

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

ELECT PAULA INC

ADDRESS (number and street)

4741 ATLANTIC BLVD SUITE E-4

Check if different than previously reported. (ACC)

Jacksonville

FL

32207

2. FEC IDENTIFICATION NUMBER ▼

C C00561985

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

FL

04

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

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

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

M M /

D D /

Y Y Y Y

in the State of

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

General (30G)

Runoff (30R)

Special (30S)

Election on

M M / 11

D D / 04

Y Y Y Y / 2014

in the State of

FL

5. Covering Period

M M / 10

D D / 16

Y Y Y Y / 2014

through

M M / 11

D D / 24

Y Y Y Y / 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Samuel Bartlett

Signature of Treasurer Samuel Bartlett

[Electronically Filed]

Date

M M / 12

D D / 03

Y Y Y Y / 2014

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

Office Use Only

FEC FORM 3 (Revised 02/2003)

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
ELECT PAULA INC

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	2570.00	16450.28
(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)).....	2570.00	16450.28
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	2117.60	20370.72
(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)).....	2117.60	20370.72
8. Cash on Hand at Close of Reporting Period (from Line 27).....	289.56	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	4250.00	

For further information contact:

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

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

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

- If the candidate participated in the general election, use this form for the 30-day Post-General report.
- If the candidate did NOT participate in the general election, use this form for the Year-end report covering through December 31 of the election year (due on January 31).

This form is used in lieu of filling out Line Numbers 6 through 7 on Page 2 (Summary Page) and Pages 3 and 4 (the Detailed Summary Page) for the last report filed by a candidate during the current election cycle.

Write or Type Committee Name

ELECT PAULA INC

Report Covering the Period: From: 10 / 16 / 2014 To: 11 / 24 / 2014

I. RECEIPTS

COLUMN A Total this Period	COLUMN B Election Cycle Total as of 11 / 04 / 2014 (date of general election)	COLUMN C Total for 11 / 05 / 2014 (date after general election)
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other than Political Committees		
(i) Itemized (use Schedule A)		
70.00	10430.65	0.00
(ii) Unitemized		
0.00	3319.63	0.00
(iii) Total of contributions from individuals		
70.00	13750.28	0.00
(b) Political Party Committees		
0.00	0.00	0.00
(c) Other Political Committees		
2500.00	2500.00	0.00

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 4 / 13

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
(d) The Candidate		
0.00	200.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c) and (d))		
2570.00	16450.28	0.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
0.00	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate		
0.00	5000.00	0.00
(b) All Other Loans		
0.00	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))		
0.00	5000.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, rebates, etc.)		
0.00	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)		
0.00	0.00	0.00
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)		
2570.00	21450.28	0.00

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 5 / 13

Write or Type Committee Name

ELECT PAULA INC

 Report Covering the Period: From: / / To: / /
II. DISBURSEMENTS

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
17. OPERATING EXPENDITURES		
<input type="text" value="2117.60"/>	<input type="text" value="20370.72"/>	<input type="text" value="40.00"/>
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES		
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate		
<input type="text" value="750.00"/>	<input type="text" value="750.00"/>	<input type="text" value="0.00"/>
(b) Of All Other Loans		
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and 19(b))		
<input type="text" value="750.00"/>	<input type="text" value="750.00"/>	<input type="text" value="0.00"/>
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees		
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(b) Political Party Committees		
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 6 / 13

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
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(c) Other Political Committees (such as PACs)

0.00	0.00	0.00
------	------	------

(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b) and (c))

0.00	0.00	0.00
------	------	------

21. OTHER DISBURSEMENTS

0.00	0.00	0.00
------	------	------

22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d) and 21)

2867.60	21120.72	40.00
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III. NET CONTRIBUTIONS (OTHER THAN LOANS)

(Note: Substitute in lieu of Line #6 of Summary Page for this report only; subtract Line 20(d) from Line 11(e))

2570.00	16450.28	0.00
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IV. NET OPERATING EXPENDITURES

(Note: Substitute in lieu of Line #7 of Summary Page for this report only; subtract Line 14 from Line 17)

2117.60	20370.72	40.00
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V. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	587.16
24. TOTAL RECIEPTS THIS PERIOD (from Line 16).....	2570.00
25. SUBTOTAL (add Line 23 and Line 24).....	3157.16
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	2867.60
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)	289.56

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 13
	<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)
ELECT PAULA INC

Full Name (Last, First, Middle Initial) Unitemized Unitemized		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 21 / 2014
Mailing Address Unitemized		Transaction ID : SA11AI.4241
City Unitemized	State Zip Code	
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 50.00
Name of Employer Unitemized	Occupation Unitemized	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 840.00	

Full Name (Last, First, Middle Initial) Unitemized Unitemized		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 30 / 2014
Mailing Address Unitemized		Transaction ID : SA11AI.4242
City Unitemized	State Zip Code	
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 20.00
Name of Employer Unitemized	Occupation Unitemized	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 860.00	

Full Name (Last, First, Middle Initial)		Date of Receipt M M / D D / Y Y Y Y Y Y
Mailing Address		
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	

SUBTOTAL of Receipts This Page (optional).....	70.00
TOTAL This Period (last page this line number only).....	70.00

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

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

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NAME OF COMMITTEE (In Full)
ELECT PAULA INC

A. Full Name (Last, First, Middle Initial)
International Brotherhood of Electrical Workers Political Action Committee

Mailing Address 900 Seventh Street NW

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00027342

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 16 / 2014

Transaction ID : SA11C.4240

Amount of Each Receipt this Period
2500.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

2500.00

2500.00

**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 9 OF 13
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
ELECT PAULA INC

Full Name (Last, First, Middle Initial) A. iHeart Media, Inc		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2014
Mailing Address 11700 Central Pkwy		Amount of Each Disbursement this Period 1506.00 Transaction ID : SB17.4247
City Jacksonville	State FL Zip Code 32224	
Purpose of Disbursement	Category/Type 004	
Candidate Name ELECT PAULA INC	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: FL District: 04	

Full Name (Last, First, Middle Initial) B. Unitemized Unitemized		Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2014
Mailing Address Unitemized		Amount of Each Disbursement this Period 130.45 Transaction ID : SB17.4245
City Unitemized	State Zip Code	
Purpose of Disbursement Signs	Category/Type 006	
Candidate Name ELECT PAULA INC	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: FL District: 04	

Full Name (Last, First, Middle Initial) c. Unitemized Unitemized		Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2014
Mailing Address Unitemized		Amount of Each Disbursement this Period 50.00 Transaction ID : SB17.4246
City Unitemized	State Zip Code	
Purpose of Disbursement	Category/Type 003	
Candidate Name ELECT PAULA INC	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: FL District: 04	

SUBTOTAL of Disbursements This Page (optional).....	1686.45
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 10 OF 13			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
ELECT PAULA INC

A. Unitemized Unitemized

Full Name (Last, First, Middle Initial)
Mailing Address Unitemized

City Unitemized State Zip Code

Purpose of Disbursement

Candidate Name
ELECT PAULA INC

Office Sought: House Senate President
State: FL District: 04

Disbursement For: 2014
 Primary General
 Other (specify)

Date of Disbursement
M M / D D / Y Y Y Y
10 / 27 / 2014

Amount of Each Disbursement this Period
105.46

Transaction ID : SB17.4250

Category/Type
006

B. Unitemized Unitemized

Full Name (Last, First, Middle Initial)
Mailing Address Unitemized

City Unitemized State Zip Code

Purpose of Disbursement

Candidate Name
ELECT PAULA INC

Office Sought: House Senate President
State: FL District: 04

Disbursement For: 2014
 Primary General
 Other (specify)

Date of Disbursement
M M / D D / Y Y Y Y
10 / 27 / 2014

Amount of Each Disbursement this Period
76.68

Transaction ID : SB17.4251

Category/Type
002

c. Unitemized Unitemized

Full Name (Last, First, Middle Initial)
Mailing Address Unitemized

City Unitemized State Zip Code

Purpose of Disbursement
Luncheon entry

Candidate Name
ELECT PAULA INC

Office Sought: House Senate President
State: FL District: 04

Disbursement For: 2014
 Primary General
 Other (specify)

Date of Disbursement
M M / D D / Y Y Y Y
10 / 27 / 2014

Amount of Each Disbursement this Period
10.00

Transaction ID : SB17.4252

Category/Type
003

SUBTOTAL of Disbursements This Page (optional)..... 192.14

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 11 OF 13			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
ELECT PAULA INC

Full Name (Last, First, Middle Initial) A. Unitemized Unitemized		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2014
Mailing Address Unitemized		Amount of Each Disbursement this Period 42.62 Transaction ID : SB17.4254
City Unitemized	State Zip Code	
Purpose of Disbursement	Category/Type 003	
Candidate Name ELECT PAULA INC	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: FL District: 04	

Full Name (Last, First, Middle Initial) B. Unitemized Unitemized		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2014
Mailing Address Unitemized		Amount of Each Disbursement this Period 35.13 Transaction ID : SB17.4255
City Unitemized	State Zip Code	
Purpose of Disbursement Lunch	Category/Type 002	
Candidate Name ELECT PAULA INC	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: FL District: 04	

Full Name (Last, First, Middle Initial) c. Unitemized Unitemized		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2014
Mailing Address Unitemized		Amount of Each Disbursement this Period 113.26 Transaction ID : SB17.4256
City Unitemized	State Zip Code	
Purpose of Disbursement Election Night Costs	Category/Type 007	
Candidate Name ELECT PAULA INC	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: FL District: 04	

SUBTOTAL of Disbursements This Page (optional).....	191.01
TOTAL This Period (last page this line number only).....	2069.60

**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 12 OF 13	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" 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)
ELECT PAULA INC

Full Name (Last, First, Middle Initial) A. Paula Darlene Moser-Bartlett		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2014
Mailing Address 1216 Nightingale Ct		Amount of Each Disbursement this Period 750.00 Transaction ID : SB19A.4249
City Jacksonville State FL Zip Code 32216	Purpose of Disbursement	
Candidate Name ELECT PAULA INC		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 04		

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

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

SUBTOTAL of Disbursements This Page (optional).....	750.00
TOTAL This Period (last page this line number only).....	750.00

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)
ELECT PAULA INC

Transaction ID : **SC/10.4113**

LOAN SOURCE Full Name (Last, First, Middle Initial)
Paula Darlene Moser-Bartlett

[PERSONAL FUNDS]

Election: 2014

Primary
 General
 Other (specify) ▼

Mailing Address
1216 Nightingale Ct

City State ZIP Code
Jacksonville FL 32216

Original Amount of Loan 5000.00	Cumulative Payment To Date 750.00	Balance Outstanding at Close of This Period 4250.00
------------------------------------	--------------------------------------	--

TERMS

Date Incurred: M 04 / D 17 / Y 2014
Date Due: M / D / Y 12/31/2014
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).....	▶	4250.00
TOTALS This Period (last page in this line only).....	▶	4250.00

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