FEC FORM 3X	AND	ORT OF DISBUF er Than An Au	RSEM	ENTS	;		ECEIVED Volia umblik:	<b>7</b> 54
1. NAME OF COMMITTEE (in 1		r print V		ple: If typing he lines.	g, type		MAIL CENTI	
	rent C)	2 5 SOUT 2 5 SOUT RINGFIE ▼						┕╼ <u>╼</u> ╡──┴──┤
July 15 Quarterly October Quarterly January Year-End July 31	ORT (b) A F arts: Report (Q1) (c Report (Q2) 15 Report (Q3) 31 Report (YE) Aid-Year (c	Monthly Fe Report Ma Due On: Ma 12-Day PRE-Election Report for the: Elect	REPORT b 20 (M2) ar 20 (M3) r 20 (M4) 0 P 0 C ion on	4) [N] M	<ul> <li>OR</li> <li>lay 20 (M5)</li> <li>un 20 (M6)</li> <li>ul 20 (M7)</li> <li>2C)</li> </ul>	(À)	20 (M8) 🔀 20 (M9) 🗍 20 (M10) 🗍 (12G) 🗍 (12S) in the State	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE) Runoff (12R)
Terminati (TER)		<u>م م م م م م الم الم الم الم الم الم الم </u>	ion on	/		- 	in the State	of
5. Covering Period 10'01'2013 through 10'2013 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 JO ELLEN KEIM Signature of Treasurer Date 1'1'1'2013								
NOTE: Submission of f Office Use Only	alse, erroneous, or	incomplete informati	on may sub	ject the pers	on signing th	is Report to t	FEC FOI Rev. 12/	RM 3X

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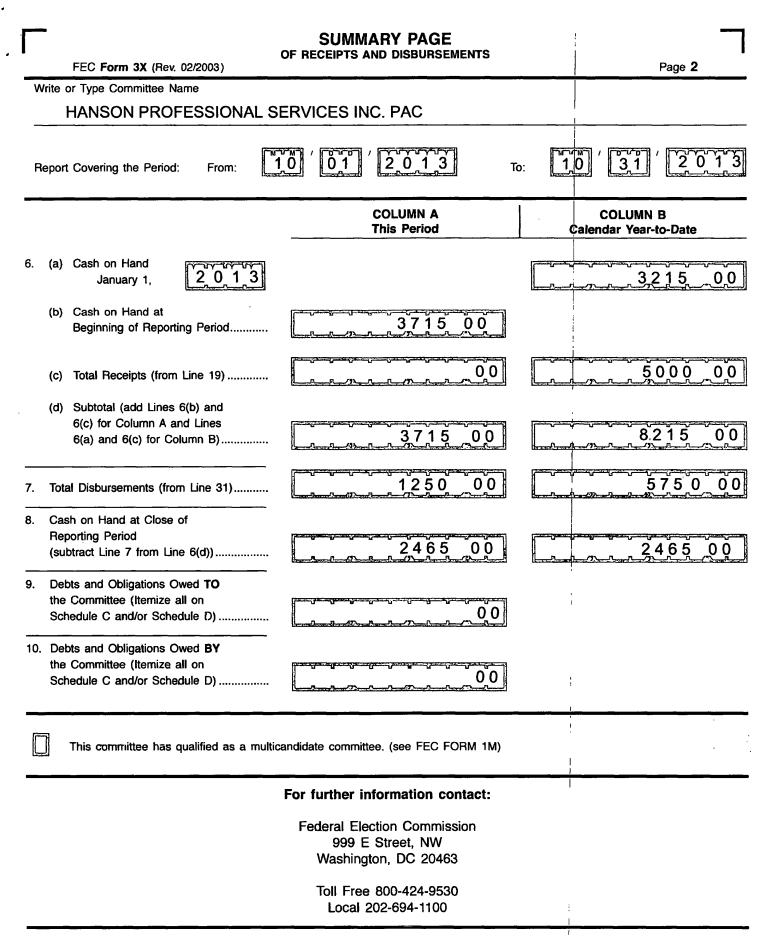
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Γ	D FEC Form 3X (Rev. 06/2004)	ETAILED SUMMARY PAGE of Receipts		Page 3
W/ri	ite or Type Committee Name			
	HANSON PROFESSIONAL SEF	RVICES INC. PAC		
Rej	port Covering the Period: From:	0 ' 0 1 ' 2 0 1 3 To	): <b>10</b>	
	I. Receipts	COLUMN A Total This Period	c	COLUMN B alendar Year-to-Date
11. (	Contributions (other than loans) From:		i	
(	(a) Individuals/Persons Other			
	Than Political Committees	00		5000 00
	(i) Itemized (use Schedule A)		ال	
	(ii) Unitemized			
	(iii) TOTAL (add			
	Lines 11(a)(i) and (ii)	00		5000 00
(	(b) Political Party Committees		h	
(	(c) Other Political Committees			
	(such as PACs)	L	L	
(	(d) Total Contributions (add Lines		1	
	11(a)(iii), (b), and (c)) (Carry			5000 00
	Totals to Line 33, page 5)		ليميط	
	Transfers From Affiliated/Other		فيستعصب	
4	Party Committees	L	L	<u></u>
13	All Loans Received			
10. 1			L	
44	Loon Bonovmente Bessived			
	Loan Repayments Received Offsets To Operating Expenditures	L	للسمسم	
	(Refunds, Rebates, etc.)			
	(Carry Totals to Line 37, page 5)			
	Refunds of Contributions Made	<u>[</u>	L	<u>7`7`7`7`7`7`</u> 1
1	to Federal Candidates and Other	[	,	
	Political Committees			
17.	Other Federal Receipts			
	(Dividends, Interest, etc.)			
	Transfers from Non-Federal and Levin Funds			
	(a) Non-Federal Account			
	(from Schedule H3)	Large man man and	L_r_r	_/ <u>n_n/n_nn_</u>
	(b) Levin Funds (from Schedule H5)	L_r		
	(a) Table Transform (and 18/a) and 18/b))		<u>مجمعيا</u>	
	(c) Total Transfers (add 18(a) and 18(b))	L <u>r_r_r_r_r_r_r_</u>	L	-n-r-r-r-r-r-l
	Total Receipts (add Lines 11(d),		<u> </u>	
	12, 13, 14, 15, 16, 17, and 18(c))►			5000.00
	Total Federal Receipts			
	(subtract Line 18(c) from Line 19) ►		Lr	5000 00

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### DETAILED SUMMARY PAGE

of Disbursements

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Sec. 19.

Page 4

## FEC Form 3X (Rev. 02/2003) II. Disbursements

Federal Share .....

(ii) Non-Federal Share.....

Expenditures .....

(add 21(a)(i), (a)(ii), and (b)) ..... >

(a) Allocated Federal/Non-Federal Activity (from Schedule H4)

(b) Other Federal Operating

22. Transfers to Affiliated/Other Party Committees.....

Federal Candidates/Committees

(use Schedule E) .....

Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....

and Other Political Committees.....

(c) Total Operating Expenditures

21. Operating Expenditures:

(i)

Contributions to

24. Independent Expenditures

#### COLUMN A Total This Period

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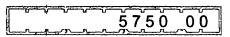
COLUMN B Calendar Year-to-Date

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 Loan Repayments Made.....
 27. Loans Made.....
 28. Refunds of Contributions To:

 (a) Individuals/Persons Other Than Political Committees .....

- (d) Total Contribution Refunds
   (add Lines 28(a), (b), and (c))......
- 29. Other Disbursements .....
- 30. Federal Election Activity (2 U.S.C. §431(20))
  - (a) Allocated Federal Election Activity
     (from Schedule H6)
     (i) Federal Share .....
  - (ii) "Levin" Share.....(b) Federal Election Activity Paid Entirely

  - Lines 30(a)(i), 30(a)(ii) and 30(b))....
- Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))...
- Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)......



## DETAILED SUMMARY PAGE

of Disbursements

| III. Net Contributions/Operating Ex-<br>penditures                                       | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|------------------------------------------------------------------------------------------|-------------------------------|-----------------------------------|
| <ol> <li>Total Contributions (other than loans)<br/>(from Line 11(d), page 3)</li> </ol> | 0.0                           | 5000 00                           |
| 34. Total Contribution Refunds<br>(from Line 28(d))                                      |                               |                                   |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33)              | 0.0                           | 5,000,00                          |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b))▶          |                               |                                   |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3)                          |                               |                                   |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36)                        |                               |                                   |

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| SCHEDULE A (FEC Form 3X)<br>ITEMIZED RECEIPTS |                                                                                                 |                                       | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | FOR LINE NUMBER: PAGE 1 OF 1<br>(check only one)<br>X 11a 11b 11c 12 |
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| $\sum$                                        | NAME OF COMMITTEE (In Full)<br>HANSON PROFESSIONA                                               |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                      |
| Ľ                                             | Full Name (Last, First; Middle Initial)                                                         |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <u> </u>                                                             |
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|                                               | Mailing Address                                                                                 |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                      |
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|                                               | FEC ID number of contributing<br>federal political committee.                                   | C                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Lapanna                                                              |
|                                               | Name of Employer                                                                                | Occupation                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                      |
|                                               | Receipt For:                                                                                    | Aggregate                             | Year-to-Date ▼                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | -                                                                    |
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| S                                             | UBTOTAL of Receipts This Page (optional)                                                        |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                      |
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| SCHEDULE B (FEC Form 3X)                                                                                    |                                                   |                         |               |             |                        | <br>:              | PAGE 1 OF 1      |               |               |                 |          |  |
|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------|-------------------------|---------------|-------------|------------------------|--------------------|------------------|---------------|---------------|-----------------|----------|--|
| ITEMIZED DISBURSEMENTS                                                                                      | Use separate schedule(s) for each category of the | (check only             |               |             |                        |                    |                  |               |               |                 |          |  |
|                                                                                                             | Detailed Summary Page                             |                         | Η             | 27          | 28a                    |                    | 28b              | 280           |               | 29<br>29        | 30b      |  |
| Any information copied from such Reports and Stater<br>or for commercial purposes, other than using the nam | persor<br>tce ta                                  | n for the<br>solicit ao | pur;<br>ntrib | ose outions | of soliciti<br>from su | ng cont<br>ich con | tribut<br>nmitte | ions<br>ee.   |               |                 |          |  |
| NAME OF COMMITTEE (In Full)                                                                                 |                                                   |                         |               |             |                        |                    | i<br>1<br>!      |               |               |                 |          |  |
| HANSON PROFESSIONAL S                                                                                       | SERVICES INC. PAC                                 |                         |               |             |                        |                    |                  |               |               |                 |          |  |
| Full Name (Last, First, Middle Initial)                                                                     | · · · · · · · · · · · · · · · · · · ·             |                         |               |             | D-4                    | 4 P.               |                  |               |               |                 |          |  |
| A. ACEC/PAC                                                                                                 |                                                   |                         |               |             | Date o                 |                    | 1                |               | <u> </u>      | <u></u>         | ~~]      |  |
| Mailing Address<br>1015 15TH STREET, 8TH FLOO                                                               | R, NW                                             |                         |               |             | 10                     |                    | 2                | <b>5</b> ]′[  | 20            | <u>13</u>       |          |  |
| City                                                                                                        | State Zip Code<br>20005-2605                      |                         |               |             |                        |                    |                  | ••            |               |                 |          |  |
| WASHINGTON DC Purpose of Disbursement                                                                       | 20005-2005                                        |                         |               |             |                        |                    |                  |               |               |                 |          |  |
| CONTRIBUTION TO PAC TO SUPPORT FE                                                                           | DERAL CANDIDATES                                  |                         | 1_1           |             | Amoun                  | it of              | Each             | Disburs       | ement t       | this F          | Period   |  |
| Candidate Name<br>N/A                                                                                       |                                                   | Cate<br>Ty              | egor<br>/pe   | y/          |                        |                    | ······           | ,             | 2 5 0         |                 | 00       |  |
| Office Sought: House Disburser                                                                              | nent For:                                         |                         |               |             |                        |                    |                  |               |               |                 |          |  |
| President                                                                                                   | Primary General Other (specify)                   |                         |               |             |                        |                    |                  |               |               |                 |          |  |
| State: District:                                                                                            |                                                   |                         |               |             |                        |                    |                  |               |               | _               |          |  |
| Full Name (Last, First, Middle Initial)<br>B.                                                               |                                                   |                         |               |             | Date o                 | of Dig             | sburse           | ement         |               |                 |          |  |
|                                                                                                             |                                                   |                         |               |             | M. S. W                | 7,                 | م_ا              | <u>ا</u> ، [م | Y UY          | ᠃ᡩᢇᢅ            | <b>•</b> |  |
| Mailing Address                                                                                             |                                                   |                         |               |             | l                      | ٢                  |                  |               | <u></u>       | ^^              |          |  |
| City                                                                                                        | State Zip Code                                    |                         |               |             |                        |                    |                  |               |               |                 |          |  |
| Purpose of Disbursement                                                                                     |                                                   |                         |               |             | Amour                  | nt of              | Fach             | Disburs       | ement (       | this F          | Period   |  |
| Candidate Name                                                                                              |                                                   | U<br>Cate               | 1 (<br>aoi    |             | Amou                   |                    | -aon<br>         |               | <u></u>       | ، د             |          |  |
| Office Sought                                                                                               | mont Far                                          |                         | ype           |             |                        |                    | <u></u>          |               | <u></u>       | <u></u> ^       |          |  |
|                                                                                                             | ment For:<br>Primary General                      |                         |               |             |                        | i                  |                  |               |               |                 |          |  |
| President                                                                                                   | Other (specify)                                   |                         |               |             |                        |                    |                  |               |               |                 |          |  |
| State: District:<br>Full Name (Last, First, Middle Initial)                                                 |                                                   |                         |               |             |                        |                    | <del>.</del>     |               |               | _               |          |  |
| C.                                                                                                          |                                                   |                         |               |             | Date o                 | '                  |                  |               |               |                 |          |  |
| Mailing Address                                                                                             |                                                   |                         |               |             |                        | <u> </u>           |                  |               | י∸י`יץ∸י<br>ר | <del>،</del>    |          |  |
| City                                                                                                        | State Zip Code                                    |                         |               |             |                        |                    |                  | <b>L</b>      |               |                 |          |  |
| Purpose of Disbursement                                                                                     | م  <br>م                                          |                         |               |             |                        |                    |                  |               |               |                 |          |  |
| Candidate Name                                                                                              | []                                                |                         |               |             | Amour                  | ╶╌╌┾               | ŭ                | Disburs       |               | vv              |          |  |
| Office Sought: House Disburse                                                                               | ment For:                                         |                         | ,             |             | <u> [7_</u>            | <u>-r</u> +        | <u>/</u>         | <u>/</u> y    | <u></u>       | ·····           | ليستريك  |  |
| Senate President                                                                                            | Primary General                                   |                         |               |             |                        |                    |                  |               |               |                 |          |  |
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| SUBTOTAL of Disbursements This Page (optional)                                                              |                                                   |                         |               | • •         |                        | <br>               | <u></u>          |               | 2,50          |                 | 00       |  |
| TOTAL This Period (last page this line number only                                                          | )                                                 | •••••                   | •••••         |             | L                      | <u></u> ;          | <u></u>          | <u>,</u>      | 250           | )<br>~r         | 00       |  |

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# SCHEDULE C (FEC Form 3X) LOANS

NAME OF COMMITTEE (In Full)

| Use separate schedule(s)                          | PAGE 1 OF 1            |
|---------------------------------------------------|------------------------|
| for each category of the<br>Detailed Summary Page | FOR LINE 13 OF FORM 3X |

HANSON PROFESSIONAL SERVICES INC. PAC LOAN SOURCE Full' Name' (Last, First, Middle Initial)

| LOAN SOURCE Full Name (Last, First, Middle Initial)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Election:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
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| Carry outstanding balance only to LINE 3, Schedule D, for this line. If                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | no Schedule D, carry forward to appropriate line of Summary.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |

FEC Schedule C (Form 3X) Rev. 02/2003

| SCHEDULE D (FEC Form 3X)<br>DEBTS AND OBLIGATIONS<br>Excluding Loans                 | (Use separate<br>schedule(s)<br>for each<br>numbered line) | PAGE     1     OF     1       FOR LINE NUMBER:     (check only one)     X     9       10 |
|--------------------------------------------------------------------------------------|------------------------------------------------------------|------------------------------------------------------------------------------------------|
| NAME OF COMMITTEE (In Full)<br>HANSON PROFESSIONAL SERVICES INC. PAC                 |                                                            |                                                                                          |
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor                     | Nature of De                                               | ebt (Purpose):                                                                           |
|                                                                                      |                                                            |                                                                                          |
| Mailing Address                                                                      |                                                            | 1                                                                                        |
| City State Zip Code                                                                  |                                                            | :<br>                                                                                    |
| Outstanding Balance Beginning This Period                                            | <b>. l</b>                                                 | · · · · · · · · · · · · · · · · · · ·                                                    |
| Amount Incurred This Period Payment This Period                                      | Outstandir                                                 | g Balance at Close of This Period                                                        |
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| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor                     | Nature of D                                                | ebt (Purpose):                                                                           |
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| Mailing Address                                                                      |                                                            |                                                                                          |
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| Outstanding Balance Beginning This Period                                            | I                                                          | l                                                                                        |
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| Amount Incurred This Period Payment This Period                                      |                                                            | Balance at Close of This Period                                                          |
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| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor                     | Nature of D                                                | ebt (Purpose):                                                                           |
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| Mailing Address                                                                      |                                                            |                                                                                          |
| City State Zip Code                                                                  |                                                            |                                                                                          |
| Outstanding Balance Beginning This Period                                            | I                                                          | <u> </u>                                                                                 |
|                                                                                      |                                                            |                                                                                          |
| Amount Incurred This Period Payment This Period                                      | Outstandir                                                 | g Balance at Close of This Period                                                        |
| Langer name and                                  | <u>_</u>                                                   | <u></u>                                                                                  |
| 1) SUBTOTALS This Period This Page (optional)                                        |                                                            |                                                                                          |
| 2) TOTALS This Period (last page this line number only)                              | <b>•</b>                                                   | <u> </u>                                                                                 |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)                          |                                                            |                                                                                          |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page of | nly) ►                                                     | <u></u>                                                                                  |

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| SCHEDULE D (FEC Form 3X)<br>DEBTS AND OBLIGATIONS<br>Excluding Loans                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | (Use separate<br>schedule(s)<br>for each<br>numbered line) | PAGE 1 OF 1<br>FOR LINE NUMBER:<br>(check only one) 9<br>X 10 |  |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|---------------------------------------------------------------|--|--|--|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Nature of De                                               | bt (Purpose):                                                 |  |  |  |
| Mailing Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                            |                                                               |  |  |  |
| City State Zip Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                            |                                                               |  |  |  |
| Outstanding Balance Beginning This Period         Image: Comparison of the second sec |                                                            | g Balance at Close of This Period                             |  |  |  |
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor<br>Mailing Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Nature of De                                               | bt (Purpose):                                                 |  |  |  |
| City State Zip Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                            |                                                               |  |  |  |
| Outstanding Balance Beginning This Period<br>Amount Incurred This Period Payment This Period                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                            | g Balance at Close of This Period                             |  |  |  |
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Nature of De                                               | bt (Purpose):                                                 |  |  |  |
| Mailing Address City State Zip Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                            |                                                               |  |  |  |
| Outstanding Balance Beginning This Period       Amount Incurred This Period       Payment This Period                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                            | g Balance at Close of This Period                             |  |  |  |
| <ol> <li>SUBTOTALS This Period This Page (optional)</li> <li>TOTALS This Period (last page this line number only)</li> </ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ( <u></u>                                                  |                                                               |  |  |  |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                            |                                                               |  |  |  |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                            |                                                               |  |  |  |

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