

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

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Make America Number 1

ADDRESS (number and street)

2 Roosevelt Avenue

Check if different
than previously
reported. (ACC)

Port Jefferson Sta

NY

11776

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00575373

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

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)☒ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
01 01 2017

through

M M M / D D D / Y Y Y Y Y Y
06 30 2017

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

James, Jacquelyn, , ,

Type or Print Name of Treasurer

Signature of Treasurer

James, Jacquelyn, , ,

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
12 10 2017

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 3X**
Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Make America Number 1

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y
01		01		2017

To:

M M	/	D D	/	Y Y Y Y Y
06		30		2017

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y 2017		1078052.58
(b) Cash on Hand at Beginning of Reporting Period.....	1078052.58	
(c) Total Receipts (from Line 19)	739.34	739.34
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	1078791.92	1078791.92
7. Total Disbursements (from Line 31).....	205628.36	205628.36
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	873163.56	873163.56
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)	4000.00	



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)

Page 3

Write or Type Committee Name

Make America Number 1

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y Y
01	/	01	/	2017

To:

M M	/	D D	/	Y Y Y Y Y Y
06	/	30	/	2017

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).....

0.00

0.00

(ii) Unitemized

732.15

732.15

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

732.15

732.15

(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)

732.15

732.15

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.).....

7.19

7.19

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))

739.34

739.34

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

739.34

739.34

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

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	205628.36	205628.36
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	205628.36	205628.36
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
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	0.00
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)) ..	205628.36	205628.36
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	205628.36	205628.36

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)	732.15	732.15
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	732.15	732.15
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	205628.36	205628.36
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	205628.36	205628.36

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)

PAGE 6 OF 12

☒ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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)

Make America Number 1

Full Name (Last, First, Middle Initial)

A. CMDI

Mailing Address 1593 SPRING HILL ROAD
STE 400

City
TYSONS CORNER

State
VA

Zip Code
22182

Purpose of Disbursement
DATA MANAGEMENT SERVICES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
06 / 07 / 2017

FEC Identification Number

C

Transaction ID : SB21B.10

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. CMDI

Mailing Address 1593 SPRING HILL ROAD
STE 400

City
TYSONS CORNER

State
VA

Zip Code
22182

Purpose of Disbursement
CREDIT CARD MERCHANT FEES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
02 / 22 / 2017

FEC Identification Number

C

Transaction ID : SB21B.2

Amount of Each Disbursement this Period

15.36

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. CMDI

Mailing Address 1593 SPRING HILL ROAD
STE 400

City
TYSONS CORNER

State
VA

Zip Code
22182

Purpose of Disbursement
DATA MANAGEMENT SERVICES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
01 / 05 / 2017

FEC Identification Number

C

Transaction ID : SB21B.3

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

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

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

5015.36

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

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☒ 21b	☐ 22	☐ 23	☐ 26	☐ 27
☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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NAME OF COMMITTEE (In Full)

Make America Number 1

Full Name (Last, First, Middle Initial)

A. CMDI

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		10		2017

Mailing Address 1593 SPRING HILL ROAD
STE 400City
TYSONS CORNERState
VAZip Code
22182Purpose of Disbursement
DATA MANAGEMENT SERVICES

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C

Transaction ID : SB21B.4

Amount of Each Disbursement this Period

1500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. CMDI

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		08		2017

Mailing Address 1593 SPRING HILL ROAD
STE 400City
TYSONS CORNERState
VAZip Code
22182Purpose of Disbursement
DATA MANAGEMENT SERVICES

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C

Transaction ID : SB21B.5

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. CMDI

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		08		2017

Mailing Address 1593 SPRING HILL ROAD
STE 400City
TYSONS CORNERState
VAZip Code
22182Purpose of Disbursement
DATA MANAGEMENT SERVICES

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C

Transaction ID : SB21B.6

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

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

6500.00

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

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

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NAME OF COMMITTEE (In Full)

Make America Number 1

Full Name (Last, First, Middle Initial)

A. CMDI

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		05		2017

Mailing Address 1593 SPRING HILL ROAD
STE 400City
TYSONS CORNERState
VAZip Code
22182Purpose of Disbursement
DATA MANAGEMENT SERVICES

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C

Transaction ID : SB21B.7

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. CMDI

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		07		2017

Mailing Address 1593 SPRING HILL ROAD
STE 400City
TYSONS CORNERState
VAZip Code
22182Purpose of Disbursement
DATA MANAGEMENT SERVICES

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C

Transaction ID : SB21B.8

Amount of Each Disbursement this Period

1500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. CMDI

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		10		2017

Mailing Address 1593 SPRING HILL ROAD
STE 400City
TYSONS CORNERState
VAZip Code
22182Purpose of Disbursement
DATA MANAGEMENT SERVICES

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C

Transaction ID : SB21B.9

Amount of Each Disbursement this Period

2500.00

☐ 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 DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

Make America Number 1

Full Name (Last, First, Middle Initial)

A. COMPLIANCE CONSULTING LLC

Mailing Address PO BOX 365

City
MCLEANState
VAZip Code
22101Purpose of Disbursement
COMPLIANCE CONSULTING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		03		2017

FEC Identification Number

C

Transaction ID : SB21B.11

Amount of Each Disbursement this Period

8000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. COMPLIANCE CONSULTING LLC

Mailing Address PO BOX 365

City
MCLEANState
VAZip Code
22101Purpose of Disbursement
COMPLIANCE CONSULTING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		10		2017

FEC Identification Number

C

Transaction ID : SB21B.12

Amount of Each Disbursement this Period

8000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. COMPLIANCE CONSULTING LLC

Mailing Address PO BOX 365

City
MCLEANState
VAZip Code
22101Purpose of Disbursement
COMPLIANCE CONSULTING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		19		2017

FEC Identification Number

C

Transaction ID : SB21B.13

Amount of Each Disbursement this Period

8000.00

☐ Memo Item

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

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

24000.00

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

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☒ 21b	☐ 22	☐ 23	☐ 26	☐ 27
☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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NAME OF COMMITTEE (In Full)

Make America Number 1

Full Name (Last, First, Middle Initial)

A. COMPLIANCE CONSULTING LLC

Mailing Address PO BOX 365

City
MCLEANState
VAZip Code
22101Purpose of Disbursement
COMPLIANCE CONSULTING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		07		2017

FEC Identification Number

C

Transaction ID : SB21B.14

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. CT CORPORATIONMailing Address 111 8TH AVE
#13City
NEW YORKState
NYZip Code
10011Purpose of Disbursement
CORPORATE REGISTRATION FEE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		15		2017

FEC Identification Number

C

Transaction ID : SB21B.19

Amount of Each Disbursement this Period

380.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ELECTROLIFT CREATIVEMailing Address 75 WEST STREET
STE 2ACity
NEW YORKState
NYZip Code
10006Purpose of Disbursement
MEDIA CONSULTING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		04		2017

FEC Identification Number

C

Transaction ID : SB21B.20

Amount of Each Disbursement this Period

25000.00

☐ Memo Item

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

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

30380.00

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

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☒ 21b	☐ 22	☐ 23	☐ 26	☐ 27
☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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NAME OF COMMITTEE (In Full)

Make America Number 1

Full Name (Last, First, Middle Initial)

A. FIGHTFORSMALL.COMMailing Address 16095 PROSPERITY DRIVE
#600City
NOBLESVILLEState
INZip Code
46060Purpose of Disbursement
WEB SERVICES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		03		2017

FEC Identification Number

C

Transaction ID : SB21B.21

Amount of Each Disbursement this Period

499.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. GREENBERG TRAURIG LLP

Mailing Address 200 PARK AVENUE

City
NEW YORKState
NYZip Code
10166Purpose of Disbursement
LEGAL CONSULTING SERVICES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		10		2017

FEC Identification Number

C

Transaction ID : SB21B.15

Amount of Each Disbursement this Period

105679.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. GREENBERG TRAURIG LLP

Mailing Address 200 PARK AVENUE

City
NEW YORKState
NYZip Code
10166Purpose of Disbursement
LEGAL CONSULTING SERVICES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		19		2017

FEC Identification Number

C

Transaction ID : SB21B.16

Amount of Each Disbursement this Period

28231.45

☐ Memo Item

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

134409.45

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

205304.81

SCHEDULE D (FEC Form 3X)**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)

Make America Number 1

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

THE MONACO GROUP

Nature of Debt (Purpose):

DIRECT MAIL EXPENSE - DISPUTED

Mailing Address 1011 S. LINWOOD AVENUE

City

SANTA ANA

State

CA

Zip Code

92705

Outstanding Balance Beginning This Period

4000.00

Transaction ID : SD96522

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

4000.00

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)..... ►

4000.00

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

4000.00

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

0.00

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

4000.00