

**REPORT OF RECEIPTS AND DISBURSEMENTS
BY AN AUTHORIZED COMMITTEE OF A CANDIDATE
FOR THE OFFICE OF PRESIDENT OR VICE PRESIDENT**

RECEIVED
FEDERAL ELECTION
COMMISSION

Mar 7 12 45 PM '91

USE FEC MAILING LABEL
OR
TYPE OR PRINT

C00316927 DD/04 040297 N
FRANK W BECKENDORF
BECKENDORF FOR PRESIDENT AT LA
ST
1809 KINGFISHER DR
ST BERNARD LA 70085

2. IDENTIFICATION NUMBER

3. IS THIS REPORT OF RECEIPTS AND DISBURSEMENTS FOR:

☐ Primary ☐ General

4. TYPE OF REPORT (Check here ☐ if this is a Termination Report.)

(a) "X" appropriate box and complete, if applicable.

- ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year End Report

Monthly Report Due on:

- ☐ February 20 ☐ June 20 ☐ October 20
☐ March 20 ☐ July 20 ☐ November 20
☐ April 20 ☐ August 20 ☐ December 20
☐ May 20 ☐ September 20 ☐ January 31

☐ Twelfth day report preceding _____ (Month of Election)

election on _____ in the State of _____

☐ Thirtieth day report following the General Election on _____

(b) Is this Report an Amendment? ☐ Yes ☐ No

5. COVERING PERIOD

FROM

THROUGH

SUMMARY

6. CASH ON HAND AT BEGINNING OF THE REPORTING PERIOD

7. TOTAL RECEIPTS THIS PERIOD
(From Line 22, Column A, Page 2)

8. SUBTOTAL
(Lines 6 and 7)

9. TOTAL DISBURSEMENTS THIS PERIOD
(From Line 30, Column A, Page 2)

10. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD
(Subtract Line 9 from 8)

11. DEBTS AND OBLIGATIONS OWED TO THE COMMITTEE
(Itemize All on Schedule C-P or Schedule D-P)

12. DEBTS AND OBLIGATIONS OWED BY THE COMMITTEE
(Itemize All on Schedule C-P or Schedule D-P)

13. EXPENDITURES SUBJECT TO LIMITATION

NET YEAR-TO-DATE CONTRIBUTIONS AND EXPENDITURES

14. NET CONTRIBUTIONS (Other than Loans)
(Subtract Line 22c, Column B from 17b, Column B, Page 2)

15. NET OPERATING EXPENDITURES
(Subtract Line 20b, Column B from 20, Column B, Page 2)

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

SIGNATURE OF TREASURER

DATE

For further information, contact:

Federal Election Commission
999 E Street, N.W.
Washington, D.C. 20463
Toll Free 800-424-9530
Local 202-219-9420

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. § 437g.

All previous versions of FEC FORM 3P are obsolete and should no longer be used.

FEC FORM 3P, Page 1 (5/85)

FE5AN047

DETAILED SUMMARY OF RECEIPTS AND DISBURSEMENTS

(Page 2, FEC FORM 3P)

NAME OF COMMITTEE (in Full)		REPORT COVERING THE PERIOD From: _____ Through: _____	
		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
I. RECEIPTS			
16. FEDERAL FUNDS (Itemize on Schedule A-P)			16
17. CONTRIBUTIONS (other than loans) FROM:			
(a) Individuals/Persons Other Than Political Committees			17(a)
(b) Political Party Committees			17(b)
(c) Other Political Committees			17(c)
(d) The Candidate			17(d)
(e) TOTAL CONTRIBUTIONS (other than loans) (Add 17(a), 17(b), 17(c) and 17(d))			17(e)
18. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES			18
19. LOANS RECEIVED:			
(a) Loans Received From or Guaranteed by Candidate			19(a)
(b) Other Loans			19(b)
(c) TOTAL LOANS (Add 19(a) and 19(b))			19(c)
20. OFFSETS TO EXPENDITURES (Refunds, Rebates, etc.):			
(a) Operating			20(a)
(b) Fundraising			20(b)
(c) Legal and Accounting			20(c)
(d) TOTAL OFFSETS TO EXPENDITURES (Add 20(a), 20(b) and 20(c))			20(d)
21. OTHER RECEIPTS (Dividends, Interest, etc.)			21
22. TOTAL RECEIPTS (Add 16, 17(e), 18, 19(c), 20(d) and 21)			22
II. DISBURSEMENTS			
23. OPERATING EXPENDITURES			23
24. TRANSFERS TO OTHER AUTHORIZED COMMITTEES			24
25. FUNDRAISING DISBURSEMENTS			25
26. EXEMPT LEGAL AND ACCOUNTING DISBURSEMENTS			26
27. LOAN REPAYMENTS MADE:			
(a) Repayments of Loans made or Guaranteed by Candidate			27(a)
(b) Other Repayments			27(b)
(c) TOTAL LOAN REPAYMENTS MADE (Add 27(a) and 27(b))			27(c)
28. REFUNDS OF CONTRIBUTIONS TO:			
(a) Individuals/Persons Other Than Political Committees			28(a)
(b) Political Party Committees			28(b)
(c) Other Political Committees			28(c)
(d) TOTAL CONTRIBUTION REFUNDS (Add 28(a), 28(b) and 28(c))			28(d)
29. OTHER DISBURSEMENTS			29
30. TOTAL DISBURSEMENTS (Add 23, 24, 25, 26, 27(c), 28(d) and 29)			30
III. CONTRIBUTED ITEMS (Stock, Art Objects, Etc.)			
31. ITEMS ON HAND TO BE LIQUIDATED (Attach List)			31

Handwritten notes:

Committee no longer in funds received except by authorized

no funds received except by authorized

no funds received except by authorized

**ALLOCATION OF PRIMARY EXPENDITURES BY STATE
FOR A PRESIDENTIAL CANDIDATE**
(Used Only by Primary Committees
Receiving or Expecting To Receive Federal Funds)

1. NAME OF COMMITTEE IN FULL		2. IDENTIFICATION NUMBER
COMMITTEE ADDRESS		3. NAME OF CANDIDATE
CITY, STATE AND ZIP CODE		

ALLOCATION BY STATE					
STATE	ALLOCATION THIS PERIOD	TOTAL ALLOCATION TO DATE	STATE	ALLOCATION THIS PERIOD	TOTAL ALLOCATION TO DATE
Alabama			Nebraska		
Alaska			Nevada		
Arizona			New Hampshire		
Arkansas			New Jersey		
California			New Mexico		
Colorado			New York		
Connecticut			North Carolina		
Delaware			North Dakota		
District of Columbia			Ohio		
Florida			Oklahoma		
Georgia			Oregon		
Hawaii			Pennsylvania		
Idaho			Rhode Island		
Illinois			South Carolina		
Indiana			South Dakota		
Iowa			Tennessee		
Kansas			Texas		
Kentucky			Utah		
Louisiana			Vermont		
Maine			Virginia		
Maryland			Washington		
Massachusetts			West Virginia		
Michigan			Wisconsin		
Minnesota			Wyoming		
Mississippi			Puerto Rico		
Missouri			Guam		
Montana			Virgin Islands		
			TOTALS		

*Committee no longer in existence.
no money received, none spent.
D Beckwith*

EXPENDITURES SUBJECT TO LIMIT
(Used Only by Primary Committees
Receiving or Expecting To Receive Federal Funds)

NAME OF CANDIDATE OR COMMITTEE (in full)	PERIOD COVERED:	FROM	TO
A. Operating Expenditures (Line 23, Column B)			
B. Operating Offsets (Line 20a, Column B)			
C. Current Year Net Operating Expenditures (Subtract Line B from A)			
D. Prior Year(s) Operating Expenditures			
E. Prior Year(s) Operating Offsets			
F. Prior Year(s) Net Operating Expenditures (Subtract Line E from D)			
G. Fundraising Disbursements (Line 25, Column B)			
H. Offsets to Fundraising Disbursements (Line 20b, Column B)			
I. Current Year Net Fundraising Disbursements (Subtract Line H from G)			
J. Prior Year(s) Fundraising Disbursements			
K. Prior Year(s) Fundraising Disbursements Offsets			
L. Prior Year(s) Net Fundraising Disbursements (Subtract Line K from J)			
M. Total Net Fundraising Disbursements (Add Lines I and L)			
N. 20% Exemption (20% of Overall Expenditure Limit)			
O. Total Fundraising Disbursements Subject to Limit (Subtract Line N from M)		See Instructions Below	
P. Total Expenditures Subject to Limitation (Add Lines C, F and O)		See Instructions Below	

INSTRUCTIONS
(Calculated from FEC Form 3P, page 2)

This worksheet must be retained to support, in part, the amount reported on Line 13.

FEC Form 3P, Worksheet, is for use by a candidate or the principal authorized committee of a candidate, to track expenditures subject to limitation during the primary campaign (2 U.S.C. § 441a(b)(1)(A)). As soon as possible after the beginning of the calendar year, the Commission will publish the adjusted limits to be used during the election cycle. The 20% fundraising exemption will be based on the published overall expenditure limitation.

Line A - From FEC Form 3P, page 2, enter the calendar year-to-date total for operating expenditures.

Line B - Enter the calendar year-to-date total of offsets to operating expenditures.

Line C - Subtract Line B from Line A.

Line D - If reports were filed in a prior year(s), from the year and report(s), enter the calendar year-to-date total for operating expenditures.

Line E - From the year-end report(s) for the prior year(s), enter the calendar year-to-date total for offsets to operating expenditures.

Line F - Subtract Line E from Line D.

Line G - From FEC Form 3P, page 2, enter the calendar year-to-date total for fundraising disbursements.

Line H - Enter the calendar year-to-date total for offsets to fundraising disbursements.

Line I - Subtract Line H from Line G to obtain the net fundraising disbursements for the current year.

Line J - If reports were filed in a prior year(s), enter the calendar year-to-date total for fundraising disbursements from the year-end report(s).

Line K - If offsets to fundraising disbursements were received in a prior year(s), enter the calendar year-to-date total from the year-end report(s).

Line L - Subtract Line K from Line J.

Line M - Add Line I and Line L.

Line N - Enter 20% of the overall expenditure limit as published by the FEC.

Line O - Subtract Line N from Line M. If the result is less than zero, enter -0-. If greater than zero, enter the amount.

Line P - Add Line C, Line F, and Line O to obtain the total of operating expenditures made by the Committee subject to 2 U.S.C. § 441a(b)(1)(A) limitation. The total reflected on Line P, "Total Expenditures Subject to Limitation," is carried forward to FEC Form 3P, Page 1, Line 13.

If the candidate has authorized other political committees, the principal campaign committee must first consolidate the calendar year-to-date receipt and disbursement activity on FEC Form 3P, page 4 (Consolidated Report of Receipts and Disbursements). FEC Form 3P, Worksheet, is completed using the appropriate column totals from the current and previous calendar year (if any) consolidation reports.

ITEMIZED RECEIPTS

Use separate
schedule(s) for
each category of
the detailed
summary page

PAGE

OF (X)131 (08988)

LINE NUMBER

NAME OF COMMITTEE (in full)

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.

DATE
(MONTH,
DAY,
YEAR)

AMOUNT OF
EACH RECEIPT
THIS PERIOD

NAME, ADDRESS, CITY, STATE, ZIP CODE

NAME OF EMPLOYER

OCCUPATION

RECEIPT FOR
(specify other)

☐ Primary

☐ General

AGGREGATE YEAR-TO-DATE

NAME, ADDRESS, CITY, STATE, ZIP CODE

NAME OF EMPLOYER

OCCUPATION

RECEIPT FOR
(specify other)

☐ Primary

☐ General

AGGREGATE YEAR-TO-DATE

NAME, ADDRESS, CITY, STATE, ZIP CODE

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OCCUPATION

RECEIPT FOR
(specify other)

☐ Primary

☐ General

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(specify other)

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(specify other)

☐ Primary

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RECEIPT FOR
(specify other)

☐ Primary

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NAME OF EMPLOYER

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RECEIPT FOR
(specify other)

☐ Primary

☐ General

AGGREGATE YEAR-TO-DATE

NAME, ADDRESS, CITY, STATE, ZIP CODE

NAME OF EMPLOYER

OCCUPATION

RECEIPT FOR
(specify other)

☐ Primary

☐ General

AGGREGATE YEAR-TO-DATE

SUBTOTAL OF RECEIPTS THIS PAGE

TOTAL THIS PERIOD (last page this line number only)

ITEMIZED RECEIPTS

Use separate
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the detailed
summary page

PAGE

OF (total pages)

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DATE
(MONTH,
DAY,
YEAR)

AMOUNT OF
EACH RECEIPT
THIS PERIOD

NAME, ADDRESS, CITY, STATE, ZIP CODE

NAME OF EMPLOYER

OCCUPATION

RECEIPT FOR
(specify other)

☐ Primary

☐ General

AGGREGATE YEAR-TO-DATE

NAME, ADDRESS, CITY, STATE, ZIP CODE

NAME OF EMPLOYER

OCCUPATION

RECEIPT FOR
(specify other)

☐ Primary

☐ General

AGGREGATE YEAR-TO-DATE

NAME, ADDRESS, CITY, STATE, ZIP CODE

NAME OF EMPLOYER

OCCUPATION

RECEIPT FOR
(specify other)

☐ Primary

☐ General

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NAME, ADDRESS, CITY, STATE, ZIP CODE

NAME OF EMPLOYER

OCCUPATION

RECEIPT FOR
(specify other)

☐ Primary

☐ General

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RECEIPT FOR
(specify other)

☐ Primary

☐ General

AGGREGATE YEAR-TO-DATE

NAME, ADDRESS, CITY, STATE, ZIP CODE

NAME OF EMPLOYER

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RECEIPT FOR
(specify other)

☐ Primary

☐ General

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NAME, ADDRESS, CITY, STATE, ZIP CODE

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RECEIPT FOR
(specify other)

☐ Primary

☐ General

AGGREGATE YEAR-TO-DATE

NAME, ADDRESS, CITY, STATE, ZIP CODE

NAME OF EMPLOYER

OCCUPATION

RECEIPT FOR
(specify other)

☐ Primary

☐ General

AGGREGATE YEAR-TO-DATE

SUBTOTAL OF RECEIPTS THIS PAGE

TOTAL THIS PERIOD (last page this line number only)

ITEMIZED DISBURSEMENTS

Use separate
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PAGE

OF (total pages)

LINE NUMBER

NAME OF COMMITTEE (in full)

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DATE
(MONTH,
DAY,
YEAR)

AMOUNT OF
EACH
DISBURSEMENT
THIS PERIOD

NAME, ADDRESS, CITY, STATE, ZIP CODE

PURPOSE OF DISBURSEMENT

DISBURSEMENT FOR: Other (specify)

☐ Primary ☐ General ☐

NAME, ADDRESS, CITY, STATE, ZIP CODE

PURPOSE OF DISBURSEMENT

DISBURSEMENT FOR: Other (specify)

☐ Primary ☐ General ☐

NAME, ADDRESS, CITY, STATE, ZIP CODE

PURPOSE OF DISBURSEMENT

DISBURSEMENT FOR: Other (specify)

☐ Primary ☐ General ☐

NAME, ADDRESS, CITY, STATE, ZIP CODE

PURPOSE OF DISBURSEMENT

DISBURSEMENT FOR: Other (specify)

☐ Primary ☐ General ☐

NAME, ADDRESS, CITY, STATE, ZIP CODE

PURPOSE OF DISBURSEMENT

DISBURSEMENT FOR: Other (specify)

☐ Primary ☐ General ☐

NAME, ADDRESS, CITY, STATE, ZIP CODE

PURPOSE OF DISBURSEMENT

DISBURSEMENT FOR: Other (specify)

☐ Primary ☐ General ☐

NAME, ADDRESS, CITY, STATE, ZIP CODE

PURPOSE OF DISBURSEMENT

DISBURSEMENT FOR: Other (specify)

☐ Primary ☐ General ☐

NAME, ADDRESS, CITY, STATE, ZIP CODE

PURPOSE OF DISBURSEMENT

DISBURSEMENT FOR: Other (specify)

☐ Primary ☐ General ☐

SUBTOTAL OF DISBURSEMENTS THIS PAGE (optional)

TOTAL THIS PERIOD (last page this line number only)

*Committee no longer in existence
no money received, more spent
B. Baer*

ITEMIZED DISBURSEMENTS

Use separate
schedule(s) for
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summary page

PAGE

OF (total pages)

LINE NUMBER

NAME OF COMMITTEE (in full)

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DATE
(MONTH,
DAY,
YEAR)

AMOUNT OF
EACH
DISBURSEMENT
THIS PERIOD

NAME, ADDRESS, CITY, STATE, ZIP CODE

PURPOSE OF DISBURSEMENT

DISBURSEMENT FOR: Other (specify)

☐ Primary ☐ General ☐

NAME, ADDRESS, CITY, STATE, ZIP CODE

PURPOSE OF DISBURSEMENT

DISBURSEMENT FOR: Other (specify)

☐ Primary ☐ General ☐

NAME, ADDRESS, CITY, STATE, ZIP CODE

PURPOSE OF DISBURSEMENT

DISBURSEMENT FOR: Other (specify)

☐ Primary ☐ General ☐

NAME, ADDRESS, CITY, STATE, ZIP CODE

PURPOSE OF DISBURSEMENT

DISBURSEMENT FOR: Other (specify)

☐ Primary ☐ General ☐

NAME, ADDRESS, CITY, STATE, ZIP CODE

PURPOSE OF DISBURSEMENT

DISBURSEMENT FOR: Other (specify)

☐ Primary ☐ General ☐

NAME, ADDRESS, CITY, STATE, ZIP CODE

PURPOSE OF DISBURSEMENT

DISBURSEMENT FOR: Other (specify)

☐ Primary ☐ General ☐

NAME, ADDRESS, CITY, STATE, ZIP CODE

PURPOSE OF DISBURSEMENT

DISBURSEMENT FOR: Other (specify)

☐ Primary ☐ General ☐

NAME, ADDRESS, CITY, STATE, ZIP CODE

PURPOSE OF DISBURSEMENT

DISBURSEMENT FOR: Other (specify)

☐ Primary ☐ General ☐

SUBTOTAL OF DISBURSEMENTS THIS PAGE (optional)

TOTAL THIS PERIOD (last page this line number only)

LOANS

Use separate schedules for each category of the detailed summary page	PAGE	OF (total pages)
	LINE NUMBER	

NAME OF COMMITTEE (in full) *Committee no longer in existence
no funds accepted, none spent*

NAME OF LOAN SOURCE (OR RECIPIENT)		ORIGINAL AMOUNT OF LOAN	CUMULATIVE PAYMENT TO DATE	BALANCE OUTSTANDING
ADDRESS (Number and Street) <i>7 Beckendorf</i>				
CITY, STATE, ZIP CODE		TYPE OF ELECTION ☒ Primary ☐ General		Other (specify) ☐
TERMS	DATE INCURRED	DATE DUE	INTEREST RATE (% APR)	SECURED ☐ Yes ☐ No
LIST ALL ENDORSERS OR GUARANTORS (if any)				
NAME		ADDRESS (Number and Street)	CITY, STATE, ZIP CODE	
NAME OF EMPLOYER		OCCUPATION	AMT. OUTSTANDING	
NAME		ADDRESS (Number and Street)	CITY, STATE, ZIP CODE	
NAME OF EMPLOYER		OCCUPATION	AMT. OUTSTANDING	
NAME		ADDRESS (Number and Street)	CITY, STATE, ZIP CODE	
NAME OF EMPLOYER		OCCUPATION	AMT. OUTSTANDING	

NAME OF LOAN SOURCE (OR RECIPIENT)		ORIGINAL AMOUNT OF LOAN	CUMULATIVE PAYMENT TO DATE	BALANCE OUTSTANDING
ADDRESS (Number and Street)				
CITY, STATE, ZIP CODE		TYPE OF ELECTION ☐ Primary ☐ General		Other (specify) ☐
TERMS	DATE INCURRED	DATE DUE	INTEREST RATE (% APR)	SECURED ☐ Yes ☐ No
LIST ALL ENDORSERS OR GUARANTORS (if any)				
NAME		ADDRESS (Number and Street)	CITY, STATE, ZIP CODE	
NAME OF EMPLOYER		OCCUPATION	AMT. OUTSTANDING	
NAME		ADDRESS (Number and Street)	CITY, STATE, ZIP CODE	
NAME OF EMPLOYER		OCCUPATION	AMT. OUTSTANDING	
NAME		ADDRESS (Number and Street)	CITY, STATE, ZIP CODE	
NAME OF EMPLOYER		OCCUPATION	AMT. OUTSTANDING	

Carry outstanding balance only to Line 3, Schedule D-P, for this line. If no Schedule D-P, carry forward to appropriate line of Summary.	ORIGINAL AMOUNT OF LOAN	CUMULATIVE PAYMENT TO DATE	BALANCE OUTSTANDING
SUBTOTALS THIS PERIOD THIS PAGE (optional)			
TOTALS THIS PERIOD (last page in this line only)			

LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

NAME OF COMMITTEE (IN FULL) <i>Committee no longer in existence</i>		FEC IDENTIFICATION NUMBER	
FULL NAME, MAILING ADDRESS AND ZIP CODE OF LENDING INSTITUTION (LENDER) <i>no funds received, none spent</i> <i>F. Bechard</i>		AMOUNT OF LOAN	INTEREST RATE (APR)
		DATE INCURRED OR ESTABLISHED	DATE DUE

A. Has loan been restructured? ☐ No ☐ Yes If yes, date originally incurred: _____

B. If line of credit, amount of this draw: _____ ; total outstanding balance: _____

C. Are other parties secondarily liable for the debt incurred?

☐ No ☐ Yes (Endorsers and guarantors must be reported on Schedule C-P.)

D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral?

☐ No ☐ Yes if yes, specify: _____

What is the value of this collateral? _____

Does the lender have a perfected security interest in it?

☐ No

☐ Yes

E. Are any future contributions or future receipts of interest income, or future receipts of public financing pledged as collateral for the loan?

☐ No ☐ Yes if yes, specify: _____ What is the estimated value? _____

A depository account must be established pursuant to 11 CFR 100.7(b)(11)(i)(B) and 100.8(b)(12)(i)(B). Date account established: _____ Location of account: _____

Date debtor authorized the Secretary of the U.S. Treasury to make direct deposits of public financing payments to the depository account: _____

F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and demonstrate that it assures repayment.

G. COMMITTEE TREASURER

DATE

TYPED NAME

SIGNATURE

H. Attach a signed copy of the loan agreement.

I. TO BE SIGNED BY THE LENDING INSTITUTION:

I. To the best of this Institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above.

II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.

III. This Institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.7(b)(11) and 100.8(b)(12) in making this loan.

AUTHORIZED REPRESENTATIVE

TITLE

DATE

TYPED NAME

SIGNATURE

**DEBTS AND OBLIGATIONS
EXCLUDING LOANS**

Use separate
schedule(s) for
each category of
the detailed
summary page

PAGE

OF (total pages)

LINE NUMBER

NAME OF COMMITTEE (in full)	OUTSTANDING BALANCE BEGINNING THIS PERIOD	AMOUNT INCURRED THIS PERIOD	PAYMENT THIS PERIOD	OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
A. Full Name, Mailing Address and Zip Code of Debtor or Creditor				
Nature of Debt (Purpose)				
B. Full Name, Mailing Address and Zip Code of Debtor or Creditor				
Nature of Debt (Purpose)				
C. Full Name, Mailing Address and Zip Code of Debtor or Creditor				
Nature of Debt (Purpose)				
D. Full Name, Mailing Address and Zip Code of Debtor or Creditor				
Nature of Debt (Purpose)				
E. Full Name, Mailing Address and Zip Code of Debtor or Creditor				
Nature of Debt (Purpose)				
F. Full Name, Mailing Address and Zip Code of Debtor or Creditor				
Nature of Debt (Purpose)				
1) SUBTOTALS This Period This Page (optional)				
2) TOTAL This Period (last page this line only)				
3) TOTAL OUTSTANDING LOANS from Schedule C-P (last page only)				
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)				

*Committee no longer in existence
no funds received, no spent*
CO not of Richardson

Federal Election Commission
ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

☐ Hand Delivered

DATE OF RECEIPT

☒ First Class Mail

POSTMARKED

6-30-97

☐ Registered/Certified Mail

POSTMARKED

☐ No Postmark

☐ Postmark Illegible

☐ Received from the House Office of Records
and Registration

DATE OF RECEIPT

☐ Received from the Senate Office of Public
Records

DATE OF RECEIPT

☐ Other (Specify):

POSTMARKED

and/or DATE OF RECEIPT

SES
PREPARER

7-2-97
DATE PREPARED