

**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

GOOD FOR CONGRESS

ADDRESS (number and street)

PO BOX 117

Check if different
than previously
reported. (ACC)

LOVINGSTON

VA

22949-0117

CITY ▲

STATE ▲

ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER ▼**

C C00721308

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

STATE ▼ DISTRICT

VA

05

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

through

M M /

D D /

Y Y Y Y

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 DOLAN, DAVID, , ,

Signature of Treasurer

DOLAN, DAVID, , ,

Date

M M /

D D /

Y Y Y Y

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

GOOD FOR CONGRESS

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	1		2	0	2	5

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	2	5

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	5461.15	28098.47
(b) Total Contribution Refunds (from Line 20(d))	0.00	12200.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	5461.15	15898.47
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	6659.08	24673.91
(b) Total Offsets to Operating Expenditures (from Line 14)	0.00	1.36
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	6659.08	24672.55
8. Cash on Hand at Close of Reporting Period (from Line 27)	10306.18	
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)	34023.42	

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov.

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

GOOD FOR CONGRESS

Report Covering the Period:

From:

M M / D D / Y Y Y Y
10 / 01 / 2025

To:

M M / D D / Y Y Y Y
12 / 31 / 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).....

3414.00

6828.00

(ii) Unitemized

47.15

2470.47

(iii) TOTAL of contributions
from individuals ▶

3461.15

9298.47

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees
(such as PACs)

2000.00

18800.00

(d) The Candidate

0.00

0.00

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

5461.15

28098.47

12. TRANSFERS FROM OTHER
AUTHORIZED COMMITTEES

0.00

3083.05

13. LOANS:

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

0.00

10000.00

(b) All Other Loans.....

0.00

0.00

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

0.00

10000.00

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

0.00

1.36

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

0.00

50.00

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

5461.15

41232.88

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 05/2016)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	6659.08	24673.91
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	200.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	12000.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	12200.00
21. OTHER DISBURSEMENTS	0.00	6165.75
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	6659.08	43039.66

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	11504.11
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	5461.15
25. SUBTOTAL (add Line 23 and Line 24).....	16965.26
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	6659.08
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	10306.18

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

PAGE 5 OF 12

☒ 11a	☐ 11b	☐ 11c	☐ 11d	☐ 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)

GOOD FOR CONGRESS

Full Name (Last, First, Middle Initial)

DIXON, MARIAN, , ,

A.

Mailing Address 720 MEGAN LN

City

SHIPMAN

State

VA

Zip Code

22971

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 14 2025

Transaction ID : A8C7ED1EED94F4400824

Amount of Each Receipt this Period

25.00

☐ Memo Item**B.**

Full Name (Last, First, Middle Initial)

DIXON, MARIAN, , ,

Mailing Address 720 MEGAN LN

City

SHIPMAN

State

VA

Zip Code

22971

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 14 2025

Transaction ID : A7BC6EBC83D8C4157B2B

Amount of Each Receipt this Period

25.00

☐ Memo Item**C.**

Full Name (Last, First, Middle Initial)

DIXON, MARIAN, , ,

Mailing Address 720 MEGAN LN

City

SHIPMAN

State

VA

Zip Code

22971

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 14 2025

Transaction ID : A1DB09088D3464B7B9A5

Amount of Each Receipt this Period

25.00

☐ Memo Item

75.00

SUBTOTAL of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

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

PAGE 6 OF 12

☒ 11a	☐ 11b	☐ 11c	☐ 11d	☐ 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)

GOOD FOR CONGRESS

Full Name (Last, First, Middle Initial)

SAULSBURY, MARK, , ,

A. Mailing Address PO BOX 12770City
ODESSAState
TXZip Code
79768FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	9		2	0	2	5

Transaction ID : A1110B5D4434F46C2AA0

Amount of Each Receipt this Period

3300.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

VASSAR, JOHN, D., ,

B. Mailing Address 107 EMELINE DRCity
LYNCHBURGState
VAZip Code
24502FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

256.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	7		2	0	2	5

Transaction ID : AB6D961C483514EEBB53

Amount of Each Receipt this Period

13.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

VASSAR, JOHN, D., ,

C. Mailing Address 107 EMELINE DRCity
LYNCHBURGState
VAZip Code
24502FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

269.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	7		2	0	2	5

Transaction ID : A531F288337F44FCDB2A

Amount of Each Receipt this Period

13.00

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

3326.00

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

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 7 OF 12

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

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

NAME OF COMMITTEE (In Full)

GOOD FOR CONGRESS

Full Name (Last, First, Middle Initial)

VASSAR, JOHN, D., ,

A.

Mailing Address 107 EMELINE DR

City

LYNCHBURG

State

VA

Zip Code

24502

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2026

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

282.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 17 2025

Transaction ID : AD820D86B8B384391ABE

Amount of Each Receipt this Period

13.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

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

Amount of Each Receipt this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

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

Amount of Each Receipt this Period

☐ Memo Item

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

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

13.00

3414.00

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 8 OF 12

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

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

NAME OF COMMITTEE (In Full)

GOOD FOR CONGRESS

Full Name (Last, First, Middle Initial)

RICK SCOTT FOR FLORIDA

A. Mailing Address PO BOX 130708

City
TAMPA

State
FL

Zip Code
33681-0708

FEC ID number of contributing
federal political committee.

C C00676965

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 08 2025

Transaction ID : ABC3E39F2A75747F8A69

Amount of Each Receipt this Period

2000.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. 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

Full Name (Last, First, Middle Initial)

C. 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)..... ▶

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

2000.00

2000.00

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

PAGE 9 OF 12

☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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)

GOOD FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. ARISTOTLE INTERNATIONAL, INC.

Mailing Address 205 PENNSYLVANIA AVE SE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		09		2025

City
WASHINGTONState
DCZip Code
20003-1164

FEC Identification Number

C

Purpose of Disbursement
SOFTWARE

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

750.00

Transaction ID : B8783121D726249BE937

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary	☐ General
☐ Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

B. KOCH & HOOS, LLCMailing Address 901 N. WASHINGTON STREET
SUITE 700

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		06		2025

City
ALEXANDRIAState
VAZip Code
22314

FEC Identification Number

C

Purpose of Disbursement
COMPLIANCE CONSULTING

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

3748.50

Transaction ID : B263FEC5BC8F049F8989

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary	☐ General
☐ Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

C. VALENTINE GROUPMailing Address 86 LAKESIDE VILLAS
E2

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		25		2025

City
VEGA ALTAState
PRZip Code
00692-8724

FEC Identification Number

C

Purpose of Disbursement
TEXT MESSAGING SERVICES

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

2000.00

Transaction ID : B146034BECAA44464AED

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary	☐ General
☐ Other (specify) ▼	

State:

District:

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

6498.50

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

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

PAGE 10 OF 12

☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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)

GOOD FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. ZOOM VIDEO COMMUNICATIONS

Mailing Address 55 ALMADEN BLVD

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	3		2	0	2	5

City
SAN JOSEState
CAZip Code
95113-1608

FEC Identification Number

C

Purpose of Disbursement
CONFERENCING

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

17.84

Transaction ID : B768252BE205D43A39D9

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. ZOOM VIDEO COMMUNICATIONS

Mailing Address 55 ALMADEN BLVD

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	3		2	0	2	5

City
SAN JOSEState
CAZip Code
95113-1608

FEC Identification Number

C

Purpose of Disbursement
CONFERENCING

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

17.84

Transaction ID : BBA8B03BCF2084C2F8FB

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. ZOOM VIDEO COMMUNICATIONS

Mailing Address 55 ALMADEN BLVD

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	4		2	0	2	5

City
SAN JOSEState
CAZip Code
95113-1608

FEC Identification Number

C

Purpose of Disbursement
CONFERENCING

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

17.84

Transaction ID : B39CCD1AD449541118FD

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

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

53.52

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

6552.02

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

PAGE 11 OF 12

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

NAME OF COMMITTEE (In Full)

Transaction ID : C9508F20268414585BB2

GOOD FOR CONGRESS

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

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

GOOD, ROBERT, G., ,

Mailing Address

PO BOX 117

City

LOVINGSTON

State

VA

ZIP Code

22949-0117

☐ Personal Funds of the Candidate

Original Amount of Loan

10000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

10000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
02 / 27 / 2025M M / D D / Y Y Y Y
10 / 08 / 2027

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).....▶

10000.00

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

10000.00

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 12 OF 12

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

GOOD FOR CONGRESS

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

HAMMOND & ASSOCIATES

Nature of Debt (Purpose):

FUNDRAISING SERVICES

Mailing Address PO BOX 368

City

FALLS CHURCH

State

VA

Zip Code

22040-0368

Outstanding Balance Beginning This Period

1500.00

Transaction ID : DDB941409487E4689803

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1500.00

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

VALENTINE GROUP

Nature of Debt (Purpose):

TEXT MESSAGING SERVICE

Mailing Address 86 LAKESIDE VILLAS
E2

City

VEGA ALTA

State

PR

Zip Code

00692-8724

Outstanding Balance Beginning This Period

24523.42

Transaction ID : DACA67FA5994A49A7945

Amount Incurred This Period

0.00

Payment This Period

2000.00

Outstanding Balance at Close of This Period

22523.42

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) ▶

24023.42

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

24023.42

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

10000.00

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

34023.42