC)**

Full Name (Last, First, Middle Initial)

**A. Kline For Congress**

Mailing Address 101 W Burnsville Parkway  
Suite 104

City Burnsville State MN Zip Code 55337-2571

Purpose of Disbursement  
Contribution to candidate

011

Category/  
Type

Candidate Name

**John Paul Kline Jr.**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MN District: 02

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 09    | / | 30    | / | 2013      |

**Transaction ID : SB23-3639-3526-e**

Amount of Each Disbursement this Period

|      |
|------|
| 5000 |
|------|

Full Name (Last, First, Middle Initial)

**B. Terri Lynn Land for Senate**

Mailing Address PO Box 308

City Grandville State MI Zip Code 49468-0308

Purpose of Disbursement  
Contribution to candidate

011

Category/  
Type

Candidate Name

**Terri Lynn Land**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MI District:

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 09    | / | 30    | / | 2013      |

**Transaction ID : SB23-3642-3528-e**

Amount of Each Disbursement this Period

|      |
|------|
| 5000 |
|------|

Full Name (Last, First, Middle Initial)

**C. Terri Lynn Land for Senate**

Mailing Address PO Box 308

City Grandville State MI Zip Code 49468-0308

Purpose of Disbursement  
Contribution to candidate

011

Category/  
Type

Candidate Name

**Terri Lynn Land**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MI District:

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 09    | / | 30    | / | 2013      |

**Transaction ID : SB23-3642-3529-e**

Amount of Each Disbursement this Period

|      |
|------|
| 5000 |
|------|

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

|          |
|----------|
| 15000.00 |
|----------|

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

|          |
|----------|
| 60000.00 |
|----------|

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

|   |   |
|---|---|
| (Use separate schedule(s) for each numbered line) | PAGE 18 OF 18   |
|   | FOR LINE NUMBER: (check only one)<br><input type="checkbox"/> 9<br><input checked="" type="checkbox"/> 10 |

NAME OF COMMITTEE (In Full)  
**Continuing A Majority Party Action Committee (CAMPAC)**

|   |  |
|---|--|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor<br><b>THE LEVATINO GROUP</b> | Nature of Debt (Purpose):<br>Fundraising: Fundraising coordination |
| Mailing Address 20 F Street NW<br>Suite 500   |  |
| City State Zip Code<br>Washington DC 20001-6703   |  |

|   |   |  |
|---|---|--|
| Outstanding Balance Beginning This Period<br><input type="text" value="0"/> | <b>Transaction ID : SD10-DEBT3533</b>                 |  |
| Amount Incurred This Period<br><input type="text" value="26153.48"/>        | Payment This Period<br><input type="text" value="0"/> | Outstanding Balance at Close of This Period<br><input type="text" value="26153.48"/> |

|  |                           |
|--|---------------------------|
| 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<br><input type="text"/> |   |   |
| Amount Incurred This Period<br><input type="text"/>               | Payment This Period<br><input type="text"/> | Outstanding Balance at Close of This Period<br><input type="text"/> |

|  |                           |
|--|---------------------------|
| 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<br><input type="text"/> |   |   |
| Amount Incurred This Period<br><input type="text"/>               | Payment This Period<br><input type="text"/> | Outstanding Balance at Close of This Period<br><input type="text"/> |

|  |                                       |
|--|---------------------------------------|
| 1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶                                      | <input type="text" value="26153.48"/> |
| 2) <b>TOTALS</b> This Period (last page this line number only)..... ▶                            | <input type="text" value="26153.48"/> |
| 3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶                       | <input type="text" value="0.00"/>     |
| 4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶ | <input type="text" value="26153.48"/> |