PINAL • COUNTY
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STATE OF ARIZONA
PINAL COUNTY
POLITICAL COMMITTEE
CAMPAIGN FINANCE REPORT

FOR OFFICE USE ONLY

3. ID#

1. _____
Full Name of Committee

_____
Address

_____
City Zip Code Phone

2. _____
Sponsoring Organization (if applicable)

_____
Name of Candidate and Office Sought (if applicable)

_____
Email Address Fax #

4.		**Reporting Period** (Please Check Appropriate Box)	**Due Between**
a	☐	**JANUARY 31ST REPORT -** For Period of November 27, 2012 through December 31, 2013	Jan. 1, 2014 and Jan. 31, 2014
b	☐	**JUNE 30TH REPORT -** For Period of January 1, 2014 through May 31, 2014	June 1, 2014 and June 30, 2014
c	☐	**PRE-PRIMARY ELECTION REPORT -** For Period of June 1, 2014 through August 14, 2014	Aug. 15, 2014 and Aug. 22, 2014
d.	☐	**POST-PRIMARY ELECTION REPORT -** For Period of August 15, 2014 through September 15, 2014	Sept. 16, 2014 and Sept. 25, 2014
e	☐	**PRE-GENERAL ELECTION REPORT -** For Period of September 16, 2014 through October 23, 2014	Oct. 24, 2014 and Oct. 31, 2014
f	☐	**POST-GENERAL ELECTION REPORT -** For Period of October 24, 2014 through November 24, 2014	Nov. 25, 2014 and Dec. 4, 2014

5.	**Summary**	**Column A** Total This Reporting Period	**Column B** Election Period Total to Date
5a	Total Surplus from Previous Campaign (or at time Statement of Organization was filed for the new committee)		
5b	Cash on Hand at the Beginning of this Reporting Period (ending balance from the previous reporting period)		
5c	Total Receipts (from corresponding columns on Detailed Summary Page, Line 8)		
5d	Subtotal (add lines b and c for column A and add lines a and c for column B)	0.00	0.00
6a	Total Debts and Obligations from Previous Campaign Committee at Beginning of this Election Period (or at time Statement of Organization was filed for the new committee) [Do not add or subtract this line from the other lines]		
6b	Total Disbursements (from corresponding columns on Detailed Summary Page, Line 18)		
7.	Cash on Hand at Close of Reporting Period (Subtract Line 6b from Line 5d)		

DETAILED SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

1. Committee Name _____

2. ID #

3. Report covering period of _____

RECEIPTS

	Column A This Period	Column B Campaign to Date
4. Contributions other than loans and in-kind:		
(a) Individuals - more than $25 (Total from Schedule A)		
(b) Individuals - aggregate $25 or less (Total from Schedule A-1)		
(c) Political Committees (Total from Schedule B)		
(d) Subtotal Contributions [add 4(a), 4(b), and 4(c)]		
(e) Refund of contributions (Total from Schedule F-2)		
(f) Total Contributions Other than Loans and In-kind [subtract 4(e) from 4(d)]		
5. (a) Loans made or guaranteed by candidate (Total from Schedule C)		
(b) All other loans (Total from Schedule C-1)		
(c) Total Loans [add 5(a) and 5(b)]		
6. In-kind contributions (Total from Schedule E)		
7. Dividends, interest, and other forms of receipts (Total from Schedule F-1)		
8. Total Receipts [add 4(f), 5(c), 6, and 7]		

DISBURSEMENTS

9. Expenditures for operating expenses (Total from Schedule D)		
10. Independent Expenditures (Total from Schedule D-1)		
11. Value of In-kind expenditures (Total from Schedule E)		
12. Loans made by reporting committee (Total from Schedule D-2)		
13. (a) Repayment of loans made or guaranteed by candidate (Total from Schedule D-4)		
(b) Repayment of all other loans (Total from Schedule D-5)		
(c) Total Loan Repayments [add 13(a) and 13(b)]		
14. Transfers to other political committees (Total from Schedule D-6)		
15. Any other disbursement (Total from Schedule D-7)		
16. Subtotal disbursements [add lines 9, 10, 11, 12, 13(c), 14, and 15]		
17. Rebates, refunds and other offsets to operating expenses (Total from Schedule D-3)		
18. Total disbursements [subtract line 17 from line 16]		
19. Total Outstanding Debts owed by Reporting Candidate or Political Committee (Schedule F-3)		

20. I certify, under penalty of perjury, that I have examined the contents of this campaign finance report and to the best of my knowledge and belief it is true and complete.

Type or Print Name of Treasurer

Signature of Treasurer or Candidate or Designating Individual Date

CONTRIBUTIONS more than $25 - from INDIVIDUALS*

SCHEDULE A

2. ID#

1. Committee Name _____

3. Report covering period from _____ thru _____

4.	CONTRIBUTIONS NAME, ADDRESS, OCCUPATION AND EMPLOYER OF CONTRIBUTOR	DATE RECEIVED	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
a	Name Street Address City State Zip Occupation Employer			
b	Name Street Address City State Zip Occupation Employer			
c	Name Street Address City State Zip Occupation Employer			
d	Name Street Address City State Zip Occupation Employer			
e	Name Street Address City State Zip Occupation Employer			
5	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE A [Transfer total to Detailed Summary Page, Line 4(a), Column A]			

*If contributions of $25 or less are listed with contributor's name, address, occupation and employer on Schedule A, do not include them on Schedule A-1. List $5 Clean Election qualifying contributions separately on Schedule A-2.

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CONTRIBUTIONS of $25 or less - AGGREGATE TOTAL*

SCHEDULE A-1

2. ID#

1. Committee Name _____

3. Report covering period from _____ thru _____

4. Aggregate Total of Contributions of $25 or less

DESCRIPTION		AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
5. TOTAL THIS PERIOD [Transfer total to Detailed Summary Page, Line 4(b) Column A]		6. CUMULATIVE TOTAL THIS CAMPAIGN TO DATE [Transfer total to Detailed Summary Page, Line 4(b), Column B]	

If contributions of $25 or less are listed with contributor's name and address on Schedule A, do not include them on this schedule.
List $5 Clean Election qualifying contributions separately on Schedule A-2.

CONTRIBUTIONS FROM POLITICAL COMMITTEES

SCHEDULE B

2. ID#

1. Committee Name _____

3. Report covering period from _____ thru _____

4.	CONTRIBUTIONS IDENTITY OF CONTRIBUTOR AND DATE RECEIVED		AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
a	ID# DATE RECEIVED	NAME, ADDRESS, CITY, STATE AND ZIP		
b	ID# DATE RECEIVED	NAME, ADDRESS, CITY, STATE AND ZIP		
c	ID# DATE RECEIVED	NAME, ADDRESS, CITY, STATE AND ZIP		
d	ID# DATE RECEIVED	NAME, ADDRESS, CITY, STATE AND ZIP		
e	ID# DATE RECEIVED	NAME, ADDRESS, CITY, STATE AND ZIP		
f	ID# DATE RECEIVED	NAME, ADDRESS, CITY, STATE AND ZIP		
g	ID# DATE RECEIVED	NAME, ADDRESS, CITY, STATE AND ZIP		
h	ID# DATE RECEIVED	NAME, ADDRESS, CITY, STATE AND ZIP		
i	ID# DATE RECEIVED	NAME, ADDRESS, CITY, STATE AND ZIP		
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE B [if last page of Schedule B, transfer total to Detailed Summary Page, Line 4(c), Column A]			

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CANDIDATE LOANS

SCHEDULE C

2. ID#

1. Committee Name _____

3. Report covering period from _____ thru _____

4.	LOANS MADE OR GUARANTEED BY CANDIDATE NAME, ADDRESS, FROM WHOM RECEIVED	DATE RECEIVED	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
4a	Last First Initial Street Address City State Zip Description			
b	Last First Initial Street Address City State Zip Description			
c	Last First Initial Street Address City State Zip Description			
d	Last First Initial Street Address City State Zip Description			
e	Last First Initial Street Address City State Zip Description			
5.	ENTER TOTAL OF LOANS MADE OR GUARANTEED BY CANDIDATE ONLY IF LAST PAGE OF SCHEDULE C [If last page of Schedule C, transfer total to Detailed Summary Page, Line 5(a), Column A]			

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OTHER LOANS

SCHEDULE C-1

2. ID#

1. Committee Name _____

3. Report covering period from _____ thru _____

	ALL OTHER LOANS NAME AND ADDRESS OF EACH INDIVIDUAL (OR NAME, ID# AND ADDRESS OF THE POLITICAL COMMITTEE) OF LOAN, AND ANY ENDORSER OR GUARANTOR OF LOAN	DATE LOAN RECEIVED	AMOUNT OF LOAN	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
4. a	NAME OF PERSON OR COMMITTEE MAKING LOAN AND ID#			
	Street Address			
	City, State, Zip			
	NAME OF ENDORSER OR GUARANTOR OF LOAN			
	Street Address			
	City, State, Zip			
	Description			
b	NAME OF PERSON OR COMMITTEE MAKING LOAN AND ID#			
	Street Address			
	City, State, Zip			
	NAME OF ENDORSER OR GUARANTOR OF LOAN			
	Street Address			
	City, State, Zip			
	Description			
c	NAME OF PERSON OR COMMITTEE MAKING LOAN AND ID#			
	Street Address			
	City, State, Zip			
	NAME OF ENDORSER OR GUARANTOR OF LOAN			
	Street Address			
	City, State, Zip			
	Description			
d	NAME OF PERSON OR COMMITTEE MAKING LOAN AND ID#			
	Street Address			
	City, State, Zip			
	NAME OF ENDORSER OR GUARANTOR OF LOAN			
	Street Address			
	City, State, Zip			
	Description			
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE C-1 [If last page of Schedule C-1, transfer total to Detailed Summary Page, Line 5(b), Column A]			

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EXPENDITURES FOR OPERATING EXPENSES*

SCHEDULE D

2. ID#

1. Committee Name _____

3. Report covering period from _____ thru _____

4.	EXPENDITURES NAME AND ADDRESS TO WHOM EXPENDITURE (DISBURSEMENT) WAS MADE			DATE EXPENDITURE MADE	AMOUNT OF THE EXPENDITURE
a	Name				
	Street Address				
	City	State	Zip		
	Description of Items or Services Purchased				
b	Name				
	Street Address				
	City	State	Zip		
	Description of Items or Services Purchased				
c	Name				
	Street Address				
	City	State	Zip		
	Description of Items or Services Purchased				
d	Name				
	Street Address				
	City	State	Zip		
	Description of Items or Services Purchased				
e	Name				
	Street Address				
	City	State	Zip		
	Description of Items or Services Purchased				
f	Name				
	Street Address				
	City	State	Zip		
	Description of Items or Services Purchased				
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D [If last page of Schedule D, transfer total to Detailed Summary Page Line 9, Column A]				

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INDEPENDENT EXPENDITURES*

SCHEDULE D-1

2. ID#

1. Committee Name _____

3. Report covering period from _____ thru _____

4.	INDEPENDENT EXPENDITURES IDENTIFY RECIPIENT OF EXPENDITURE AND CANDIDATE WHO IS BENEFITED OR OPPOSED			DATE EXPENDITURE MADE	AMOUNT OF THE EXPENDITURE
a	Name				
	Street Address				
	City	State	Zip		
	Purpose and Description of Purchase	Benefited ☐ Opposed ☐			
	Candidate	Office Sought	Year of Election		
b	Name				
	Street Address				
	City	State	Zip		
	Purpose and Description of Purchase	Benefited ☐ Opposed ☐			
	Candidate	Office Sought	Year of Election		
c	Name				
	Street Address				
	City	State	Zip		
	Purpose and Description of Purchase	Benefited ☐ Opposed ☐			
	Candidate	Office Sought	Year of Election		
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-1 [If last page of Schedule D-1, transfer total to Detailed Summary Page Line 10, Column A]				

* SEE A.R.S. §16-901(14)

I certify, under penalty of perjury, that the above stated independent expenditure(s) was not made in cooperation, consultation or concert with or at the request or suggestion of any candidate or any campaign committee or agent of that candidate.

_____

Signature of Treasurer

NAMES, OCCUPATIONS AND EMPLOYERS AND AMOUNT CONTRIBUTED BY EACH OF THE THREE TOP CONTRIBUTORS WITHIN THE LAST SIX MONTHS	AMOUNT

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LOANS MADE BY REPORTING COMMITTEE

SCHEDULE D-2

1. Committee Name _____

2. ID#

3. Report covering period from _____ thru _____

4.	LOANS MADE BY THE REPORTING COMMITTEE NAME, ADDRESS AND ID# OF COMMITTEE TO WHOM LOAN (DISBURSEMENT) WAS MADE				DATE LOAN MADE	AMOUNT OF LOAN
a	Committee Name			ID#		
	Address					
	City	State	Zip			
b	Committee Name			ID#		
	Address					
	City	State	Zip			
c	Committee Name			ID#		
	Address					
	City	State	Zip			
d	Committee Name			ID#		
	Address					
	City	State	Zip			
e	Committee Name			ID#		
	Address					
	City	State	Zip			
f	Committee Name			ID#		
	Address					
	City	State	Zip			
g	Committee Name			ID#		
	Address					
	City	State	Zip			
h	Committee Name			ID#		
	Address					
	City	State	Zip			
5	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-2 [if last page of Schedule D-2, transfer total to Detailed Summary Page, Line 12, Column A]					

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OFFSETS TO OPERATING EXPENSES*

SCHEDULE D-3

2. ID#

1. Committee Name _____

3. Report covering period from _____ thru _____

4.	REBATES, REFUNDS AND OTHER OFFSETS TO OPERATING EXPENSES NAME AND ADDRESS FROM WHOM REFUND OR REBATE WAS RECEIVED	DATE REFUND RECEIVED	AMOUNT OF THE REFUND
a	Name Street Address City State Zip Descrption of Refund		
b	Name Street Address City State Zip Descrption of Refund		
c	Name Street Address City State Zip Descrption of Refund		
d	Name Street Address City State Zip Descrption of Refund		
e	Name Street Address City State Zip Descrption of Refund		
f	Name Street Address City State Zip Descrption of Refund		
5	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-3 [if last page of Schedule D-3, transfer total to Detailed Summary Page, Line 17, Column A]		

* Includes return of contributions made by reporting committee

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REPAYMENT OF CANDIDATE LOANS

SCHEDULE D-4

2. ID#

1. Committee Name _____

3. Report covering period from _____ thru _____

4.	REPAYMENT OF LOANS MADE OR GUARANTEED BY CANDIDATE NAME AND ADDRESS TO WHOM REPAYMENT (DISBURSEMENT) WAS MADE	DATE REPAYMENT MADE	AMOUNT OF THE REPAYMENT
a	Name Street Address City State Zip		
b	Name Street Address City State Zip		
c	Name Street Address City State Zip		
d	Name Street Address City State Zip		
e	Name Street Address City State Zip		
f	Name Street Address City State Zip		
5	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-4 [if last page of Schedule D-4, transfer total to Detailed Summary Page, Line 13(a), Column A]		

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REPAYMENT OF OTHER LOANS

SCHEDULE D-5

2. ID#

1. Committee Name _____

3. Report covering period from _____ thru _____

4.	REPAYMENT OF ALL OTHER LOANS NAME AND ADDRESS OF INDIVIDUAL (OR NAME, ID# AND ADDRESS OF THE POLITICAL COMMITTEE) TO WHOM REPAYMENT (DISBURSEMENT) WAS MADE	DATE REPAYMENT MADE	AMOUNT OF THE REPAYMENT
a	Name and ID Number Street Address City State Zip		
b	Name and ID Number Street Address City State Zip		
c	Name and ID Number Street Address City State Zip		
d	Name and ID Number Street Address City State Zip		
e	Name and ID Number Street Address City State Zip		
f	Name and ID Number Street Address City State Zip		
5	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-5 [if last page of scheduTransfer total to Detailed Summary Page, Line 13(b), Column A]		

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TRANSFERS TO OTHER POLITICAL COMMITTEES

SCHEDULE D-6

2. ID#

1. Committee Name _____

3. Report covering period from _____ thru _____

4.	TRANSFERS MADE BY THE REPORTING COMMITTEE NAME, ADDRESS AND ID# TO WHOM TRANSFER (DISBURSEMENT) WAS MADE	DATE TRANSFER WAS MADE	AMOUNT OF THE TRANSFER
a	Name and ID Number Street Address City State Zip		
b	Name and ID Number Street Address City State Zip		
c	Name and ID Number Street Address City State Zip		
d	Name and ID Number Street Address City State Zip		
e	Name and ID Number Street Address City State Zip		
f	Name and ID Number Street Address City State Zip		
5	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-6 [Transfer total to Detailed Summary Page, Line 14, Column A]		

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ANY OTHER DISBURSEMENT

SCHEDULE D-7

2. ID#

1. Committee Name _____

3. Report covering period from _____ thru _____

4.	ANY OTHER DISBURSEMENT NAME, ADDRESS AND ID# OF COMMITTEE TO WHOM DISBURSEMENT WAS MADE; DESCRIPTION	DATE DISBURSEMENT MADE	AMOUNT OF THE DISBURSEMENT
a	Name and ID Number Street Address City State Zip Description		
b	Name and ID Number Street Address City State Zip Description		
c	Name and ID Number Street Address City State Zip Description		
d	Name and ID Number Street Address City State Zip Description		
e	Name and ID Number Street Address City State Zip Description		
f	Name and ID Number Street Address City State Zip Description		
5	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-7 [if last page of Schedule D-7, transfer total to Detailed Summary Page, Line 15, Column A]		

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IN-KIND CONTRIBUTIONS and EXPENDITURES

SCHEDULE E

1. Committee Name _____

2. ID#

3. Report covering period from _____ thru _____

4.	IN-KIND CONTRIBUTIONS and EXPENDITURES NAME AND ADDRESS OF INDIVIDUAL (OR NAME, ADDRESS AND ID# OF THE POLITICAL COMMITTEE) FROM WHOM RECEIVED OR TO WHOM GIVEN		DATE	FAIR MARKET VALUE
a	Name, Address, City, State, Zip, and ID#	CONTRIBUTION ☐ EXPENDITURE ☑		
	Description			
	Occupation	Employer		
b	Name, Address, City, State, Zip, and ID#	CONTRIBUTION ☐ EXPENDITURE ☐		
	Description			
	Occupation	Employer		
c	Name, Address, City, State, Zip, and ID#	CONTRIBUTION ☐ EXPENDITURE ☐		
	Description			
	Occupation	Employer		
d	Name, Address, City, State, Zip, and ID#	CONTRIBUTION ☐ EXPENDITURE ☐		
	Description			
	Occupation	Employer		
5	ENTER TOTAL **IN-KIND CONTRIBUTIONS** ONLY IF LAST PAGE OF SCHEDULE E [if last page of Schedule E, transfer total to Detailed Summary Page, Line 6, Column A]			
6	ENTER TOTAL **IN-KIND EXPENDITURES** ONLY IF LAST PAGE OF SCHEDULE E [if last page of Schedule E, transfer total to Detailed Summary Page, Line 11, Column A]			

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DIVIDENDS, INTEREST, AND OTHER RECEIPTS

SCHEDULE F-1

2. ID#

1. Committee Name _____

3. Report covering period from _____ thru _____

4.	DIVIDENDS, INTEREST AND OTHER FORMS OF RECEIPTS NAME AND ADDRESS OF INDIVIDUAL (OR NAME AND ID# OF THE POLITICAL COMMITTEE) FROM WHOM THE RECEIPT WAS RECEIVED	DATE RECEIVED	AMOUNT OF THE RECEIPT
a	Name and ID Number Street Address City State Zip Description of Receipt		
b	Name and ID Number Street Address City State Zip Description of Receipt		
c	Name and ID Number Street Address City State Zip Description of Receipt		
d	Name and ID Number Street Address City State Zip Description of Receipt		
e	Name and ID Number Street Address City State Zip Description of Receipt		
f	Name and ID Number Street Address City State Zip Description of Receipt		
5	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE F-1 [if last page of Schedule F-1, transfer total to Detailed Summary Page, Line 7, Column A]		

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OFFSETS TO CONTRIBUTIONS RECEIVED*

SCHEDULE F-2

2. ID#

1. Committee Name _____

3. Report covering period from _____ thru _____

4.	REFUNDS AND OTHER OFFSETS TO CONTRIBUTIONS RECEIVED NAME AND ADDRESS OF INDIVIDUAL (OR NAME AND ID# OF THE POLITICAL COMMITTEE) TO WHOM THE REFUND WAS MADE; DESCRIPTION	DATE REFUND WAS MADE	AMOUNT OF THE REFUND
a	Name and ID Number Street Address City State Zip Description of Refund		
b	Name and ID Number Street Address City State Zip Description of Refund		
c	Name and ID Number Street Address City State Zip Description of Refund		
d	Name and ID Number Street Address City State Zip Description of Refund		
e	Name and ID Number Street Address City State Zip Description of Refund		
f	Name and ID Number Street Address City State Zip Description of Refund		
5	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE F-2 [if last page of Schedule F-2, transfer total to Detailed Summary Page, Line 4(e), Column A]		

*Includes return of contributions received by reporting committee

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DEBTS AND OBLIGATIONS (Excluding Loans)

SCHEDULE F-3

2. ID#

1. Committee Name _____

3. Report covering period from _____ thru _____

4.	DEBTS AND OBLIGATIONS NAME AND ADDRESS OF INDIVIDUAL (OR NAME, ADDRESS AND ID# OF THE POLITICAL COMMITTEE) TO WHOM DEBT IS OWED	OUTSTANDING BALANCE BEGINNING THIS PERIOD	AMOUNT INCURRED THIS PERIOD	PAYMENT THIS PERIOD	OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
a	Name, Address, City, State, Zip, and ID# Description of Debt				
b	Name, Address, City, State, Zip, and ID# Description of Debt				
c	Name, Address, City, State, Zip, and ID# Description of Debt				
d	Name, Address, City, State, Zip, and ID# Description of Debt				
e	Name, Address, City, State, Zip, and ID# Description of Debt				
5	ENTER TOTAL OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD ONLY IF LAST PAGE OF SCHEDULE F-3 [if last page of Schedule F-3, transfer total to Detailed Summary Page, Line 19, Column A]				

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