

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 Pade for Congress

ADDRESS (number and street) PO Box 2243 Kenosha WI 53141 CITY STATE ZIP CODE

2. FEC IDENTIFICATION NUMBER C C00714816 3. IS THIS REPORT NEW (N) OR AMENDED (A) STATE DISTRICT WI 01

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 08 / 11 / 2020 in the State of WI (c) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on / / in the State of

5. Covering Period 07 / 01 / 2020 through 07 / 22 / 2020

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Wohlford, Emily, , , Type or Print Name of Treasurer Signature of Treasurer Wohlford, Emily, , , [Electronically Filed] Date 07 / 30 / 2020

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

**SUMMARY PAGE**  
of Receipts and Disbursements

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name  
**Pade 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))....	1384.40	9863.79
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	75.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	1384.40	9788.79
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	2390.00	52177.50
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	16.21
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	2390.00	52161.29
8. Cash on Hand at Close of Reporting Period (from Line 27).....	9119.45	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	6000.00	

**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 3 (Revised 05/2016)

Write or Type Committee Name

**Pade for Congress**

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

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	500.00	4787.00
(ii) Unitemized.....	884.40	4981.79
(iii) TOTAL of contributions from individuals ▶	1384.40	9768.79
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	95.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	1384.40	9863.79
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	6000.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	6000.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	16.21
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	1384.40	15880.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3 (Revised 05/2016)

PAGE 4 / 11

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	2390.00	52177.50
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	75.00
(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	75.00
21. OTHER DISBURSEMENTS .....	0.00	260.27
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	2390.00	52512.77

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	10125.05
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	1384.40
25. SUBTOTAL (add Line 23 and Line 24).....	11509.45
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	2390.00
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	9119.45

**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 11  
(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)  
**Pade for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Pignotti, Jean, , ,**

Mailing Address 551 11Th Pl

City Kenosha State WI Zip Code 53140-1110

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

Name of Employer Racine Fireside Corp. Occupation Self Employed

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 225.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 19 / 2020

**Transaction ID : 7320902**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 25.00

Memo Item

\* Earmarked Contribution: See Below

**B.** Full Name (Last, First, Middle Initial)  
**ACTBLUE**

Mailing Address 366 Summer St

City Somerville State MA Zip Code 02144-3132

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer \_\_\_\_\_ Occupation Conduit total listed in Agg. field

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 1384.40

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 19 / 2020

**Transaction ID : 7320902E**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 25.00

Memo Item

Note: Above Contribution earmarked through this organization.

**C.** Full Name (Last, First, Middle Initial)  
**Condon, Jane, , ,**

Mailing Address 38 Close Rd

City Greenwich State CT Zip Code 06831-2722

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

Name of Employer Self-Employed Occupation Comedian

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 04 / 2020

**Transaction ID : 7320873**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 100.00

Memo Item

\* Earmarked Contribution: See Below

**SUBTOTAL** of Receipts This Page (optional)..... ► \_\_\_\_\_ 125.00

**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 6 OF 11  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Pade for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**ACTBLUE**  
Mailing Address 366 Summer St  
City Somerville State MA Zip Code 02144-3132  
FEC ID number of contributing federal political committee. **C** C00401224  
Name of Employer Occupation  
Conduit total listed in Agg. field  
Receipt For: 2020  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
1384.40

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
07 / 05 / 2020  
**Transaction ID : 7320873E**  
Amount of Each Receipt this Period  
100.00  
 Memo Item  
Note: Above Contribution earmarked through this organization.

**B.** Full Name (Last, First, Middle Initial)  
**Setty, Sam, , ,**  
Mailing Address 3535 Meadow Sound Dr  
City De Pere State WI Zip Code 54115-7994  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Bellin Health Physician  
Receipt For: 2020  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
07 / 09 / 2020  
**Transaction ID : 7320883**  
Amount of Each Receipt this Period  
250.00  
 Memo Item  
\* Earmarked Contribution: See Below

**C.** Full Name (Last, First, Middle Initial)  
**ACTBLUE**  
Mailing Address 366 Summer St  
City Somerville State MA Zip Code 02144-3132  
FEC ID number of contributing federal political committee. **C** C00401224  
Name of Employer Occupation  
Conduit total listed in Agg. field  
Receipt For: 2020  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
1384.40

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
07 / 12 / 2020  
**Transaction ID : 7320883E**  
Amount of Each Receipt this Period  
250.00  
 Memo Item  
Note: Above Contribution earmarked through this organization.

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 250.00  
**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 7 OF 11  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Pade for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Ansari, Jacob, , ,**

Mailing Address 3717 Canada Goose Xing

City Racine State WI Zip Code 53403-4506

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

Name of Employer Schellman & Company LLC Occupation Senior Manager

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
275.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
07 / 01 / 2020

**Transaction ID : 7320866**

Amount of Each Receipt this Period  
25.00

Memo Item

\* Earmarked Contribution: See Below

**B.** Full Name (Last, First, Middle Initial)  
**ACTBLUE**

Mailing Address 366 Summer St

City Somerville State MA Zip Code 02144-3132

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation Conduit total listed in Agg. field

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1384.40

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
07 / 05 / 2020

**Transaction ID : 7320866E**

Amount of Each Receipt this Period  
25.00

Memo Item

Note: Above Contribution earmarked through this organization.

**C.** Full Name (Last, First, Middle Initial)  
**Osborn, Jeff, , ,**

Mailing Address 8 A Bay Rd

City Newmarket State NH Zip Code 03857-1702

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

Name of Employer Occupation Executive

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
450.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
07 / 14 / 2020

**Transaction ID : 7320896**

Amount of Each Receipt this Period  
50.00

Memo Item

\* Earmarked Contribution: See Below

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00

**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 11  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Pade for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**ACTBLUE**

Mailing Address 366 Summer St

City Somerville State MA Zip Code 02144-3132

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation  
Conduit total listed in Agg. field

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1384.40

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 19 / 2020

**Transaction ID : 7320896E**

Amount of Each Receipt this Period  
50.00

Memo Item

Note: Above Contribution earmarked through this organization.

**B.** Full Name (Last, First, Middle Initial)  
**Rovin, Amy, , ,**

Mailing Address 1805 Harbour View Dr

City Marquette State MI Zip Code 49855-5074

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

Name of Employer Occupation  
Not Employed Not Employed

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
254.99

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 01 / 2020

**Transaction ID : 7320867**

Amount of Each Receipt this Period  
50.00

Memo Item

\* Earmarked Contribution: See Below

**C.** Full Name (Last, First, Middle Initial)  
**ACTBLUE**

Mailing Address 366 Summer St

City Somerville State MA Zip Code 02144-3132

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation  
Conduit total listed in Agg. field

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1384.40

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 05 / 2020

**Transaction ID : 7320867E**

Amount of Each Receipt this Period  
50.00

Memo Item

Note: Above Contribution earmarked through this organization.

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	50.00
<b>TOTAL</b> This Period (last page this line number only).....▶	500.00



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 11			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Pade for Congress**

Full Name (Last, First, Middle Initial) <b>A. Shepherd, Joe, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2020		
Mailing Address 107 White Pine Dr			FEC Identification Number C		
City Schaumburg	State IL	Zip Code 60193-1670	Amount of Each Disbursement this Period 1375.00		
Purpose of Disbursement Salary		Category/ Type 001	Transaction ID : 500688780		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Facebook</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2020		
Mailing Address 1 Hacker Way			FEC Identification Number C		
City Menlo Park	State CA	Zip Code 94025-1456	Amount of Each Disbursement this Period 50.00		
Purpose of Disbursement Online Ads		Category/ Type	Transaction ID : 500686345		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. NGP</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2020		
Mailing Address 1445 New York Ave NW Ste 200			FEC Identification Number C		
City Washington	State DC	Zip Code 20005-2158	Amount of Each Disbursement this Period 850.00		
Purpose of Disbursement Fundraising Software		Category/ Type	Transaction ID : 500688777		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	2275.00
<b>TOTAL</b> 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 Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 11			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Pade for Congress**

Full Name (Last, First, Middle Initial) <b>A. Apollo Artistry</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 22 / 2020		
Mailing Address 1165 N Clark St			FEC Identification Number C		
City Chicago	State IL	Zip Code 60610-2702	Amount of Each Disbursement this Period 100.00		
Purpose of Disbursement Website hosting		Category/ Type	Transaction ID : 500688779		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B.</b>			Date of Disbursement M M / D D / Y Y Y Y		
Mailing Address			FEC Identification Number C		
City	State	Zip Code	Amount of Each Disbursement this Period		
Purpose of Disbursement		Category/ Type	<input type="checkbox"/> Memo Item		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>C.</b>			Date of Disbursement M M / D D / Y Y Y Y		
Mailing Address			FEC Identification Number C		
City	State	Zip Code	Amount of Each Disbursement this Period		
Purpose of Disbursement		Category/ Type	<input type="checkbox"/> Memo Item		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	100.00
<b>TOTAL</b> This Period (last page this line number only).....▶	2375.00

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **Pade for Congress** Transaction ID : **7218888L**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) Pade, Josh, , ,		<input type="checkbox"/> Memo Item	Election: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 18920 128Th St			
City Bristol	State WI	ZIP Code 53104-9401	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 6000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 6000.00
------------------------------------	------------------------------------	--

<b>TERMS</b>	Date Incurred M 06 / D 29 / Y 2020	Date Due M M / D D / Y none	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	6000.00
<b>TOTALS</b> This Period (last page in this line only).....▶	6000.00

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