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FEC FORM 3

FE5AN018

# REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3	For An Authorize	ed Committee	Office	e Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5	
Howie Lind for Cong	ress			
				1
ADDRESS (number and street)	PO Box 878			
<b>▼</b>				
Check if different than previously reported. (ACC)	Mclean		VA 22101	
2. <b>FEC IDENTIFICATION</b>	NUMBER ▼	CITY	STATE A	ZIP CODE A STATE ▼ DISTRICT
C C00557983	3. IS RE	THIS NEW (N) OR	AMENDED (A)	VA 10
4. TYPE OF REPORT (	(Choose One) (b) 12-	Day <b>PRE</b> -Election Report for the		
(a) Quarterly Reports:	(2) 12			П
April 15 Quarter	ly Report (Q1)	Primary (12P)	General (12G)	Runoff (12R)
July 15 Quarterl	v Report (Q2)	Convention (12C)	Special (12S)	
		ection on	/ Y " Y " Y	in the State of
January 31 Year	E-End Report (YE) (c) 30-	Day <b>POST</b> -Election Report for th	e:	
		General (30G)	Runoff (30R)	Special (30S)
X Termination Rep		ection on	/ Y Y Y Y	in the State of
5. Covering Period	07		M / D D / Y 30	Y Y Y Y 2014
I certify that I have examined	I this Report and to the best	of my knowledge and belief it is	true, correct and con	nplete.
Type or Print Name of Treasu	urer Michael Rumberg			
Signature of Treasurer	Aichael Rumberg	[Electronically Filed]	Date 10 /	14 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
NOTE: Submission of false, em	roneous, or incomplete informa	ition may subject the person signin	g this Report to the pe	nalties of 2 U.S.C. §437g.
Office Use Only				EC FORM 3 (Revised 02/2003)

#### **SUMMARY PAGE**

FEC Form 3 (Revised 02/2003) Of Re

of Receipts and Disbursements

PAGE 2 / 20

Write or Type Committee Name

Howia	Lind	for	Congress
HOWIE	LIHU	101	Congress

09 30 2014 01 2014 Report Covering the Period: From: To: **COLUMN B COLUMN A Election Cycle-to-Date** This Period Net Contributions (other than loans) **Total Contributions** (a) 500.00 26125.00 (other than loans) (from Line 11(e)) .... (b) Total Contribution Refunds 0.00 5793.25 (from Line 20(d)) ..... (c) Net Contributions (other than loans) 500.00 20331.75 (subtract Line 6(b) from Line 6(a)) ...... Net Operating Expenditures (a) Total Operating Expenditures 332.40 173415.69 (from Line 17) ..... (b) Total Offsets to Operating 0.00 2288.04 Expenditures (from Line 14)..... (c) Net Operating Expenditures 332.40 171127.65 (subtract Line 7(b) from Line 7(a)) ...... Cash on Hand at Close of 0.00 Reporting Period (from Line 27)..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations Owed BY the Committee (Itemize all on 147820.90 Schedule C and/or Schedule D).....

#### For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

#### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 20

Write or Type Committee Name

### **Howie Lind for Congress**

Report Covering the Period: From: 07 01 2014 To: 09 30 2014

	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)	500.00	22225.00
	(ii) Unitemized(iii) TOTAL of contributions	0.00	3900.00
	from individuals	500.00	26125.00
`	b) Political Party Committees	0.00	0.00
(	(such as PACs)	0.00	0.00
`	d) The Candidatee) TOTAL CONTRIBUTIONS (other than loans)	0.00	0.00
	(add Lines 11(a)(iii), (b), (c), and (d))	500.00	26125.00
	TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
	OANS:  a) Made or Guaranteed by the		
(*	Candidate	0.00	151300.00
,	b) All Other Loans	0.00	0.00
,	(add Lines 13(a) and (b))	0.00	151300.00
E	DFFSETS TO OPERATING EXPENDITURES	0.00	2288.04
	Refunds, Rebates, etc.)		2200.01
	DTHER RECEIPTS Dividends, Interest, etc.)	0.00	3000.00
1	TOTAL RECEIPTS (add Lines 1(e), 12, 13(c), 14, and 15) Carry Total to Line 24, page 4)	500.00	182713.04

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 20

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17.	OPERATING EXPENDITURES	332.40	173415.69
18.	TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19.	LOAN REPAYMENTS: (a) Of Loans Made or Guaranteed	2470.40	0470.40
	by the Candidate	3479.10	3479.10 0.00
	(b) Of All Other Loans	3479.10	3479.10
20.	REFUNDS OF CONTRIBUTIONS TO:  (a) Individuals/Persons Other		
	(a) Individuals/Persons Other Than Political Committees	0.00	5793.25
	(b) Political Party Committees(c) Other Political Committees	0.00	0.00
	(such as PACs)	0.00	0.00
	(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))	0.00	5793.25
21.	OTHER DISBURSEMENTS	0.00	25.00
22.	TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21)	3811.50	182713.04
	III. CASH SU	JMMARY	
23.	CASH ON HAND AT BEGINNING OF REPO	RTING PERIOD	3311.50
24	TOTAL RECEIPTS THIS PERIOD (from Line	16, page 3)	500.00
25.	SUBTOTAL (add Line 23 and Line 24)		3811.50
26.	TOTAL DISBURSEMENTS THIS PERIOD (fro	om Line 22)	3811.50
27.	CASH ON HAND AT CLOSE OF REPORTIN (subtract Line 26 from Line 25)	G PERIOD	0.00

## SCHEDULE A (FEC Form 3)

FOR LINE NUMBER: **PAGE** (check only one) 11a 11b 11c

20 5 OF Use separate schedule(s) for each category of the ITEMIZED RECEIPTS Detailed Summary Page 12 13a 13b 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) **Howie Lind for Congress** Full Name (Last, First, Middle Initial) Howard Rhodes Lind Date of Receipt Mailing Address 1313 Rockland Terrace 2014 02 City State Zip Code Transaction ID: SA11AI.4595 VA 22101 Mclean FEC ID number of contributing Amount of Each Receipt this Period H4VA10121 federal political committee. 500.00 Name of Employer Occupation Contribution from Candidate Retired Retired Receipt For: 2014 Election Cycle-to-Date | Primary General 151800.00 Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. Name of Employer Occupation Receipt For: Election Cycle-to-Date Primary General Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. Name of Employer Occupation Receipt For: Election Cycle-to-Date Primary General Other (specify) 500.00 SUBTOTAL of Receipts This Page (optional)..... 500.00 TOTAL This Period (last page this line number only).....

### S

	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS	Use separate schedule( for each category of the Detailed Summary Page	(s) (ch	PR LINE NUMBER: PAGE 6 OF 20 neck only one)    X   17
	y information copied from such Reports and Statements m for commercial purposes, other than using the name and			
$\rangle$	NAME OF COMMITTEE (In Full) Howie Lind for Congress			
۱.	Full Name (Last, First, Middle Initial) Authorize.net			Date of Disbursement
	Mailing Address P.O. Box 8999			07 02 2014
	City State San Francisco CA	Zip Code 94128		Amount of Each Disbursement this Period
	Purpose of Disbursement Credit card processing fee		001	17.95 Transaction ID : SB17.4588
	Candidate Name		tegory/ Type	
	Office Sought:  House Senate President  Disbursement For Primary Other (s	General		
3.	Full Name (Last, First, Middle Initial) Authorize.net			Date of Disbursement
	Mailing Address P.O. Box 8999			08 04 2014
	City State San Francisco CA	Zip Code 94128		Amount of Each Disbursement this Period
	Purpose of Disbursement Credit card processing fee		001	17.95 Transaction ID : SB17.4590
	Candidate Name		egory/ Type	
	Office Sought:  House Senate President  Disbursement For Primary Other (s	General		
	State: District:			
).	Full Name (Last, First, Middle Initial)  Authorize.net			Date of Disbursement
	Mailing Address P.O. Box 8999			M M / D D / Y Y Y Y O O O O O O O O O O O O O O O
	-	p Code 4128		Amount of Each Disbursement this Period
	Purpose of Disbursement Credit card processing fee		001	17.95
	Candidate Name		egory/ Type	Transaction ID : SB17.4594
	Office Sought:  House Senate President  Disbursement For Primary Other (s	General		
	State: District:			
				53.85

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

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

### S

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS    Use separate schedule(s) for each category of the Detailed Summary Page (sheek early one) (or each category of the Commercial purposes, other from using the harne and softress of any political committee to solicit contributions 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 from using the harne and softress of any political committee to solicit contributions from such committee.    Amy Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions from such committee.   Name Clast, First, Middle Initial)		-					
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions of 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)   Howie Lind for Congress		•	-	for each category	nedule(s) ( of the	check only one)  X 17 18 19a 19b	
NAME OF COMMITTEE (In Full) Howie Lind for Congress  Full Name (Last, First, Middle Initial)  A. Merchant E-Solutions  Mailing Address 3600 Bridge Parkway # 102  City State Zip Code Redwood City Carbonisment Credit and processing fees  Gandidate Name  Office Sought: Senate President Other (specify)  B. Merchant E-Solutions  Mailing Address 3600 Bridge Parkway # 102  City State Zip Code Carbonisment Code Redwood City Primacy General Other (specify)  Date of Disbursement this Period  Amount of Each Disbursement this Period  Transaction ID : \$817.4599  Date of Disbursement  Date of Disbursement  Amount of Each Disbursement this Period  Transaction ID : \$817.4599  Date of Disbursement  Date of Disbursement this Period  Date of Disbursement Tip Period  Transaction ID : \$817.4592  Date of Disbursement Tip Period  Date of Disbursem						erson for the purpose of soliciting contributions	
Howie Lind for Congress  Full Name (Last, First, Middle Initial)  A. Merchant E-Solutions  Malling Address 3600 Bridge Parkway # 102  City Redwood City Purpose of Disbursement Credit card processing fees  Candidate Name  Office Sought:  Full Name (Last, First, Middle Initial) B. Merchant E-Solutions  Malling Address 3600 Bridge Parkway # 102  City State Purpose of Disbursement For: 2014  Category  Office Sought:  House Disbursement For: 2014  State Purpose of Disbursement Credit card processing fees  Candidate Name  Office Sought:  Full Name (Last, First, Middle Initial) C. Merchant E-Solutions  Malling Address 3600 Bridge Parkway # 102  City State President  Office Sought:  Full Name (Last, First, Middle Initial) C. Merchant E-Solutions  Malling Address 3600 Bridge Parkway # 102  City State President  Office Sought:  Full Name (Last, First, Middle Initial) C. Merchant E-Solutions  Malling Address 3600 Bridge Parkway # 102  City State President  Office Sought:  Full Name (Last, First, Middle Initial) C. Merchant E-Solutions  Malling Address 3600 Bridge Parkway # 102  City State President  Office Sought:  Full Name (Last, First, Middle Initial) C. Merchant E-Solutions  Malling Address 3600 Bridge Parkway # 102  City Category Category Transaction ID: SB17.4593  Transaction ID: SB17.4593				, p			
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Redwood City		Mailing Address 3600 Bridge P	arkway # 102				
Redwood City		City	State	Zip Code		Amount of Each Disbursement this Period	
Credit card processing fees  Candidate Name  Office Sought: House Senate Senate Primary General President State: District:  Full Name (Last, First, Middle Initial)  Redwood City State Zip Code Redwood City Credit card processing fees  Candidate Name  Office Sought: House Primary General Primary Genera		Redwood City	CA	94065			
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Full Name (Last, First, Middle Initial)  C. Merchant E-Solutions  Mailing Address 3600 Bridge Parkway # 102  City State Zip Code Redwood City CA 94065  Purpose of Disbursement Credit card processing fee  Candidate Name  Office Sought: House Senate President  Date of Disbursement  Amount of Each Disbursement this Period  Category/ Type  Transaction ID : SB17.4593			nt Other (s	specify)			
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Mailing Address 3600 Bridge Parkway # 102  City State Zip Code Redwood City CA 94065  Purpose of Disbursement Credit card processing fee  Candidate Name  Candidate Name  Disbursement For: 2014  Primary General President  O9 02 2014  Amount of Each Disbursement this Period  Category/ Type  Transaction ID: SB17.4593	C.	•	•			Date of Disbursement	
Redwood City  Purpose of Disbursement Credit card processing fee  Candidate Name  Category/ Type  Office Sought:  House Senate President  Disbursement For: 2014  Primary Other (specify)  Primary Other (specify)		Mailing Address 3600 Bridge Parkway # 102					
Redwood City CA 94065  Purpose of Disbursement Credit card processing fee  Candidate Name  Category/ Type  Office Sought: House Senate President President  President  CA 94065  38.00  Transaction ID: SB17.4593		City State Zip Code			Amount of Each Disbursement this Period		
Credit card processing fee  Candidate Name  Category/ Type  Office Sought: House Senate President President Other (specify)  Disbursement For: 2014  Office Sought: Other (specify)  Category/ Type  Transaction ID: SB17.4593							
Category/ Type  Office Sought: House Disbursement For: 2014 Senate President President Other (specify)		Cradit aard processing for			001		
Senate Primary General Other (specify)		Categ				iransaction ID: SB17.4593	
State: District:		Senate	X Primary	General			
	_	State: District:					

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

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

278.55

332.40

	SCHEDULE B (FEC Form 3) TEMIZED DISBURSEMENTS			Use separate sch for each category Detailed Summar	of the	FOR LINE NUMBER: PAGE 8 OF 20 (check only one)  17
		rposes, other than us				person for the purpose of soliciting contributions ee to solicit contributions from such committee.
$\rangle$	Howie Lind 1	for Congress				
۸.	Full Name (Last, F	,				Date of Disbursement
	Mailing Address	1313 Rockland Terrace	Э			09 17 2014
	City Mclean		State VA	Zip Code 22101		Amount of Each Disbursement this Period
	Purpose of Disbur Repayment of Ca				009	3479.10 Transaction ID : SB19A.4596
	Candidate Name				Category/ Type	
	Office Sought: State: VA	House Senate President District: 10	Disbursement For Primary Other (s	General		
3.	Full Name (Last, F	irst, Middle Initial)				Date of Disbursement
	Mailing Address					M M / D D / Y Y Y
	City		State	Zip Code		Amount of Each Disbursement this Period
	Purpose of Disbur	sement				1
	Candidate Name				Category/ Type	
	Office Sought:	House Senate President	Disbursement For Primary Other (s	General		
	State: Full Name (Last, F	District: First, Middle Initial)				
Э.						Date of Disbursement
	Mailing Address					
	City		State Zi	p Code		Amount of Each Disbursement this Period
Purpose of Disbursement						
	Candidate Name				Category/ Type	
	Office Sought:	House Senate President	Disbursement For Primary Other (s	General		
	State:	District:				
s	UBTOTAL of Disb	ursements This Page	(optional)			3479.10

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

3479.10

Use separate schedule(s) for each category of the

FOR LINE NUMBER: (check only one)

**PAGE** 

×	13a
	13b

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Detailed Summary Page Transaction ID: SC/10.4169 NAME OF COMMITTEE (In Full) Howie Lind for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary Howard Rhodes Lind General Mailing Address Other (specify) ullet1313 Rockland Terrace City State ZIP Code VA 22101 Mclean Balance Outstanding at Close of This Period Original Amount of Loan Cumulative Payment To Date 75000.00 3479.10 71520.90 **TERMS** Date Incurred Date Due Interest Rate Secured: <sup>M</sup> 02<sup>M</sup> <sup>D</sup>12 ž014 0.00 5/31/2014 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 71520.90 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.

**1mage# 14978212784** PAGE 10 / 20

#### : 97 A = G7 9 @ G B9 C I G H9 L H F 9 @ 5 H9 8 HC 5 F 9 D C F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: SC/10 Transaction ID: SC/10.4169

(Current loan amount of 71520.90 from a balance of 71520.90 has been forgiven)

Use separate schedule(s) for each category of the

FOR LINE NUMBER: (check only one)

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Detailed Summary Page Transaction ID: SC/10.4171 NAME OF COMMITTEE (In Full) Howie Lind for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary Howard Rhodes Lind General Mailing Address Other (specify) ullet1313 Rockland Terrace City State ZIP Code VA 22101 Mclean Balance Outstanding at Close of This Period Original Amount of Loan Cumulative Payment To Date 20000.00 0.00 20000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: <sup>M</sup> 03<sup>M</sup> 06 ž014 0.00 5/31/2014 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 20000.00 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.

**1mage# 14978212786** PAGE 12 / 20

#### : 97 'A = G7 9 @ G B9 CI G'H9 LH F9 @ 5 H98 'HC '5 'F9 DC FHZ G7 < 98 I @ 'C F' + H9 A = N5 H+ C B

Form/Schedule: SC/10 Transaction ID: SC/10.4171

(Current loan amount of 20000.00 from a balance of 20000.00 has been forgiven)

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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(check only one) Detailed Summary Page Transaction ID: SC/10.4585 NAME OF COMMITTEE (In Full) Howie Lind for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary **Howard Rhodes Lind** General Mailing Address Other (specify) 1313 Rockland Terrace City State ZIP Code VA 22101 Mclean Balance Outstanding at Close of This Period Original Amount of Loan Cumulative Payment To Date 10000.00 0.00 10000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: <sup>M</sup> 03<sup>M</sup> <sup>D</sup> 17 ž014 0.00 5/31/2014 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 10000.00 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.

**1mage# 14978212788** PAGE 14 / 20

#### : 97 'A = G7 9 @ G B9 CI G'H9 LH F9 @ 5 H98 'HC '5 'F9 DC FHZ G7 < 98 I @ 'C F' + H9 A = N5 H+ C B

Form/Schedule: SC/10 Transaction ID: SC/10.4585

(Current loan amount of 10000.00 from a balance of 10000.00 has been forgiven)

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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(check only one) Detailed Summary Page Transaction ID: SC/10.4172 NAME OF COMMITTEE (In Full) Howie Lind for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary **Howard Rhodes Lind** General Mailing Address Other (specify) ullet1313 Rockland Terrace City State ZIP Code VA 22101 Mclean Balance Outstanding at Close of This Period Original Amount of Loan Cumulative Payment To Date 25000.00 0.00 25000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: <sup>D</sup>25 <sup>M</sup> 03<sup>M</sup> ž014 0.00 5/31/2014 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 25000.00 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.

1mage# 14978212790 PAGE 16 / 20

#### : 97 'A = G7 9 @ G B9 CI G'H9 LH F 9 @ 5 H9 8 'HC '5 'F 9 DC F HZ G7 < 98 I @ 'C F '+ H9 A = N5 H= C B

Form/Schedule: SC/10 Transaction ID: SC/10.4172

(Current loan amount of 25000.00 from a balance of 25000.00 has been forgiven)

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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(check only one) Detailed Summary Page Transaction ID: SC/10.4586 NAME OF COMMITTEE (In Full) Howie Lind for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary **Howard Rhodes Lind** General Mailing Address Other (specify)  $\blacktriangledown$ 1313 Rockland Terrace City State ZIP Code VA 22101 Mclean Balance Outstanding at Close of This Period Original Amount of Loan Cumulative Payment To Date 11000.00 0.00 11000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: <sup>M</sup> 04<sup>M</sup> 08 ž014 0.00 5/31/2014 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 11000.00 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.

**1mage# 14978212792** PAGE 18 / 20

#### : 97 'A = G7 9 @ G B9 CI G'H9 LH F9 @ 5 H98 'HC '5 'F9 DC FHZ G7 < 98 I @ 'C F' + H9 A = N5 H+ C B

Form/Schedule: SC/10 Transaction ID: SC/10.4586

(Current loan amount of 11000.00 from a balance of 11000.00 has been forgiven)

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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(check only one) Detailed Summary Page Transaction ID: SC/10.4563 NAME OF COMMITTEE (In Full) Howie Lind for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary **Howard Rhodes Lind** General Mailing Address Other (specify)  $\blacktriangledown$ 1313 Rockland Terrace City State ZIP Code VA 22101 Mclean Balance Outstanding at Close of This Period Original Amount of Loan Cumulative Payment To Date 10300.00 0.00 10300.00 **TERMS** Date Incurred Date Due Interest Rate Secured: 29 <sup>M</sup> 04<sup>M</sup> ž014 0.00 5/31/2014 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount ZIP Code Guaranteed City State Outstanding: SUBTOTALS This Period This Page (optional)..... 10300.00 147820.90 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.

1mage# 14978212794 PAGE 20 / 20

#### : 97 'A = G7 9 @ G B9 CI G'H9 LH F9 @ 5 H98 'HC '5 'F9 DC FHZ G7 < 98 I @ 'C F' + H9 A = N5 H+ C B

Form/Schedule: SC/10 Transaction ID: SC/10.4563

(Current loan amount of 10300.00 from a balance of 10300.00 has been forgiven)