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FEC

FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

				Offic	e Use Only
1. NAME OF TYP COMMITTEE (in full)	Pe or print ▼	Example: If over the line	typing, type es.	12FE4M5	
Standing up for California	's Middle Class	S			1
ADDRESS (number and street)	234 East Colorado Blvo	d., Suite 210			<u> </u>
Check if different than previously reported. (ACC)	Pasadena			CA 91	1101
2. FEC IDENTIFICATION NUMB	BER ▼	CITY 🔺		STATE 🔺	ZIP CODE
C C00572610		3. IS THIS REPORT X	NEW (N) OR	AMENDI (A)	ED
4. TYPE OF REPORT (Choose One)	(b) Monthly Report	Feb 20 (M2)	May 20 (M5)	Aug 20 (N	18) Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:	Due On:	Mar 20 (M3)	Jun 20 (M6)	Sep 20 (N	Year Only)
April 15 Quarterly Report (Q1)	<u> </u>	Apr 20 (M4)	Jul 20 (M7)	Oct 20 (M	10) Jan 31 (YE)
July 15 Quarterly Report (Q2)	(c) 12-Day PRE-Election			General (12G)	Runoff (12R)
October 15 Quarterly Report (Q3)	Report for th	ne: Conven	ion (12C)	Special (12S)	
January 31 Year-End Report (YE)	E	lection on	/ D D /	Y Y Y Y	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST -Election Report for the		(30G)	Runoff (30R)	Special (30S)
Termination Report (TER)			/ D D /	Y = Y = Y = Y	in the State of
5. Covering Period		D16 throu	gh 03	/ D D / Y 31	2016
I certify that I have examined this R Type or Print Name of Treasurer	Report and to the be	st of my knowledge	and belief it is tru	ie, correct and com	nplete.
Signature of Treasurer	chell	[Electron	nically Filed]	Date 04	D D / Y Y Y Y 14 2016
NOTE: Submission of false, erroneous	s, or incomplete inform	nation may subject the	e person signing th	nis Report to the per	nalties of 2 U.S.C. §437g.
Office				F	EC FORM 3X
Use Only					Rev. 12/2004

04/15/2016 12 : 35

PAGE 1 / 12

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENT

	OI FEC Form 3X (Rev. 02/2003)	F RECEIPTS AND DISBURSEMENTS	Page 2
,	Write or Type Committee Name		
	Standing up for California's Middle C	JIASS	
	Report Covering the Period: From: 01	M / D D / Y Y Y Y 01 2016 To:	M M / D D / Y
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2016	[63095.50
	(b) Cash on Hand at Beginning of Reporting Period	63095.50	
	(c) Total Receipts (from Line 19)	111000.00	111000.00
	(d) Subtotal (add Lines 6(b) and6(c) for Column A and Lines6(a) and 6(c) for Column B)	174095.50	174095.50
7.	Total Disbursements (from Line 31)	47940.47	47940.47
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	126155.03	126155.03
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10	 Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) 	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE

of Receipts

Page 3

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Standing up for California's Middle Class

Report Covering the Period: From: 01	/ D / Y	: 03 / D D / Y Y Y 2016
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
I. Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees	1000.00	1000.00
(i) Itemized (use Schedule A)		
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add		
Lines 11(a)(i) and (ii)	1000.00	1000.00
Ē		
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	110000.00	110000.00
(such as PACs)	7	110000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry		
Totals to Line 33, page 5)	111000.00	111000.00
. Transfers From Affiliated/Other		
Party Committees	0.00	0.00
. All Loans Received	0.00	0.00
. Loan Repayments Received	0.00	0.00
. Offsets To Operating Expenditures	, , , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , , ,
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	0.00
. Refunds of Contributions Made to Federal Candidates and Other		
Political Committees	0.00	0.00
. Other Federal Receipts	7 7 7	
(Dividends, Interest, etc.)	0.00	0.00
. Transfers from Non-Federal and Levin Funds		7 7
(a) Non-Federal Account		
(from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))►	111000.00	111000.00
Total Enderal Respirate		
. Total Federal Receipts (subtract Line 18(c) from Line 19)►	111000.00	111000.00
		111000.00

I

DETAILED SUMMARY PAGE

	FEC Form 3X (Rev. 02/2003)		Page 4
	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	perating Expenditures: Allocated Federal/Non-Federal Activity (from Schedule H4)		
	(i) Federal Share	0.00	0.00
	(ii) Non-Federal Share	0.00	0.00
(b)	1 5	17040 47	(70.10.4)
(0)	Expenditures Total Operating Expenditures	47940.47	47940.47
(c)	(add $21(a)(i)$, (a)(ii), and (b))	47940.47	47940.47
2. Tra	ansfers to Affiliated/Other Party		
	ommittees	0.00	0.00
Fe an	ntributions to deral Candidates/Committees d Other Political Committees	0.00	0.00
	dependent Expenditures	0.00	0.00
5. Co	se Schedule E)	0.00	0.00
(2 (us	U.S.C. §441a(d)) se Schedule F)	0.00	0.00
6. Lo	an Repayments Made	0.00	0.00
	ans Made	0.00	0.00
8. Re	funds of Contributions To: Individuals/Persons Other		
(a)	Than Political Committees	0.00	0.00
(b)	Political Party Committees	0.00	0.00
(c)		0.00	0.00
	(such as PACs)	0.00	
(d)	Total Contribution Refunds		
. /	(add Lines 28(a), (b), and (c))►	0.00	0.00
. Ot	her Disbursements	0.00	0.00
. Fe	deral Election Activity (2 U.S.C. §431(20))		
(a)			
	(from Schedule H6)		
	(i) Federal Share	0.00	0.00
	(ii) "Levin" Share	0.00	0.00
(b)			
	With Federal Funds	0.00	0.00
(c)	Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))►	0.00	0.00
т.	tal Diaburaamanta (add Linca 01/a), 00		
	tal Disbursements (add Lines 21(c), 22, , 24, 25, 26, 27, 28(d), 29 and 30(c))	17010 17	47940.47
20	,, _0, _0, _, _0(0), _0 and 00(0)).	47940.47	47940.47
. То	tal Federal Disbursements		
	ubtract Line 21(a)(ii) and Line 30(a)(ii)		
fro	m Line 31)	47940.47	47940.47

L

DETAILED SUMMARY PAGE

of Disbursements

III. Net Contributions/Operating Ex- penditures			
 Total Contributions (other than loans) (from Line 11(d), page 3) 	111000.00	111000.00	
 Total Contribution Refunds (from Line 28(d)) 	0.00	0.00	
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	111000.00	111000.00	
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))►	47940.47	47940.47	
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00	
. Net Operating Expenditures (subtract Line 37 from Line 36)	47940.47	47940.47	

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

FOR LINE NUMBER:

(check only one)

PAGE 6

OF

12

			Detailed Summary Page		(11a		11b	11c		12		
Δr	y information copied from such Reports and Sta	atemente ma	v not be sold or used by any no	arson	13 for the	 DU!'	14 Dose of	15 soliciting		16 ntribut		17
or	for commercial purposes, other than using the	name and a	ddress of any political committee	to so	olicit co	ntrib	utions	from such	1 CO	mmitt	ee.	
\backslash	NAME OF COMMITTEE (In Full)											
$\Big/$	Standing up for California's Mide	lle Class										
Α.	Full Name (Last, First, Middle Initial) Candace M. Carroll				Date of	Re	ceipt					
	Mailing Address 1939 Via Casa Alta				м м 01	1	D 22			у 016	Υ	
	City	State CA	Zip Code 92037					INCA23				
	La Jolla	CA	92037	_	Amount	of	Each F	Receipt th	is P	eriod		
	FEC ID number of contributing federal political committee.	C			Li.		,		_	1000.0	00	
	Name of Employer	Occupation			Me	mo l	tem					
	Sullivan, Hill, Lewin, Rez & Engel	Attorney										
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General Other (specify) ▼		1000.00									
в.	Full Name (Last, First, Middle Initial)				Date of	Re	ceipt					
	Mailing Address				MM	/) / Y	Y	Y	Y	
	City	State	Zip Code		Amount	of	Each F	Receipt th	is F	eriod		
	FEC ID number of contributing federal political committee.	С			<u> </u>		,	7				
	Name of Employer	Occupation			Me	mo l	tem					
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General	00 0										
	Other (specify)											
C.	Full Name (Last, First, Middle Initial)				Date of	Re	ceipt					
	Mailing Address				MM	1	D	о / Y	Y	Y	Y	
	City	State	Zip Code		Amount	of	Each F	Receipt th	is P	'eriod	_	
	FEC ID number of contributing	С			· ·							1
	federal political committee.				Me	mo l	tem	7	-			
	Name of Employer	Occupation					cent.					
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General Other (specify)											
			9 9 9									
s	UBTOTAL of Receipts This Page (optional)		•				7	7		1000.0	00]

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

1000.00

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

(check only one)

PAGE 7 OF

12

• •			Detailed Summary Page		11a		11b	X 11c		12	<u> </u>					
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	NAME OF COMMITTEE (In Full)		and be any pointed commute													
$\left \right\rangle$	Standing up for California's Mid	dle Class														
<u>к</u> .	Full Name (Last, First, Middle Initial) California State Council of Service Er	nployees Po	olitical Committee		Date of	f Re	eceipt									
	Mailing Address 1130 K Street, Suite 300				м м 03	1	D 11			о16	Y					
	City	State	Zip Code		Trans	act	ion ID	: INCA29								
	Sacramento	CA	95814	Amount of Each Receipt this Period												
	FEC ID number of contributing federal political committee.	С					7		3	5000.0	00					
	Name of Employer	Occupation			Me	mo	ltem									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 35000.00													
В.	Full Name (Last, First, Middle Initial) PACE of California School Employees Association Local, State, Federal Candidates						Date of Receipt									
	Mailing Address 555 Capitol Mall, Suite 1425	ling Address 555 Capitol Mall, Suite 1425						D / Y 1	2	016	Y					
	City	State	Zip Code	Transaction ID : INCA26												
	Sacramento	CA	95814		Amount	t of	Each	Receipt th	his F	Period						
	FEC ID number of contributing federal political committee.	С					7	25000.00								
	Name of Employer	Occupation			Me	mo	ltem									
	Receipt For:	Aggregate	Year-to-Date ▼													
	Primary General Other (specify) ▼		25000.00	1												
с.		Union Loca	al 1000 Candidate PAC		Date of	f Re	eceipt									
	Mailing Address 555 Capitol Mall, Suite 1425				^M 01	1	28			ү 016	Y					
City S Sacramento G			Zip Code 95814					: INCA25 Receipt th		Period						
	FEC ID number of contributing federal political committee.	ů – Le – L							25000.00							
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	Receipt For: Primary General Other (specify)															
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 8 OF

12

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	11a 11b X 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) Standing up for California's Mide	dle Class	
Full Name (Last, First, Middle Initial) A. UFCW Western States Council Independent of Mailing Address P.O. Box 5158 City Buena Park FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify) ▼	State Zip Code C 90622 Occupation Aggregate Year-to-Date ▼ 25000.00	Date of Receipt
Full Name (Last, First, Middle Initial) B. Mailing Address City FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify) ▼	State Zip Code C Occupation Aggregate Year-to-Date ▼	Date of Receipt
Full Name (Last, First, Middle Initial) Mailing Address City FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify) ▼	State Zip Code C Occupation Aggregate Year-to-Date ▼	Date of Receipt
SUBTOTAL of Receipts This Page (optional)		▶ 25000.00

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

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S	CHEDULE B (FEC Form 3X)			F	OR	LIN	E NI	UMBEF	R:			PAG	λE	9 (DF 12				
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\backslash	NAME OF COMMITTEE (In Full)	<u>.</u>																	
	Standing up for California's Middle	Class																	
	Full Name (Last, First, Middle Initial) • Stephanie Daily						D .	()											
А.								sburse											
Mailing Address 411 South Main, M100								01 22 2016											
	,	State	Zip Code					Transaction ID : EXPB21											
	Los Angeles Purpose of Disbursement	CA	90013				_												
	Fundraiser Reimbursement			0	003		Amount of Each Disbursement this Period												
	Candidate Name			Cate			761.37												
	Office Sought: House Disburse	ment For:		Ľ	ype		_												
	Senate						Memo Item												
	President District	Other (spe	cify) 🔻																
_	State: District: Full Name (Last, First, Middle Initial)																		
В.	Chops Steak, Seafood & Bar							Date				V	V		V				
	Mailing Address 1117 11th Street							01 22 2016											
	City Sacramento	State CA	Zip Code 95814				Transaction ID : PDTB2EXF						XP	B21					
	Purpose of Disbursement																		
	Food and Beverages for Fundraiser	date Name					Amount of Each Disbursement this Period												
		Category. Type					761.37												
	Office Sought: House Disburse	ment For:			,,			× Memo Item											
	Senate President	Primary	General																
	State: District:	Other (spe	city) 🔻																
_	Full Name (Last, First, Middle Initial)																		
C.	Olson Hagel & Fishburn LLP							Date	of Di	sburse	ement								
	Mailing Address 555 Capitol Mall, Suite 1425					-	M 01	A /	D 1	D / 5	Y)16	Y					
	·																		
	City Sacramento	State CA	Zip Code 95814					Tran	sact	ion ID	: EXP	B20							
	Purpose of Disbursement Legal & Reporting Services																		
	Candidate Name 001 Category/								Amount of Each Disbursement this Period										
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	Office Sought: House Disburse Senate	ment For: Primary	General					M	emo	ltem									
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\square	NAME OF COMMITTEE (In Full)																		
	Standing up for California's Middle	e Class																	
~	Full Name (Last, First, Middle Initial) Olson Hagel & Fishburn LLP						Dete	of Di	sburse										
А.						Dale		D			Y	Y	Y						
	Mailing Address 555 Capitol Mall, Suite 1425	Idress 555 Capitol Mall, Suite 1425						02 16 2016											
	City Sacramento	State CA	Zip Code 95814					Tran	saction ID : EXPB27										
	Purpose of Disbursement	0/1	33014	-			1	-											
	Legal & Reporting Services			C	01		Amount of Each Disbursement this Period												
	Candidate Name			Cate T	egoi ype					7		,		596.	78				
	Office Sought: House Disburse Senate President	ment For: Primary Other (spe	General cify) ▼				Memo Item												
	State: District:		•																
B.	Full Name (Last, First, Middle Initial) B. Olson Hagel & Fishburn LLP						Date of Disbursement												
	Mailing Address 555 Capitol Mall, Suite 1425							03 16 2016											
	City Sacramento	State CA	Zip Code 95814				Transaction ID : EXPB31						1						
	Purpose of Disbursement Legal & Reporting Services			(001		Amount of Each Disbursement					t this	Period						
	Candidate Name			Cate	egoi ype			489.32											
	Senate	ment For: Primary	General)00			Memo Item											
	State: District:	Other (spe	city) 🔻																
С.	Full Name (Last, First, Middle Initial)						Date	of Di	sburse	ement									
	Mailing Address 465 California Street, Suite 425								03 / D D / Y Y Y Y 03 01 2016										
	CityStateZip CodeSan FranciscoCA94104								Transaction ID : EXPB28										
	Purpose of Disbursement Fundraising 003																		
	Candidate Name Category/ Type									Amount of Each Disbursement this Period 12500.00									
	Senate President	ment For: Primary Other (spe	General cify) ▼		<u>, , , , , , , , , , , , , , , , , , , </u>	- 	Memo Item												
_	State: District:											_							
s	SUBTOTAL of Disbursements This Page (optional).					. 🕨			_	7		7	1	3586.	10				
т	OTAL This Period (last page this line number only	/)						L.,		7		7							

Mailing Address 510 16th Street, Suite 520 Image: Construction of the street, Suite 520 City State Zip Code Oakland CA 94612 Purpose of Disbursement 005 Research 005 Candidate Name Category/ Type Office Sought: House President Disbursement For: Senate Primary General Other (specify) State: District: Full Name (Last, First, Middle Initial) Date of Disbursement B. Image: Construction of the street of			26 30b								
or for commercial purposes, other than using the name and address of any political committee to solicit contributions fro NAME OF COMMITTEE (In Full) Standing up for California's Middle Class Full Name (Last, First, Middle Initial) A. VR Research, Inc. Mailing Address 510 16th Street, Suite 520 City State Oakland CA Purpose of Disbursement Research 005 Candidate Name Disbursement For: Office Sought: House President Disbursement For: State: District: Full Name (Last, First, Middle Initial) Memo Item			ons								
Standing up for California's Middle Class Full Name (Last, First, Middle Initial) A. VR Research, Inc. Mailing Address 510 16th Street, Suite 520 City Oakland Purpose of Disbursement Research Candidate Name Office Sought: House Primary General Office Sought: President State: Disbursement For: Senate Primary General Other (specify) Date of Disbursement Memo Item											
A. VR Research, Inc. Date of Disbursement Mailing Address 510 16th Street, Suite 520 Image: Code City State Zip Code Oakland CA 94612 Purpose of Disbursement 005 Research 005 Candidate Name O05 Office Sought: House President Disbursement For: President Other (specify) State: District: Full Name (Last, First, Middle Initial) Date of Disbursement B. Date of Disbursement											
City State Zip Code Oakland CA 94612 Purpose of Disbursement 005 Research 005 Candidate Name 005 Office Sought: House President Disbursement For: Senate Primary President Other (specify) State: District: Full Name (Last, First, Middle Initial) Date of Disbursement B. Memory											
Oakland CA 94612 Purpose of Disbursement Research 005 Amount of Each Dislogry/ Type Candidate Name 005 Category/ Type Amount of Each Dislogree Office Sought: House Disbursement For: Memo Item Senate Primary General Memo Item State: District: District Date of Disbursement Full Name (Last, First, Middle Initial) Date of Disbursement Date of Disbursement											
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Full Name (Last, First, Middle Initial) Date of Disbursement B.	Memo Item										
	Date of Disbursement										
Mailing Address											
City State Zip Code											
Candidate Name Category/	Amount of Each Disbursement this Period										
Office Sought: House Disbursement For: Senate Primary General President Other (specify) ▼	Memo Item										
State: District: Full Name (Last, First, Middle Initial) Date of Disbursemen											
Mailing Address	/ Y Y	Ý	Y								
City State Zip Code											
Candidate Name Category/	Amount of Each Disbursement this Period										
Office Sought: House Disbursement For: Senate Primary General President Other (specify)											
SUBTOTAL of Disbursements This Page (optional)											

SCHEDULE D (FEC Form 3X)		(Use separate	PAGE 12 OF 12				
			FOR LINE NUMBER:				
		for each numbered line)	(check only one) 9 X 10				
NAME OF COMMITTEE (In Full)							
Standing up for California's Middle C	lass						
A. Full Name (Last, First, Middle Initial) of Debto	r or Creditor		ebt (Purpose):				
Stephanie Daily		Fundraiser	Reimbursement				
Mailing Address 411 South Main, M100							
City State	Zip Code	———					
Los Angeles	CA 90013						
Outstanding Balance Beginning This Period		Transacti	on ID : PAYD19				
761.37							
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period				
0.00	761.3	3/	0.00				
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor	Nature of D	ebt (Purpose):				
Mailing Address							
Mailing Address							
City State	Zip Code						
Outstanding Balance Beginning This Period		1					
		_					
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period				
C. Full Name (Last, First, Middle Initial) of Debto	r or Creditor	Natura of D	ebt (Purpose):				
			ent (Fulfuse).				
Mailing Address							
City	State Zip Code						
	p 0000						
Outstanding Balance Beginning This Period		1					
		_					
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period				
7 7 7 7 7 7							
1) SUBTOTALS This Period This Page (optional)			0.00				
2) TOTALS This Period (last page this line number	only)	▶	0.00				
	0 (lash as a s 1)						
3) TOTAL OUTSTANDING LOANS from Schedule	(last page only)	···· ► ►	T				
4) ADD 2) and 3) and carry forward to appropriate	line of Summary Page (last page or	nly) ►	· · · · · · · · · · · · · · · · · · ·				