

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

GADS PAC

ADDRESS (number and street) 47 FLINTLOCK DR

Check if different than previously reported. (ACC) SHIRLEY NY 11967

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00764472 3. IS THIS REPORT NEW (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:
- | | | | |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

- (c) 12-Day PRE-Election Report for the:
- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P) | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) | |

Election on M M / D D / Y Y Y Y Y Y in the State of

- (d) 30-Day POST-Election Report for the:
- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on M M / D D / Y Y Y Y Y Y in the State of

5. Covering Period M M / D D / Y Y Y Y Y Y 07 / 01 / 2021 through M M / D D / Y Y Y Y Y Y 09 / 30 / 2021

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

Marks, Nancy, , ,

Type or Print Name of Treasurer _____

Signature of Treasurer Marks, Nancy, , , [Electronically Filed] Date M M / D D / Y Y Y Y Y Y 08 / 26 / 2022

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

GADS 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="2021"/> | <input type="text" value="0.00"/> | <input type="text" value="0.00"/> |
| (b) Cash on Hand at Beginning of Reporting Period..... | <input type="text" value="6765.70"/> | |
| (c) Total Receipts (from Line 19) | <input type="text" value="26500.00"/> | <input type="text" value="44800.00"/> |
| (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="33265.70"/> | <input type="text" value="44800.00"/> |
| 7. Total Disbursements (from Line 31)..... | <input type="text" value="32000.00"/> | <input type="text" value="43534.30"/> |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | <input type="text" value="1265.70"/> | <input type="text" value="1265.70"/> |
| 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="25000.00"/> | |

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

Write or Type Committee Name

GADS PAC

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

| 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)..... | 1500.00 | 17300.00 |
| (ii) Unitemized | 0.00 | 0.00 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶ | 1500.00 | 17300.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 2500.00 |
| (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) | 1500.00 | 19800.00 |
| 12. Transfers From Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 13. All Loans Received | 25000.00 | 25000.00 |
| 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)).....▶ | 26500.00 | 44800.00 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶ | 26500.00 | 44800.00 |

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 | 34.30 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 0.00 | 34.30 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 32000.00 | 43500.00 |
| 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)) .. | 32000.00 | 43534.30 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 32000.00 | 43534.30 |

DETAILED SUMMARY PAGE
of Disbursements

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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) | 1500.00 | 19800.00 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 1500.00 | 19800.00 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 0.00 | 34.30 |
| 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 | 34.30 |

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

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

FOR LINE NUMBER: PAGE 6 OF 11
(check only one)

| | | | |
|---|------------------------------|------------------------------|-----------------------------|
| <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)
GADS PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Kramer, George, , ,

Mailing Address 3250 Veterans Memorial Highway

| | | |
|-----------------|-------------|-------------------|
| City Bohemia | State NY | Zip Code 11716 |
|-----------------|-------------|-------------------|

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

| | |
|---|---|
| Name of Employer (for Individual) ACVS | Occupation (for Individual) Veterinarian |
|---|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 09 | | 30 | | 2021 |

Transaction ID : SA11AI.4142

Amount of Each Receipt this Period
1500.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

| | | |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

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

| | |
|-----------------------------------|-----------------------------|
| Name of Employer (for Individual) | Occupation (for Individual) |
|-----------------------------------|-----------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

| | | |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

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

| | |
|-----------------------------------|-----------------------------|
| Name of Employer (for Individual) | Occupation (for Individual) |
|-----------------------------------|-----------------------------|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-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).....▶ | 1500.00 |
| TOTAL This Period (last page this line number only).....▶ | 1500.00 |

**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 7 OF 11 |
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input checked="" 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)
GADS PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
DEVOLDER-SANTOS, GEORGE ANTHONY, , ,

Mailing Address 9002 QUEENS BLVD

| | | |
|------------------|-------------|-------------------|
| City ELMHURST | State NY | Zip Code 11373 |
|------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** H0NY03083

| | |
|--|--|
| Name of Employer (for Individual) Self Employed | Occupation (for Individual) Self Employed |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
25000.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 07 | | 10 | | 2021 |

Transaction ID : SA13.4150

Amount of Each Receipt this Period
25000.00

Memo Item
Loan Made By Candidate

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

| | | |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

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

| | |
|-----------------------------------|-----------------------------|
| Name of Employer (for Individual) | Occupation (for Individual) |
|-----------------------------------|-----------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

| | | |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

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

| | |
|-----------------------------------|-----------------------------|
| Name of Employer (for Individual) | Occupation (for Individual) |
|-----------------------------------|-----------------------------|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-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)..... | 25000.00 |
| TOTAL This Period (last page this line number only)..... | 25000.00 |

**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)
GADS PAC

A. ROBBY STARBUCK FOR CONGRESS LLC

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 188 FRONT ST
SUITE 116 124

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 09 | | 23 | | 2021 |

City FRANKLIN State TN Zip Code 37064

FEC Identification Number

Purpose of Disbursement
Donation

| |
|-------------------|
| 011 |
| Category/ Type |

| | |
|---|-----------|
| C | C00764472 |
|---|-----------|

Transaction ID : SB23.4137
Amount of Each Disbursement this Period

Candidate Name
GADS PAC

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

Office Sought: House Senate President
Disbursement For: 2022
 Primary General
 Other (specify) ▼

Memo Item

Full Name (Last, First, Middle Initial)

B. TEXANS FOR RONNY JACKSON

Date of Disbursement

Mailing Address PO BOX 53058

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 09 | | 22 | | 2021 |

City AMARILLO State TX Zip Code 79159

FEC Identification Number

Purpose of Disbursement
Donation

| |
|-------------------|
| 011 |
| Category/ Type |

| | |
|---|-----------|
| C | C00764472 |
|---|-----------|

Transaction ID : SB23.4141
Amount of Each Disbursement this Period

Candidate Name
GADS PAC

| |
|--------|
| 900.00 |
|--------|

Office Sought: House Senate President
Disbursement For: 2022
 Primary General
 Other (specify) ▼

Memo Item

Full Name (Last, First, Middle Initial)

C. TEXANS FOR RONNY JACKSON

Date of Disbursement

Mailing Address PO BOX 53058

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 09 | | 22 | | 2021 |

City AMARILLO State TX Zip Code 79159

FEC Identification Number

Purpose of Disbursement
Donation

| |
|-------------------|
| 011 |
| Category/ Type |

| | |
|---|-----------|
| C | C00764472 |
|---|-----------|

Transaction ID : SB23.4265
Amount of Each Disbursement this Period

Candidate Name
GADS PAC

| |
|--------|
| 600.00 |
|--------|

Office Sought: House Senate President
Disbursement For: 2022
 Primary General
 Other (specify) ▼

Memo Item

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

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

| |
|---------|
| 3500.00 |
|---------|

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

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)
GADS PAC

A. Zeldin for New York

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 692

City Shirley State NY Zip Code 11967

Purpose of Disbursement Donation

Candidate Name **GADS PAC**

Office Sought: House Senate President
State: District:

Disbursement For: 2022
 Primary General
 Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
07 / 11 / 2021

FEC Identification Number: C00764472
Transaction ID : **SB23.4148**

Amount of Each Disbursement this Period: 25000.00

Memo Item

B.

Full Name (Last, First, Middle Initial)
Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify)

Date of Disbursement: MM / DD / YYYY

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

C.

Full Name (Last, First, Middle Initial)
Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Date of Disbursement: MM / DD / YYYY

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

| | |
|--|----------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | 25000.00 |
| TOTAL This Period (last page this line number only).....▶ | 32000.00 |

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **GADS PAC** Transaction ID : **SC/10.4150**

| | | | |
|--|-------------|--|---|
| LOAN SOURCE Full Name (Last, First, Middle Initial) DEVOLDER-SANTOS, GEORGE ANTHONY, , , | | <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 9002 QUEENS BLVD | | | |
| City ELMHURST | State NY | ZIP Code 11373 | |

| | | |
|-------------------------|----------------------------|---|
| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
| 25000.00 | 0.00 | 25000.00 |

TERMS

| | | | |
|---|------------------------------------|-------------------------------|---|
| Date Incurred MM / DD / YYYY 07 / 10 / 2021 | Date Due MM / DD / YYYY None | Interest Rate 0.00 % (apr) | Secured: <input checked="" type="checkbox"/> Yes <input 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: <input type="text"/> |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer | | |
| Mailing Address | Occupation | | |
| City | State | ZIP Code | Amount Guaranteed Outstanding: <input type="text"/> |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer | | |
| Mailing Address | Occupation | | |
| City | State | ZIP Code | Amount Guaranteed Outstanding: <input type="text"/> |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer | | |
| Mailing Address | Occupation | | |
| City | State | ZIP Code | Amount Guaranteed Outstanding: <input type="text"/> |

| | |
|---|----------|
| SUBTOTALS This Period This Page (optional) | 25000.00 |
| TOTALS This Period (last page in this line only) | 25000.00 |

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