

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
Laura Fjeld for Congress Committee

ADDRESS (number and street) P.O. Box 4594
Check if different than previously reported. (ACC) Greensboro NC 27404

2. FEC IDENTIFICATION NUMBER C C00548099
3. IS THIS REPORT NEW (N) OR AMENDED (A)
CITY STATE ZIP CODE STATE DISTRICT
NC 06

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)
[X] 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 / D D / Y Y Y Y in the State of

5. Covering Period M M / D D / Y Y Y Y 11 / 25 / 2014 through M M / D D / Y Y Y Y 12 / 16 / 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 Deborah Hylton

Signature of Treasurer Deborah Hylton [Electronically Filed] Date M M / D D / Y Y Y Y 12 / 16 / 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 table with 8 columns and 1 row. FEC FORM 3 (Revised 02/2003)

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

**Laura Fjeld for Congress Committee**

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	46400.00
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	8856.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	0.00	37544.00
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) .....	442.94	884360.14
(b) Total Offsets to Operating Expenditures (from Line 14).....	1682.36	1708.87
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	-1239.42	882651.27
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>		
	0.00	
<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

**Laura Fjeld for Congress Committee**

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	46200.00
(d) The Candidate.....	0.00	200.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	0.00	46400.00
<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	66000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	66000.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	1682.36	1708.87
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	0.00	3454.33
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	1682.36	117563.20

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	442.94	884360.14
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	11354.15	11354.15
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	11354.15	11354.15
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	8856.00
(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	8856.00
21. OTHER DISBURSEMENTS .....	0.00	160.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	11797.09	904730.29

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	10114.73
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	1682.36
25. SUBTOTAL (add Line 23 and Line 24).....	11797.09
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	11797.09
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	0.00

**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 5 OF 13
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" 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)  
**Laura Fjeld for Congress Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Auto Owners Insurance Co**

Mailing Address 103 Millstone Dr  
Ste A

City Hillsborough State NC Zip Code 27278-9049

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
246.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 10 / 2014

**Transaction ID : VN8W8DHEBY0**

Amount of Each Receipt this Period  
246.00

Refund / Insurance Policy cancelled

**B.** Full Name (Last, First, Middle Initial)  
**NGP VAN, Inc**

Mailing Address 1101 15th St NW  
Ste 500

City Washington State DC Zip Code 20005-5006

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 05 / 2014

**Transaction ID : VN8W8DH9GJ8**

Amount of Each Receipt this Period  
1250.00

Refund / Database Service Cancelled

**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).....

1496.00

1496.00

**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 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)  
**Laura Fjeld for Congress Committee**

Full Name (Last, First, Middle Initial) <b>A. Facebook, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2014
Mailing Address 156 University Ave		Amount of Each Disbursement this Period 442.94 <b>Transaction ID : VN7X09XWD03</b>
City Palo Alto State CA Zip Code 94301-1688	Purpose of Disbursement Internet Services Candidate Name Category/Type 003	
Office Sought: <input 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: District:	

Full Name (Last, First, Middle Initial) <b>B. Paychex</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 10 / 2014
Mailing Address 15501 Weston Pkwy Ste 100		Amount of Each Disbursement this Period 67.00 <b>Transaction ID : VN7X09Y3QZ4</b>
City Cary State NC Zip Code 27513-8636	Purpose of Disbursement Payroll Services Candidate Name Category/Type 001	
Office Sought: <input 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: District:	

Full Name (Last, First, Middle Initial) <b>c. Sage Payment Solutions</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2014
Mailing Address 1750 Old Meadow Rd Ste 300		Amount of Each Disbursement this Period 364.88 <b>Transaction ID : VN7X09Y2KD6</b>
City McLean State VA Zip Code 22102-4304	Purpose of Disbursement Credit Card Fees Candidate Name Category/Type 003	
Office Sought: <input 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: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	442.94
<b>TOTAL</b> This Period (last page this line number only).....	442.94

**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 13	
	<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)  
**Laura Fjeld for Congress Committee**

Full Name (Last, First, Middle Initial) <b>A. Laura B. Fjeld</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 15 / 2014
Mailing Address 4546 Brock Dr		Amount of Each Disbursement this Period 50000.00
City Hurdle Mills	State NC Zip Code 27541-8278	
Purpose of Disbursement Loan Forgiveness	Category/Type 009	Transaction ID : VN7X09Y3S20
Candidate Name <b>Laura B. Fjeld</b>	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: NC District: 06	[MEMO ITEM] * Loan Forgiveness

Full Name (Last, First, Middle Initial) <b>B. Laura B. Fjeld</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 15 / 2014
Mailing Address 4546 Brock Dr		Amount of Each Disbursement this Period 3645.85
City Hurdle Mills	State NC Zip Code 27541-8278	
Purpose of Disbursement Loan Forgiveness	Category/Type 009	Transaction ID : VN7X09Y3S38
Candidate Name <b>Laura B. Fjeld</b>	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: NC District: 06	[MEMO ITEM] * Loan Forgiveness

Full Name (Last, First, Middle Initial) <b>c. Laura B. Fjeld</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 15 / 2014
Mailing Address 4546 Brock Dr		Amount of Each Disbursement this Period 1000.00
City Hurdle Mills	State NC Zip Code 27541-8278	
Purpose of Disbursement Loan Forgiveness	Category/Type 009	Transaction ID : VN7X09Y3S44
Candidate Name <b>Laura B. Fjeld</b>	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: NC District: 06	[MEMO ITEM] * Loan Forgiveness

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

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB19A

Transaction ID : VN7X09Y3S20

Candidate has forgiven loan balance - see signed letter dated 12/16/14.

Form/Schedule: SB19A

Transaction ID: VN7X09Y3S38

Candidate has forgiven loan balance - see signed letter dated 12/16/14.



: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB19A

Transaction ID : VN7X09Y3S44

Candidate has forgiven loan balance - see signed letter dated 12/16/14.

Form/Schedule:

Transaction ID:

**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 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)  
**Laura Fjeld for Congress Committee**

Full Name (Last, First, Middle Initial) <b>A. Laura B. Fjeld</b>		Date of Disbursement M M / D D / Y Y Y Y <b>12 / 16 / 2014</b>
Mailing Address 4546 Brock Dr		Amount of Each Disbursement this Period <b>11354.15</b>
City Hurdle Mills	State NC Zip Code 27541-8278	
Purpose of Disbursement Loan Repayment / Partial	Category/Type	<b>Transaction ID : VN7X09Y3RZ6</b>
Candidate Name <b>Laura B. Fjeld</b>		
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: NC District: 06		

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	Category/Type	
Candidate Name		
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	Category/Type	
Candidate Name		
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>11354.15</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>11354.15</b>

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

NAME OF COMMITTEE (In Full) **Laura Fjeld for Congress Committee** Transaction ID : VN8W8AQCRZ6L

**LOAN SOURCE** Full Name (Last, First, Middle Initial) *[PERSONAL FUNDS]* Election: 2014  
**Laura B. Fjeld**  Primary  
 Mailing Address 4546 Brock Dr General  
 Other (specify) ▼

City State ZIP Code  
 Hurdle Mills NC 27541-8278

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
50000.00	50000.00	0.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
08 / 15 / 2013	08 / 15 / 2016	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).....	0.00
<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) **Laura Fjeld for Congress Committee** Transaction ID : VN8W8DBJGF0L

**LOAN SOURCE** Full Name (Last, First, Middle Initial) *[PERSONAL FUNDS]* Election: 2014  
**Laura B. Fjeld**  Primary  General  Other (specify) ▼  
 Mailing Address 4546 Brock Dr

City State ZIP Code  
 Hurdle Mills NC 27541-8278

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

**TERMS** Date Incurred Date Due Interest Rate Secured:  
 M M / D D / Y Y Y Y M M / D D / Y Y Y Y none % (apr)  Yes  No  
 10 / 20 / 2014 none

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)

Transaction ID : VN8W8DCV9Z4L

Laura Fjeld for Congress Committee

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

[PERSONAL FUNDS]

Election: 2014

Laura B. Fjeld

Primary

General

Other (specify) ▼

Mailing Address  
4546 Brock Dr

City State ZIP Code  
Hurdle Mills NC 27541-8278

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
15000.00	15000.00	0.00

### TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y Y Y  
10 / 24 / 2014

M M / D D / Y Y Y Y  
10 / 24 / 2014

M M / D D / Y Y Y Y  
10 / 24 / 2014

M M / D D / Y Y Y Y  
none

M M / D D / Y Y Y Y  
none

M M / D D / Y Y Y Y  
none

M M / D D / Y Y Y Y  
none

M M / D D / Y Y Y Y  
none

M M / D D / Y Y Y Y  
none

M M / D D / Y Y Y Y  
none

M M / D D / Y Y Y Y  
none

M M / D D / Y Y Y Y  
none

none % (apr)

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.