

**FEC  
FORM 3****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

SARAH ADLAKHA FOR SENATE

ADDRESS (number and street)

PO BOX 219



Check if different than previously reported. (ACC)

OCEAN SPRINGS

MS

39566

CITY ▲

STATE ▲

ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼

C C00900944

3. IS THIS REPORT



NEW (N)

OR



AMENDED (A)

STATE ▼ DISTRICT

MS

00

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

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



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y

in the State of

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



General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the State of

5. Covering Period

M M / D D / Y Y Y Y

03

D D / Y Y Y Y

31

Y Y Y Y

2025

through

M M / D D / Y Y Y Y

06

D D / Y Y Y Y

30

Y Y Y Y

2025

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 ADLAKHA, SARAH ANNE DR, , ,

Signature of Treasurer

ADLAKHA, SARAH ANNE DR, , ,

Date

M M / D D / Y Y Y Y

07

D D / Y Y Y Y

15

Y Y Y Y

2025

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

Office  
Use  
Only**FEC FORM 3**  
(Revised 05/2016)

**SUMMARY PAGE**  
of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name

**SARAH ADLAKHA FOR SENATE**

Report Covering the Period:

From:

MM / DD / YYYY  
03 / 31 / 2025

To:

MM / DD / YYYY  
06 / 30 / 2025

|                                                                                                                  | COLUMN A<br>This Period | COLUMN B<br>Election Cycle-to-Date |
|------------------------------------------------------------------------------------------------------------------|-------------------------|------------------------------------|
| 6. Net Contributions (other than loans)                                                                          |                         |                                    |
| (a) Total Contributions<br>(other than loans) (from Line 11(e))....                                              | 126.00                  | 126.00                             |
| (b) Total Contribution Refunds<br>(from Line 20(d)) .....                                                        | 0.00                    | 0.00                               |
| (c) Net Contributions (other than loans)<br>(subtract Line 6(b) from Line 6(a)) .....                            | 126.00                  | 126.00                             |
| 7. Net Operating Expenditures                                                                                    |                         |                                    |
| (a) Total Operating Expenditures<br>(from Line 17) .....                                                         | 409.11                  | 409.11                             |
| (b) Total Offsets to Operating<br>Expenditures (from Line 14).....                                               | 0.00                    | 0.00                               |
| (c) Net Operating Expenditures<br>(subtract Line 7(b) from Line 7(a)) .....                                      | 409.11                  | 409.11                             |
| 8. Cash on Hand at Close of<br>Reporting Period (from Line 27).....                                              | 200716.89               |                                    |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | 0.00                    |                                    |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) ..... | 252000.00               |                                    |

For further information, contact the Federal Election Commission at 800-424-9530 or visit [www.fec.gov](http://www.fec.gov).

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

SARAH ADLAKHA FOR SENATE

Report Covering the Period:

From:

MM / DD / YYYY  
03 / 31 / 2025

To:

MM / DD / YYYY  
06 / 30 / 2025**I. RECEIPTS****COLUMN A**  
Total This Period**COLUMN B**  
Election Cycle-to-Date

## 11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than  
Political Committees

(i) Itemized (use Schedule A).....

0.00

0.00

(ii) Unitemized .....

126.00

126.00

(iii) TOTAL of contributions  
from individuals ▶

126.00

126.00

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees  
(such as PACs) .....

0.00

0.00

(d) The Candidate .....

0.00

0.00

(e) TOTAL CONTRIBUTIONS  
(other than loans)  
(add Lines 11(a)(iii), (b), (c), and (d))..

126.00

126.00

12. TRANSFERS FROM OTHER  
AUTHORIZED COMMITTEES .....

0.00

0.00

## 13. LOANS:

(a) Made or Guaranteed by the  
Candidate.....

201000.00

201000.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS  
(add Lines 13(a) and (b)).....

201000.00

201000.00

14. OFFSETS TO OPERATING  
EXPENDITURES  
(Refunds, Rebates, etc.) .....

0.00

0.00

15. OTHER RECEIPTS  
(Dividends, Interest, etc.) .....

0.00

0.00

16. TOTAL RECEIPTS (add Lines  
11(e), 12, 13(c), 14, and 15)  
(Carry Total to Line 24, page 4)..... ▶

201126.00

201126.00

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3 (Revised 05/2016)

| II. DISBURSEMENTS                                                            | COLUMN A<br>Total This Period | COLUMN B<br>Election Cycle-to-Date |
|------------------------------------------------------------------------------|-------------------------------|------------------------------------|
| 17. OPERATING EXPENDITURES.....                                              | 409.11                        | 409.11                             |
| 18. TRANSFERS TO OTHER<br>AUTHORIZED COMMITTEES .....                        | 0.00                          | 0.00                               |
| 19. LOAN REPAYMENTS:                                                         |                               |                                    |
| (a) Of Loans Made or Guaranteed<br>by the Candidate.....                     | 0.00                          | 0.00                               |
| (b) Of All Other Loans .....                                                 | 0.00                          | 0.00                               |
| (c) TOTAL LOAN REPAYMENTS<br>(add Lines 19(a) and (b)).....                  | 0.00                          | 0.00                               |
| 20. REFUNDS OF CONTRIBUTIONS TO:                                             |                               |                                    |
| (a) Individuals/Persons Other<br>Than Political Committees .....             | 0.00                          | 0.00                               |
| (b) Political Party Committees.....                                          | 0.00                          | 0.00                               |
| (c) Other Political Committees<br>(such as PACs) .....                       | 0.00                          | 0.00                               |
| (d) TOTAL CONTRIBUTION REFUNDS<br>(add Lines 20(a), (b), and (c)).....       | 0.00                          | 0.00                               |
| 21. OTHER DISBURSEMENTS .....                                                | 0.00                          | 0.00                               |
| 22. <b>TOTAL DISBURSEMENTS</b><br>(add Lines 17, 18, 19(c), 20(d), and 21) ► | 409.11                        | 409.11                             |

## **III. CASH SUMMARY**

|                                                                                       |           |
|---------------------------------------------------------------------------------------|-----------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....                                | 0.00      |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....                            | 201126.00 |
| 25. SUBTOTAL (add Line 23 and Line 24).....                                           | 201126.00 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....                               | 409.11    |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD<br>(subtract Line 26 from Line 25)..... | 200716.89 |

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 5 OF 11

|                              |                              |                              |                                         |                             |
|------------------------------|------------------------------|------------------------------|-----------------------------------------|-----------------------------|
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input checked="" type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12                           | 13a                          | 13b                          | 14                                      |                             |

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)

**SARAH ADLAKHA FOR SENATE**

Full Name (Last, First, Middle Initial)

ADLAKHA, SARAH ANNE DR, , ,

**A.**

Mailing Address 419 E BEACH DR

City

OCEAN SPRINGS

State

MS

Zip Code

39564

FEC ID number of contributing  
federal political committee.**C** S6MS00109Name of Employer  
SelfOccupation  
Candidate

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

52000.00

Date of Receipt

|     |   |     |   |             |
|-----|---|-----|---|-------------|
| M M | / | D D | / | Y Y Y Y Y Y |
| 05  |   | 09  |   | 2025        |

Transaction ID : SA11D.4116

Amount of Each Receipt this Period

51000.00

☒ Memo Item

Advance for Polling, Website &amp; Research

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

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

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

|     |   |     |   |             |
|-----|---|-----|---|-------------|
| M M | / | D D | / | Y Y Y Y Y Y |
|     |   |     |   |             |

Amount of Each Receipt this Period

☐ Memo Item**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

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

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

|     |   |     |   |             |
|-----|---|-----|---|-------------|
| M M | / | D D | / | Y Y Y Y Y Y |
|     |   |     |   |             |

Amount of Each Receipt this Period

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ▶

0.00

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

0.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 6 OF 11

☐ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☒ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

**SARAH ADLAKHA FOR SENATE**

Full Name (Last, First, Middle Initial)  
ADLAKHA, SARAH ANNE DR, , ,

Mailing Address 419 E BEACH DR

City  
OCEAN SPRINGS

State  
MS

Zip Code  
39564

FEC ID number of contributing  
federal political committee.

**C** S6MS00109

Name of Employer  
Self

Occupation  
Candidate

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 31 / 2025

Transaction ID : SA13A.4099

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
Personal Funds

Full Name (Last, First, Middle Initial)  
ADLAKHA, SARAH ANNE DR, , ,

Mailing Address 419 E BEACH DR

City  
OCEAN SPRINGS

State  
MS

Zip Code  
39564

FEC ID number of contributing  
federal political committee.

**C** S6MS00109

Name of Employer  
Self

Occupation  
Candidate

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

102000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 24 / 2025

Transaction ID : SA13A.4100

Amount of Each Receipt this Period

50000.00

☐ Memo Item  
Personal Funds

Full Name (Last, First, Middle Initial)  
ADLAKHA, SARAH ANNE DR, , ,

Mailing Address 419 E BEACH DR

City  
OCEAN SPRINGS

State  
MS

Zip Code  
39564

FEC ID number of contributing  
federal political committee.

**C** S6MS00109

Name of Employer  
Self

Occupation  
Candidate

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

252000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 27 / 2025

Transaction ID : SA13A.4101

Amount of Each Receipt this Period

150000.00

☐ Memo Item  
Personal Funds

201000.00

201000.00

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

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

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 7 OF 11

|                                               |                              |                              |                              |
|-----------------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="checked" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a                  | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)

SARAH ADLAKHA FOR SENATE

Full Name (Last, First, Middle Initial)

**A. Wix.com**

Mailing Address 500 Terry A Francois Blvd

City  
San FranciscoState  
CAZip Code  
94158Purpose of Disbursement  
Domain Services

Candidate Name

Office Sought:  

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:  

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State: District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 |   | 0 | 7 |   | 2 | 0 | 2 | 5 |

FEC Identification Number

C

Amount of Each Disbursement this Period

409.07

Transaction ID : SB17.4102

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:  

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State: District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
|   |   |   |   |   |   |   |   |   |   |

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:  

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State: District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
|   |   |   |   |   |   |   |   |   |   |

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

409.07

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

409.07

**SCHEDULE C (FEC Form 3)**  
**LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 8 OF 11

FOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4099

SARAH ADLAKHA FOR SENATE

**LOAN SOURCE** Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

ADLAKHA, SARAH ANNE DR, , ,

Mailing Address

419 E BEACH DR

City

OCEAN SPRINGS

State

MS

ZIP Code

39564

☒ Personal Funds of the Candidate

Original Amount of Loan

1000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1000.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
03 31 / 2025

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

On Demand

0.00 % (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

1000.00

**TOTALS** This Period (last page in this line only).....▶

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

**SCHEDULE C (FEC Form 3)**  
**LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 9 OF 11

FOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4100

SARAH ADLAKHA FOR SENATE

**LOAN SOURCE** Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

ADLAKHA, SARAH ANNE DR, , ,

Mailing Address

419 E BEACH DR

City

OCEAN SPRINGS

State

MS

ZIP Code

39564

☒ Personal Funds of the Candidate

Original Amount of Loan

50000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

50000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
06 / 24 / 2025

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

On Demand

0.00 % (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

50000.00

**TOTALS** This Period (last page in this line only).....▶

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

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

PAGE 10 OF 11

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4101

SARAH ADLAKHA FOR SENATE

**LOAN SOURCE** Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

ADLAKHA, SARAH ANNE DR, , ,

Mailing Address

419 E BEACH DR

City

OCEAN SPRINGS

State

MS

ZIP Code

39564

☒ Personal Funds of the Candidate

Original Amount of Loan

150000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

150000.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
06 / 27 / 2025

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

On Demand

0.00 % (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

150000.00

**TOTALS** This Period (last page in this line only).....▶

201000.00

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

# SCHEDULE D (FEC Form 3)

## DEBTS AND OBLIGATIONS

### Excluding Loans

(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 11 OF 11

FOR LINE NUMBER:  
(check only one)

☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**SARAH ADLAKHA FOR SENATE**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

ADLAKHA, SARAH ANNE DR, , ,

Nature of Debt (Purpose):

Polling, Website & Research

Mailing Address 419 E BEACH DR

City

OCEAN SPRINGS

State

MS

Zip Code

39564

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4115

Amount Incurred This Period

51000.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

51000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional) .....

51000.00

2) **TOTALS** This Period (last page this line number only) .....

51000.00

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) .....

201000.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) .....

252000.00