

# CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

## For State and Local Candidates For Single-Candidate Committees

1. DATE OF REPORT <u>4/10/15</u>	2.a. NAME OF CANDIDATE OR COMMITTEE <u>SARAH MARTIN</u>
2.b. IF COMMITTEE, NAME OF CANDIDATE <u>FRIENDS OF SARAH MARTIN</u>	3. ELECTION DATE <u>8/6/15</u>
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route      City      State      Zip Code      Phone <u>P.O. BOX 60808</u> <u>NASHVILLE</u> <u>TN</u> <u>37206</u> <u>(615) 335-3118</u>	
4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.) Street or Rural Route      City      State      Zip Code      Phone <u>1020 STAINBACK AVE</u> <u>NASHVILLE</u> <u>TN</u> <u>37207</u> <u>(615) 335-3118</u>	
5. OFFICE SOUGHT (include district number, if applicable) <u>Metrol Council District 5</u>	6. NAME OF POLITICAL TREASURER (may be candidate) <u>Roslynn Phillips</u>
7. CATEGORY OR REPORT (Check one) <input checked="" type="checkbox"/> FIRST QUARTER <input type="checkbox"/> SECOND QUARTER <input type="checkbox"/> THIRD QUARTER <input type="checkbox"/> FOURTH QUARTER <input type="checkbox"/> PRE-PRIMARY <input type="checkbox"/> PRE-GENERAL <input type="checkbox"/> MID-YEAR SUPPLEMENTAL <input type="checkbox"/> YEAR-END SUPPLEMENTAL	
8.a. BEGINNING DATE OF REPORTING PERIOD <u>1/1/2015</u>	8.b. ENDING DATE OF REPORTING PERIOD <u>3/31/2015</u>
9. (Check one) a. <input type="checkbox"/> This campaign is exempt from detailed disclosure because contributions (including in-kind) received total \$1,000 or less AND expenditures total \$1,000 or less for this reporting period. (Complete items 12d., 12e. and 12f.) b. <input checked="" type="checkbox"/> This campaign is required to file a detailed financial disclosure because contributions (including in-kind) received total more than \$1,000 and/or expenditures total more than \$1,000 for this reporting period.	
10. I/we do solemnly swear or affirm that the information contained in this campaign financial disclosure report is true and that this report is an accurate accounting of campaign contributions and expenditures required to be reported by the candidate committee by the Campaign Financial Disclosure Act. Additionally, I/we swear or affirm that no campaign contributions have been expended for the personal financial benefit of the candidate or for any other nonpolitical purpose as defined by the federal internal revenue code.  <u>[Signature]</u> <u>4.6.15</u> <u>[Signature]</u> <u>4/6/15</u> signature of candidate      date      signature of political treasurer      date	
11. WITNESS SIGNATURE  <u>[Signature]</u> <u>4/6/15</u> <u>[Signature]</u> <u>4/6/15</u> signature of witness      date      signature of witness      date	
12. SUMMARY	
a. BALANCE ON HAND LAST REPORT .....	\$ <u>0</u>
b. TOTAL RECEIPTS THIS PERIOD .....	\$ <u>10420.45</u>
c. TOTAL DISBURSEMENTS THIS PERIOD .....	\$ <u>758.35</u>
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.) .....	\$ <u>9162.10</u>
e. TOTAL LOANS OUTSTANDING .....	\$ <u>5100.00</u>
f. TOTAL OBLIGATIONS OUTSTANDING .....	\$ <u>0</u>



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## SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full) <u>Friends of Sarah Martin</u>	14. REPORT COVERING THE PERIOD FROM: <u>11/1/15</u> TO: <u>3/31/15</u>
<b>RECEIPTS</b>	
15. CONTRIBUTIONS (other than loans and interest)	
a. Unitemized Contributions (\$100 or less from each source this period) .....	\$ <u>2,042<sup>08</sup></u>
b. Itemized Contributions (over \$100 from each source this period) .....	\$ <u>3,377<sup>82</sup></u>
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.) .....	\$ <u>5,420<sup>45</sup></u>
16. LOANS RECEIVED THIS REPORTING PERIOD .....	\$ <u>5,000<sup>00</sup></u>
17. INTEREST RECEIVED THIS REPORTING PERIOD .....	\$ <u>0</u>
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.) .....	\$ <u>10,420<sup>45</sup></u>
<b>DISBURSEMENTS</b>	
19. EXPENDITURES (other than loan payments)	
a. Expenditures (\$100 or less each payee this period) (must be listed by category - e.g., printing, postage, gasoline)	
<u>Postage Mail Service</u> .....	\$ <u>65<sup>00</sup></u>
<u>PRINTING</u> .....	\$ <u>75<sup>71</sup></u>
<u>Bank Services</u> .....	\$ <u>83<sup>55</sup></u>
<u>Supplies</u> .....	\$ <u>51<sup>52</sup></u>
<u>Event Sponsorship</u> .....	\$ <u>125<sup>00</sup></u>
<u>Web Services</u> .....	\$ <u>38<sup>00</sup></u>
Total of Expenditures (\$100 or less each payee) .....	\$ <u>442<sup>48</sup></u>
b. Itemized Expenditures (Over \$100 each payee this period) .....	\$ <u>315<sup>87</sup></u>
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.) .....	\$ <u>758<sup>35</sup></u>
20. LOAN REPAYMENTS MADE THIS PERIOD .....	\$ <u>0</u>
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.) .....	\$ <u>758<sup>35</sup></u>
<b>22. IN-KIND CONTRIBUTIONS</b>	
a. Unitemized in-kind contributions (\$100 or less from each source this period) .....	\$ <u>100<sup>00</sup></u>
b. Itemized in-kind contributions (over \$100 from each source this period) .....	\$ <u>1,850<sup>00</sup></u>
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and 22.b.) .....	\$ <u>1,950<sup>00</sup></u>
<b>23. OBLIGATIONS</b>	
a. Unitemized Obligations Outstanding (\$100 or less each) .....	\$ <u>0</u>
b. Itemized Obligations Outstanding (Over \$100 each) .....	\$ <u>0</u>
c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown in item 12.f.) .....	\$ <u>0</u>



# ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE <b>FRIENDS OF VERA MACHIN</b>				2. REPORT COVERING THE PERIOD	
				FROM: 1/1/15	TO: 3/31/15
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)					Amount: 0
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor)					
First Name <b>DANIEL</b>		Middle Name		Contribution Received For:	
Last Name/Organization Name <b>HORWITZ</b>				<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election	
Address <b>1803 BROADWAY #1111</b>				<input type="checkbox"/> Runoff (Local Elections Only)	
City <b>Nashville</b>		State <b>TN</b>	Zip Code <b>37203</b>	Date of Contribution <b>2/23/2015</b>	
Occupation <b>Attorney</b>				Amount of Contribution <b>101<sup>00</sup></b>	
Employer <b>Brownstone Law</b>				Aggregate This Election <b>101<sup>00</sup></b>	
First Name <b>HIMMIE</b>		Middle Name		Contribution Received For:	
Last Name/Organization Name <b>NGUYEN</b>				<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election	
Address <b>1745 EMMA LANE</b>				<input type="checkbox"/> Runoff (Local Elections Only)	
City <b>Brentwood</b>		State <b>TN</b>	Zip Code <b>37027</b>	Date of Contribution <b>2/23/2015</b>	
Occupation <b>Registered Nurse</b>				Amount of Contribution <b>126.82</b>	
Employer <b>Physicians Pavilion Surg. Center</b>				Aggregate This Election <b>126.82</b>	
First Name <b>MINE</b>		Middle Name		Contribution Received For:	
Last Name/Organization Name <b>PODEU</b>				<input checked="" type="checkbox"/> Primary Election <input type="checkbox"/> General Election	
Address <b>7413 Golden Apple Dr</b>				<input type="checkbox"/> Runoff (Local Elections Only)	
City <b>Nashville</b>		State <b>TN</b>	Zip Code <b>37013</b>	Date of Contribution <b>3/3/15</b>	
Occupation <b>PURCHASING MANAGER</b>				Amount of Contribution <b>100<sup>00</sup></b>	
Employer <b>MUSIC CITY MARKETING INC</b>				Aggregate This Election <b>200<sup>00</sup></b>	
First Name <b>FRANCOIS</b>		Middle Name		Contribution Received For:	
Last Name/Organization Name <b>FRANCOIS</b>				<input checked="" type="checkbox"/> Primary Election <input type="checkbox"/> General Election	
Address <b>399 MAINE AVE # 707</b>				<input type="checkbox"/> Runoff (Local Elections Only)	
City <b>NORWALK</b>		State <b>CT</b>	Zip Code <b>06851</b>	Date of Contribution <b>3/9/15</b>	
Occupation <b>Attorney</b>				Amount of Contribution <b>1,500<sup>00</sup></b>	
Employer <b>GE Capital</b>				Aggregate This Election <b>1,500<sup>00</sup></b>	
5. TOTAL ITEMIZED CONTRIBUTIONS (Carry forward to item 3. of next page if additional pages of this form are used.) (If this is the last page of contributions, this amount must be shown in item 15b. of summary.)					<b>1,827<sup>82</sup></b>

# ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE <b>Friends of Sarah Martin</b>				2. REPORT COVERING THE PERIOD FROM: <b>1/1/15</b> TO: <b>3/31/15</b>	
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)					Amount <b>1,827.82</b>
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor)					
First Name <b>Joe and Pattie</b>		Middle Name		Contribution Received For:	
Last Name/Organization Name <b>Martin</b>		Address <b>5525 Clovercrest Dr</b>		<input checked="" type="checkbox"/> Primary Election <input type="checkbox"/> General Election	
City <b>Brentwood</b>		State <b>TN</b>		Zip Code <b>37027</b>	
Occupation <b>Mgmt Consultant</b>		Employer <b>Joe A. Martin Consulting</b>		<input type="checkbox"/> Runoff (Local Elections Only)	
Date of Contribution <b>3/18/15</b>				Amount of Contribution <b>500<sup>00</sup></b>	
Aggregate This Election <b>500<sup>00</sup></b>					
First Name <b>Mine</b>		Middle Name		Contribution Received For:	
Last Name/Organization Name <b>PEBBEL</b>		Address <b>7413 Golden Apple Dr</b>		<input checked="" type="checkbox"/> Primary Election <input type="checkbox"/> General Election	
City <b>Gallioch</b>		State <b>TN</b>		Zip Code <b>37013</b>	
Occupation <b>BUYING MANAGER</b>		Employer <b>MUSIC CITY MARKETING INC</b>		<input type="checkbox"/> Runoff (Local Elections Only)	
Date of Contribution <b>3/19/15</b>				Amount of Contribution <b>100<sup>00</sup></b>	
Aggregate This Election <b>200<sup>00</sup></b>					
First Name <b>Daniel</b>		Middle Name		Contribution Received For:	
Last Name/Organization Name <b>HENRY</b>		Address <b>206 LINDSEYDALE RD</b>		<input checked="" type="checkbox"/> Primary Election <input type="checkbox"/> General Election	
City <b>Nashville</b>		State <b>TN</b>		Zip Code <b>37205</b>	
Occupation <b>Retired Social Worker</b>		Employer <b>N/A</b>		<input type="checkbox"/> Runoff (Local Elections Only)	
Date of Contribution <b>3/25/15</b>				Amount of Contribution <b>200<sup>00</sup></b>	
Aggregate This Election <b>200<sup>00</sup></b>					
First Name <b>Keith</b>		Middle Name		Contribution Received For:	
Last Name/Organization Name <b>Stewart</b>		Address <b>412 N. 11th Street</b>		<input checked="" type="checkbox"/> Primary Election <input type="checkbox"/> General Election	
City <b>Nashville</b>		State <b>TN</b>		Zip Code <b>37206</b>	
Occupation <b>DOCTOR</b>		Employer <b>MENARCY FAMILY MEDICINE</b>		<input type="checkbox"/> Runoff (Local Elections Only)	
Date of Contribution <b>3/30/2015</b>				Amount of Contribution <b>250<sup>00</sup></b>	
Aggregate This Election <b>250<sup>00</sup></b>					
5. TOTAL ITEMIZED CONTRIBUTIONS (Carry forward to item 3. of next page if additional pages of this form are used.) (If this is the last page of contributions, this amount must be shown in item 15b. of summary.)					<b>2,827.82</b>

# ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE <i>Friends of Sarah Martin</i>				2. REPORT COVERING THE PERIOD FROM: <i>11/16/15</i> TO: <i>3/31/15</i>		
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)					Amount <i>2,877.<sup>82</sup></i>	
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor)						
First Name <i>Bob</i>		Middle Name		Contribution Received For:		Amount of Contribution
Last Name/Organization Name <i>Tune</i>				<input checked="" type="checkbox"/> Primary Election <input type="checkbox"/> General Election		<i>250<sup>00</sup></i>
Address <i>222 1/2 Ave North</i>				<input type="checkbox"/> Runoff (Local Elections Only)		
City <i>Nashville</i>		State <i>TN</i>	Zip Code <i>37219</i>	Date of Contribution <i>3/31/15</i>		Aggregate This Election <i>250<sup>00</sup></i>
Occupation <i>Attorney</i>						
Employer <i>TRAUGER AND TUNE</i>						
First Name <i>Patrick</i>		Middle Name		Contribution Received For:		Amount of Contribution
Last Name/Organization Name <i>Froge</i>				<input checked="" type="checkbox"/> Primary Election <input type="checkbox"/> General Election		<i>250<sup>00</sup></i>
Address <i>7237 Riverfront Dr</i>				<input type="checkbox"/> Runoff (Local Elections Only)		
City <i>Nashville</i>		State <i>TN</i>	Zip Code <i>37221</i>	Date of Contribution <i>3/31/15</i>		Aggregate This Election <i>250<sup>00</sup></i>
Occupation <i>Attorney</i>						
Employer <i>Bell, Tennent + Frossare</i>						
First Name		Middle Name		Contribution Received For:		Amount of Contribution
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election		
Address				<input type="checkbox"/> Runoff (Local Elections Only)		
City		State	Zip Code	Date of Contribution		Aggregate This Election
Occupation						
Employer						
5. TOTAL ITEMIZED CONTRIBUTIONS (Carry forward to item 3. of next page if additional pages of this form are used.) (If this is the last page of contributions, this amount must be shown in item 15b. of summary.)					<i>3,377.<sup>82</sup></i>	

# ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE <b>FRIENDS OF Sarah MARTIN</b>				2. REPORT COVERING THE PERIOD FROM: <b>11/10/15</b> TO: <b>2/3/15</b>			
3. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)					Amount <b>0</b>		
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED IN-KIND CONTRIBUTION (in-kind contributions totaling more than \$100 from any contributor during the period)							
First Name <b>BRADY</b>		Middle Name		In-Kind Contribution Received For: <input checked="" type="checkbox"/> Primary Election <input type="checkbox"/> General Election		Value of In-Kind Contribution <b>1,500<sup>00</sup></b>	
Last Name/Organization Name <b>MILLS</b>				<input type="checkbox"/> Runoff (Local Elections Only)			
Address <b>231 TRUETTLAND AVE</b>				Date of In-Kind Contribution <b>2/23/15</b>		Aggregate this Election <b>1,500<sup>00</sup></b>	
City <b>Nashville</b>		State <b>TN</b>	Zip Code <b>37207</b>	Description of In-Kind Contribution <b>Web Services</b>			
Occupation <b>Owner</b>		Employer <b>BRADY MILLS, LLC</b>					
First Name <b>Kate</b>		Middle Name		In-Kind Contribution Received For: <input checked="" type="checkbox"/> Primary Election <input type="checkbox"/> General Election		Value of In-Kind Contribution <b>350<sup>00</sup></b>	
Last Name/Organization Name <b>TRUDELL</b>				<input type="checkbox"/> Runoff (Local Elections Only)			
Address				Date of In-Kind Contribution <b>2/23/15</b>		Aggregate this Election <b>350<sup>00</sup></b>	
City <b>Knoxville</b>		State <b>TN</b>	Zip Code	Description of In-Kind Contribution <b>Graphic Design</b>			
Occupation <b>Executive Director</b>		Employer <b>Community Coalition Against Human Trafficking</b>					
First Name		Middle Name		In-Kind Contribution Received For: <input type="checkbox"/> Primary Election <input type="checkbox"/> General Election		Value of In-Kind Contribution	
Last Name/Organization Name				<input type="checkbox"/> Runoff (Local Elections Only)			
Address				Date of In-Kind Contribution		Aggregate this Election	
City		State	Zip Code	Description of In-Kind Contribution			
Occupation		Employer					
First Name		Middle Name		In-Kind Contribution Received For: <input type="checkbox"/> Primary Election <input type="checkbox"/> General Election		Value of In-Kind Contribution	
Last Name/Organization Name				<input type="checkbox"/> Runoff (Local Elections Only)			
Address				Date of In-Kind Contribution		Aggregate this Election	
City		State	Zip Code	Description of In-Kind Contribution			
Occupation		Employer					
First Name		Middle Name		In-Kind Contribution Received For: <input type="checkbox"/> Primary Election <input type="checkbox"/> General Election		Value of In-Kind Contribution	
Last Name/Organization Name				<input type="checkbox"/> Runoff (Local Elections Only)			
Address				Date of In-Kind Contribution		Aggregate this Election	
City		State	Zip Code	Description of In-Kind Contribution			
Occupation		Employer					
5. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS (Carry forward to item 3. of next page if additional pages of this form are used.) (If this is the last page of in-kind contributions, this amount must be shown in item 22b. of summary.)					<b>1,850<sup>00</sup></b>		

# ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE <b>FRIENDS OF JARIN MARTIN</b>		2. REPORT COVERING THE PERIOD FROM: <b>11/6/15</b> TO: <b>3/31/15</b>	
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount <b>0</b>
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (expenditures totaling more than \$100 to any payee during the period)			
First Name <b>N/A</b>	Middle Name <b>N/A</b>	Purpose of Expenditure <b>PRINTING</b>	Amount of Expenditure <b>197<sup>88</sup></b>
Last Name/Business Name <b>Almprint</b>			
Address <b>N/A</b>			
City <b>Dsh hash</b>	State <b>WI</b>	Zip Code	
First Name <b>N/A</b>	Middle Name <b>N/A</b>	Purpose of Expenditure <b>PRINTING</b>	Amount of Expenditure <b>117<sup>99</sup></b>
Last Name/Business Name <b>Nashville BRAND CO</b>			
Address <b>N/A</b>			
City <b>Nashville</b>	State <b>TN</b>	Zip Code <b>37207</b>	
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name			
Address			
City	State	Zip Code	
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name			
Address			
City	State	Zip Code	
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name			
Address			
City	State	Zip Code	
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name			
Address			
City	State	Zip Code	
5. TOTAL ITEMIZED EXPENDITURES <small>(Carry forward to item 3. of next page if additional pages of this form are used.) (If this is the last page of expenditures, this amount must be shown in item 19b. of summary.)</small>			<b>315<sup>87</sup></b>

## ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE <b>Friends of Sarah Martin</b>				2. REPORT COVERING THE PERIOD					
				FROM: <b>11/01/15</b>		TO: <b>3/31/15</b>			
3. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED LOAN (loans totaling more than \$100 from any source during the period)									
Complete the Following for the Source of the Loan									
First Name <b>Sarah</b>		Middle Name		Outstanding Loan Balance (Beginning of Period) <b>0</b>		Loans Received <b>\$1,000<sup>00</sup></b>	Loan Payments <b>0</b>	Outstanding Loan Balance (End of Period) <b>\$1,000<sup>00</sup></b>	
Last Name/Organization Name <b>Martin</b>									
Address <b>P.O. Box 60808</b>				Loan Received For: <input checked="" type="checkbox"/> Primary Election <input type="checkbox"/> General Election			Date of Loan <b>2/23/2015</b>		
City <b>Nashville</b>		State <b>TN</b>	Zip Code <b>37206</b>		<input type="checkbox"/> Runoff (Local Elections Only)				
List All Endorsers or Guarantors for Above Loan (If more space is needed please attach a page)									
First Name		Middle Name		First Name		Middle Name			
Last Name/Organization Name				Last Name/Organization Name					
Address				Address					
City		State	Zip Code		City		State	Zip Code	
Amount Guaranteed Outstanding				Amount Guaranteed Outstanding					
First Name		Middle Name		First Name		Middle Name			
Last Name/Organization Name				Last Name/Organization Name					
Address				Address					
City		State	Zip Code		City		State	Zip Code	
Amount Guaranteed Outstanding				Amount Guaranteed Outstanding					
First Name		Middle Name		First Name		Middle Name			
Last Name/Organization Name				Last Name/Organization Name					
Address				Address					
City		State	Zip Code		City		State	Zip Code	
Amount Guaranteed Outstanding				Amount Guaranteed Outstanding					
First Name		Middle Name		First Name		Middle Name			
Last Name/Organization Name				Last Name/Organization Name					
Address				Address					
City		State	Zip Code		City		State	Zip Code	
Amount Guaranteed Outstanding				Amount Guaranteed Outstanding					
First Name		Middle Name		First Name		Middle Name			
Last Name/Organization Name				Last Name/Organization Name					
Address				Address					
City		State	Zip Code		City		State	Zip Code	
Amount Guaranteed Outstanding				Amount Guaranteed Outstanding					
4. Totals for all Loans (complete on last page of itemized loans)				Outstanding Loan Balance (Beginning of Period)		Loans Received	Loan Payments	Outstanding Loan Balance (End of Period)	
(Total loans received should also be shown in item 16, on summary page.)				<b>0</b>		<b>\$1,000<sup>00</sup></b>	<b>0</b>	<b>\$1,000<sup>00</sup></b>	
(Total loan payments should also be shown in item 20, on summary page.)									
(Total outstanding loan balance should also be shown in item 12.e, on front page.)									



