

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

Guild for Congress

ADDRESS (number and street)

PO Box 6621

Check if different than previously reported. (ACC)

Edmond

OK

73083

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C C00546242

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

OK

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

- Primary (12P)
- General (12G)
- Runoff (12R)
- Convention (12C)
- Special (12S)

Election on

M M / D D / Y Y Y Y

in the State of

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

- General (30G)
- Runoff (30R)
- Special (30S)

Election on

M M / D D / Y Y Y Y

in the State of

5. Covering Period

M M / D D / Y Y Y Y
08 / 07 / 2014

through

M M / D D / Y Y Y Y
09 / 30 / 2014

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 Thomas Guild

Signature of Treasurer Thomas Guild

[Electronically Filed]

Date

M M / D D / Y Y Y Y
10 / 09 / 2014

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									
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SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
Guild for Congress

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	2982.63	40353.61
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	2982.63	40353.61
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	4891.07	113762.64
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	4891.07	113762.64
8. Cash on Hand at Close of Reporting Period (from Line 27).....	0.00	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	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

Guild for Congress

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	1200.00	15988.27
(ii) Unitemized.....	1782.63	24265.34
(iii) TOTAL of contributions from individuals ▶	2982.63	40253.61
(b) Political Party Committees.....	0.00	100.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	2982.63	40353.61
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	570.00	72570.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	570.00	72570.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	120.00	1046.50
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	3672.63	113970.11

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	4891.07	113762.64
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	207.47	207.47
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	207.47	207.47
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	5098.54	113970.11

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	1425.91
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	3672.63
25. SUBTOTAL (add Line 23 and Line 24).....	5098.54
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	5098.54
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 55
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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)
Guild for Congress

Full Name (Last, First, Middle Initial) A. Michael Dover		Date of Receipt M M / D D / Y Y Y Y 08 / 18 / 2014
Mailing Address 428 NW 34th		Transaction ID : SA11AI.6342
City Oklahoma City	State OK	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period Contribution 25.00
Name of Employer Retired	Occupation Retired	Contribution 375.00
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) B. Joel Epstein		Date of Receipt M M / D D / Y Y Y Y 08 / 20 / 2014
Mailing Address 521 W Lyon Farm Dr		Transaction ID : SA11AI.6372
City Greenwich	State CT	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period Contribution 50.00
Name of Employer Self	Occupation Consultant	Contribution 575.00
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) C. Joel Epstein		Date of Receipt M M / D D / Y Y Y Y 09 / 04 / 2014
Mailing Address 521 W Lyon Farm Dr		Transaction ID : SA11AI.6424
City Greenwich	State CT	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period Contribution 25.00
Name of Employer Self	Occupation Consultant	Contribution 600.00
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date	

SUBTOTAL of Receipts This Page (optional).....	100.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 55
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Guild for Congress

A. Full Name (Last, First, Middle Initial)
Joel Epstein

Mailing Address 521 W Lyon Farm Dr

City: Greenwich State: CT Zip Code: 06831

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

Name of Employer: Self Occupation: Consultant

Receipt For: 2014
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date: 625.00

Date of Receipt: 09 / 25 / 2014

Transaction ID : SA11AI.6437

Amount of Each Receipt this Period: 25.00

Contribution

B. Full Name (Last, First, Middle Initial)
Joel Epstein

Mailing Address 521 W Lyon Farm Dr

City: Greenwich State: CT Zip Code: 06831

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

Name of Employer: Self Occupation: Consultant

Receipt For: 2014
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date: 650.00

Date of Receipt: 09 / 30 / 2014

Transaction ID : SA11AI.6443

Amount of Each Receipt this Period: 25.00

Contribution

C. Full Name (Last, First, Middle Initial)
Barbara Hall

Mailing Address 9532 Sand Hill Ct

City: Highlands Ranch State: CO Zip Code: 80126

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

Name of Employer: Retired Occupation: Retired

Receipt For: 2014
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date: 850.00

Date of Receipt: 09 / 04 / 2014

Transaction ID : SA11AI.6425

Amount of Each Receipt this Period: 25.00

Contribution

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

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

75.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 55
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Guild for Congress

A. Full Name (Last, First, Middle Initial)
Barbara Hall

Mailing Address 9532 Sand Hill Ct

City Highlands Ranch State CO Zip Code 80126

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

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date **875.00**

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 30 / 2014

Transaction ID : SA11AI.6444

Amount of Each Receipt this Period
 Contribution **25.00**

B. Full Name (Last, First, Middle Initial)
Joe Hall

Mailing Address 1513 Mesa Verde

City Shawnee State OK Zip Code 74804

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

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 27 / 2014

Transaction ID : SA11AI.6408

Amount of Each Receipt this Period
 Contribution **100.00**

C. Full Name (Last, First, Middle Initial)
LaDonna Hunt

Mailing Address 4536 Kiva Court

City Oklahoma City State OK Zip Code 73135

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

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date **935.00**

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 22 / 2014

Transaction ID : SA11AI.6339

Amount of Each Receipt this Period
 Contribution **250.00**

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

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

375.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 55
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Guild for Congress

A. Full Name (Last, First, Middle Initial)
Robert Mooney

Mailing Address 3431 E 62nd St

City Tulsa State OK Zip Code 74136

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

Name of Employer Steel Service Co Occupation Steel

Receipt For: 2014
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 20 / 2014

Transaction ID : SA11AI.6391

Amount of Each Receipt this Period
 Contribution 500.00

B. Full Name (Last, First, Middle Initial)
Vicki Snow

Mailing Address 527 Benton Rd

City Edmond State OK Zip Code 73034

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

Name of Employer Star Brokerage Co Occupation Sales-Account Manager

Receipt For: 2014
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 27 / 2014

Transaction ID : SA11AI.6407

Amount of Each Receipt this Period
 Contribution 25.00

C. Full Name (Last, First, Middle Initial)
Vicki Snow

Mailing Address 527 Benton Rd

City Edmond State OK Zip Code 73034

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

Name of Employer Star Brokerage Co Occupation Sales-Account Manager

Receipt For: 2014
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 25 / 2014

Transaction ID : SA11AI.6438

Amount of Each Receipt this Period
 Contribution 25.00

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

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

550.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 55
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Guild for Congress

A. Full Name (Last, First, Middle Initial)
Rhoda Whitaker

Mailing Address 14013 Pecan Hollow

City Edmond State OK Zip Code 73013

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

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date
750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 20 / 2014

Transaction ID : SA11Al.6376

Amount of Each Receipt this Period
 Contribution 100.00

B. 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)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

100.00

1200.00

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

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

FOR LINE NUMBER: (check only one)
 11a 12 11b 13a 11c 13b 11d 14 15
 PAGE 10 OF 55

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)
Guild for Congress

A. Full Name (Last, First, Middle Initial)
Thomas Guild

Mailing Address **PO Box 6621**

City **Edmond** State **OK** Zip Code **73083**

FEC ID number of contributing federal political committee. **C H00K05155**

Name of Employer **University of Central Oklahoma** Occupation **Professor**

Receipt For: 2014
 Primary General
 Other (specify) **Runoff**

Election Cycle-to-Date
72570.00

Date of Receipt
08 / 13 / 2014

Transaction ID : SA13A.6346

Amount of Each Receipt this Period
570.00

Loan

B. 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)

Election Cycle-to-Date

Date of Receipt

Amount of Each Receipt this Period

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)

Election Cycle-to-Date

Date of Receipt

Amount of Each Receipt this Period

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

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

570.00

570.00

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

Form/Schedule: SA13A

Transaction ID : SA13A.6346

(Current loan amount of 362.53 from a balance of 362.53 has been forgiven)

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 55
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input checked="" type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Guild for Congress

A. Full Name (Last, First, Middle Initial)
Derick Robinson

Mailing Address 7044 Lyrewood Ln

City Oklahoma City State OK Zip Code 73142

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

Name of Employer Not Employed Occupation Paramedic

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
241.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 07 / 2014

Transaction ID : SA15.6458

Amount of Each Receipt this Period
60.00

Check voided

B. 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)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

60.00

60.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 55			
	<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)
Guild for Congress

Full Name (Last, First, Middle Initial) A. ActBlue		Date of Disbursement MM / DD / YYYY 08 / 13 / 2014
Mailing Address PO Box 382110		Amount of Each Disbursement this Period 7.51
City Cambridge	State MA	
Zip Code 02238	Purpose of Disbursement Merchant Service Fees	Transaction ID : SB17.6397
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	
State: District:		

Full Name (Last, First, Middle Initial) B. ActBlue		Date of Disbursement MM / DD / YYYY 08 / 20 / 2014
Mailing Address PO Box 382110		Amount of Each Disbursement this Period 48.06
City Cambridge	State MA	
Zip Code 02238	Purpose of Disbursement Merchant Service Fees	Transaction ID : SB17.6396
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	
State: District:		

Full Name (Last, First, Middle Initial) c. ActBlue		Date of Disbursement MM / DD / YYYY 08 / 27 / 2014
Mailing Address PO Box 382110		Amount of Each Disbursement this Period 6.97
City Cambridge	State MA	
Zip Code 02238	Purpose of Disbursement Merchant Service Fees	Transaction ID : SB17.6412
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	62.54
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 55			
	<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)
Guild for Congress

Full Name (Last, First, Middle Initial) A. ActBlue		Date of Disbursement M M / D D / Y Y Y Y 09 / 02 / 2014
Mailing Address PO Box 382110		Amount of Each Disbursement this Period 1.32
City Cambridge	State MA	
Zip Code 02238	Purpose of Disbursement Merchant Service Fees	Transaction ID : SB17.6418
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	
State: District:		

Full Name (Last, First, Middle Initial) B. ActBlue		Date of Disbursement M M / D D / Y Y Y Y 09 / 04 / 2014
Mailing Address PO Box 382110		Amount of Each Disbursement this Period 3.49
City Cambridge	State MA	
Zip Code 02238	Purpose of Disbursement Merchant Service Fees	Transaction ID : SB17.6419
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	
State: District:		

Full Name (Last, First, Middle Initial) c. ActBlue		Date of Disbursement M M / D D / Y Y Y Y 09 / 10 / 2014
Mailing Address PO Box 382110		Amount of Each Disbursement this Period 3.17
City Cambridge	State MA	
Zip Code 02238	Purpose of Disbursement Merchant Service Fees	Transaction ID : SB17.6434
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	7.98
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 55			
	<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)
Guild for Congress

Full Name (Last, First, Middle Initial) A. ActBlue		Date of Disbursement M M / D D / Y Y Y Y 09 / 17 / 2014
Mailing Address PO Box 382110		Amount of Each Disbursement this Period 0.60 Transaction ID : SB17.6426
City Cambridge	State MA	
Zip Code 02238	Purpose of Disbursement Merchant Service Fees	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input type="checkbox"/> General	
<input checked="" type="checkbox"/> Other (specify) Runoff	State: District:	

Full Name (Last, First, Middle Initial) B. ActBlue		Date of Disbursement M M / D D / Y Y Y Y 09 / 25 / 2014
Mailing Address PO Box 382110		Amount of Each Disbursement this Period 3.23 Transaction ID : SB17.6440
City Cambridge	State MA	
Zip Code 02238	Purpose of Disbursement Merchant Service Fees	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input type="checkbox"/> General	
<input checked="" type="checkbox"/> Other (specify) Runoff	State: District:	

Full Name (Last, First, Middle Initial) c. ActBlue		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2014
Mailing Address PO Box 382110		Amount of Each Disbursement this Period 2.38 Transaction ID : SB17.6441
City Cambridge	State MA	
Zip Code 02238	Purpose of Disbursement Merchant Service Fees	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input type="checkbox"/> General	
<input checked="" type="checkbox"/> Other (specify) Runoff	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	6.21
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 55			
	<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)
Guild for Congress

Full Name (Last, First, Middle Initial) A. ActBlue		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2014
Mailing Address PO Box 382110		Amount of Each Disbursement this Period 2.17
City Cambridge	State MA	
Zip Code 02238	Purpose of Disbursement Merchant Service Fee	Transaction ID : SB17.6450
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	
State: District:		

Full Name (Last, First, Middle Initial) B. AT&T		Date of Disbursement M M / D D / Y Y Y Y 08 / 27 / 2014
Mailing Address PO Box 536216		Amount of Each Disbursement this Period 51.17
City Atlanta	State GA	
Zip Code 30353	Purpose of Disbursement Telephone Service Expense	Transaction ID : SB17.6367
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	
State: District:		

Full Name (Last, First, Middle Initial) c. Chris Beaty		Date of Disbursement M M / D D / Y Y Y Y 08 / 16 / 2014
Mailing Address 7916 NW 6th #44		Amount of Each Disbursement this Period 85.00
City Oklahoma City	State OK	
Zip Code 73127	Purpose of Disbursement Consulting Services	Transaction ID : SB17.6362
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	138.34
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 55			
	<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)
Guild for Congress

Full Name (Last, First, Middle Initial)
A. Campaign Technology Professionals, LLC

Mailing Address 2601 NW Expressway Ste. 305W

City Oklahoma City State OK Zip Code 73112

Purpose of Disbursement Ethics Reporting Accounting Expense 001 Category/Type

Candidate Name

Office Sought: House Senate President Disbursement For: 2014 Primary General Other (specify) Runoff

State: District:

Date of Disbursement 08 / 13 / 2014

Amount of Each Disbursement this Period 1080.00

Transaction ID : SB17.6361

Full Name (Last, First, Middle Initial)
B. Campaign Technology Professionals, LLC

Mailing Address 2601 NW Expressway Ste. 305W

City Oklahoma City State OK Zip Code 73112

Purpose of Disbursement Ethics Reporting 001 Category/Type

Candidate Name

Office Sought: House Senate President Disbursement For: 2014 Primary General Other (specify) Runoff

State: District:

Date of Disbursement 09 / 09 / 2014

Amount of Each Disbursement this Period 480.00

Transaction ID : SB17.6413

Full Name (Last, First, Middle Initial)
C. Campaign Technology Professionals, LLC

Mailing Address 2601 NW Expressway Ste. 305W

City Oklahoma City State OK Zip Code 73112

Purpose of Disbursement Ethics Reporting Category/Type

Candidate Name

Office Sought: House Senate President Disbursement For: 2014 Primary General Other (specify) Runoff

State: District:

Date of Disbursement 09 / 30 / 2014

Amount of Each Disbursement this Period 600.00

Transaction ID : SB17.6459

SUBTOTAL of Disbursements This Page (optional)..... 2160.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 18 OF 55	
	<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)
Guild for Congress

Full Name (Last, First, Middle Initial) A. El Nacional		Date of Disbursement M M / D D / Y Y Y Y 08 / 09 / 2014
Mailing Address 304 SW 25th St		Amount of Each Disbursement this Period 350.00
City Oklahoma City	State OK	
Zip Code 73109	Purpose of Disbursement Newspaper Ad	Transaction ID : SB17.6360
Candidate Name	004 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	
State: District:		

Full Name (Last, First, Middle Initial) B. Oklahoma City Herald		Date of Disbursement M M / D D / Y Y Y Y 08 / 07 / 2014
Mailing Address 7416 Broadway Ext		Amount of Each Disbursement this Period 600.00
City Oklahoma City	State OK	
Zip Code 73116	Purpose of Disbursement Newspaper ads	Transaction ID : SB17.6355
Candidate Name	004 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	
State: District:		

Full Name (Last, First, Middle Initial) C. Privileged Information, Inc.		Date of Disbursement M M / D D / Y Y Y Y 08 / 18 / 2014
Mailing Address Orlando Rd		Amount of Each Disbursement this Period 396.00
City Oklahoma City	State OK	
Zip Code 73120	Purpose of Disbursement Media Ads	Transaction ID : SB17.6363
Candidate Name	004 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1346.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 55			
	<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)
Guild for Congress

Full Name (Last, First, Middle Initial) A. RDT Media, LLC			Date of Disbursement M M / D D / Y Y Y Y 08 / 08 / 2014		
Mailing Address 37 NE 37th St.			Amount of Each Disbursement this Period 112.50		
City Oklahoma City	State OK	Zip Code 73105	Transaction ID : SB17.6359		
Purpose of Disbursement Media ad		004 Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff			
State:	District:				

Full Name (Last, First, Middle Initial) B. RDT Media, LLC			Date of Disbursement M M / D D / Y Y Y Y 08 / 30 / 2014		
Mailing Address 37 NE 37th St.			Amount of Each Disbursement this Period 112.50		
City Oklahoma City	State OK	Zip Code 73105	Transaction ID : SB17.6368		
Purpose of Disbursement Media ad		004 Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff			
State:	District:				

Full Name (Last, First, Middle Initial) c. Derick Robinson			Date of Disbursement M M / D D / Y Y Y Y 08 / 07 / 2014		
Mailing Address 7044 Lyrewood Ln			Amount of Each Disbursement this Period 60.00		
City Oklahoma City	State OK	Zip Code 73142	Transaction ID : SB17.6453		
Purpose of Disbursement In-kind - Social Media Work					
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff			
State:	District:				

SUBTOTAL of Disbursements This Page (optional).....	285.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 55			
	<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)
Guild for Congress

Full Name (Last, First, Middle Initial) A. Don Sherry		Date of Disbursement M M / D D / Y Y Y Y 08 / 22 / 2014
Mailing Address 1408 NW 147th St		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.6366
City Edmond State OK Zip Code 73013	Purpose of Disbursement 30 second Ad production Candidate Name Category/Type 004	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	State: District:	

Full Name (Last, First, Middle Initial) B. The City Sentinel		Date of Disbursement M M / D D / Y Y Y Y 08 / 08 / 2014
Mailing Address PO Box 60876		Amount of Each Disbursement this Period 100.00 Transaction ID : SB17.6358
City Oklahoma City State OK Zip Code 73146	Purpose of Disbursement Newspaper ads Candidate Name Category/Type 004	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	State: District:	

Full Name (Last, First, Middle Initial) c. The City Sentinel		Date of Disbursement M M / D D / Y Y Y Y 08 / 21 / 2014
Mailing Address PO Box 60876		Amount of Each Disbursement this Period 100.00 Transaction ID : SB17.6365
City Oklahoma City State OK Zip Code 73146	Purpose of Disbursement Display Ads Candidate Name Category/Type 004	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	700.00
TOTAL This Period (last page this line number only).....	4706.07

**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 21 OF 55	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Guild for Congress

Full Name (Last, First, Middle Initial) A. Thomas Guild		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2014
Mailing Address PO Box 6621		Amount of Each Disbursement this Period 207.47
City Edmond State OK Zip Code 73083	Purpose of Disbursement Loan Payment Candidate Name Category/Type 009	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OK District: 05	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Transaction ID : SB19A.6460

Full Name (Last, First, Middle Initial) B.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	207.47
TOTAL This Period (last page this line number only).....	207.47

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)
Guild for Congress

Transaction ID : **SC/10.4284**

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

[PERSONAL FUNDS]

Election: 2014

Thomas Guild

Primary
 General
 Other (specify) ▼

Mailing Address
PO Box 6621

City State ZIP Code
Edmond OK 73083

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
200.00 0.00 0.00

TERMS

Date Incurred Date Due Interest Rate Secured:
M 01 / D 01 / Y 2013 M M / D D / Y 4/1/2015 0.00 % (apr) Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶ 0.00

TOTALS 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.

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

Form/Schedule: SC/10

Transaction ID : SC/10.4284

(Current loan amount of 200.00 from a balance of 200.00 has been forgiven)

Form/Schedule:

Transaction ID:

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)
Guild for Congress

Transaction ID : **SC/10.4209**

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

[PERSONAL FUNDS]

Election: 2014

Thomas Guild

Primary

General

Other (specify) ▼

Mailing Address
PO Box 6621

City State ZIP Code
Edmond OK 73083

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
1000.00 0.00 0.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

06 / 11 / 2013

/ / 4/1/2015

0.00 % (apr)

Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)..... 0.00

TOTALS 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.

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

Form/Schedule: SC/10

Transaction ID : SC/10.4209

(Current loan amount of 1000.00 from a balance of 1000.00 has been forgiven)

Form/Schedule:

Transaction ID:

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)
Guild for Congress

Transaction ID : **SC/10.4393**

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

Thomas Guild

[PERSONAL FUNDS]

Election: 2014

Primary
 General
 Other (specify) ▼

Mailing Address
PO Box 6621

City State ZIP Code
Edmond OK 73083

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
300.00	0.00	0.00

TERMS

Date Incurred: M 09 / D 06 / Y 2013
 Date Due: M / D / Y 4/1/2015
 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: []

SUBTOTALS This Period This Page (optional).....	0.00
TOTALS 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.

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

Form/Schedule: SC/10

Transaction ID : SC/10.4393

(Current loan amount of 300.00 from a balance of 300.00 has been forgiven)

Form/Schedule:

Transaction ID:

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)
Guild for Congress

Transaction ID : **SC/10.4548**

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

[PERSONAL FUNDS]

Election: 2014

Thomas Guild

Primary
 General
 Other (specify) ▼

Mailing Address
PO Box 6621

City State ZIP Code
Edmond OK 73083

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
200.00 0.00 0.00

TERMS

Date Incurred Date Due Interest Rate Secured:
09 / 26 / 2013 M M / D D / 4/1/2015 Y 0.00 % (apr) Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)..... ▶ 0.00

TOTALS 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.

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

Form/Schedule: SC/10

Transaction ID : SC/10.4548

(Current loan amount of 200.00 from a balance of 200.00 has been forgiven)

Form/Schedule:

Transaction ID:

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.4753**
Guild for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Election: 2014
Thomas Guild
 Primary
 General
 Other (specify) ▼

Mailing Address
 PO Box 6621

City State ZIP Code
 Edmond OK 73083

Original Amount of Loan 800.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 0.00
-----------------------------------	------------------------------------	---

TERMS

Date Incurred M 11 / D 08 / Y 2013	Date Due M M / D D / Y 4/1/2015	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---------------------------------------	------------------------------------	-------------------------------	---

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional).....	0.00
TOTALS 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.

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

Form/Schedule: SC/10

Transaction ID : SC/10.4753

(Current loan amount of 800.00 from a balance of 800.00 has been forgiven)

Form/Schedule:

Transaction ID:

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)
Guild for Congress

Transaction ID : **SC/10.4826**

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

[PERSONAL FUNDS]

Election: 2014

Primary
 General
 Other (specify) ▼

Mailing Address
PO Box 6621

City State ZIP Code
Edmond OK 73083

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
2500.00 0.00 0.00

TERMS

Date Incurred Date Due Interest Rate Secured:
M 11 / D 29 / Y 2013 M M / D D / Y 4/1/2015 0.00 % (apr) Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶ 0.00

TOTALS 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.

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

Form/Schedule: SC/10

Transaction ID : SC/10.4826

(Current loan amount of 2500.00 from a balance of 2500.00 has been forgiven)

Form/Schedule:

Transaction ID:

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)
Guild for Congress

Transaction ID : **SC/10.4922**

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

[PERSONAL FUNDS]

Election: 2014

Thomas Guild

Primary

General

Other (specify) ▼

Mailing Address
PO Box 6621

City State ZIP Code
Edmond OK 73083

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
2300.00 0.00 0.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M 12 M /

D 31 D /

Y 2013 Y

M M /

D D /

Y 04/1/2015 Y

0.00 % (apr)

Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)..... ▶ [] 0.00

TOTALS 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.

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

Form/Schedule: SC/10

Transaction ID : SC/10.4922

(Current loan amount of 2300.00 from a balance of 2300.00 has been forgiven)

Form/Schedule:

Transaction ID:

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)
Guild for Congress

Transaction ID : **SC/10.5057**

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

[PERSONAL FUNDS]

Election: 2014

Primary
 General
 Other (specify) ▼

Mailing Address
PO Box 6621

City State ZIP Code
Edmond OK 73083

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
7500.00 0.00 0.00

TERMS

Date Incurred Date Due Interest Rate Secured:
M 02 / D 15 / Y 2014 M M / D D / Y 4/1/2015 Y 0.00 % (apr) Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶ 0.00

TOTALS 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.

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

Form/Schedule: SC/10

Transaction ID : SC/10.5057

(Current loan amount of 7500.00 from a balance of 7500.00 has been forgiven)

Form/Schedule:

Transaction ID:

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)
Guild for Congress

Transaction ID : SC/10.5116

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

[PERSONAL FUNDS]

Election: 2014

Primary
 General
 Other (specify) ▼

Mailing Address
PO Box 6621

City State ZIP Code
Edmond OK 73083

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
4000.00 0.00 0.00

TERMS

Date Incurred Date Due Interest Rate Secured:
M 03 / D 10 / Y 2014 M M / D D / Y 4/1/2015 0.00 % (apr) Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)..... ▶ 0.00

TOTALS 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.

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

Form/Schedule: SC/10

Transaction ID : SC/10.5116

(Current loan amount of 4000.00 from a balance of 4000.00 has been forgiven)

Form/Schedule:

Transaction ID:

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.5163**
Guild for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Election: 2014
Thomas Guild Primary
 Mailing Address General
 PO Box 6621 Other (specify) ▼

City State ZIP Code
 Edmond OK 73083

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
300.00	0.00	0.00

TERMS Date Incurred Date Due Interest Rate Secured:
 M 03 / D 31 / Y 2014 M M / D D / Y 4/1/2015 0.00 % (apr) Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)..... ▶ [] 0.00
TOTALS 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.

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

Form/Schedule: SC/10

Transaction ID : SC/10.5163

(Current loan amount of 300.00 from a balance of 300.00 has been forgiven)

Form/Schedule:

Transaction ID:

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)
Guild for Congress

Transaction ID : **SC/10.5904**

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

[PERSONAL FUNDS]

Election: 2014

Primary
 General
 Other (specify) ▼

Mailing Address
PO Box 6621

City State ZIP Code
Edmond OK 73083

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
15000.00 0.00 0.00

TERMS

Date Incurred Date Due Interest Rate Secured:
M 04 / D 23 / Y 2014 M M / D D / Y 4/1/2015 0.00 % (apr) Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)..... ▶ [] 0.00

TOTALS 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.

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

Form/Schedule: SC/10

Transaction ID : SC/10.5904

(Current loan amount of 15000.00 from a balance of 15000.00 has been forgiven)

Form/Schedule:

Transaction ID:

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)
Guild for Congress

Transaction ID : **SC/10.5905**

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

Thomas Guild

[PERSONAL FUNDS]

Election: 2014

Primary
 General
 Other (specify) ▼

Mailing Address
PO Box 6621

City State ZIP Code
Edmond OK 73083

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
500.00 0.00 0.00

TERMS

Date Incurred Date Due Interest Rate Secured:
M 05 / D 01 / Y 2014 M M / D D / Y 4/1/2015 0.00 % (apr) Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶ 0.00

TOTALS 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.

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

Form/Schedule: SC/10

Transaction ID : SC/10.5905

(Current loan amount of 500.00 from a balance of 500.00 has been forgiven)

Form/Schedule:

Transaction ID:

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)
Guild for Congress

Transaction ID : **SC/10.5911**

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

[PERSONAL FUNDS]

Election: 2014

Thomas Guild

Primary

General

Other (specify) ▼

Mailing Address
PO Box 6621

City State ZIP Code
Edmond OK 73083

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
1000.00 0.00 0.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

05 / 05 / 2014

/ / 4/1/2015

0.00 % (apr)

Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)..... 0.00

TOTALS 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.

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

Form/Schedule: SC/10

Transaction ID : SC/10.5911

(Current loan amount of 1000.00 from a balance of 1000.00 has been forgiven)

Form/Schedule:

Transaction ID:

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)
Guild for Congress

Transaction ID : **SC/10.5957**

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

[PERSONAL FUNDS]

Election: 2014

Thomas Guild

Primary

General

Other (specify) ▼

Mailing Address
PO Box 6621

City State ZIP Code
Edmond OK 73083

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
7000.00 0.00 0.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y Y Y
05 / 23 / 2014

M M / D D / Y Y Y Y
/ 4/1/2015

0.00 % (apr)

Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)..... ▶ 0.00

TOTALS 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.

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

Form/Schedule: SC/10

Transaction ID : SC/10.5957

(Current loan amount of 7000.00 from a balance of 7000.00 has been forgiven)

Form/Schedule:

Transaction ID:

**SCHEDULE C (FEC Form 3)
LOANS**

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.6279**
Guild for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial) Thomas Guild	[PERSONAL FUNDS]	Election: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff
Mailing Address PO Box 6621		

City	State	ZIP Code
Edmond	OK	73083

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
5000.00	0.00	0.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
07 / 23 / 2014	4/1/2015	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional).....	0.00
TOTALS 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.	

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

Form/Schedule: SC/10

Transaction ID : SC/10.6279

(Current loan amount of 5000.00 from a balance of 5000.00 has been forgiven)

Form/Schedule:

Transaction ID:

**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)
Guild for Congress

Transaction ID : **SC/10.6278**

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

[PERSONAL FUNDS]

Election: 2014

Primary
 General
 Other (specify) ▼
Runoff _____

Mailing Address
PO Box 6621

City State ZIP Code
Edmond OK 73083

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
24400.00	0.00	0.00

TERMS

Date Incurred: M 07 / D 30 / Y 2014
Date Due: M M / D D / Y 4/1/2015
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: _____

SUBTOTALS This Period This Page (optional).....	0.00
TOTALS 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.

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

Form/Schedule: SC/10

Transaction ID : SC/10.6278

(Current loan amount of 24400.00 from a balance of 24400.00 has been forgiven)

Form/Schedule:

Transaction ID:

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)
Guild for Congress

Transaction ID : **SC/10.6346**

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

[PERSONAL FUNDS]

Election: 2014

Primary
 General
 Other (specify) ▼
Runoff

Mailing Address
PO Box 6621

City State ZIP Code
Edmond OK 73083

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
570.00 207.47 0.00

TERMS

Date Incurred Date Due Interest Rate Secured:
08 / 13 / 2014 M M / D D / 4/1/2015 Y 0.00 % (apr) Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶ 0.00
TOTALS 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/10.6346

(Current loan amount of 362.53 from a balance of 362.53 has been forgiven)

Form/Schedule:

Transaction ID: