

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name

CHARLIE MCCLINTOCK FOR CONGRESS

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

	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))....	7307.42	7307.42
(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)).....	7307.42	7307.42
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	155.85	155.85
(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)).....	155.85	155.85
8. Cash on Hand at Close of Reporting Period (from Line 27).....	14151.57	
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).....	7000.00	

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

CHARLIE MCCLINTOCK FOR CONGRESS

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

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).....	6852.29	6852.29
(ii) Unitemized.....	455.13	455.13
(iii) TOTAL of contributions from individuals ▶	7307.42	7307.42
(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))..	7307.42	7307.42
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	7000.00	7000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	7000.00	7000.00
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)..... ▶	14307.42	14307.42

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.....	155.85	155.85
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) ►	155.85	155.85

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	14307.42
25. SUBTOTAL (add Line 23 and Line 24).....	14307.42
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	155.85
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	14151.57

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 5 OF 13
(check only one)
 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)
CHARLIE MCCLINTOCK FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MILLER, MICHAEL, J, ,

Mailing Address 1401 EMERALD DR

City MARSHALLTOWN State IA Zip Code 50158

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

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
09 / 25 / 2025

Transaction ID : SA11AI.161573570

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
SIRE, LISA, , ,

Mailing Address 4107 HORSESHOE DR

City CEDAR FALLS State IA Zip Code 50613

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

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
09 / 25 / 2025

Transaction ID : SA11AI.161573571

Amount of Each Receipt this Period
1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
WINRED

Mailing Address 4250 FAIRFAX DR
STE 600

City ARLINGTON State VA Zip Code 22203

FEC ID number of contributing federal political committee. C C00694323

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4810.12

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 09 / 2025

Transaction ID : SA11AI.161170899

Amount of Each Receipt this Period
24.01

Memo Item

TOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED

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

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

2000.00

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

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NAME OF COMMITTEE (In Full)
CHARLIE MCCLINTOCK FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
WINRED

Mailing Address 4250 FAIRFAX DR
STE 600

City ARLINGTON State VA Zip Code 22203

FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4810.12

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 10 / 2025

Transaction ID : SA11AI.161193665

Amount of Each Receipt this Period
1259.61

Memo Item
TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED

B. Full Name (Last, First, Middle Initial)
DELAMATER, MICHAEL, , ,

Mailing Address 255 34TH STREET DR SE

City CEDAR RAPIDS State IA Zip Code 52403

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
260.25

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 08 / 2025

Transaction ID : SA11AI.161193676

Amount of Each Receipt this Period
260.25

Memo Item
EARMARKED THROUGH WINRED

C. Full Name (Last, First, Middle Initial)
SMITH, JOHN, , ,

Mailing Address 780 KERVIN CT

City ROBINS State IA Zip Code 52328

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1051.02

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 06 / 2025

Transaction ID : SA11AI.161193677

Amount of Each Receipt this Period
1041.02

Memo Item
EARMARKED THROUGH WINRED

SUBTOTAL of Receipts This Page (optional)..... ▶	1301.27
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 13	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
CHARLIE MCCLINTOCK FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
SMITH, JOHN, , ,

Mailing Address 780 KERVIN CT

City ROBINS	State IA	Zip Code 52328
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FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
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Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1051.02

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 06 / 2025

Transaction ID : SA11AI.161193675

Amount of Each Receipt this Period
10.00

Memo Item
EARMARKED THROUGH WINRED

B. Full Name (Last, First, Middle Initial)
WINRED

Mailing Address 4250 FAIRFAX DR
STE 600

City ARLINGTON	State VA	Zip Code 22203
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FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer	Occupation
------------------	------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4810.12

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 11 / 2025

Transaction ID : SA11AI.161231993

Amount of Each Receipt this Period
960.60

Memo Item
TOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED

C. Full Name (Last, First, Middle Initial)
GRANT, GARY, , ,

Mailing Address 1285 33RD ST SE

City CEDAR RAPIDS	State IA	Zip Code 52403
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FEC ID number of contributing federal political committee. **C**

Name of Employer HEARTLAND STRATEGIES	Occupation CONSULTANT
--	--------------------------

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
09 / 09 / 2025

Transaction ID : SA11AI.161232170

Amount of Each Receipt this Period
1000.00

Memo Item
EARMARKED THROUGH WINRED

SUBTOTAL of Receipts This Page (optional)..... ▶	1010.00
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: PAGE 8 OF 13
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CHARLIE MCCLINTOCK FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
WINRED

Mailing Address 4250 FAIRFAX DR
STE 600

City ARLINGTON State VA Zip Code 22203

FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4810.12

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 12 / 2025

Transaction ID : SA11AI.161252965

Amount of Each Receipt this Period
75.00

Memo Item
TOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED

B. Full Name (Last, First, Middle Initial)
WINRED

Mailing Address 4250 FAIRFAX DR
STE 600

City ARLINGTON State VA Zip Code 22203

FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4810.12

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 18 / 2025

Transaction ID : SA11AI.161344955

Amount of Each Receipt this Period
480.30

Memo Item
TOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED

C. Full Name (Last, First, Middle Initial)
RICHARDSON, DIANA, , ,

Mailing Address 5715 RIVER PKWY NE

City CEDAR RAPIDS State IA Zip Code 52411

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

Name of Employer Occupation
RETIRED 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
09 / 13 / 2025

Transaction ID : SA11AI.161344981

Amount of Each Receipt this Period
500.00

Memo Item
EARMARKED THROUGH WINRED

SUBTOTAL of Receipts This Page (optional)..... ▶ 500.00

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 9 OF 13	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
CHARLIE MCCLINTOCK FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
WINRED

Mailing Address 4250 FAIRFAX DR
STE 600

City ARLINGTON State VA Zip Code 22203

FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4810.12

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 18 / 2025

Transaction ID : SA11AI.161363285

Amount of Each Receipt this Period
500.00

Memo Item
TOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED

B. Full Name (Last, First, Middle Initial)
JONES, RANDALL, , ,

Mailing Address 2505 8TH AVE SW

City ALTOONA State IA Zip Code 50009

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
520.51

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 16 / 2025

Transaction ID : SA11AI.161363290

Amount of Each Receipt this Period
520.51

Memo Item
EARMARKED THROUGH WINRED

C. Full Name (Last, First, Middle Initial)
WINRED

Mailing Address 4250 FAIRFAX DR
STE 600

City ARLINGTON State VA Zip Code 22203

FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4810.12

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 24 / 2025

Transaction ID : SA11AI.161495988

Amount of Each Receipt this Period
500.00

Memo Item
TOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED

SUBTOTAL of Receipts This Page (optional).....▶	520.51
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: PAGE 10 OF 13
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CHARLIE MCCLINTOCK FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
HUGHES, BRIAN, , ,

Mailing Address 3525 CUMMINGS FORD RD

City: CENTER POINT State: IA Zip Code: 52213

FEC ID number of contributing federal political committee: C

Name of Employer: LANDSCAPE BY DESIGN Occupation: LANDSCAPER

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date: 520.51

Date of Receipt: 09 / 20 / 2025

Transaction ID : SA11AI.161550607

Amount of Each Receipt this Period: 520.51

Memo Item
EARMARKED THROUGH WINRED

B. Full Name (Last, First, Middle Initial)
WINRED

Mailing Address 4250 FAIRFAX DR
STE 600

City: ARLINGTON State: VA Zip Code: 22203

FEC ID number of contributing federal political committee: C C00694323

Name of Employer: Occupation:

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date: 4810.12

Date of Receipt: 09 / 30 / 2025

Transaction ID : SA11AI.161697667

Amount of Each Receipt this Period: 960.60

Memo Item
TOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED

C. Full Name (Last, First, Middle Initial)
LILLIBRIDGE, LANCE, , ,

Mailing Address 5736 28TH AVE

City: VINTON State: IA Zip Code: 52349

FEC ID number of contributing federal political committee: C

Name of Employer: SELF-EMPLOYED Occupation: FARMER

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date: 1000.00

Date of Receipt: 09 / 29 / 2025

Transaction ID : SA11AI.161701382

Amount of Each Receipt this Period: 1000.00

Memo Item
EARMARKED THROUGH WINRED

SUBTOTAL of Receipts This Page (optional) ▶ 1520.51

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: PAGE 11 OF 13
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CHARLIE MCCLINTOCK FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
WINRED

Mailing Address 4250 FAIRFAX DR
STE 600

City ARLINGTON State VA Zip Code 22203

FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4810.12

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 30 / 2025

Transaction ID : SA11AI.161719076

Amount of Each Receipt this Period
50.00

Memo Item

TOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED

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)..... ▶

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

0.00

6852.29

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

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NAME OF COMMITTEE (In Full)
CHARLIE MCCLINTOCK FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MCCLINTOCK, CHARLIE, , ,

Mailing Address PO BOX 131

City ALBURNETT	State IA	Zip Code 52202
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FEC ID number of contributing federal political committee. **C** H6IA02229

Name of Employer STATE OF IOWA	Occupation STATE SENATOR
-----------------------------------	-----------------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
7000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		25		2025

Transaction ID : SA13A.4107

Amount of Each Receipt this Period
7000.00

Memo Item
PRIMARY 2026 LOAN - PERSONAL FUNDS

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
-----	---	-----	---	---------

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
-----	---	-----	---	---------

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	7000.00
TOTAL This Period (last page this line number only).....▶	7000.00

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **CHARLIE MCCLINTOCK FOR CONGRESS** Transaction ID : **SC/10.4107**

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2026
MCCLINTOCK, CHARLIE, , ,			<input checked="" type="checkbox"/> Primary
Mailing Address PO BOX 131			<input type="checkbox"/> General
City ALBURNETT		State IA	<input type="checkbox"/> Other (specify) ▼
ZIP Code 52202		<input checked="" type="checkbox"/> Personal Funds of the Candidate	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
7000.00	0.00	7000.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	09 / 25 / 2025	NONE	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" 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:
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).....▶	7000.00
TOTALS This Period (last page in this line only).....▶	7000.00

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