

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

CalPortland Company Political Action Committee (CPCC-PAC)

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

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|--|---------------------------------------|---------------------------------------|
| 6. (a) Cash on Hand January 1, <input type="text" value="2016"/> | <input type="text" value="48191.42"/> | <input type="text" value="48191.42"/> |
| (b) Cash on Hand at Beginning of Reporting Period..... | <input type="text" value="29500.01"/> | |
| (c) Total Receipts (from Line 19) | <input type="text" value="1845.00"/> | <input type="text" value="43895.00"/> |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | <input type="text" value="31345.01"/> | <input type="text" value="92086.42"/> |
| 7. Total Disbursements (from Line 31)..... | <input type="text" value="8500.00"/> | <input type="text" value="69241.41"/> |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | <input type="text" value="22845.01"/> | <input type="text" value="22845.01"/> |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | <input type="text" value="0.00"/> | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | <input type="text" value="5111.00"/> | |

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

For further information contact:

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

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

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

CalPortland Company Political Action Committee (CPCC-PAC)

Report Covering the Period: From: M M / D D / Y Y Y Y 10 / 01 / 2016 To: M M / D D / Y Y Y Y 10 / 19 / 2016

| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From: | | |
| (a) Individuals/Persons Other Than Political Committees | | |
| (i) Itemized (use Schedule A)..... | 1845.00 | 42695.00 |
| (ii) Unitemized | 0.00 | 1200.00 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶ | 1845.00 | 43895.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) | 1845.00 | 43895.00 |
| 12. Transfers From Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 13. All Loans Received | 0.00 | 0.00 |
| 14. Loan Repayments Received..... | 0.00 | 0.00 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)..... | 0.00 | 0.00 |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees..... | 0.00 | 0.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.)..... | 0.00 | 0.00 |
| 18. Transfers from Non-Federal and Levin Funds | | |
| (a) Non-Federal Account (from Schedule H3)..... | 0.00 | 0.00 |
| (b) Levin Funds (from Schedule H5) | 0.00 | 0.00 |
| (c) Total Transfers (add 18(a) and 18(b)).. | 0.00 | 0.00 |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶ | 1845.00 | 43895.00 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶ | 1845.00 | 43895.00 |

DETAILED SUMMARY PAGE
of Disbursements

| II. Disbursements | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) Non-Federal Share..... | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures | 0.00 | 0.00 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 0.00 | 0.00 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 8500.00 | 68500.00 |
| 24. Independent Expenditures (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 0.00 | 0.00 |
| 27. Loans Made..... | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 0.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... | 0.00 | 0.00 |
| 29. Other Disbursements (Including Non-Federal Donations)..... | 0.00 | 741.41 |
| 30. Federal Election Activity (52 U.S.C. § 30101(20)) | | |
| (a) Allocated Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) "Levin" Share..... | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0.00 | 0.00 |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) | 0.00 | 0.00 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) .. | 8500.00 | 69241.41 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 8500.00 | 69241.41 |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

| III. Net Contributions/ Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|---------------------------------------|---|
| 33. Total Contributions (other than loans) (from Line 11(d), page 3) | 1845.00 | 43895.00 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 1845.00 | 43895.00 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 0.00 | 0.00 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 0.00 | 0.00 |

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 6 OF 12 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
CalPortland Company Political Action Committee (CPCC-PAC)

A. Larson, William, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9311 Oak Creek Rd
 City Cherry Valley State CA Zip Code 92223
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CalPortland Occupation (for Individual) VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 03 / 2016
Transaction ID : SA11AI.7127
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Nieman, Kenneth, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7107 April Wind Ave
 City Las Vegas State NV Zip Code 89131
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CalPortland Company Occupation (for Individual) Sales Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 10 / 04 / 2016
Transaction ID : SA11AI.7129
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Owens, Edward, J., Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2658 San Angelo Drive
 City Claremont State CA Zip Code 91711
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) California Portland Cement Co Occupation (for Individual) Senior VP - Human Resources
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 01 / 2016
Transaction ID : SA11AI.7145
 Amount of Each Receipt this Period 125.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 475.00 |
| TOTAL This Period (last page this line number only)..... | |

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

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

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NAME OF COMMITTEE (In Full)
CalPortland Company Political Action Committee (CPCC-PAC)

A. Pham, Dusting, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14008 Ballentine Place
 City Baldwin Park State CA Zip Code 91706
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CalPortland Company Occupation (for Individual) Engineer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1005.00

Date of Receipt 10 / 04 / 2016
Transaction ID : SA11AI.7126
 Amount of Each Receipt this Period 110.00
 Memo Item

B. Stoltz, Peter, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10115 Greenwood Ave. N P M B #210
 City Seattle State WA Zip Code 98133
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Glacier Northwest Occupation (for Individual) Permit Coordinator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 12 / 2016
Transaction ID : SA11AI.7146
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Ware, Annette, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 22431 SE 30th St.
 City Sammamish State WA Zip Code 98075
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Glacier Northwest Occupation (for Individual) VP Finance
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1010.00

Date of Receipt 10 / 06 / 2016
Transaction ID : SA11AI.7128
 Amount of Each Receipt this Period 1010.00
 Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1370.00 |
| TOTAL This Period (last page this line number only)..... | 1845.00 |

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

CalPortland Company Political Action Committee (CPCC-PAC)

Full Name (Last, First, Middle Initial)

A. CARLOS CURBELO CONGRESS

Mailing Address 8724 SW 72ND ST

City
MIAMI

State
FL

Zip Code
33173

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

State: FL District: 26

Disbursement For:

Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 10 | | | 13 | | | 2016 | | | |

FEC Identification Number

C C00546846

Transaction ID : SB23.7147

Amount of Each Disbursement this Period

| |
|---------|
| 2000.00 |
|---------|

Memo Item

Full Name (Last, First, Middle Initial)

B. Dan Newhouse for Congress

Mailing Address PO BOX 10949

City
yakima

State
WA

Zip Code
98909

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

State: WA District: 04

Disbursement For:

Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 10 | | | 13 | | | 2016 | | | |

FEC Identification Number

C c00559393

Transaction ID : SB23.7150

Amount of Each Disbursement this Period

| |
|---------|
| 2000.00 |
|---------|

Memo Item

Full Name (Last, First, Middle Initial)

C. DENNY HECK FOR CONGRESS

Mailing Address PO BOX 235

City
OLYMPIA

State
WA

Zip Code
98507

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

State: WA District: 10

Disbursement For: 2016

Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 10 | | | 03 | | | 2016 | | | |

FEC Identification Number

C C00472159

Transaction ID : SB23.7141

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

Memo Item

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

| |
|---------|
| 5000.00 |
|---------|

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

| |
|--|
| |
|--|

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

CalPortland Company Political Action Committee (CPCC-PAC)

Full Name (Last, First, Middle Initial)

A. JAIME HERRERA FOR CONGRESS

Mailing Address PO Box 1614

City Ridgefield State WA Zip Code 98642

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

State: WA District: 03

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 13 / 2016

FEC Identification Number

C C00472704

Transaction ID : SB23.7149

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. JUSTIN FAREED FOR CONGRESS

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 03 / 2016

FEC Identification Number

C C00572560

Transaction ID : SB23.7142

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. KEN CALVERT FOR CONGRESS

Mailing Address PO Box 20123

City Riverside State CA Zip Code 92516

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

State: CA District: 44

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 17 / 2016

FEC Identification Number

C C00257337

Transaction ID : SB23.7151

Amount of Each Disbursement this Period

1500.00

Memo Item

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

3500.00

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

8500.00

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **CalPortland Company Political Action Committee (CPCC-PAC)** Transaction ID : **SC/10.6733**

| | | | |
|--|-------------|--|---|
| LOAN SOURCE Full Name (Last, First, Middle Initial) Anderson, Douglas, D., , | | <input checked="" type="checkbox"/> N <input type="checkbox"/> Memo Item | Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Mailing Address 10032 E Winter Sun Drive | | | |
| City Scottsdale | State AZ | ZIP Code 85262 | |

| | | |
|------------------------------------|------------------------------------|--|
| Original Amount of Loan 2600.00 | Cumulative Payment To Date 0.00 | Balance Outstanding at Close of This Period 2600.00 |
|------------------------------------|------------------------------------|--|

TERMS

| | | | |
|---|----------------------------|--------------------------|---|
| Date Incurred MM / DD / YYYY 03 / 23 / 2014 | Date Due MM / DD / YYYY | Interest Rate % (apr) | Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|---|----------------------------|--------------------------|---|

List All Endorsers or Guarantors (if any) to Loan Source

| | | | |
|--|------------------|----------|------------------------------------|
| 1. Full Name (Last, First, Middle Initial) | Name of Employer | | |
| Mailing Address | Occupation | | |
| City | State | ZIP Code | Amount Guaranteed Outstanding: [] |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer | | |
| Mailing Address | Occupation | | |
| City | State | ZIP Code | Amount Guaranteed Outstanding: [] |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer | | |
| Mailing Address | Occupation | | |
| City | State | ZIP Code | Amount Guaranteed Outstanding: [] |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer | | |
| Mailing Address | Occupation | | |
| City | State | ZIP Code | Amount Guaranteed Outstanding: [] |

| | | |
|---|---|-------------|
| SUBTOTALS This Period This Page (optional) | ▶ | [] 2600.00 |
| TOTALS This Period (last page in this line only) | ▶ | [] |

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

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **CalPortland Company Political Action Committee (CPCC-PAC)** Transaction ID : **SC/10.6735**

| | | | |
|--|-------------|--|---|
| LOAN SOURCE Full Name (Last, First, Middle Initial) Grady, Jay, M, , | | <input checked="" type="checkbox"/> N <input type="checkbox"/> Memo Item | Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Mailing Address 2413 Moss Circle | | | |
| City LaVerne | State CA | ZIP Code 91750 | |

| | | |
|------------------------------------|------------------------------------|--|
| Original Amount of Loan 2501.00 | Cumulative Payment To Date 0.00 | Balance Outstanding at Close of This Period 2501.00 |
|------------------------------------|------------------------------------|--|

TERMS

| | | | |
|---|----------------------------|--------------------------|---|
| Date Incurred MM / DD / YYYY 03 / 03 / 2014 | Date Due MM / DD / YYYY | Interest Rate % (apr) | Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|---|----------------------------|--------------------------|---|

List All Endorsers or Guarantors (if any) to Loan Source

| 1. Full Name (Last, First, Middle Initial) | Name of Employer | | |
|--|------------------------------------|--|--|
| Mailing Address | Occupation | | |
| City State ZIP Code | Amount Guaranteed Outstanding: [] | | |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer | | |
| Mailing Address | Occupation | | |
| City State ZIP Code | Amount Guaranteed Outstanding: [] | | |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer | | |
| Mailing Address | Occupation | | |
| City State ZIP Code | Amount Guaranteed Outstanding: [] | | |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer | | |
| Mailing Address | Occupation | | |
| City State ZIP Code | Amount Guaranteed Outstanding: [] | | |

| | | |
|---|---|-------------|
| SUBTOTALS This Period This Page (optional) | ▶ | [] 2501.00 |
| TOTALS This Period (last page in this line only) | ▶ | [] |

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

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.6734**
CalPortland Company Political Action Committee (CPCC-PAC)

| | | | | |
|--|-------------|-------------------|---|---|
| LOAN SOURCE Full Name (Last, First, Middle Initial) Padilla, Jamie, A., Mrs. | | | <input checked="" type="checkbox"/> Memo Item | Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Mailing Address 90 Scorpios Island | | | | |
| City Henderson | State NV | ZIP Code 89012 | | |

| | | |
|----------------------------------|------------------------------------|--|
| Original Amount of Loan 10.00 | Cumulative Payment To Date 0.00 | Balance Outstanding at Close of This Period 10.00 |
|----------------------------------|------------------------------------|--|

TERMS

| | | | |
|---|----------------------------|--------------------------|---|
| Date Incurred MM / DD / YYYY 03 / 26 / 2014 | Date Due MM / DD / YYYY | Interest Rate % (apr) | Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|---|----------------------------|--------------------------|---|

List All Endorsers or Guarantors (if any) to Loan Source

| | | | |
|--|------------------|----------|------------------------------------|
| 1. Full Name (Last, First, Middle Initial) | Name of Employer | | |
| Mailing Address | Occupation | | |
| City | State | ZIP Code | Amount Guaranteed Outstanding: [] |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer | | |
| Mailing Address | Occupation | | |
| City | State | ZIP Code | Amount Guaranteed Outstanding: [] |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer | | |
| Mailing Address | Occupation | | |
| City | State | ZIP Code | Amount Guaranteed Outstanding: [] |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer | | |
| Mailing Address | Occupation | | |
| City | State | ZIP Code | Amount Guaranteed Outstanding: [] |

| | | |
|---|---|-------------|
| SUBTOTALS This Period This Page (optional) | ▶ | [] 10.00 |
| TOTALS This Period (last page in this line only) | ▶ | [] 5111.00 |

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