

# 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

Kiaaina for Congress

ADDRESS (number and street)

PO Box 700568

Check if different than previously reported. (ACC)

Kapolei

HI

96709

2. FEC IDENTIFICATION NUMBER ▼

C C00500470

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

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

HI

02

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  /  /  in the State of

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

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

Election on  /  /  in the State of

5. Covering Period

/  /

through

/  /

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 Yuklin Aluli

Signature of Treasurer Yuklin Aluli

[Electronically Filed]

Date

/  /

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  
**Kiaaina for Congress**

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e))....	0.00	0.00
(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)).....	0.00	0.00
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) .....	439.99	807.73
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	259.57
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	439.99	548.16
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	-0.10	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	0.00	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	0.00	

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**Kiaaina for Congress**

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

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0.00	0.00
(ii) Unitemized.....	0.00	0.00
(iii) TOTAL of contributions from individuals ▶	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(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))..	0.00	0.00
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	259.57
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.).....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	0.00	259.57

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	439.99	807.73
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	1073.86	1073.86
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	1073.86	1073.86
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. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	1513.85	1881.59

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	1513.75
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	0.00
25. SUBTOTAL (add Line 23 and Line 24).....	1513.75
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	1513.85
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	-0.10

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 12			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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)  
**Kiaaina for Congress**

Full Name (Last, First, Middle Initial) <b>A. Esther Kiaaina</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 28 / 2013
Mailing Address 89-564 Farrington Highway		Amount of Each Disbursement this Period 4000.00
City Waianae	State HI	
Zip Code 96792	Purpose of Disbursement Forgive debt to candidate	Transaction ID : D675702
Candidate Name <b>Esther Kiaaina</b>	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: HI District: 02		

Full Name (Last, First, Middle Initial) <b>B. Project Accounting Services</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2013
Mailing Address 603 Stewart St Ste 819		Amount of Each Disbursement this Period 270.00
City Seattle	State WA	
Zip Code 98101-1229	Purpose of Disbursement Accounting/Compliance	Transaction ID : D674895
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

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

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	270.00
<b>TOTAL</b> This Period (last page this line number only).....	270.00

**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 6 OF 12	
	<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)  
**Kiaaina for Congress**

Full Name (Last, First, Middle Initial) <b>A. Esther Kiaaina</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 28 / 2013
Mailing Address 89-564 Farrington Highway		Amount of Each Disbursement this Period 1073.86 <b>Transaction ID : D675697</b>
City Waianae	State HI	
Zip Code 96792	Purpose of Disbursement 2012 Primary Loan Payment	Category/ Type
Candidate Name <b>Esther Kiaaina</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: HI District: 02	

Full Name (Last, First, Middle Initial) <b>B. Esther Kiaaina</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 28 / 2013
Mailing Address 89-564 Farrington Highway		Amount of Each Disbursement this Period 2000.00 <b>Transaction ID : D675698</b> <b>[MEMO ITEM]</b>
City Waianae	State HI	
Zip Code 96792	Purpose of Disbursement To record loan forgiveness	Category/ Type
Candidate Name <b>Esther Kiaaina</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: HI District: 02	

Full Name (Last, First, Middle Initial) <b>c. Esther Kiaaina</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 28 / 2013
Mailing Address 89-564 Farrington Highway		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : D675699</b> <b>[MEMO ITEM]</b>
City Waianae	State HI	
Zip Code 96792	Purpose of Disbursement To record loan forgiveness	Category/ Type
Candidate Name <b>Esther Kiaaina</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: HI District: 02	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1073.86
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 7 OF 12	
	<input type="checkbox"/> 17 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)  
**Kiaaina for Congress**

Full Name (Last, First, Middle Initial) <b>A. Esther Kiaaina</b>		Date of Disbursement M M / D D / Y Y Y Y <b>01 / 28 / 2013</b>
Mailing Address <b>89-564 Farrington Highway</b>		Amount of Each Disbursement this Period <b>5000.00</b>
City <b>Waianae</b>	State <b>HI</b>	
Zip Code <b>96792</b>	Purpose of Disbursement <b>To record loan forgiveness</b>	<b>Transaction ID : D675700</b>
Candidate Name <b>Esther Kiaaina</b>	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2012</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b>
State: <b>HI</b> District: <b>02</b>		

Full Name (Last, First, Middle Initial) <b>B. Esther Kiaaina</b>		Date of Disbursement M M / D D / Y Y Y Y <b>01 / 28 / 2013</b>
Mailing Address <b>89-564 Farrington Highway</b>		Amount of Each Disbursement this Period <b>8926.14</b>
City <b>Waianae</b>	State <b>HI</b>	
Zip Code <b>96792</b>	Purpose of Disbursement <b>To record loan forgiveness</b>	<b>Transaction ID : D675701</b>
Candidate Name <b>Esther Kiaaina</b>	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2012</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b>
State: <b>HI</b> District: <b>02</b>		

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

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>0.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>1073.86</b>

**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)  
**Kiaaina for Congress**

Transaction ID : **L1000**

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

**Esther Kiaaina PERS FUNDS**

**[PERSONAL FUNDS]**

Election: 2012

Primary  
 General  
 Other (specify) ▼

Mailing Address  
89-564 Farrington Highway

City State ZIP Code  
Waianae HI 96792

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
10000.00	10000.00	0.00

**TERMS**

Date Incurred: M 01 / D 31 / Y 2012  
 Date Due: M / D / Y none  
 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.**

**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)  
**Kiaaina for Congress**

Transaction ID : **L1035**

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
**Esther Kiaaina PERS FUNDS**

**[PERSONAL FUNDS]**

Election: 2012

Primary  
 General  
 Other (specify) ▼

Mailing Address  
89-564 Farrington Highway

City State ZIP Code  
Waianae HI 96792

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

**TERMS**

Date Incurred: M 06 / D 05 / Y 2012  
 Date Due: M / D / Y none  
 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.**

**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)  
**Kiaaina for Congress**

Transaction ID : L1037

LOAN SOURCE Full Name (Last, First, Middle Initial)  
**Esther Kiaaina PERS FUNDS**

**[PERSONAL FUNDS]**

Election: 2012

Primary  
 General  
 Other (specify) ▼

Mailing Address  
89-564 Farrington Highway

City State ZIP Code  
Waianae HI 96792

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
2000.00	2000.00	0.00

**TERMS**

Date Incurred: M 06 / D 04 / Y 2012  
 Date Due: M / D / Y none  
 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.

**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)  
**Kiaaina for Congress**

Transaction ID : **L1038**

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

**Esther Kiaaina PERS FUNDS**

**[PERSONAL FUNDS]**

Election: 2012

Primary  
 General  
 Other (specify) ▼

Mailing Address  
89-564 Farrington Highway

City State ZIP Code  
Waianae HI 96792

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

**TERMS**

Date Incurred: M 05 / D 01 / Y 2012  
 Date Due: M / D / Y none  
 Interest Rate: 0.00 % (apr)  
 Secured:  Yes  No

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

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

<b>SUBTOTALS</b> This Period This Page (optional).....	[ ] 0.00
<b>TOTALS</b> This Period (last page in this line only).....	[ ] 0.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE D (FEC Form 3)**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

NAME OF COMMITTEE (In Full)

**Kiaaina for Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Esther Kiaaina</b>		Nature of Debt (Purpose): Ad Production
Mailing Address 89-564 Farrington Highway		
City State	Zip Code	
Waianae	HI 96792	

Outstanding Balance Beginning This Period		<b>Transaction ID : D632971</b>	
4000.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	4000.00	0.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of Debt (Purpose):
Mailing Address		
City State	Zip Code	

Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of Debt (Purpose):
Mailing Address		
City State	Zip Code	

Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

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