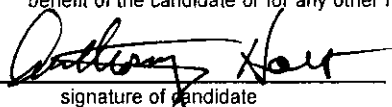
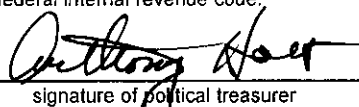
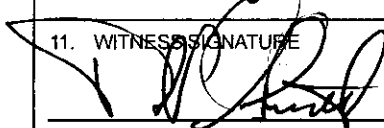
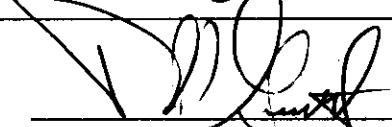


# CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

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

|   |  |  |  |
|---|--|--|--|
| 1. DATE OF REPORT<br><b>July 9, 2018</b>  |  | 2.a. NAME OF CANDIDATE OR COMMITTEE<br><b>Anthony Holt</b>   |  |
| 2.b. IF COMMITTEE, NAME OF CANDIDATE  |  | 3. ELECTION DATE<br><b>August 2, 2018</b>  |  |
| 4.a. CAMPAIGN ADDRESS AND PHONE<br>Street or Rural Route<br><b>298 Kirk Lane</b>  |  | City<br><b>Gallatin</b>  | State<br><b>TN</b>                             |
|   |  | Zip Code<br><b>37066</b>   | Phone<br><b>(615) 497-7968</b>                 |
| 4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.)<br>Street or Rural Route<br><b>Same</b>  |  | City   | State<br>Zip Code<br>Phone                     |
| 5. OFFICE SOUGHT (include district number, if applicable)<br><b>Sumner County Executive</b>   |  | 6. NAME OF POLITICAL TREASURER (may be candidate)<br><b>Anthony Holt</b>   |  |
| 7. CATEGORY OR REPORT (Check one)   |  |  |  |
| <input type="checkbox"/> FIRST QUARTER  | <input checked="" 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<br><b>April 22, 2018</b>  |  | 8.b. ENDING DATE OF REPORTING PERIOD<br><b>June 30, 2018</b>   |  |
| 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. |  |  |  |
| <br>signature of candidate   |  | <br>signature of political treasurer |  |
| <b>7/9/2018</b><br>date   |  | <b>7/9/2018</b><br>date  |  |
| 11. WITNESS SIGNATURE<br><br>signature of witness  |  | <br>signature of witness             |  |
| <b>7/9/2018</b><br>date   |  | <b>7/9/2018</b><br>date  |  |
| 12. SUMMARY   |  |  |  |
| a. BALANCE ON HAND LAST REPORT  | <b>9,879.18</b>                                    |  |  |
| b. TOTAL RECEIPTS THIS PERIOD   | <b>350.00</b>                                      |  |  |
| c. TOTAL DISBURSEMENTS THIS PERIOD  | <b>10,020.19</b>                                   |  |  |
| d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)   | <b>208.99</b>                                      |  |  |
| e. TOTAL LOANS OUTSTANDING  | <b>-0-</b>   |  |  |
| f. TOTAL OBLIGATIONS OUTSTANDING  | <b>-0-</b>   |  |  |





## ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

|  |  |                    |                          |  |                    |  |
|--|--|--------------------|--------------------------|--|--------------------|--|
| 1. NAME OF CANDIDATE OR COMMITTEE<br><b>Anthony Holt</b>   |  |                    |                          | 2. REPORT COVERING THE PERIOD  |                    |  |
|  |  |                    |                          | FROM: <b>4/22/18</b>   | TO: <b>6/30/18</b> |  |
| 3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)  |  |                    |                          |  | Amount <b>0.00</b> |  |
| 4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor)   |  |                    |                          |  |                    |  |
| First Name<br><b>John</b>  |  | Middle Name        |                          | Contribution Received For:   |                    | Amount of Contribution<br><br><b>250.00</b>  |
| Last Name/Organization Name<br><b>Jones</b>  |  |                    |                          | <input checked="" type="checkbox"/> Primary Election <input type="checkbox"/> General Election<br><input type="checkbox"/> Runoff (Local Elections Only) |                    |  |
| Address<br><b>1054 Noah Lane</b>   |  |                    |                          | Date of Contribution   |                    | Aggregate This Election<br><br><b>250.00</b> |
| City<br><b>Gallatin</b>  |  | State<br><b>TN</b> | Zip Code<br><b>37066</b> | <b>4/23/2018</b>   |                    |  |
| Occupation<br><b>Businessman</b>   |  |                    |                          | Employer   |                    |  |
| First Name<br><b>Jeffrey</b>   |  | Middle Name        |                          | Contribution Received For:   |                    | Amount of Contribution<br><br><b>100.00</b>  |
| Last Name/Organization Name<br><b>Bond</b>   |  |                    |                          | <input type="checkbox"/> Primary Election <input type="checkbox"/> General Election<br><input type="checkbox"/> Runoff (Local Elections Only)            |                    |  |
| Address<br><b>1100 Inneswood Drive</b>   |  |                    |                          | Date of Contribution   |                    | Aggregate This Election<br><br><b>200.00</b> |
| City<br><b>Gallatin</b>  |  | State<br><b>TN</b> | Zip Code<br><b>37066</b> | <b>4/24/2018</b>   |                    |  |
| Occupation<br><b>Businessman</b>   |  |                    |                          | Employer   |                    |  |
| First Name   |  | Middle Name        |                          | Contribution Received For:   |                    | Amount of Contribution                       |
| Last Name/Organization Name  |  |                    |                          | <input type="checkbox"/> Primary Election <input type="checkbox"/> General Election<br><input type="checkbox"/> Runoff (Local Elections Only)            |                    |  |
| Address  |  |                    |                          | Date of Contribution   |                    | Aggregate This Election                      |
| City   |  | State              | Zip Code                 |  |                    |  |
| Occupation   |  |                    |                          | Employer   |                    |  |
| 5. TOTAL ITEMIZED CONTRIBUTIONS<br>(Carry forward to item 3. of next page if additional pages of this form are used.)<br>(If this is the last page of contributions, this amount must be shown in item 15b. of summary.) |  |                    |                          |  | <b>350.00</b>      |  |

# ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

|  |  |             |  |   |                       |                               |  |
|--|--|-------------|--|---|-----------------------|-------------------------------|--|
| 1. NAME OF CANDIDATE OR COMMITTEE<br><b>Anthony Holt</b>   |  |             |  | 2. REPORT COVERING THE PERIOD<br>FROM: <b>4/22/18</b> TO: <b>6/30/18</b>            |                       |                               |  |
| 3. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)   |  |             |  |   | Amount<br><b>None</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   |  | Middle Name |  | In-Kind Contribution Received For:  |                       | Value of In-Kind 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                      |  |
| Occupation   |  |             |  | Employer  |                       | Date of In-Kind Contribution  |  |
|  |  |             |  |   |                       | Aggregate this Election       |  |
| Description of In-Kind Contribution  |  |             |  |   |                       |                               |  |
| <b>None</b>  |  |             |  |   |                       |                               |  |
| First Name   |  | Middle Name |  | In-Kind Contribution Received For:  |                       | Value of In-Kind 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                      |  |
| Occupation   |  |             |  | Employer  |                       | Date of In-Kind Contribution  |  |
|  |  |             |  |   |                       | Aggregate this Election       |  |
| Description of In-Kind Contribution  |  |             |  |   |                       |                               |  |
|  |  |             |  |   |                       |                               |  |
| First Name   |  | Middle Name |  | In-Kind Contribution Received For:  |                       | Value of In-Kind 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                      |  |
| Occupation   |  |             |  | Employer  |                       | Date of In-Kind Contribution  |  |
|  |  |             |  |   |                       | Aggregate this Election       |  |
| Description of In-Kind Contribution  |  |             |  |   |                       |                               |  |
|  |  |             |  |   |                       |                               |  |
| First Name   |  | Middle Name |  | In-Kind Contribution Received For:  |                       | Value of In-Kind 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                      |  |
| Occupation   |  |             |  | Employer  |                       | Date of In-Kind Contribution  |  |
|  |  |             |  |   |                       | Aggregate this Election       |  |
| Description of In-Kind Contribution  |  |             |  |   |                       |                               |  |
|  |  |             |  |   |                       |                               |  |
| 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>None</b>           |                               |  |



## ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

|  |                    |   |  |   |
|--|--------------------|---|--|---|
| 1. NAME OF CANDIDATE OR COMMITTEE<br><b>Anthony Holt</b>   |                    |   | 2. REPORT COVERING THE PERIOD<br>FROM: <b>4/22/18</b> TO: <b>6/30/18</b> |   |
| 3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)   |                    |   |  | Amount<br><b>0.00</b>                   |
| 4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (expenditures totaling more than \$100 to any payee during the period)   |                    |   |  |   |
| First Name<br><b>WHIN Radio</b>  | Middle Name        | Purpose of Expenditure<br><b>Advertising</b>    |  | Amount of Expenditure<br><b>380.00</b>  |
| Last Name/Business Name<br><b>1625 Scotty Parker Road</b>  |                    | Address   |  |   |
| <b>Gallatin</b>  | <b>TN</b>          | Zip Code<br><b>37066</b>                        |  |   |
| First Name<br><b>Michael</b>   | Middle Name        | Purpose of Expenditure<br><b>Poll Worker</b>    |  | Amount of Expenditure<br><b>225.00</b>  |
| Last Name/Business Name<br><b>Boatman</b>  |                    | Address<br><b>5612 Campbell Road</b>            |  |   |
| <b>Cross Plains</b>  | <b>TN</b>          | Zip Code<br><b>37049</b>                        |  |   |
| First Name<br><b>Barbara</b>   | Middle Name        | Purpose of Expenditure<br><b>Poll Worker</b>    |  | Amount of Expenditure<br><b>1200.00</b> |
| Last Name/Business Name<br><b>Barnes</b>   |                    | Address<br><b>1051 James Snow Road</b>          |  |   |
| <b>Westmoreland</b>  | <b>TN</b>          | Zip Code<br><b>37188</b>                        |  |   |
| First Name   | Middle Name        | Purpose of Expenditure<br><b>Advertising</b>    |  | Amount of Expenditure<br><b>2847.50</b> |
| Last Name/Business Name<br><b>WKRN TV</b>  |                    | Address<br><b>441 Murfreesboro Road</b>         |  |   |
| City<br><b>Nashville</b>   | State<br><b>TN</b> | Zip Code<br><b>37210</b>                        |  |   |
| First Name   | Middle Name        | Purpose of Expenditure<br><b>Campaign Signs</b> |  | Amount of Expenditure<br><b>344.69</b>  |
| Last Name/Business Name<br><b>KUM Pop Solutions</b>  |                    | Address<br><b>110 Taylor Industrial Blvd</b>    |  |   |
| <b>Hendersonville</b>  | <b>TN</b>          | Zip Code<br><b>37075</b>                        |  |   |
| First Name   | Middle Name        | Purpose of Expenditure<br><b>Advertising</b>    |  | Amount of Expenditure<br><b>918.00</b>  |
| Last Name/Business Name<br><b>Sincilar FOX 17</b>  |                    | Address<br><b>631 Mainstream Drive</b>          |  |   |
| City<br><b>Nashville</b>   | State<br><b>TN</b> | Zip Code<br><b>37228</b>                        |  |   |
| 5. TOTAL ITEMIZED EXPENDITURES<br>(Carry forward to item 3. of next page if additional pages of this form are used.)<br>(If this is the last page of expenditures, this amount must be shown in item 19b. of summary.) |                    |   |  | <b>5915.19</b>                          |

# ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

|  |                    |                               |                               |                       |
|--|--------------------|-------------------------------|-------------------------------|-----------------------|
| 1. CANDIDATE OR COMMITTEE<br><b>Anthony Holm</b>   |                    |                               | 2. REPORT COVERING THE PERIOD |                       |
|  |                    |                               | FROM: <b>4/22/18</b>          | TO: <b>6/30/18</b>    |
| 3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)   |                    |                               |                               | Amount <b>5915.19</b> |
| 4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (expenditures totaling more than \$100 to any payee during the period)   |                    |                               |                               |                       |
| First Name<br><b>Brandi</b>  | Middle Name        | Purpose of Expenditure        |                               | Amount of Expenditure |
| Last Name/Business Name<br><b>Phams</b>  |                    | <b>Poll Worker</b>            |                               | <b>3000.00</b>        |
| Address<br><b>255 West Chester</b>   |                    |                               |                               |                       |
| City<br><b>Cottontown</b>  | State<br><b>TN</b> |                               |                               |                       |
| First Name   | Middle Name        | Purpose of Expenditure        |                               | Amount of Expenditure |
| Last Name/Business Name<br><b>Conquest Communications Group</b>  |                    | <b>Advertising</b>            |                               | <b>300.00</b>         |
| Address<br><b>2642 Emerywood Pkwy, Suite 103</b>   |                    |                               |                               |                       |
| City<br><b>Richmond</b>  | State<br><b>VA</b> |                               |                               |                       |
| First Name   | Middle Name        | Purpose of Expenditure        |                               | Amount of Expenditure |
| Last Name/Business Name<br><b>COMPASS</b>  |                    | <b>Donation</b>               |                               | <b>200.00</b>         |
| Address<br><b>East Main Street</b>   |                    |                               |                               |                       |
| City<br><b>Gallation</b>   | State<br><b>TN</b> |                               |                               |                       |
| First Name   | Middle Name        | Purpose of Expenditure        |                               | Amount of Expenditure |
| Last Name/Business Name<br><b>Hendersonville Rotary Foundation</b>   |                    | <b>Donation</b>               |                               | <b>300.00</b>         |
| Address<br><b>P O Box 2703</b>   |                    |                               |                               |                       |
| City<br><b>Hendersonville</b>  | State<br><b>TN</b> |                               |                               |                       |
| First Name<br><b>Tammy</b>   | Middle Name        | Purpose of Expenditure        |                               | Amount of Expenditure |
| Last Name/Business Name<br><b>Hayes</b>  |                    | <b>Political Contribution</b> |                               | <b>200.00</b>         |
| Address<br><b>120 Governors Point Blvd.</b>  |                    |                               |                               |                       |
| City<br><b>Hendersonville</b>  | State<br><b>TN</b> |                               |                               |                       |
| First Name   | Middle Name        | Purpose of Expenditure        |                               | Amount of Expenditure |
| Last Name/Business Name  |                    |                               |                               |                       |
| Address  |                    |                               |                               |                       |
| City   | State              |                               |                               |                       |
| 5. TOTAL ITEMIZED EXPENDITURES<br>(Carry forward to item 3. of next page if additional pages of this form are used.)<br>(If this is the last page of expenditures, this amount must be shown in item 19b. of summary.) |                    |                               |                               | <b>9915.19</b>        |

## ITEMIZED STATEMENT OF LOANS - CANDIDATE

|  |  |             |          |   |      |   |                  |   |  |
|--|--|-------------|----------|---|------|---|------------------|---|--|
| 1. NAME OF CANDIDATE OR COMMITTEE<br><b>Anthony Holt</b>   |  |             |          | 2. REPORT COVERING THE PERIOD<br>FROM <b>4/22/18</b> TO: <b>6/30/18</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   |  | Middle Name |          | Outstanding Loan Balance<br>(Beginning of Period)                       |      | Loans<br>Received   | Loan<br>Payments | Outstanding Loan Balance<br>(End of Period) |  |
| Last Name/Organization Name  |  |             |          | Address   |      | Loan Received For:<br><input type="checkbox"/> Primary Election <input type="checkbox"/> General Election<br><input type="checkbox"/> Runoff (Local Elections Only) |                  | Date of Loan<br><br><b>None</b>             |  |
| City   |  | State       | Zip Code |   |      |   |                  |   |  |
| 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   |      |   |                  |   |  |
| 4. Totals for all Loans (complete on last page of itemized loans)<br>(Total loans received should also be shown in item 16, on summary page.)<br>(Total loan payments should also be shown in item 20, on summary page.)<br>(Total outstanding loan balance should also be shown in item 12.e. on front page.) |  |             |          | Outstanding Loan Balance<br>(Beginning of Period)                       |      | Loans<br>Received   | Loan<br>Payments | Outstanding Loan Balance<br>(End of Period) |  |
|  |  |             |          |   |      |   |                  | <b>None</b>                                 |  |



## ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

| 1. NAME OF CANDIDATE OR COMMITTEE  |             |          |   | 2. REPORT COVERING THE PERIOD |                      |                                     |  |
|--|-------------|----------|---|-------------------------------|----------------------|-------------------------------------|--|
| <b>Anthony Holt</b>  |             |          |   | FROM: <b>4/22/18</b>          |                      | TO: <b>6/30/18</b>                  |  |
| 3. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED OBLIGATION (obligations totaling more than \$100 owed to any person/vendor at the end of the reporting period) |             |          | Outstanding Balance (Beginning of Period) | Debt Incurred This Period     | Payments This Period | Outstanding Balance (End of Period) |  |
| First Name   | Middle Name |          |   |                               |                      | <b>None</b>                         |  |
| Last Name/Business Name  |             |          |   |                               |                      |                                     |  |
| Address  |             |          |   |                               |                      |                                     |  |
| City   | State       | Zip Code |   |                               |                      |                                     |  |
| Description of Obligation  |             |          |   |                               |                      |                                     |  |
| First Name   | Middle Name |          |   |                               |                      |                                     |  |
| Last Name/Business Name  |             |          |   |                               |                      |                                     |  |
| Address  |             |          |   |                               |                      |                                     |  |
| City   | State       | Zip Code |   |                               |                      |                                     |  |
| Description of Obligation  |             |          |   |                               |                      |                                     |  |
| First Name   | Middle Name |          |   |                               |                      |                                     |  |
| Last Name/Business Name  |             |          |   |                               |                      |                                     |  |
| Address  |             |          |   |                               |                      |                                     |  |
| City   | State       | Zip Code |   |                               |                      |                                     |  |
| Description of Obligation  |             |          |   |                               |                      |                                     |  |
| First Name   | Middle Name |          |   |                               |                      |                                     |  |
| Last Name/Business Name  |             |          |   |                               |                      |                                     |  |
| Address  |             |          |   |                               |                      |                                     |  |
| City   | State       | Zip Code |   |                               |                      |                                     |  |
| Description of Obligation  |             |          |   |                               |                      |                                     |  |
| First Name   | Middle Name |          |   |                               |                      |                                     |  |
| Last Name/Business Name  |             |          |   |                               |                      |                                     |  |
| Address  |             |          |   |                               |                      |                                     |  |
| City   | State       | Zip Code |   |                               |                      |                                     |  |
| Description of Obligation  |             |          |   |                               |                      |                                     |  |
| <b>4. TOTALS</b>   |             |          |   |                               |                      | <b>None</b>                         |  |
| (Total from Outstanding Balance - (End of Period) column must also be shown in item 23b. on summary page.)   |             |          |   |                               |                      |                                     |  |