



**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

**Dr. Brad Allen for Congress**

Report Covering the Period: From: M M / D D / Y Y Y Y 07 / 01 / 2014 To: M M / D D / Y Y Y Y 09 / 30 / 2014

	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))....	400.00	40521.00
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	2600.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....	400.00	37921.00
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) .....	131.60	131650.78
(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)).....	131.60	131650.78
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	270.22	
<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>	103780.00	

**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

**Dr. Brad Allen 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).....	250.00	38780.00
(ii) Unitemized.....	150.00	1741.00
(iii) TOTAL of contributions from individuals ▶	400.00	40521.00
(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))..	400.00	40521.00
<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	94000.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	94000.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	0.00
<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>	400.00	134521.00

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	131.60	131650.78
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	2600.00
(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	2600.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	131.60	134250.78

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	1.82
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	400.00
25. SUBTOTAL (add Line 23 and Line 24).....	401.82
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	131.60
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	270.22

**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 14
	<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)  
**Dr. Brad Allen for Congress**

Full Name (Last, First, Middle Initial) <b>Harold Helbock</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 07 / 2014
Mailing Address 3588 Sunny Hills Ln		<b>Transaction ID : INCA98</b>
City Vacaville	State CA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self	Occupation Physician	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		M M / D D / Y Y Y Y Y Y
City	State	Zip Code
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		M M / D D / Y Y Y Y Y Y
City	State	Zip Code
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	250.00
<b>TOTAL</b> This Period (last page this line number only).....	250.00

**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 14			
	<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)  
**Dr. Brad Allen for Congress**

**A. eFundraising Connections**

Full Name (Last, First, Middle Initial)  
Mailing Address 2131 Capitol Ave., Ste. 306

City Sacramento State CA Zip Code 95816

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify)

State: District:

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

Amount of Each Disbursement this Period  
27.50

Transaction ID : EXPB101

Category/Type  
001

**B. US Bank**

Full Name (Last, First, Middle Initial)  
Mailing Address 936 State Street

City Santa Barbara State CA Zip Code 93101

Purpose of Disbursement  
Bank Fees

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
07 / 15 / 2014

Amount of Each Disbursement this Period  
62.38

Transaction ID : EXPB102

Category/Type  
001

**C. US Bank**

Full Name (Last, First, Middle Initial)  
Mailing Address 936 State Street

City Santa Barbara State CA Zip Code 93101

Purpose of Disbursement  
Bank Fees

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
08 / 14 / 2014

Amount of Each Disbursement this Period  
20.96

Transaction ID : EXPB103

Category/Type  
001

**SUBTOTAL** of Disbursements This Page (optional)..... 110.84

**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 7 OF 14			
	<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)  
**Dr. Brad Allen for Congress**

Full Name (Last, First, Middle Initial) <b>A. US Bank</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2014
Mailing Address 936 State Street		Amount of Each Disbursement this Period 20.76 <b>Transaction ID : EXPB104</b>
City Santa Barbara State CA Zip Code 93101	Purpose of Disbursement Bank Fees Candidate Name Category/Type 001	
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>B.</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:	

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).....	20.76
<b>TOTAL</b> This Period (last page this line number only).....	131.60

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

NAME OF COMMITTEE (In Full) **Dr. Brad Allen for Congress** Transaction ID : **PAYC97**

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
**Brad Allen - Personal Funds**

Election: 2014  
 Primary  
 General  
 Other (specify) ▼

Mailing Address  
PO Box 88

City State ZIP Code  
 Summerland CA 93067

Original Amount of Loan 20000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 20000.00
-------------------------------------	------------------------------------	---

**TERMS**

Date Incurred: M 05 / D 15 / Y 2014  
 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)..... ▶ 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.



# SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Dr. Brad Allen for Congress** Transaction ID : **PAYC64**

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
**Brad Allen - Personal Funds**

Election: 2014  
 Primary  
 General  
 Other (specify) ▼

Mailing Address  
PO Box 88

City State ZIP Code  
 Summerland CA 93067

Original Amount of Loan 25000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 25000.00
-------------------------------------	------------------------------------	---

**TERMS**

Date Incurred: M 05 / D 21 / Y 2014  
 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)..... ▶ 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.**

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

NAME OF COMMITTEE (In Full) **Dr. Brad Allen for Congress** Transaction ID : **PAYC71**

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
**Brad Allen - Personal Funds**

Election: 2014  
 Primary  
 General  
 Other (specify) ▼

Mailing Address  
PO Box 88

City State ZIP Code  
 Summerland CA 93067

Original Amount of Loan 11000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 11000.00
-------------------------------------	------------------------------------	---

**TERMS**

Date Incurred: M 05 / D 23 / Y 2014  
 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)..... ▶ 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.**

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

NAME OF COMMITTEE (In Full) **Transaction ID : PAYC73**  
**Dr. Brad Allen for Congress**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>Brad Allen - Personal Funds</b>	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO Box 88	

City	State	ZIP Code
Summerland	CA	93067

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
28000.00	0.00	28000.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M 05 / D 27 / Y 2014 Y	M M / D D / Y . None Y	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: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....	▶	28000.00
<b>TOTALS</b> 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**

NAME OF COMMITTEE (In Full) **Dr. Brad Allen for Congress** Transaction ID : **PAYC77**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>Brad Allen - Personal Funds</b>	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO Box 88	

City	State	ZIP Code
Summerland	CA	93067

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
3000.00	0.00	3000.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M 05 / D 27 / Y 2014 Y	M M / D D / Y . None Y	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: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

<b>SUBTOTALS</b> This Period This Page (optional).....	3000.00
<b>TOTALS</b> This Period (last page in this line only).....	<input type="text"/>
<b>Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.</b>	

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

NAME OF COMMITTEE (In Full) **Dr. Brad Allen for Congress** Transaction ID : **PAYC80**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>Brad Allen - Personal Funds</b>	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO Box 88	

City	State	ZIP Code
Summerland	CA	93067

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

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M 06 / D 02 / Y 2014 Y	M M / D D / Y . None Y	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: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

<b>SUBTOTALS</b> This Period This Page (optional).....	7000.00
<b>TOTALS</b> This Period (last page in this line only).....	94000.00

**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**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)  9  10

NAME OF COMMITTEE (In Full)

**Dr. Brad Allen for Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Brad Allen - Personal Funds**

Mailing Address PO Box 88

City State Zip Code  
 Summerland CA 93067

Nature of Debt (Purpose):  
 Filing Fee

Outstanding Balance Beginning This Period **Transaction ID : PAYD56**

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

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Brad Allen - Personal Funds**

Mailing Address PO Box 88

City State Zip Code  
 Summerland CA 93067

Nature of Debt (Purpose):  
 Ballot Statement Fees

Outstanding Balance Beginning This Period **Transaction ID : PAYD57**

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

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

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) .....	<input type="text" value="9780.00"/>
2) <b>TOTALS</b> This Period (last page this line number only) .....	<input type="text" value="9780.00"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text" value="94000.00"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="103780.00"/>