

FEC
FORM 3XREPORT 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 C006407063. 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 / D D / Y Y Y Yin the
State of(d) 30-Day
POST-Election
Report for the: General (30G) Runoff (30R) Special (30S)

Election on

 M M / D D / Y Y Y Y Yin the
State of

5. Covering Period

 07 01 2025

through

 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

 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
OnlyFEC 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 AMERICA

Report Covering the Period: From:

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

To:

M M
12D D
31Y Y Y Y Y
2025**COLUMN A**
This Period**COLUMN B**
Calendar Year-to-Date

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



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
07D D
01Y Y Y Y Y
2025

To:

M M
12D D
31Y Y Y Y
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)	0.00	0.00
(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

Cumulative Payment To Date

Balance Outstanding at Close of This Period

4611.85

475.00

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
12/31/2018

Interest Rate

0.00

Secured:

% (apr)

 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

PAGE 7 OF 42

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.,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

Cumulative Payment To Date

Balance Outstanding at Close of This Period

30.00

0.00

30.00

TERMS

Date Incurred

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

Date Due

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

Interest Rate

0.00

Secured:

% (apr)

 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:		<input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City	State	ZIP Code
Amount Guaranteed Outstanding:		<input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City	State	ZIP Code
Amount Guaranteed Outstanding:		<input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City	State	ZIP Code
Amount Guaranteed Outstanding:		<input type="text"/>

SUBTOTALS This Period This Page (optional) ►

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/10.4132

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

Cumulative Payment To Date

Balance Outstanding at Close of This Period

30.00

0.00

30.00

TERMS

Date Incurred

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

Date Due

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

Interest Rate

0.00

Secured:

% (apr)

 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.,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

Cumulative Payment To Date

Balance Outstanding at Close of This Period

30.00

0.00

30.00

TERMS

Date Incurred

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

Date Due

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

Interest Rate

0.00

Secured:

% (apr)

 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:		<input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City	State	ZIP Code
Amount Guaranteed Outstanding:		<input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City	State	ZIP Code
Amount Guaranteed Outstanding:		<input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City	State	ZIP Code
Amount Guaranteed Outstanding:		<input type="text"/>

SUBTOTALS This Period This Page (optional) ►

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.,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

Cumulative Payment To Date

Balance Outstanding at Close of This Period

30.00

0.00

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
12/31/2018

Interest Rate

0.00

Secured:

% (apr)

 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:		<input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City	State	ZIP Code
Amount Guaranteed Outstanding:		<input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City	State	ZIP Code
Amount Guaranteed Outstanding:		<input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City	State	ZIP Code
Amount Guaranteed Outstanding:		<input type="text"/>

SUBTOTALS This Period This Page (optional) ►

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)
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Detailed Summary Page

PAGE 11 OF 42

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.,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

Cumulative Payment To Date

Balance Outstanding at Close of This Period

30.00

0.00

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
12/31/2018

Interest Rate

0.00

Secured:

% (apr)

 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)
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Detailed Summary Page

PAGE 12 OF 42

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.,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

Cumulative Payment To Date

Balance Outstanding at Close of This Period

30.00

0.00

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
12/31/2018

Interest Rate

0.00

Secured:

% (apr)

 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:		<input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City	State	ZIP Code
Amount Guaranteed Outstanding:		<input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City	State	ZIP Code
Amount Guaranteed Outstanding:		<input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City	State	ZIP Code
Amount Guaranteed Outstanding:		<input type="text"/>

SUBTOTALS This Period This Page (optional) ►

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)
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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.,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

Cumulative Payment To Date

Balance Outstanding at Close of This Period

30.00

0.00

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
12/30/2018

Interest Rate

0.00

Secured:

% (apr)

 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)
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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.,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

Cumulative Payment To Date

Balance Outstanding at Close of This Period

30.00

0.00

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
12/30/2018

Interest Rate

0.00

Secured:

% (apr)

 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:		<input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City	State	ZIP Code
Amount Guaranteed Outstanding:		<input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City	State	ZIP Code
Amount Guaranteed Outstanding:		<input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City	State	ZIP Code
Amount Guaranteed Outstanding:		<input type="text"/>

SUBTOTALS This Period This Page (optional) ►

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/10.4145

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

Cumulative Payment To Date

Balance Outstanding at Close of This Period

30.00

0.00

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
12/30/2018

Interest Rate

0.00

Secured:

% (apr)

 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.,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

Cumulative Payment To Date

Balance Outstanding at Close of This Period

30.00

0.00

30.00

TERMS

Date Incurred

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

Date Due

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

Interest Rate

0.00

Secured:

% (apr)

 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:		<input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City	State	ZIP Code
Amount Guaranteed Outstanding:		<input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City	State	ZIP Code
Amount Guaranteed Outstanding:		<input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City	State	ZIP Code
Amount Guaranteed Outstanding:		<input type="text"/>

SUBTOTALS This Period This Page (optional) ►

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

Cumulative Payment To Date

Balance Outstanding at Close of This Period

30.00

0.00

30.00

TERMS

Date Incurred

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

Date Due

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

Interest Rate

0.00

Secured:

% (apr)

 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 18 OF 42

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

Cumulative Payment To Date

Balance Outstanding at Close of This Period

30.00

0.00

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
12/1/218

Interest Rate

0.00

Secured:

% (apr)

 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 19 OF 42

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.,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

Cumulative Payment To Date

Balance Outstanding at Close of This Period

30.00

0.00

30.00

TERMS

Date Incurred

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

Date Due

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

Interest Rate

0.00

Secured:

% (apr)

 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) ►

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

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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.,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

Cumulative Payment To Date

Balance Outstanding at Close of This Period

30.00

0.00

30.00

TERMS

Date Incurred

M M / D D / Y Y Y Y Y
02 10 2019

Date Due

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

Interest Rate

0.00

Secured:

% (apr)

 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.,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

Cumulative Payment To Date

Balance Outstanding at Close of This Period

30.00

0.00

30.00

TERMS

Date Incurred

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

Date Due

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

Interest Rate

0.00

Secured:

% (apr)

 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.,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

Cumulative Payment To Date

Balance Outstanding at Close of This Period

30.00

0.00

30.00

TERMS

Date Incurred

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

Date Due

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

Interest Rate

0.00

Secured:

% (apr)

 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:		<input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City	State	ZIP Code
Amount Guaranteed Outstanding:		<input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City	State	ZIP Code
Amount Guaranteed Outstanding:		<input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City	State	ZIP Code
Amount Guaranteed Outstanding:		<input type="text"/>

SUBTOTALS This Period This Page (optional) ►

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.,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

Cumulative Payment To Date

Balance Outstanding at Close of This Period

30.00

0.00

30.00

TERMS

Date Incurred

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

Date Due

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

Interest Rate

0.00

Secured:

% (apr)

 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:		<input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City	State	ZIP Code
Amount Guaranteed Outstanding:		<input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City	State	ZIP Code
Amount Guaranteed Outstanding:		<input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City	State	ZIP Code
Amount Guaranteed Outstanding:		<input type="text"/>

SUBTOTALS This Period This Page (optional) ►

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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.,
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

Cumulative Payment To Date

Balance Outstanding at Close of This Period

30.00

0.00

30.00

TERMS

Date Incurred

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

Date Due

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

Interest Rate

0.00

Secured:

% (apr)

 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.,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

Cumulative Payment To Date

Balance Outstanding at Close of This Period

10.00

0.00

10.00

TERMS

Date Incurred

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

Date Due

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

Interest Rate

0.00

Secured:

% (apr)

 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 26 OF 42

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.,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

Cumulative Payment To Date

Balance Outstanding at Close of This Period

10.00

0.00

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
12/31/2019

Interest Rate

0.00

Secured:

% (apr)

 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:		<input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City	State	ZIP Code
Amount Guaranteed Outstanding:		<input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City	State	ZIP Code
Amount Guaranteed Outstanding:		<input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City	State	ZIP Code
Amount Guaranteed Outstanding:		<input type="text"/>

SUBTOTALS This Period This Page (optional) ►

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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 27 OF 42

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.,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

Cumulative Payment To Date

Balance Outstanding at Close of This Period

10.00

0.00

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
12/31/2019

Interest Rate

0.00

Secured:

% (apr)

 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:		<input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City	State	ZIP Code
Amount Guaranteed Outstanding:		<input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City	State	ZIP Code
Amount Guaranteed Outstanding:		<input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City	State	ZIP Code
Amount Guaranteed Outstanding:		<input type="text"/>

SUBTOTALS This Period This Page (optional) ►

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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.,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

Cumulative Payment To Date

Balance Outstanding at Close of This Period

10.00

0.00

10.00

TERMS

Date Incurred

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

Date Due

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

Interest Rate

0.00

Secured:

% (apr)

 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:		<input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City	State	ZIP Code
Amount Guaranteed Outstanding:		<input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City	State	ZIP Code
Amount Guaranteed Outstanding:		<input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City	State	ZIP Code
Amount Guaranteed Outstanding:		<input type="text"/>

SUBTOTALS This Period This Page (optional) ►

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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/10.4260

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

Cumulative Payment To Date

Balance Outstanding at Close of This Period

10.00

0.00

10.00

TERMS

Date Incurred

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

Date Due

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

Interest Rate

0.00

Secured:

% (apr)

 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) ►

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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

Cumulative Payment To Date

Balance Outstanding at Close of This Period

10.00

0.00

10.00

TERMS

Date Incurred

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

Date Due

M M / D D / Y Y Y Y
12/01/2019

Interest Rate

0.00

Secured:

% (apr)

 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:		<input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City	State	ZIP Code
Amount Guaranteed Outstanding:		<input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City	State	ZIP Code
Amount Guaranteed Outstanding:		<input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City	State	ZIP Code
Amount Guaranteed Outstanding:		<input type="text"/>

SUBTOTALS This Period This Page (optional) ►

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.,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

Cumulative Payment To Date

Balance Outstanding at Close of This Period

30.00

0.00

30.00

TERMS

Date Incurred

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

Date Due

M M / D D / 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.,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

Cumulative Payment To Date

Balance Outstanding at Close of This Period

30.00

0.00

30.00

TERMS

Date Incurred

M M / D D / Y Y Y Y Y
02 10 2020

Date Due

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

Interest Rate

0.00

Secured:

% (apr)

 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.,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

Cumulative Payment To Date

Balance Outstanding at Close of This Period

30.00

0.00

30.00

TERMS

Date Incurred

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

Date Due

M M / D D / 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:		<input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City	State	ZIP Code
Amount Guaranteed Outstanding:		<input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City	State	ZIP Code
Amount Guaranteed Outstanding:		<input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City	State	ZIP Code
Amount Guaranteed Outstanding:		<input type="text"/>

SUBTOTALS This Period This Page (optional) ►

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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.,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

Cumulative Payment To Date

Balance Outstanding at Close of This Period

30.00

0.00

30.00

TERMS

Date Incurred

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

Date Due

M M / D D / 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:		<input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City	State	ZIP Code
Amount Guaranteed Outstanding:		<input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City	State	ZIP Code
Amount Guaranteed Outstanding:		<input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City	State	ZIP Code
Amount Guaranteed Outstanding:		<input type="text"/>

SUBTOTALS This Period This Page (optional) ►

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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

Cumulative Payment To Date

Balance Outstanding at Close of This Period

30.00

0.00

30.00

TERMS

Date Incurred

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

Date Due

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

Interest Rate

0.00

Secured:

% (apr)

 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:		<input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City	State	ZIP Code
Amount Guaranteed Outstanding:		<input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City	State	ZIP Code
Amount Guaranteed Outstanding:		<input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City	State	ZIP Code
Amount Guaranteed Outstanding:		<input type="text"/>

SUBTOTALS This Period This Page (optional) ►

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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.,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

Cumulative Payment To Date

Balance Outstanding at Close of This Period

30.00

0.00

30.00

TERMS

Date Incurred

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

Date Due

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

Interest Rate

0.00

Secured:

% (apr)

 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:		<input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City	State	ZIP Code
Amount Guaranteed Outstanding:		<input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City	State	ZIP Code
Amount Guaranteed Outstanding:		<input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City	State	ZIP Code
Amount Guaranteed Outstanding:		<input type="text"/>

SUBTOTALS This Period This Page (optional) ►

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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/10.4319

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

Cumulative Payment To Date

Balance Outstanding at Close of This Period

30.00

0.00

30.00

TERMS

Date Incurred

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

Date Due

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

Interest Rate

0.00

Secured:

% (apr)

 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) ►

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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.,
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

Cumulative Payment To Date

Balance Outstanding at Close of This Period

30.00

0.00

30.00

TERMS

Date Incurred

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

Date Due

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

Interest Rate

0.00

Secured:

% (apr)

 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) ►

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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/10.4321

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

Cumulative Payment To Date

Balance Outstanding at Close of This Period

30.00

0.00

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
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:		<input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City	State	ZIP Code
Amount Guaranteed Outstanding:		<input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City	State	ZIP Code
Amount Guaranteed Outstanding:		<input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City	State	ZIP Code
Amount Guaranteed Outstanding:		<input type="text"/>

SUBTOTALS This Period This Page (optional) ►

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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/10.4366

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

Cumulative Payment To Date

Balance Outstanding at Close of This Period

30.00

0.00

30.00

TERMS

Date Incurred

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

Date Due

M M / D D / 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:		<input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City	State	ZIP Code
Amount Guaranteed Outstanding:		<input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City	State	ZIP Code
Amount Guaranteed Outstanding:		<input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City	State	ZIP Code
Amount Guaranteed Outstanding:		<input type="text"/>

SUBTOTALS This Period This Page (optional) ►

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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.,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

Cumulative Payment To Date

Balance Outstanding at Close of This Period

30.00

0.00

30.00

TERMS

Date Incurred

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

Date Due

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

Interest Rate

0.00

Secured:

% (apr)

 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:		<input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City	State	ZIP Code
Amount Guaranteed Outstanding:		<input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City	State	ZIP Code
Amount Guaranteed Outstanding:		<input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City	State	ZIP Code
Amount Guaranteed Outstanding:		<input type="text"/>

SUBTOTALS This Period This Page (optional) ►

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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/10.4375

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

Cumulative Payment To Date

Balance Outstanding at Close of This Period

30.00

0.00

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
12/31/2020

Interest Rate

0.00

Secured:

% (apr)

 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) ►

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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.