

**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

KAYSIA EARLEY FOR CONGRESS

ADDRESS (number and street)

P.O. BOX 451832

Check if different
than previously
reported. (ACC)

SUNRISE

FL

33345

CITY ▲

STATE ▲

ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER ▼**

C

C00952044

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

STATE ▼ DISTRICT

FL

22

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
04 / 01 / 2026

through

M M / D D / Y Y Y Y
06 / 30 / 2026*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

Green, Shelby, , ,

Signature of Treasurer

Green, Shelby, , ,

Date

M M / D D / Y Y Y Y
07 / 14 / 2026

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

KAYSIA EARLEY FOR CONGRESS

Report Covering the Period:

From:

M M / D D / Y Y Y Y
04 / 01 / 2026

To:

M M / D D / Y Y Y Y
06 / 30 / 2026

	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))	4457.25	4457.25
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	4457.25	4457.25
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	12506.39	12506.39
(b) Total Offsets to Operating Expenditures (from Line 14)	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	12506.39	12506.39
8. Cash on Hand at Close of Reporting Period (from Line 27)	3150.86	
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)	11200.00	

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

KAYSIA EARLEY FOR CONGRESS

Report Covering the Period:

From:

MM / DD / YYYY
04 / 01 / 2026

To:

MM / DD / YYYY
06 / 30 / 2026**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).....

3312.32

3312.32

(ii) Unitemized

1144.93

1144.93

(iii) TOTAL of contributions
from individuals ▶

4457.25

4457.25

(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))..

4457.25

4457.25

12. TRANSFERS FROM OTHER
AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:

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

11200.00

11200.00

(b) All Other Loans.....

0.00

0.00

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

11200.00

11200.00

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)..... ▶

15657.25

15657.25

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.....	12506.39	12506.39
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	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 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	12506.39	12506.39

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	15657.25
25. SUBTOTAL (add Line 23 and Line 24).....	15657.25
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	12506.39
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	3150.86

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 5 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)

KAYSIA EARLEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

Carrington, Grace, , ,

A.

Mailing Address 10684 NW 34th Ct

City

Coral Springs

State

FL

Zip Code

33065

FEC ID number of contributing
federal political committee.

C

Name of Employer

None

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
06 24 2026

Transaction ID : SA11AI.4140

Amount of Each Receipt this Period

500.00



Memo Item

Full Name (Last, First, Middle Initial)

Dunbar, Alicia, , ,

B.

Mailing Address 8088 Buttonwood Cr

City

Tamarac

State

FL

Zip Code

33321

FEC ID number of contributing
federal political committee.

C

Name of Employer

Dunbar & Associates Consulting

Occupation

Political Consulting

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
06 30 2026

Transaction ID : SA11AI.4142

Amount of Each Receipt this Period

500.00



Memo Item

Full Name (Last, First, Middle Initial)

Gelin, Mike, , ,

C.

Mailing Address 6750 N. Andrews

City

Ft. Lauderdale

State

FL

Zip Code

33309

FEC ID number of contributing
federal political committee.

C

Name of Employer

Gelin Benefit Group

Occupation

Health Insurance

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 19 2026

Transaction ID : SA11AI.4115

Amount of Each Receipt this Period

250.00



Memo Item

Monetary Contribution Earmarked Through Conduit.

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

1250.00

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 6 OF 12

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

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NAME OF COMMITTEE (In Full)

KAYSIA EARLEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

DonorBox

A.

Mailing Address 539 1 Center Blv.,

City

Alexandria

State

VA

Zip Code

22307

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

1302.30

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 19 / 2026

Transaction ID : SA11AI.4115.0

Amount of Each Receipt this Period

250.00

☒ Memo Item

Total Contribution Earmarked. Limit Not Affected.

Full Name (Last, First, Middle Initial)

Jean, Derrick, , ,

B.

Mailing Address 6245 Miramar Parkway

City

Miramar

State

FL

Zip Code

33023

FEC ID number of contributing
federal political committee.

C

Name of Employer

Realign Chiropractic Center

Occupation

Chiropractor

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

1041.44

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 03 / 2026

Transaction ID : SA11AI.4104

Amount of Each Receipt this Period

1041.44

☐ Memo Item

Monetary Contribution Earmarked Through Conduit.

Full Name (Last, First, Middle Initial)

DonorBox

C.

Mailing Address 539 1 Center Blv.,

City

Alexandria

State

VA

Zip Code

22307

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

1052.30

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 03 / 2026

Transaction ID : SA11AI.4104.0

Amount of Each Receipt this Period

1041.44

☒ Memo Item

Total Contribution Earmarked. Limit Not Affected.

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

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

1041.44

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

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NAME OF COMMITTEE (In Full)

KAYSIA EARLEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

Kahane, Karen, , ,

A.

Mailing Address 5500 N Military Trl

City

Boca Raton

State

FL

Zip Code

33496

FEC ID number of contributing
federal political committee.

C

Name of Employer

KK Injury Law

Occupation

Attorney

Receipt For: 2026

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

520.88

Date of Receipt

M M / D D / Y Y Y Y Y
06 27 2026

Transaction ID : SA11AI.4131

Amount of Each Receipt this Period

520.88

☐ Memo Item

Monetary Contributions Earmarked Through Conduit.

Full Name (Last, First, Middle Initial)

DonorBox

B.

Mailing Address 539 1 Center Blv.,

City

Alexandria

State

VA

Zip Code

22307

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2026

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1823.18

Date of Receipt

M M / D D / Y Y Y Y Y
06 27 2026

Transaction ID : SA11AI.4131.0

Amount of Each Receipt this Period

520.88

☒ Memo Item

Total Contribution Earmarked. Limit Not Affected.

Full Name (Last, First, Middle Initial)

Nwahiri, Tobechuku, , ,

C.

Mailing Address 13499 Biscayne Boulevard

City

North Miami

State

FL

Zip Code

33181

FEC ID number of contributing
federal political committee.

C

Name of Employer

Nwhiri Law

Occupation

Attorney

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
06 26 2026

Transaction ID : SA11AI.4134

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

1020.88

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

3312.32

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

PAGE 8 OF 12

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

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NAME OF COMMITTEE (In Full)

KAYSIA EARLEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

Earley, Kaysia, Monica, ,

Mailing Address Po Box 451832

City
SunriseState
FLZip Code
33345FEC ID number of contributing
federal political committee.**C** H6FL22222Name of Employer
SelfOccupation
Attorney

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

200.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	2		2	0	2	6

Transaction ID : SA13A.4171

Amount of Each Receipt this Period

200.00

☐ Memo Item

Loan Received From The Candidate

Full Name (Last, First, Middle Initial)

Earley, Kaysia, Monica, ,

Mailing Address Po Box 451832

City
SunriseState
FLZip Code
33345FEC ID number of contributing
federal political committee.**C** H6FL22222Name of Employer
SelfOccupation
Attorney

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

11200.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	3		2	0	2	6

Transaction ID : SA13A.4170

Amount of Each Receipt this Period

11000.00

☐ Memo Item

Loan Received From Candidate

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

Amount of Each Receipt this Period

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

11200.00

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

11200.00

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

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NAME OF COMMITTEE (In Full)

KAYSIA EARLEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Anglin, Jermaine, , ,

Mailing Address 400 NE 36th Avenue,

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		29		2026

City
MiamiState
FLZip Code
33137

FEC Identification Number

C H6FL22222

Purpose of Disbursement
Audio & Visual Services

Candidate Name

Earley, Kaysia, Monica, ,

Category/
Type

Amount of Each Disbursement this Period

250.00

Transaction ID : SB17.4153

☐ Memo Item

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

State: FL

District: 22

Full Name (Last, First, Middle Initial)

B. Florida Division of Elections

Mailing Address 500 S Bronough St

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		09		2026

City
TallahasseeState
FLZip Code
32301

FEC Identification Number

C

Purpose of Disbursement
Ballot Qualifying Fees

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

10440.00

Transaction ID : SB17.4166

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C. Imprint.com

Mailing Address 5433 Westheimer Road, Suite 1100,

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		17		2026

City
HoustonState
TXZip Code
77056

FEC Identification Number

C

Purpose of Disbursement
Campaign Marketing Materials

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

694.86

Transaction ID : SB17.4155

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

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

11384.86

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 10 OF 12

☒ 17	☐ 18	☐ 19a	☐ 19b
☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

KAYSIA EARLEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Joanne, Jean, , ,

Mailing Address 8201 Peters Road, Plantation, FL 3

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		24		2026

City
PlantationState
FLZip Code
33324

FEC Identification Number

C H6FL22222

Purpose of Disbursement
Campaign Fundraising MaterialsCandidate Name
Earley, Kaysia, Monica, ,Category/
Type

Amount of Each Disbursement this Period

350.00

Transaction ID : SB17.4148

☐ Memo Item

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 22

Full Name (Last, First, Middle Initial)

B.

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y

City

State

Zip Code

FEC Identification Number

C

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C.

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y

City

State

Zip Code

FEC Identification Number

C

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

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

350.00

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

11734.86

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 : SC/10.4171

KAYSIA EARLEY FOR CONGRESS

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

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

Earley, Kaysia, Monica, ,

Mailing Address

Po Box 451832

City

Sunrise

State

FL

ZIP Code

33345

☒ Personal Funds of the Candidate

Original Amount of Loan

200.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

200.00

TERMS

Date Incurred

Date Due

Interest Rate

(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
06 02 / 2026

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

% (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).....▶

200.00

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

PAGE 12 OF 12

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4170

KAYSIA EARLEY FOR CONGRESS

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

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

Earley, Kaysia, Monica, ,

Mailing Address

Po Box 451832

City

Sunrise

State

FL

ZIP Code

33345

☒ Personal Funds of the Candidate

Original Amount of Loan

11000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

11000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
06 03 / 2026

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

% (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).....▶

11000.00

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

11200.00

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