# **CAMPAIGN FINANCIAL DISCLOSURE STATEMENT**

# For State and Local Candidates For Single-Candidate Committees

| 1 <b>V</b>  | dinale-ean                                     | aracco acimininte   |   |                             |        |
|---|--|---|---|-----------------------------|--------|
| 1. DATE OF REPORT   | 2.a. NAME OF CA                                | NDIDATE OR COMMITTEE,   |   | T                           | ] ,    |
| 10/10/18  | Commit   | tee to Ele  | ct Jordan B                                     | anks for Con                | ty Con |
| 2.b. IF COMMITTEE, NAME OF CANDIDATE  | - L  | •   | 3. ELECTION DATE                                |                             |        |
| Timothy Jordan I  | a115   |   | Aug 2   | 2018                        |        |
| 4.a. CAMPAIGN ADDRESS AND PHONE<br>Street or Rural Route  | City   | State   | ر ر<br>Zip Code                                 | Phone                       |        |
| 110 Appleund Paller   | or Hendoso                                     | i I   | 37075 7   | 106-767-1869                |        |
| 4.b. CANDIDATE'S HOME ADDRESS (if differen  |  | 1.0(//C / 10  | •   | 5 , 0, 1 MB)                |        |
| Street or Rural Route   | City   | State   | Zip Code  | Phone                       |        |
| OFFICE SOUGHT (include district number,   | f applicable)                                  | C NAME OF BOUTION   | TDEACHDED (may be                               | didata                      |        |
|   | 1 10   |   | TREASURER (may be                               | candidate)                  |        |
| 7. CATEGORY OR REPORT (Checkone)  | trict 7  | Stuart  | WISTON  |                             |        |
|   | FOURT  |   | LUI DATE A                                      | VEAR END                    |        |
| FIRST SECOND THIRD QUARTER QUARTER QUARTER  | FOURTH<br>QUARTER                              | PRE- PRE-<br>PRIMARY GENERAL  | MID-YEAR<br>SUPPLEMENTAL                        | YEAR-END<br>SUPPLEMENTAL    |        |
| 8.a. BEGINNING DATE OF REPORTING PERIOD   |  | 8.b. ENDING DATE OF REP   |   |                             |        |
| 1/44/10   |  | 1130/   | 18  |                             |        |
| 9. (Check one)  |  |   |   |                             |        |
| <ul> <li>a.</li></ul>   |  |   |   | 00 or less AND expendi-     |        |
|   | •  | •   | •   | and total mars than \$1,000 |        |
| <ul> <li>t. This campaign is required to file a de<br/>and/or expenditures total more than</li> </ul>   |  |   | including in-kind) receiv                       | ed total more than \$1,000  |        |
| I/we do solemnly swear or affirm that the i accurate accounting of campaign contributi Financial Disclosure Act. Additionally, I/we benefit of the candidate or for any other no signature of candidate | ons and expenditures<br>swear or affirm that r | required to be reported by the campaign contributions had defined by the federal internal | he candidate committee<br>ave been expended for | by the Campaign             |        |
| 11. WITNESS SIGNATURE   |  |   |   |                             |        |
| South Bowles signature of witness   | <u>10/10/18</u><br>date                        | signi   | h Born de ature of witness                      | 10/10/18 date               |        |
| 12. SUMMARY   |  |   |   |                             |        |
| a. BALANCE ON HAND LAST REPORT  |  |   | s 1704.0  | <del>1</del>                |        |
|   |  | P.M.  | . n ~   |                             |        |
| b. TOTAL RECEIPTS THIS PERIOD   |  | CT1-02018   | s <u> </u>                                      | `                           |        |
| c. TOTAL DISBURSEMENTS THIS PERIOD  |  | TTWING THE  | <u> </u>  | <b>'</b>                    |        |
| a. BALANCE ON HAND LAST REPORT b. TOTAL RECEIPTS THIS PERIOD c. TOTAL DISBURSEMENTS THIS PERIOD d. BALANCE ON HAND (12.a. plus 12.b. reconstruction) e. TOTAL LOANS OUTSTANDING                         | SUM  | ON COMMISSION   | 4   | :461.92                     |        |
| e. TOTAL LOANS OUTSTANDING  |  |   |   | 0.00                        |        |
|   | -IVED  |   |   | 0.00                        |        |
| f. TOTAL OBLIGATIONS OUTS REG   | IVEU   |   |   | s                           |        |

#### **SUMMARY PAGE - CANDIDATE**

| 13. NAME OF CANDIDATE OR COMMITTEE (In Full)  | 14. REPORT COVERING THE PERIOD   |
|---|----------------------------------|
|   | FROM: 7/24/18 TO: 9/30/18        |
| RECEIPTS 15. CONTRIBUTIONS (other than loans and interest)                              |                                  |
| a. Unitemized Contributions (\$100 or less from each source this period)                | \$ <u>0,00</u>                   |
| b. Itemized Contributions (over \$100 from each source this period)                     | \$ <u>0.00</u>                   |
| c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.)             | \$ <u>0,00</u>                   |
| 16. LOANS RECEIVED THIS REPORTING PERIOD  | \$ <u>(). 20</u>                 |
| 17. INTEREST RECEIVED THIS REPORTING PERIOD   | \$ <u>0,00</u>                   |
| 18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)              | \$ <u>0.00</u>                   |
| DISBURSEMENTS   |                                  |
| 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>Nebsite</u> \$ 177.  | 00                               |
| Fundraising Fees \$ 3.14  |                                  |
| Volunteer Kefreshments & 61.  | 18                               |
| \$  | <del></del>                      |
| \$  |                                  |
| \$  | <del></del>                      |
| •   | <del></del>                      |
| •   | <del></del>                      |
| •   | <del></del>                      |
| Ψ   |                                  |
| Total of Expenditures (\$100 or less each payee)  | s 242.12                         |
| b. Itemized Expenditures (Over \$100 each payee this period)                            | .\$ <u>1000,00</u>               |
| c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)                 | s <u>1747.12</u>                 |
| 20. LOAN REPAYMENTS MADE THIS PERIOD  |                                  |
| 21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)               | s <u>1242.12</u>                 |
| 22.IN-KIND CONTRIBUTIONS  |                                  |
| a. Unitemized in-kind contributions (\$100 or less from each source this period)        | .\$ <u>0.00</u>                  |
| b. Itemized in-kind contributions (over \$100 from each source this period)             | .\$ 0,00                         |
| c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and 22.b.)               | \$ <u>0.00</u>                   |
| 23. OBLIGATIONS   |                                  |
| a. Unitemized Obligations Outstanding (\$100 or less each)                              | .\$ <u>0.00</u>                  |
| b. Itemized Obligations Outstanding (Over \$100 each)                                   | \$ 0.00                          |
| c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown i item            | $\sim$                           |

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### **ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE**

| 1. NAME OF CANDIDATE OR COMMITTEE       |             |                                       | · · · · · · · · · · · · · · · · · · · | 2. REPORT COVE          | RING THE PERIOD         |
|---|-------------|---------------------------------------|---------------------------------------|-------------------------|-------------------------|
|   |             |                                       |                                       | FROM:                   | TO:                     |
| A TOTAL ITEMIZED CAMENIAN CONTRIBUTION  |             |                                       |                                       |                         | Amount                  |
| 3. TOTAL ITEMIZED CAMPAIGN CONTRIBU     |             |                                       |                                       |                         | <u> </u>                |
| 4. COMPLETE THE APPROPRIATE ITEMS FOR E |             |                                       |                                       | 100 from any contribute |                         |
| First Name                              | Middle Nar  | ne                                    | Contribution Received For:            |                         | Amount of Contribution  |
| Last Name/Organization Name             |             |                                       | Primary Election                      | General Election        |                         |
| Address                                 |             |                                       | Runoff (Local Election                | s Only)                 |                         |
| City                                    | State       | Zip Code                              | Date of Contribution                  |                         | Aggregate This Election |
| Occupation                              |             | · · · · · · · · · · · · · · · · · · · | ]                                     |                         |                         |
| Employer                                | -           |                                       |                                       |                         |                         |
| First Name                              | Middle Nar  | me                                    | Contribution Received For:            | <u> </u>                | Amount of Contribution  |
| Last Name/Organization Name             | 1           |                                       | Primary Election                      | General Election        |                         |
| Address                                 |             | <del></del>                           | Runoff (Local Election                | s Only)                 |                         |
| City                                    | State       | Zip Code                              | Date of Contribution                  |                         | Aggregate This Election |
| Occupation                              |             | <u> </u>                              | †                                     |                         |                         |
| Employer                                |             |                                       | -                                     |                         |                         |
|   |             |                                       |                                       |                         |                         |
| First Name                              | Middle Name |                                       | Contribution Received For:            |                         | Amount of Contribution  |
| Last Name/Organization Name             |             |                                       | Primary Election                      | General Election        |                         |
| Address                                 |             |                                       | Runoff (Local Election                | s Only)                 |                         |
| City                                    | State       | Zip Code                              | Date of Contribution                  |                         | Aggregate This Election |
| Occupation                              |             |                                       |                                       |                         |                         |
| Employer                                | ,           |                                       | ]                                     |                         |                         |
| First Name                              | Middle Nam  | e ·                                   | Contribution Received For:            |                         | Amount of Contribution  |
| Last Name/Organization Name             | •           |                                       | Primary Election                      | General Election        |                         |
| Address                                 |             |                                       | Runoff (Local Elections               | s Only)                 |                         |
|   |             | Zip Code                              | Date of Contribution                  |                         | Aggregate This Election |
| City                                    | State       | Zip Occie                             |                                       |                         |                         |
| Occupation                              | State       | Zip code                              |                                       |                         |                         |
|   | State       | Z.p.co.ce                             |                                       |                         |                         |

# ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

| 1. NAME OF CANDIDATE OR CO                      | OMMITTEE                   |   | 2. REPORT COV   | ERING THE PERIOD              |
|---|----------------------------|---|---|-------------------------------|
|   |                            |   | FROM:   | TO:                           |
| 3 TOTAL ITEMIZED INLKIND CO                     | NTRIRI ITIONS ED           | OM PRECEDING DA   | GE (enter \$0 if first itemized page)                                 | Amount                        |
|   |                            |   | RIBUTION (in-kind contributions totaling more than \$100 from any     |                               |
|   |                            |   |   |                               |
| First Name                                      | Middle                     | e Name  | In-Kind Contribution Received For:  Primary Election General Election | Value of In-Kind Contribution |
| Last Name/Organization Name Address             |                            |   | Runoff (Local Elections Only)   |                               |
|   |                            |   | Date of In-Kind Contribution  | Aggregate this Election       |
| City State Zip Code                             |                            | Description of In-Kind Contribution                         |   |                               |
| Occupation                                      | Employer                   |   | <del> </del>  |                               |
|   |                            |   |   |                               |
| First Name                                      | Middle                     | e Name  | In-Kind Contribution Received For:                                    | Value of In-Kind Contribution |
|   |                            |   | Primary Election General Election                                     | value of in-Kind Condibution  |
| Last Name/Organization Name                     |                            |   | Runoff (Local Elections Only)   |                               |
| Address   |                            | ·   | Date of In-Kind Contribution  | Aggregate this Election       |
| City  | State                      | Zip Code  | Description of In-Kind Contribution                                   |                               |
| Occupation                                      | Employer                   | <u>-</u>  | <del>-</del>  |                               |
|   |                            |   |   |                               |
| First Name                                      | Middle                     | Name  | In-Kind Contribution Received For:                                    | Value of In-Kind Contribution |
| Last Name/Organization Name                     |                            |   | Primary Election General Election                                     |                               |
|   |                            |   | 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:                                    | Value of In-Kind Contribution |
| Last Name/Organization Name                     |                            |   | Primary Election General Election                                     |                               |
| <u> </u>  |                            |   | 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 f                   | Varne   | In-Kind Contribution Received For:                                    | Value of In-Kind Contribution |
| Last Name/Organization Name                     | <u> </u>                   |   | Primary Election General Election                                     |                               |
| Address   |                            | Runoff (Local Elections Only)  Date of In-Kind Contribution | Accompanie this Election  |                               |
|   |                            |   |   | Aggregate this Election       |
| City  | State                      | Zip Code  | Description of In-Kind Contribution                                   |                               |
| Occupation                                      | Employer                   |   |   |                               |
| 5. TOTAL ITEMIZED IN-KIND COI                   | NTRIBUTIONS                |   |   | <del></del>                   |
| (Carry forward to item 3, of next page if a     | ditional pages of this for | m are used.)  |   |                               |
| (If this is the last page of in-kind contributi | ons, this amount must be   | shown in item 22b. of summ                                  | лагу.)  |                               |

# ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

| 1. NAME OF CANDIDATE OR COMMITTEE   |                               |                                      |  | 2. REPORT COVE              | RING THE PERIOD       |
|---|-------------------------------|--------------------------------------|--|-----------------------------|-----------------------|
|   |                               | <del></del>                          |  | FROM: 7/24                  | TO: 9/30/18           |
| 3. TOTAL ITEMIZED CAMPAIGN EXPENDIT   | URES FR                       | OM PRECEDING PA                      | GE (enter \$0 if first itemized pa     | ige)                        | 0,00                  |
| 4. COMPLETE THE APPROPRIATE ITEMS FOR   | EACH ITEN                     | MIZED EXPENDITURE                    | (expenditures totaling more than \$100 | ) to any payee during the p | eriod)                |
| First Name  | Middle N                      | ame                                  | Purpose of Expenditure                 |                             | Amount of Expenditure |
| Last Namer Business Name Hana Ali for State Rep Address.  |                               | Campaign                             | 1 mm                                   |                             |                       |
| PO Box 619  |                               |                                      |  | 1, ~                        | 1,000.00              |
| Hendersonville  | State                         | 7ip Code<br>37075                    | CONTRE                                 | MITION                      |                       |
| First Name  | Middle Na                     |                                      | Purpose of Expenditure                 |                             | Amount of Expenditure |
| Last Name/Business Name   |                               | <del></del> -                        | 1                                      |                             |                       |
| Address   |                               |                                      | -{                                     |                             |                       |
| City  | State                         | Zip Code                             | _                                      |                             |                       |
| First Name  | Middle Na                     | ame                                  | Purpose of Expenditure                 |                             | Amount of Expenditure |
| Last Name/Business Name   |                               |                                      | 7                                      |                             |                       |
| Address   |                               |                                      | -                                      |                             |                       |
| City  | State                         | Zip Code                             |  |                             |                       |
| First Name  | Middle Name                   |                                      | Purpose of Expenditure                 |                             | Amount of Expenditure |
| Last Name/Business Name   | <b>L</b>                      |                                      | 1                                      |                             |                       |
| Address   |                               | <u></u>                              |  |                             | ľ                     |
| City  | State                         | Zip Code                             | -                                      |                             | 1                     |
| Circle Name   |                               |                                      |  | ·                           |                       |
| First Name  | Middle Nan                    | ne                                   | Purpose of Expenditure                 |                             | Amount of Expenditure |
| Last Name/Business Name   |                               |                                      |  |                             |                       |
| Address   |                               |                                      | -                                      |                             |                       |
| City  | State                         | Zip Code                             | 7                                      |                             | :                     |
| First Name  | Middle Nam                    | ne                                   | Purpose of Expenditure                 |                             | Amount of Expenditure |
| Last Name/Business Name   |                               |                                      | 1                                      |                             |                       |
| Address   |                               |                                      | 1                                      |                             |                       |
| City  | State                         | Zip Code                             |  |                             |                       |
| 5. TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3. of next page if additional pages (If this is the last page of expenditures, this amount must | of this form a<br>be shown in | are used.)<br>item 19b. of summary.) |  |                             | 1,000.00              |

### **ITEMIZED STATEMENT OF LOANS - CANDIDATE**

| 1. NAME OF CANDIDATE OR COMMITTEE   |  |                                |              |                             |                                | 2. REPORT COVERING THE PERIOD |                   |                 |          |  |  |
|---|--|--------------------------------|--------------|-----------------------------|--------------------------------|-------------------------------|-------------------|-----------------|----------|--|--|
|   |  |                                |              |                             |                                |                               |                   | ROM:            | •        | TO:  |  |
| 3. COMPLETE THE APPROPRIA   | TE ITEMS F                             | OR EACH I                      | TEMIZ        | ED LOAN (                   | toans totaling r               | more than \$10                | from any source   | e during the pe | riod)    | 1  |  |
| Complete the Following for the Source   | e of the Loan                          |                                |              |                             | •                              |                               |                   |                 |          |  |  |
| First Name  | Middle Nam                             | ne                             |              | Outstanding I<br>(Beginning | oan Balance<br>of Period)      | Loans<br>Receive              |                   | Loan<br>yments  | Out      | standing Loan Balance<br>(End of Period)       |  |
| Last Name/Organization Name   | <u> </u>                               |                                |              |                             |                                |                               |                   |                 |          |  |  |
| Address Loan Recei  |  |                                | Loan Receive |                             |                                | <del></del>                   | Date of Loa       | n               |          |  |  |
| City  | State                                  | Zip Code                       |              | Primary  Runoff             | Election<br>Local Elections    | Genera Only)                  | Election          |                 |          |  |  |
|   | List All Endon                         | sers or Guara                  | intors fo    | or Above Loa                | n (If more spa                 | ace is neede                  | d please attac    | n a page)       |          |  |  |
| First Name  |  | Middle Name                    |              |                             | First Name                     |                               |                   |                 | Middle   | Name   |  |
| Last Name/Organization Name   |  | ·                              |              |                             | Last Name/Or                   | ganization Nar                | TIE               |                 | 1        |  |  |
| Address   |  |                                |              |                             | Address                        |                               |                   |                 |          |  |  |
| City  |  | State                          | Zip Co       | ode                         | City                           |                               |                   |                 | State    | Zip Code                                       |  |
| Amount Guaranteed Outstanding   |  |                                | J            |                             | Amount Guara                   | inteed Outstan                | ding              | State Zip Code  |          |  |  |
| First Name  | First Name Middle Name                 |                                |              |                             | First Name Middle Name         |                               |                   |                 | a Name   |  |  |
| Last Name/Organization Name   |  |                                |              | Last Name/Organization Name |                                |                               |                   |                 |          |  |  |
| Address   |  |                                | Address      |                             |                                | <u> </u>                      |                   |                 |          |  |  |
| City  |  | State                          | Zip Co       | ode                         | City State Zip Coo             |                               |                   | Zip Code        |          |  |  |
| Amount Guaranteed Outstanding   |  | <u> </u>                       | •            |                             | Amount Guara                   | nteed Outstan                 | ding              |                 | •        |  |  |
| First Name  |  | Middle Name                    |              |                             | First Name                     |                               |                   |                 | Middl    | e Name   |  |
| Last Name/Organization Name   |  | •                              |              |                             | Last Name/Org                  | ganization Nar                | ne                |                 |          |  |  |
| Address   |  |                                |              |                             | Address                        |                               |                   |                 |          | <u>,                                      </u> |  |
| City  |  | State                          | Zip Co       | xde                         | City                           |                               |                   |                 | State    | Zip Code                                       |  |
| Amount Guaranteed Outstanding   |  |                                |              |                             | Amount Guara                   | nteed Outstand                | ding              |                 |          | •  |  |
| First Name  |  | Middle Name                    |              |                             | First Name                     |                               |                   |                 | Middle   | Name   |  |
| Last Name/Organization Name   |  |                                |              |                             | Last Name/Org                  | ganization Nan                | ne                |                 | <u> </u> |  |  |
| Address   |  |                                |              |                             | Address                        | <del></del>                   |                   |                 |          | <del></del> .                                  |  |
| City  |  | State                          | Zip Co       | de                          | City                           |                               |                   |                 | State    | Zip Code                                       |  |
| Amount Guaranteed Outstanding   |  |                                |              |                             | Amount Guarar                  | nteed Outstand                | iing              |                 |          | ·-   |  |
| 4. Totals for all Loans (complete on (Total loans received should also be shown (Total loan payments should also be shown | in item 16. on so<br>in item 20. on so | ummary page.)<br>ummary page.) | ·            |                             | Outstanding Lo<br>(Beginning o |                               | Loans<br>Received | Loar<br>Payme   |          | Outstanding Loan Balance<br>(End of Period)    |  |
| (Total outstanding loan balance should also<br>SS-1132 (Rev. 4/02)  | ue saowai in item                      | 12.e. on front p               | age.j        |                             |                                | l                             | age               | of              |          | RDA 1159                                       |  |



### **ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE**

|   |             |                 | <del></del>                                  | · · · · · · · · · · · · · · · · · · · |                          |  |
|---|-------------|-----------------|--|---------------------------------------|--------------------------|--|
| 1. NAME OF CANDIDATE OR COMMITTEE   |             |                 |  |                                       | VERING THE PER           | RIOD                                   |
| COMPLETE THE APPROPRIATE ITEMS     OBLIGATION (obligations totaling more that       |             |                 | Outstanding Balance<br>(Beginning of Period) | FROM:  Debt Incurred  This Period     | TO: Payments This Period | Outstanding Balance<br>(End of Period) |
| person/vendor at the end of the reporting p   | period)     |                 | , ,  |                                       |                          | (=::0 =:: 4::144)                      |
| First Name  | Middle Name |                 |  |                                       |                          |  |
| Last Name/Business Name   | <u> </u>    |                 | 7  |                                       |                          |  |
| Address   |             |                 | <del></del>                                  |                                       |                          |  |
| City  | State       | Zip Code        |  |                                       |                          |  |
| Description of Obligation   |             | - I             |  |                                       |                          | <u> </u>                               |
| First Name  | Middle Na   | ıme             |  |                                       |                          |  |
| Last Name/Business Name   | .           |                 |  |                                       |                          |  |
| Address   |             |                 |  |                                       |                          | :                                      |
| City  | State       | Zip Code        | <b>-</b>                                     |                                       |                          |  |
| Description of Obligation   | 1           |                 |  |                                       | <u>I</u> .               | <u> </u>                               |
| First Name  | Middle Na   | nme             |  |                                       |                          |  |
| Last Name/Business Name   | J           |                 |  |                                       |                          |  |
| Address   |             |                 |  |                                       |                          |  |
| City  | State       | Zip Code        | 7  |                                       |                          |  |
| Description of Obligation   |             |                 |  |                                       |                          |  |
| First Name  | Middle Na   | me              |  |                                       | <u></u>                  |  |
| Last Name/Business Name   | <u>.I</u>   |                 | <b>-</b>                                     |                                       |                          |  |
| Address   |             |                 | <del>-</del>                                 |                                       |                          |  |
| City  | State       | Zip Code        |  |                                       |                          |  |
| Description of Obligation   | <u> </u>    | <u> </u>        |  |                                       | <u></u>                  |  |
| First Name  | Middle Na   | me              |  | 10.0                                  |                          |  |
| Last Name/Business Name   | ļ           |                 | -  |                                       |                          |  |
| Address   |             | <del> </del>    |  | :                                     |                          | 1                                      |
| City  | State       | Zip Code        |  |                                       |                          |  |
| Description of Obligation   | <u> </u>    | <u> </u>        |  |                                       |                          | ,                                      |
| 4. TOTALS   |             |                 |  | , ' 1 '                               | · ··                     |  |
| (Total from Outstanding Balance - (End of Period) of in item 23b. on summary page.) | olumn mus   | t also be shown |  |                                       |                          |  |

| ( | SS-1127 | (Rev. | 4/02) |
|---|---------|-------|-------|
|---|---------|-------|-------|