

**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

VOICE FOR AMERICA

ADDRESS (number and street)

8440 Woodfield Crossing Blvd, #310

Check if different
than previously
reported. (ACC)

INDIANAPOLIS

IN

46240

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C

C00640706

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)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M M /

D D D /

Y Y 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 Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

07

01

2025

12

31

2025

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

Hagerman, Charles, , ,

Signature of Treasurer

Hagerman, Charles, , ,

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

01

04

2026

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

VOICE FOR AMERICAReport Covering the Period: From:

M M	/	D D	/	Y Y Y Y Y
07		01		2025

 To:

M M	/	D D	/	Y Y Y Y Y
12		31		2025

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <div><div>Y Y Y Y Y</div><div>2025</div></div>		<div><div></div><div>1673.31</div></div>
(b) Cash on Hand at Beginning of Reporting Period.....	<div><div></div><div>1675.00</div></div>	
(c) Total Receipts (from Line 19)	<div><div></div><div>1.72</div></div>	<div><div></div><div>3.41</div></div>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<div><div></div><div>1676.72</div></div>	<div><div></div><div>1676.72</div></div>
7. Total Disbursements (from Line 31).....	<div><div></div><div>0.00</div></div>	<div><div></div><div>0.00</div></div>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<div><div></div><div>1676.72</div></div>	<div><div></div><div>1676.72</div></div>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<div><div></div><div>0.00</div></div>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<div><div></div><div>5096.85</div></div>	

☐ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)**For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov**

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

VOICE FOR AMERICA

Report Covering the Period:

From:

M M / D D / Y Y Y Y Y
07 01 2025

To:

M M / D D / Y Y Y Y Y
12 31 2025**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

1.72

3.41

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

1.72

3.41

(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)

1.72

3.41

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.).....

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))

1.72

3.41

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

1.72

3.41

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	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
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)) ..	0.00	0.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0.00	0.00

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)	1.72	3.41
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1.72	3.41
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
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	0.00

SCHEDULE C (FEC Form 3X)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 6 OF 42

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4100

VOICE FOR AMERICA

LOAN SOURCE Full Name (Last, First, Middle Initial)
Rutherford, Mark, W, Mr.,**N** ☐ Memo Item

Election:

☐ Primary☐ General☐ Other (specify) ▼

Mailing Address 8440 Woodfield Crossing Blvd, #310

City

Indianapolis

State

IN

ZIP Code

46240

Original Amount of Loan

4611.85

Cumulative Payment To Date

475.00

Balance Outstanding at Close of This Period

4136.85

TERMS

Date Incurred

M M / D D / Y Y Y Y Y Y
11 / 30 / 2017

Date Due

M M / D D / Y Y Y Y Y Y
/ / /M M / D D / Y Y Y Y Y Y
12/31/2018

Interest Rate

0.00 % (apr)

Secured:

☐ Yes ☒ 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)..... ►

4136.85

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

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

SCHEDULE C (FEC Form 3X)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

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FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4131

VOICE FOR AMERICA

LOAN SOURCE Full Name (Last, First, Middle Initial)
Rutherford, Mark, W, Mr.,☒ Memo Item

Election:

☐ Primary☐ General☐ Other (specify) ▼

Mailing Address 8440 Woodfield Crossing Blvd, #310

City

Indianapolis

State

IN

ZIP Code

46240

Original Amount of Loan

30.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

30.00

TERMS

Date Incurred

M M / D D / Y Y Y Y Y Y
01 10 2018

Date Due

M M / D D / Y Y Y Y Y Y
12/31/2018

Interest Rate

0.00 % (apr)

Secured:

☐ Yes ☒ 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)..... ►

30.00

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

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

SCHEDULE C (FEC Form 3X)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 8 OF 42

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4132

VOICE FOR AMERICA

LOAN SOURCE Full Name (Last, First, Middle Initial)
Rutherford, Mark, W, Mr.,☒ Memo Item

Election:

☐ Primary☐ General☐ Other (specify) ▼

Mailing Address 8440 Woodfield Crossing Blvd, #310

City

Indianapolis

State

IN

ZIP Code

46240

Original Amount of Loan

30.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

30.00

TERMS

Date Incurred

M M / D D / Y Y Y Y Y Y
02 10 2018

Date Due

M M / D D / Y Y Y Y Y Y
12/31/2018

Interest Rate

0.00 % (apr)

Secured:

☐ Yes ☒ 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)..... ►

30.00

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

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

SCHEDULE C (FEC Form 3X)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

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FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4133

VOICE FOR AMERICA

LOAN SOURCE Full Name (Last, First, Middle Initial)
Rutherford, Mark, W, Mr.,☒ Memo Item

Election:

☐ Primary☐ General☐ Other (specify) ▼

Mailing Address 8440 Woodfield Crossing Blvd, #310

City

Indianapolis

State

IN

ZIP Code

46240

Original Amount of Loan

30.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

30.00

TERMS

Date Incurred

M M / D D / Y Y Y Y Y Y
03 / 10 / 2018

Date Due

M M / D D / Y Y Y Y Y Y
/ / 12/31/2018

Interest Rate

0.00 % (apr)

Secured:

☐ Yes ☒ 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)..... ►

30.00

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

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

SCHEDULE C (FEC Form 3X)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

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FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4135

VOICE FOR AMERICA

LOAN SOURCE Full Name (Last, First, Middle Initial)
Rutherford, Mark, W, Mr.,☒ Memo Item

Election:

☐ Primary☐ General☐ Other (specify) ▼

Mailing Address 8440 Woodfield Crossing Blvd, #310

City

Indianapolis

State

IN

ZIP Code

46240

Original Amount of Loan

30.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

30.00

TERMS

Date Incurred

M M / D D / Y Y Y Y Y Y
04 10 2018

Date Due

M M / D D / Y Y Y Y Y Y
12/31/2018

Interest Rate

0.00 % (apr)

Secured:

☐ Yes ☒ 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)..... ►

30.00

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

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

SCHEDULE C (FEC Form 3X)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

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FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4136

VOICE FOR AMERICA

LOAN SOURCE Full Name (Last, First, Middle Initial)
Rutherford, Mark, W, Mr.,☒ Memo Item

Election:

☐ Primary☐ General☐ Other (specify) ▼

Mailing Address 8440 Woodfield Crossing Blvd, #310

City

Indianapolis

State

IN

ZIP Code

46240

Original Amount of Loan

30.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

30.00

TERMS

Date Incurred

M M / D D / Y Y Y Y Y Y
05 10 2018

Date Due

M M / D D / Y Y Y Y Y Y
12/31/2018

Interest Rate

0.00 % (apr)

Secured:

☐ Yes ☒ 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)..... ►

30.00

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

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

SCHEDULE C (FEC Form 3X)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

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FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4137

VOICE FOR AMERICA

LOAN SOURCE Full Name (Last, First, Middle Initial)
Rutherford, Mark, W, Mr.,☒ Memo Item

Election:

☐ Primary☐ General☐ Other (specify) ▼

Mailing Address 8440 Woodfield Crossing Blvd, #310

City

Indianapolis

State

IN

ZIP Code

46240

Original Amount of Loan

30.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

30.00

TERMS

Date Incurred

M M / D D / Y Y Y Y Y Y
06 10 2018

Date Due

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

12/31/2018

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ 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)..... ►

30.00

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

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

SCHEDULE C (FEC Form 3X)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 13 OF 42

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4143

VOICE FOR AMERICA

LOAN SOURCE Full Name (Last, First, Middle Initial)
Rutherford, Mark, W, Mr.,☒ Memo Item

Election:

☐ Primary☐ General☐ Other (specify) ▼

Mailing Address 8440 Woodfield Crossing Blvd, #310

City

Indianapolis

State

IN

ZIP Code

46240

Original Amount of Loan

30.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

30.00

TERMS

Date Incurred

M M / D D / Y Y Y Y Y Y
07 10 2018

Date Due

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

12/30/2018

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ 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)..... ►

30.00

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

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

SCHEDULE C (FEC Form 3X)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

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FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4144

VOICE FOR AMERICA

LOAN SOURCE Full Name (Last, First, Middle Initial)
Rutherford, Mark, W, Mr.,☒ Memo Item

Election:

☐ Primary☐ General☐ Other (specify) ▼

Mailing Address 8440 Woodfield Crossing Blvd, #310

City

Indianapolis

State

IN

ZIP Code

46240

Original Amount of Loan

30.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

30.00

TERMS

Date Incurred

M M / D D / Y Y Y Y Y Y
08 10 2018

Date Due

M M / D D / Y Y Y Y Y Y
12/30/2018

Interest Rate

0.00 % (apr)

Secured:

☐ Yes ☒ 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)..... ►

30.00

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

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

SCHEDULE C (FEC Form 3X)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 15 OF 42

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4145

VOICE FOR AMERICA

LOAN SOURCE Full Name (Last, First, Middle Initial)
Rutherford, Mark, W, Mr.,☒ Memo Item

Election:

☐ Primary☐ General☐ Other (specify) ▼

Mailing Address 8440 Woodfield Crossing Blvd, #310

City

Indianapolis

State

IN

ZIP Code

46240

Original Amount of Loan

30.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

30.00

TERMS

Date Incurred

M M / D D / Y Y Y Y Y Y
09 10 2018

Date Due

M M / D D / Y Y Y Y Y Y
12/30/2018

Interest Rate

0.00 % (apr)

Secured:

☐ Yes ☒ 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)..... ►

30.00

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

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

SCHEDULE C (FEC Form 3X)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 16 OF 42

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4153

VOICE FOR AMERICA

LOAN SOURCE Full Name (Last, First, Middle Initial)
Rutherford, Mark, W, Mr.,☒ Memo Item

Election:

☐ Primary☐ General☐ Other (specify) ▼

Mailing Address 8440 Woodfield Crossing Blvd, #310

City

Indianapolis

State

IN

ZIP Code

46240

Original Amount of Loan

30.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

30.00

TERMS

Date Incurred

M M / D D / Y Y Y Y Y Y
10 10 2018

Date Due

M M / D D / Y Y Y Y Y Y
12/31/2018

Interest Rate

0.00 % (apr)

Secured:

☐ Yes ☒ 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)..... ►

30.00

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

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

SCHEDULE C (FEC Form 3X)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 17 OF 42

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4154

VOICE FOR AMERICA

LOAN SOURCE Full Name (Last, First, Middle Initial)
Rutherford, Mark, W, Mr.,☒ N ☐ Memo Item

Election:

☐ Primary☐ General☐ Other (specify) ▼

Mailing Address 8440 Woodfield Crossing Blvd, #310

City

Indianapolis

State

IN

ZIP Code

46240

Original Amount of Loan

30.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

30.00

TERMS

Date Incurred

M M / D D / Y Y Y Y Y Y
11 / 10 / 2018

Date Due

M M / D D / Y Y Y Y Y Y
/ / 12/31/2018

Interest Rate

0.00 % (apr)

Secured:

☐ Yes ☒ 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)..... ►

30.00

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

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

SCHEDULE C (FEC Form 3X)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

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FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4157

VOICE FOR AMERICA

LOAN SOURCE Full Name (Last, First, Middle Initial)
Rutherford, Mark, W, Mr.,☒ N ☐ Memo Item

Election:

☐ Primary☐ General☐ Other (specify) ▼

Mailing Address 8440 Woodfield Crossing Blvd, #310

City

Indianapolis

State

IN

ZIP Code

46240

Original Amount of Loan

30.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

30.00

TERMS

Date Incurred

M M / D D / Y Y Y Y Y Y
12 10 2018

Date Due

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

12/1/218

Interest Rate

0.00 % (apr)

Secured:

☐ Yes ☒ 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)..... ►

30.00

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

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

SCHEDULE C (FEC Form 3X)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

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FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4162

VOICE FOR AMERICA

LOAN SOURCE Full Name (Last, First, Middle Initial)
Rutherford, Mark, W, Mr.,☒ Memo Item

Election:

☐ Primary☐ General☐ Other (specify) ▼

Mailing Address 8440 Woodfield Crossing Blvd, #310

City

Indianapolis

State

IN

ZIP Code

46240

Original Amount of Loan

30.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

30.00

TERMS

Date Incurred

M M / D D / Y Y Y Y Y Y
01 10 2019

Date Due

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

12/31/2019

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ 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)..... ►

30.00

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

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

SCHEDULE C (FEC Form 3X)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 20 OF 42

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4163

VOICE FOR AMERICA

LOAN SOURCE Full Name (Last, First, Middle Initial)
Rutherford, Mark, W, Mr.,☒ Memo Item

Election:

☐ Primary☐ General☐ Other (specify) ▼

Mailing Address 8440 Woodfield Crossing Blvd, #310

City

Indianapolis

State

IN

ZIP Code

46240

Original Amount of Loan

30.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

30.00

TERMS

Date Incurred

MM / DD / YYYY
02 / 10 / 2019

Date Due

MM / DD / YYYY
12/31/2019

Interest Rate

0.00 % (apr)

Secured:

☐ Yes ☒ 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)..... ►

30.00

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

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

SCHEDULE C (FEC Form 3X)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 21 OF 42

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4165

VOICE FOR AMERICA

LOAN SOURCE Full Name (Last, First, Middle Initial)
Rutherford, Mark, W, Mr.,☒ Memo Item

Election:

☐ Primary☐ General☐ Other (specify) ▼

Mailing Address 8440 Woodfield Crossing Blvd, #310

City

Indianapolis

State

IN

ZIP Code

46240

Original Amount of Loan

30.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

30.00

TERMS

Date Incurred

M M / D D / Y Y Y Y Y Y
03 / 10 / 2019

Date Due

M M / D D / Y Y Y Y Y Y
/ / 12/31/2019

Interest Rate

0.00 % (apr)

Secured:

☐ Yes ☒ 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)..... ►

30.00

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

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

SCHEDULE C (FEC Form 3X)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 22 OF 42

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4168

VOICE FOR AMERICA

LOAN SOURCE Full Name (Last, First, Middle Initial)
Rutherford, Mark, W, Mr.,☒ Memo Item

Election:

☐ Primary☐ General☐ Other (specify) ▼

Mailing Address 8440 Woodfield Crossing Blvd, #310

City

Indianapolis

State

IN

ZIP Code

46240

Original Amount of Loan

30.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

30.00

TERMS

Date Incurred

M M / D D / Y Y Y Y Y Y
04 / 10 / 2019

Date Due

M M / D D / Y Y Y Y Y Y
/ / 12/31/2019

Interest Rate

0.00 % (apr)

Secured:

☐ Yes ☒ 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)..... ►

30.00

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

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

SCHEDULE C (FEC Form 3X)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 23 OF 42

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4169

VOICE FOR AMERICA

LOAN SOURCE Full Name (Last, First, Middle Initial)
Rutherford, Mark, W, Mr.,☒ Memo Item

Election:

☐ Primary☐ General☐ Other (specify) ▼

Mailing Address 8440 Woodfield Crossing Blvd, #310

City

Indianapolis

State

IN

ZIP Code

46240

Original Amount of Loan

30.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

30.00

TERMS

Date Incurred

M M / D D / Y Y Y Y Y Y
05 10 2019

Date Due

M M / D D / Y Y Y Y Y Y
12/31/2019

Interest Rate

0.00 % (apr)

Secured:

☐ Yes ☒ 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)..... ►

30.00

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

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

SCHEDULE C (FEC Form 3X)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 24 OF 42

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4170

VOICE FOR AMERICA

LOAN SOURCE Full Name (Last, First, Middle Initial)
Rutherford, Mark, W, Mr.,☒ Memo Item

Election:

☐ Primary☐ General☐ Other (specify) ▼

Mailing Address 8440 Woodfield Crossing Blvd, #310

City

Indianapolis

State

IN

ZIP Code

46240

Original Amount of Loan

30.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

30.00

TERMS

Date Incurred

M M / D D / Y Y Y Y Y Y
06 10 2019

Date Due

M M / D D / Y Y Y Y Y Y
12/31/2019

Interest Rate

0.00 % (apr)

Secured:

☐ Yes ☒ 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)..... ►

30.00

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

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

SCHEDULE C (FEC Form 3X)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 25 OF 42

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4199

VOICE FOR AMERICA

LOAN SOURCE Full Name (Last, First, Middle Initial)
Rutherford, Mark, W, Mr.,☒ Memo Item

Election:

☐ Primary☐ General☐ Other (specify) ▼

Mailing Address 8440 Woodfield Crossing Blvd, #310

City

Indianapolis

State

IN

ZIP Code

46240

Original Amount of Loan

10.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

10.00

TERMS

Date Incurred

M M / D D / Y Y Y Y Y Y
07 10 2019

Date Due

M M / D D / Y Y Y Y Y Y
12/31/2019

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ 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)..... ►

10.00

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

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

SCHEDULE C (FEC Form 3X)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

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FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4200

VOICE FOR AMERICA

LOAN SOURCE Full Name (Last, First, Middle Initial)
Rutherford, Mark, W, Mr.,☒ Memo Item

Election:

☐ Primary☐ General☐ Other (specify) ▼

Mailing Address 8440 Woodfield Crossing Blvd, #310

City

Indianapolis

State

IN

ZIP Code

46240

Original Amount of Loan

10.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

10.00

TERMS

Date Incurred

M M / D D / Y Y Y Y Y Y
08 10 2019

Date Due

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

12/31/2019

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ 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)..... ►

10.00

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

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

SCHEDULE C (FEC Form 3X)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

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FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4201

VOICE FOR AMERICA

LOAN SOURCE Full Name (Last, First, Middle Initial)
Rutherford, Mark, W, Mr.,☒ Memo Item

Election:

☐ Primary☐ General☐ Other (specify) ▼

Mailing Address 8440 Woodfield Crossing Blvd, #310

City

Indianapolis

State

IN

ZIP Code

46240

Original Amount of Loan

10.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

10.00

TERMS

Date Incurred

M M / D D / Y Y Y Y Y Y
09 10 2019

Date Due

M M / D D / Y Y Y Y Y Y
12/31/2019

Interest Rate

0.00 % (apr)

Secured:

☐ Yes ☒ 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)..... ►

10.00

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

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

SCHEDULE C (FEC Form 3X)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 28 OF 42

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4259

VOICE FOR AMERICA

LOAN SOURCE Full Name (Last, First, Middle Initial)
Rutherford, Mark, W, Mr.,☒ Memo Item

Election:

☐ Primary☐ General☐ Other (specify) ▼

Mailing Address 8440 Woodfield Crossing Blvd, #310

City

Indianapolis

State

IN

ZIP Code

46240

Original Amount of Loan

10.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

10.00

TERMS

Date Incurred

M M / D D / Y Y Y Y Y Y
10 10 2019

Date Due

M M / D D / Y Y Y Y Y Y
12/31/2019

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ 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)..... ►

10.00

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

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

SCHEDULE C (FEC Form 3X)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 29 OF 42

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4260

VOICE FOR AMERICA

LOAN SOURCE Full Name (Last, First, Middle Initial)
Rutherford, Mark, W, Mr.,☒ Memo Item

Election:

☐ Primary☐ General☐ Other (specify) ▼

Mailing Address 8440 Woodfield Crossing Blvd, #310

City

Indianapolis

State

IN

ZIP Code

46240

Original Amount of Loan

10.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

10.00

TERMS

Date Incurred

M M / D D / Y Y Y Y Y Y
11 / 10 / 2019

Date Due

M M / D D / Y Y Y Y Y Y
/ / 12/31/2019

Interest Rate

0.00 % (apr)

Secured:

☐ Yes ☒ 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)..... ►

10.00

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

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

SCHEDULE C (FEC Form 3X)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 30 OF 42

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4261

VOICE FOR AMERICA

LOAN SOURCE Full Name (Last, First, Middle Initial)
Rutherford, Mark, W, Mr.,☒ N ☐ Memo Item

Election:

☐ Primary☐ General☐ Other (specify) ▼

Mailing Address 8440 Woodfield Crossing Blvd, #310

City

Indianapolis

State

IN

ZIP Code

46240

Original Amount of Loan

10.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

10.00

TERMS

Date Incurred

M M / D D / Y Y Y Y Y Y
12 10 2019

Date Due

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

12/01/2019

Interest Rate

0.00

% (apr)

Secured:

☐ Yes ☒ 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)..... ►

10.00

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

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

SCHEDULE C (FEC Form 3X)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 31 OF 42

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4267

VOICE FOR AMERICA

LOAN SOURCE Full Name (Last, First, Middle Initial)
Rutherford, Mark, W, Mr.,☒ Memo Item

Election:

☐ Primary☐ General☐ Other (specify) ▼

Mailing Address 8440 Woodfield Crossing Blvd, #310

City

Indianapolis

State

IN

ZIP Code

46240

Original Amount of Loan

30.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

30.00

TERMS

Date Incurred

M M / D D / Y Y Y Y Y Y
01 10 2020

Date Due

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

12/31/2020

Interest Rate

0.00

% (apr)

Secured:

☐ Yes ☒ 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)..... ►

30.00

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

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

SCHEDULE C (FEC Form 3X)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 32 OF 42

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4266

VOICE FOR AMERICA

LOAN SOURCE Full Name (Last, First, Middle Initial)
Rutherford, Mark, W, Mr.,☒ Memo Item

Election:

☐ Primary☐ General☐ Other (specify) ▼

Mailing Address 8440 Woodfield Crossing Blvd, #310

City

Indianapolis

State

IN

ZIP Code

46240

Original Amount of Loan

30.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

30.00

TERMS

Date Incurred

MM / DD / YYYY
02 / 10 / 2020

Date Due

MM / DD / YYYY
12/31/2020

Interest Rate

0.00 % (apr)

Secured:

☐ Yes ☒ 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)..... ►

30.00

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

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

SCHEDULE C (FEC Form 3X)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 33 OF 42

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4268

VOICE FOR AMERICA

LOAN SOURCE Full Name (Last, First, Middle Initial)
Rutherford, Mark, W, Mr.,☒ Memo Item

Election:

☐ Primary☐ General☐ Other (specify) ▼

Mailing Address 8440 Woodfield Crossing Blvd, #310

City

Indianapolis

State

IN

ZIP Code

46240

Original Amount of Loan

30.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

30.00

TERMS

Date Incurred

M M / D D / Y Y Y Y Y Y
03 / 10 / 2020

Date Due

M M / D D / Y Y Y Y Y Y
/ / 12/31/2020

Interest Rate

0.00 % (apr)

Secured:

☐ Yes ☒ 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)..... ►

30.00

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

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

SCHEDULE C (FEC Form 3X)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 34 OF 42

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4296

VOICE FOR AMERICA

LOAN SOURCE Full Name (Last, First, Middle Initial)
Rutherford, Mark, W, Mr.,☒ Memo Item

Election:

☐ Primary☐ General☐ Other (specify) ▼

Mailing Address 8440 Woodfield Crossing Blvd, #310

City

Indianapolis

State

IN

ZIP Code

46240

Original Amount of Loan

30.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

30.00

TERMS

Date Incurred

M M / D D / Y Y Y Y Y Y
04 10 2020

Date Due

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

12/31/2020

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ 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)..... ►

30.00

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

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

SCHEDULE C (FEC Form 3X)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 35 OF 42

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4297

VOICE FOR AMERICA

LOAN SOURCE Full Name (Last, First, Middle Initial)
Rutherford, Mark, W, Mr.,☒ N ☐ Memo Item

Election:

☐ Primary☐ General☐ Other (specify) ▼

Mailing Address 8440 Woodfield Crossing Blvd, #310

City

Indianapolis

State

IN

ZIP Code

46240

Original Amount of Loan

30.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

30.00

TERMS

Date Incurred

M M / D D / Y Y Y Y Y Y
05 10 2020

Date Due

M M / D D / Y Y Y Y Y Y
12/31/2020

Interest Rate

0.00 % (apr)

Secured:

☐ Yes ☒ 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)..... ►

30.00

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

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

SCHEDULE C (FEC Form 3X)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 36 OF 42

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4298

VOICE FOR AMERICA

LOAN SOURCE Full Name (Last, First, Middle Initial)
Rutherford, Mark, W, Mr.,☒ Memo Item

Election:

☐ Primary☐ General☐ Other (specify) ▼

Mailing Address 8440 Woodfield Crossing Blvd, #310

City

Indianapolis

State

IN

ZIP Code

46240

Original Amount of Loan

30.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

30.00

TERMS

Date Incurred

M M / D D / Y Y Y Y Y Y
06 / 10 / 2020

Date Due

M M / D D / Y Y Y Y Y Y
12/31/2020

Interest Rate

0.00 % (apr)

Secured:

☐ Yes ☒ 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)..... ►

30.00

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

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

SCHEDULE C (FEC Form 3X)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 37 OF 42

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4319

VOICE FOR AMERICA

LOAN SOURCE Full Name (Last, First, Middle Initial)
Rutherford, Mark, W, Mr.,☒ Memo Item

Election:

☐ Primary☐ General☐ Other (specify) ▼

Mailing Address 8440 Woodfield Crossing Blvd, #310

City

Indianapolis

State

IN

ZIP Code

46240

Original Amount of Loan

30.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

30.00

TERMS

Date Incurred

M M / D D / Y Y Y Y Y Y
07 10 2020

Date Due

M M / D D / Y Y Y Y Y Y
12/31/2020

Interest Rate

0.00 % (apr)

Secured:

☐ Yes ☒ 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)..... ►

30.00

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

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

SCHEDULE C (FEC Form 3X)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

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FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4320

VOICE FOR AMERICA

LOAN SOURCE Full Name (Last, First, Middle Initial)
Rutherford, Mark, W, Mr.,☒ Memo Item

Election:

☐ Primary☐ General☐ Other (specify) ▼

Mailing Address 8440 Woodfield Crossing Blvd, #310

City

Indianapolis

State

IN

ZIP Code

46240

Original Amount of Loan

30.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

30.00

TERMS

Date Incurred

M M / D D / Y Y Y Y Y Y
08 10 2020

Date Due

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

12/31/2020

Interest Rate

0.00

% (apr)

Secured:

☐ Yes ☒ 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)..... ►

30.00

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

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

SCHEDULE C (FEC Form 3X)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 39 OF 42

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4321

VOICE FOR AMERICA

LOAN SOURCE Full Name (Last, First, Middle Initial)
Rutherford, Mark, W, Mr.,☒ Memo Item

Election:

☐ Primary☐ General☐ Other (specify) ▼

Mailing Address 8440 Woodfield Crossing Blvd, #310

City

Indianapolis

State

IN

ZIP Code

46240

Original Amount of Loan

30.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

30.00

TERMS

Date Incurred

M M / D D / Y Y Y Y Y Y
09 10 2020

Date Due

M M / D D / Y Y Y Y Y Y
12/31/2020

Interest Rate

0.00 % (apr)

Secured:

☐ Yes ☒ 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)..... ►

30.00

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

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

SCHEDULE C (FEC Form 3X)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 40 OF 42

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4366

VOICE FOR AMERICA

LOAN SOURCE Full Name (Last, First, Middle Initial)
Rutherford, Mark, W, Mr.,☒ Memo Item

Election:

☐ Primary☐ General☐ Other (specify) ▼

Mailing Address 8440 Woodfield Crossing Blvd, #310

City

Indianapolis

State

IN

ZIP Code

46240

Original Amount of Loan

30.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

30.00

TERMS

Date Incurred

M M / D D / Y Y Y Y Y Y
10 10 2020

Date Due

M M / D D / Y Y Y Y Y Y
12/31/2020

Interest Rate

0.00 % (apr)

Secured:

☐ Yes ☒ 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)..... ►

30.00

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

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

SCHEDULE C (FEC Form 3X)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 41 OF 42

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4367

VOICE FOR AMERICA

LOAN SOURCE Full Name (Last, First, Middle Initial)
Rutherford, Mark, W, Mr.,☒ Memo Item

Election:

☐ Primary☐ General☐ Other (specify) ▼

Mailing Address 8440 Woodfield Crossing Blvd, #310

City

Indianapolis

State

IN

ZIP Code

46240

Original Amount of Loan

30.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

30.00

TERMS

Date Incurred

M M / D D / Y Y Y Y Y Y
11 / 10 / 2020

Date Due

M M / D D / Y Y Y Y Y Y
/ / 12/31/2020

Interest Rate

0.00 % (apr)

Secured:

☐ Yes ☒ 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)..... ►

30.00

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

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

SCHEDULE C (FEC Form 3X)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 42 OF 42

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4375

VOICE FOR AMERICA

LOAN SOURCE Full Name (Last, First, Middle Initial)
Rutherford, Mark, W, Mr.,☒ Memo Item

Election:

☐ Primary☐ General☐ Other (specify) ▼

Mailing Address 8440 Woodfield Crossing Blvd, #310

City

Indianapolis

State

IN

ZIP Code

46240

Original Amount of Loan

30.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

30.00

TERMS

Date Incurred

M M / D D / Y Y Y Y Y Y
12 10 2020

Date Due

M M / D D / Y Y Y Y Y Y
12/31/2020

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ 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)..... ►

30.00

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

5096.85

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