

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

<b>USE FEC MAILING LABEL OR TYPE OR PRINT</b>	1. NAME OR COMMITTEE (in full)	2. IDENTIFICATION NUMBER
	ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported	3. IS THIS REPORT OF RECEIPTS AND DISBURSEMENTS FOR:
	CITY, STATE, and ZIP CODE	<input type="checkbox"/> Primary <input type="checkbox"/> General

4. TYPE OF REPORT (Check here  if this is a Termination Report.)  
(a) "X" appropriate box and complete, if applicable.

<input type="checkbox"/> April 15 Quarterly Report  <input type="checkbox"/> July 15 Quarterly Report  <input type="checkbox"/> October 15 Quarterly Report  <input type="checkbox"/> January 31 Year End Report	Monthly Report Due on: <input type="checkbox"/> February 20 <input type="checkbox"/> June 20 <input type="checkbox"/> October 20 <input type="checkbox"/> March 20 <input type="checkbox"/> July 20 <input type="checkbox"/> November 20 <input type="checkbox"/> April 20 <input type="checkbox"/> August 20 <input type="checkbox"/> December 20 <input type="checkbox"/> May 20 <input type="checkbox"/> September 20 <input type="checkbox"/> January 31  <input type="checkbox"/> Twelfth day report preceding _____ <small>(Type of Election)</small> election on _____ in the State of _____.  <input type="checkbox"/> Thirtieth day report following the General Election on _____
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(b) Is this Report an Amendment?  Yes  No

5. COVERING PERIOD	FROM	THROUGH
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SUMMARY	6. CASH ON HAND AT BEGINNING OF THE REPORTING PERIOD ..... 7. TOTAL RECEIPTS THIS PERIOD (From Line 22, Column A, Page 2) ..... 8. SUBTOTAL (Lines 6 and 7) ..... 9. TOTAL DISBURSEMENTS THIS PERIOD (From Line 30, Column A, Page 2) ..... 10. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (Subtract Line 9 from 8) ..... 11. DEBTS AND OBLIGATIONS OWED TO THE COMMITTEE (Itemize All on Schedule C-P or Schedule D-P) ..... 12. DEBTS AND OBLIGATIONS OWED BY THE COMMITTEE (Itemize All on Schedule C-P or Schedule D-P) ..... 13. EXPENDITURES SUBJECT TO LIMITATION .....	
NET ELECTION CYCLE-TO-DATE CONTRIBUTIONS AND EXPENDITURES	14. NET CONTRIBUTIONS (Other than Loans) (Subtract Line 28d, Column B from 17e, Column B, Page 2) ..... 15. NET OPERATING EXPENDITURES (Subtract Line 20a, Column B from 23, Column B, Page 2) .....	

<i>I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.</i>	TYPE OR PRINT NAME OF TREASURER		For further information, contact: Federal Election Commission 999 E Street, N.W. Washington, D.C. 20463 Toll Free 800-424-9530 Local 202-694-1100 FEC FORM 3P, Page 1 (revised 1/2001)
	SIGNATURE OF TREASURER	DATE	
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. § 437g. All previous versions of FEC FORM 3P are obsolete and should no longer be used.			

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# DETAILED SUMMARY OF RECEIPTS AND DISBURSEMENTS

(Page 2, FEC FORM 3P)

(Note: Fill out Page 3 instead of this page for last report filed in election cycle. See Instructions.)

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

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

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

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

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

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

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

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

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

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

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

Line C - Subtract Line B from Line A.

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

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

Line F - Subtract Line E from Line D.

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

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

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

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

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

Line L - Subtract Line K from Line J.

Line M - Add Line I and Line L.

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

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

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

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

**ITEMIZED RECEIPTS**

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

NAME OF COMMITTEE (in full)

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

**DATE  
(MONTH,  
DAY,  
YEAR)**

**AMOUNT OF  
EACH RECEIPT  
THIS PERIOD**

NAME, ADDRESS, CITY, STATE, ZIP CODE	NAME OF EMPLOYER			
	OCCUPATION	RECEIPT FOR (specify other) <input type="checkbox"/> Primary		
	ELECTION CYCLE-TO-DATE	<input type="checkbox"/> General <input type="checkbox"/> _____		
NAME, ADDRESS, CITY, STATE, ZIP CODE	NAME OF EMPLOYER			
	OCCUPATION	RECEIPT FOR (specify other) <input type="checkbox"/> Primary		
	ELECTION CYCLE-TO-DATE	<input type="checkbox"/> General <input type="checkbox"/> _____		
NAME, ADDRESS, CITY, STATE, ZIP CODE	NAME OF EMPLOYER			
	OCCUPATION	RECEIPT FOR (specify other) <input type="checkbox"/> Primary		
	ELECTION CYCLE-TO-DATE	<input type="checkbox"/> General <input type="checkbox"/> _____		
NAME, ADDRESS, CITY, STATE, ZIP CODE	NAME OF EMPLOYER			
	OCCUPATION	RECEIPT FOR (specify other) <input type="checkbox"/> Primary		
	ELECTION CYCLE-TO-DATE	<input type="checkbox"/> General <input type="checkbox"/> _____		
NAME, ADDRESS, CITY, STATE, ZIP CODE	NAME OF EMPLOYER			
	OCCUPATION	RECEIPT FOR (specify other) <input type="checkbox"/> Primary		
	ELECTION CYCLE-TO-DATE	<input type="checkbox"/> General <input type="checkbox"/> _____		
NAME, ADDRESS, CITY, STATE, ZIP CODE	NAME OF EMPLOYER			
	OCCUPATION	RECEIPT FOR (specify other) <input type="checkbox"/> Primary		
	ELECTION CYCLE-TO-DATE	<input type="checkbox"/> General <input type="checkbox"/> _____		
NAME, ADDRESS, CITY, STATE, ZIP CODE	NAME OF EMPLOYER			
	OCCUPATION	RECEIPT FOR (specify other) <input type="checkbox"/> Primary		
	ELECTION CYCLE-TO-DATE	<input type="checkbox"/> General <input type="checkbox"/> _____		
NAME, ADDRESS, CITY, STATE, ZIP CODE	NAME OF EMPLOYER			
	OCCUPATION	RECEIPT FOR (specify other) <input type="checkbox"/> Primary		
	ELECTION CYCLE-TO-DATE	<input type="checkbox"/> General <input type="checkbox"/> _____		
NAME, ADDRESS, CITY, STATE, ZIP CODE	NAME OF EMPLOYER			
	OCCUPATION	RECEIPT FOR (specify other) <input type="checkbox"/> Primary		
	ELECTION CYCLE-TO-DATE	<input type="checkbox"/> General <input type="checkbox"/> _____		

**SUBTOTAL OF RECEIPTS THIS PAGE** .....

**TOTAL THIS PERIOD (last page this line number only)** .....

**ITEMIZED DISBURSEMENTS**

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

NAME OF COMMITTEE (in full)

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.		DATE (MONTH, DAY, YEAR)	AMOUNT OF EACH DISBURSEMENT THIS PERIOD
NAME, ADDRESS, CITY, STATE, ZIP CODE	PURPOSE OF DISBURSEMENT  DISBURSEMENT FOR: Other (specify) <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> _____		
NAME, ADDRESS, CITY, STATE, ZIP CODE	PURPOSE OF DISBURSEMENT  DISBURSEMENT FOR: Other (specify) <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> _____		
NAME, ADDRESS, CITY, STATE, ZIP CODE	PURPOSE OF DISBURSEMENT  DISBURSEMENT FOR: Other (specify) <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> _____		
NAME, ADDRESS, CITY, STATE, ZIP CODE	PURPOSE OF DISBURSEMENT  DISBURSEMENT FOR: Other (specify) <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> _____		
NAME, ADDRESS, CITY, STATE, ZIP CODE	PURPOSE OF DISBURSEMENT  DISBURSEMENT FOR: Other (specify) <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> _____		
NAME, ADDRESS, CITY, STATE, ZIP CODE	PURPOSE OF DISBURSEMENT  DISBURSEMENT FOR: Other (specify) <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> _____		
NAME, ADDRESS, CITY, STATE, ZIP CODE	PURPOSE OF DISBURSEMENT  DISBURSEMENT FOR: Other (specify) <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> _____		
NAME, ADDRESS, CITY, STATE, ZIP CODE	PURPOSE OF DISBURSEMENT  DISBURSEMENT FOR: Other (specify) <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> _____		
NAME, ADDRESS, CITY, STATE, ZIP CODE	PURPOSE OF DISBURSEMENT  DISBURSEMENT FOR: Other (specify) <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> _____		

SUBTOTAL OF DISBURSEMENTS THIS PAGE (optional) .....

TOTAL THIS PERIOD (last page this line number only) .....

**LOANS**

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

NAME OF COMMITTEE (in full)
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NAME OF LOAN SOURCE (OR RECIPIENT)		ORIGINAL AMOUNT OF LOAN	CUMULATIVE PAYMENT TO DATE	BALANCE OUTSTANDING
ADDRESS (Number and Street)				
CITY, STATE, ZIP CODE		TYPE OF ELECTION		Other (specify)
		<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="checkbox"/>
<b>TERMS</b>	DATE INCURRED	DATE DUE	INTEREST RATE (% APR)	SECURED
				<input type="checkbox"/> Yes <input type="checkbox"/> No

LIST ALL ENDORSERS OR GUARANTORS (if any)				
● NAME	ADDRESS (Number and Street)		CITY, STATE, ZIP CODE	
NAME OF EMPLOYER		OCCUPATION		AMT. OUTSTANDING
● NAME	ADDRESS (Number and Street)		CITY, STATE, ZIP CODE	
NAME OF EMPLOYER		OCCUPATION		AMT. OUTSTANDING
● NAME	ADDRESS (Number and Street)		CITY, STATE, ZIP CODE	
NAME OF EMPLOYER		OCCUPATION		AMT. OUTSTANDING

NAME OF LOAN SOURCE (OR RECIPIENT)		ORIGINAL AMOUNT OF LOAN	CUMULATIVE PAYMENT TO DATE	BALANCE OUTSTANDING
ADDRESS (Number and Street)				
CITY, STATE, ZIP CODE		TYPE OF ELECTION		Other (specify)
		<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="checkbox"/>
<b>TERMS</b>	DATE INCURRED	DATE DUE	INTEREST RATE (% APR)	SECURED
				<input type="checkbox"/> Yes <input type="checkbox"/> No

LIST ALL ENDORSERS OR GUARANTORS (if any)				
● NAME	ADDRESS (Number and Street)		CITY, STATE, ZIP CODE	
NAME OF EMPLOYER		OCCUPATION		AMT. OUTSTANDING
● NAME	ADDRESS (Number and Street)		CITY, STATE, ZIP CODE	
NAME OF EMPLOYER		OCCUPATION		AMT. OUTSTANDING
● NAME	ADDRESS (Number and Street)		CITY, STATE, ZIP CODE	
NAME OF EMPLOYER		OCCUPATION		AMT. OUTSTANDING

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

**LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS**

NAME OF COMMITTEE (IN FULL)		FEC IDENTIFICATION NUMBER	
FULL NAME, MAILING ADDRESS AND ZIP CODE OF LENDING INSTITUTION (LENDER)		AMOUNT OF LOAN	INTEREST RATE (APR)
		DATE INCURRED OR ESTABLISHED	DATE DUE

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

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

C. Are other parties secondarily liable for the debt incurred?  
 No  Yes (Endorsers and guarantors must be reported on Schedule C-P.)

D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral?  
 No  Yes If yes, specify: \_\_\_\_\_

What is the value of this collateral? \_\_\_\_\_

Does the lender have a perfected security interest in it?  No  Yes

E. Are any future contributions or future receipts of interest income, or future receipts of public financing pledged as collateral for the loan?  
 No  Yes If yes, specify: \_\_\_\_\_ What is the estimated value? \_\_\_\_\_

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

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

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

G. COMMITTEE TREASURER	DATE
TYPED NAME	SIGNATURE

H. Attach a signed copy of the loan agreement.

I. TO BE SIGNED BY THE LENDING INSTITUTION:

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

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

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

AUTHORIZED REPRESENTATIVE	TITLE	DATE
TYPED NAME	SIGNATURE	



**DEBTS AND OBLIGATIONS  
 EXCLUDING LOANS**

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

PAGE

OF (total pages)

LINE NUMBER

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