

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. Faith Family Freedom Fund

ADDRESS (number and street) 801 G Street, NW Washington DC 20001

2. FEC IDENTIFICATION NUMBER C00489625 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report. (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Oct 20, Nov 20, Dec 20, Jan 31. (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special. (d) 30-Day POST-Election Report for the: General, Runoff, Special.

5. Covering Period 09 01 2011 through 09 30 2011

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 Paul Tripodi

Signature of Treasurer Paul Tripodi [Electronically Filed] Date 10 19 2011

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Faith Family Freedom Fund

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2011"/>	<input type="text" value="50413.00"/>	<input type="text" value="50413.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="98074.47"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="35611.10"/>	<input type="text" value="192112.65"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="133685.57"/>	<input type="text" value="242525.65"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="22484.08"/>	<input type="text" value="131324.16"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="111201.49"/>	<input type="text" value="111201.49"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Faith Family Freedom Fund

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	34906.10	144846.04
(ii) Unitemized	705.00	47266.61
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	35611.10	192112.65
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	35611.10	192112.65
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	35611.10	192112.65
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	35611.10	192112.65

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	18020.68	96304.76
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	18020.68	96304.76
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	60.00
(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 28(a), (b), and (c)).....	0.00	60.00
29. Other Disbursements	4463.40	34959.40
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	22484.08	131324.16
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	22484.08	131324.16

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	35611.10	192112.65
34. Total Contribution Refunds (from Line 28(d))	0.00	60.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	35611.10	192052.65
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	18020.68	96304.76
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	18020.68	96304.76

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

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

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)
Faith Family Freedom Fund

A. Mr. Michael Baller
 Full Name (Last, First, Middle Initial)
 Mailing Address 3926 S Magnolia Way
 City Denver State CO Zip Code 80237-2014
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Info requested per best effort
 Occupation Info requested per best efforts
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 30000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 26 / 2011
Transaction ID : SA11AI.7059
 Amount of Each Receipt this Period
 30000.00

B. Mr. Jared Carman
 Full Name (Last, First, Middle Initial)
 Mailing Address 6748 Canterbury Dr
 City Highland State UT Zip Code 84003-9331
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Info requested per best effort
 Occupation Self Employed
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 01 / 2011
Transaction ID : SA11AI.7045
 Amount of Each Receipt this Period
 50.00

C. Mr. James Doss
 Full Name (Last, First, Middle Initial)
 Mailing Address 2375 Troon Ct
 City Sanibel State FL Zip Code 33957-2218
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Info requested per best effort
 Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 3500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 12 / 2011
Transaction ID : SA11AI.7057
 Amount of Each Receipt this Period
 3500.00

SUBTOTAL of Receipts This Page (optional).....▶	33550.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 12
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Faith Family Freedom Fund

Full Name (Last, First, Middle Initial) A. Family Research Council Action		Date of Receipt
Mailing Address 801 G Street, NW		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2011"/>
City	State	Zip Code
Washington	DC	20001
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.6953
Name of Employer	Occupation	Amount of Each Receipt this Period
		<input type="text" value="306.10"/>
Receipt For:	Aggregate Year-to-Date ▼	In-kind - Administrative, compliance, fundraising support, website
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="16326.04"/>	

Full Name (Last, First, Middle Initial) B. Mr. Tyrone Lockhart		Date of Receipt
Mailing Address 830 Lincoln Ave		<input type="text" value="09"/> / <input type="text" value="12"/> / <input type="text" value="2011"/>
City	State	Zip Code
Steamboat Springs	CO	80487-5005
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.7056
Name of Employer	Occupation	Amount of Each Receipt this Period
fmlight and sons	businessman	<input type="text" value="1000.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1050.00"/>	

Full Name (Last, First, Middle Initial) C. Mr. Albert Normandia		Date of Receipt
Mailing Address 41 School Rd W		<input type="text" value="09"/> / <input type="text" value="01"/> / <input type="text" value="2011"/>
City	State	Zip Code
Marlboro	NJ	07746-1543
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.7044
Name of Employer	Occupation	Amount of Each Receipt this Period
New York City Dept. of Ed/Meridian Hea	Teacher/physical therapist	<input type="text" value="50.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="250.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1356.10"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value="34906.10"/>

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Faith Family Freedom Fund

Full Name (Last, First, Middle Initial)

A. Family Research Council Action

Mailing Address 801 G Street, NW

City Washington State DC Zip Code 20001

Purpose of Disbursement
Bus tour travel expenses

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.7063

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Family Research Council Action

Mailing Address 801 G Street, NW

City Washington State DC Zip Code 20001

Purpose of Disbursement
In-kind - Administrative, compliance, fundraising support, website

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.6954

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Kathleen Flavin

Mailing Address 6304 Dunaway Court

City McLean State VA Zip Code 22101

Purpose of Disbursement
Bus tour organizer

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.7060

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Faith Family Freedom Fund

Full Name (Last, First, Middle Initial)

A. John L. Productions

Mailing Address 143 Laurelwood Dr.

City State Zip Code
Pike Road AL 36064

Purpose of Disbursement
Rental of bus for bus tour

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.6815

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Mark A. Roepke

Mailing Address 5550 Columbia Pike
#742

City State Zip Code
Arlington VA 22204

Purpose of Disbursement
Bus tour driver

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.6955

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Mark A. Roepke

Mailing Address 5550 Columbia Pike
#742

City State Zip Code
Arlington VA 22204

Purpose of Disbursement
Bus tour driver

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.7061

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Faith Family Freedom Fund

Full Name (Last, First, Middle Initial)

A. Family Research Council Action

Mailing Address 801 G Street, NW

City Washington State DC Zip Code 20001

Purpose of Disbursement
Non-federal newspaper ad

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB29.7064

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

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

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 11 OF 12
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
Faith Family Freedom Fund

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Family Research Council Action	Nature of Debt (Purpose): Non-federal newspaper ad
Mailing Address 801 G Street, NW	
City State Zip Code Washington DC 20001	

Outstanding Balance Beginning This Period <input type="text" value="4463.40"/>	Transaction ID : SD10.6826	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="4463.40"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Family Research Council Action	Nature of Debt (Purpose): Bus tour travel expenses
Mailing Address 801 G Street, NW	
City State Zip Code Washington DC 20001	

Outstanding Balance Beginning This Period <input type="text" value="3543.64"/>	Transaction ID : SD10.6825	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="3543.64"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Kathleen Flavin	Nature of Debt (Purpose): Bus tour organizer
Mailing Address 6304 Dunaway Court	
City State Zip Code McLean VA 22101	

Outstanding Balance Beginning This Period <input type="text" value="1068.31"/>	Transaction ID : SD10.6823	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="1068.31"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

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

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 12 OF 12
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
Faith Family Freedom Fund

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor John L. Productions	Nature of Debt (Purpose): Rental of bus for bus tour
Mailing Address 143 Laurelwood Dr.	
City State Zip Code Pike Road AL 36064	

Outstanding Balance Beginning This Period <input type="text" value="5706.21"/>	Transaction ID : SD10.6813	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="5706.21"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Mark A. Roepke	Nature of Debt (Purpose): Bus tour driver
Mailing Address 5550 Columbia Pike #742	
City State Zip Code Arlington VA 22204	

Outstanding Balance Beginning This Period <input type="text" value="7228.47"/>	Transaction ID : SD10.6824	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="7228.47"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Mark A. Roepke	Nature of Debt (Purpose): Bus tour driver
Mailing Address 5550 Columbia Pike #742	
City State Zip Code Arlington VA 22204	

Outstanding Balance Beginning This Period <input type="text" value="167.95"/>	Transaction ID : SD10.6827	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="167.95"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

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