



CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. Date: 3/31/2020 2.a. Candidate or Committee Name: Friends of Suzanne Holt
 2.b. If Committee, Name of Candidate: Suzanne Holt 3. Election Date: 5/5/20
 4. Campaign Address: 909 E Cynthia Trail
 City: Goodlettsville State: TN Zip Code: 37072 Phone: _____
 5. Candidate Home Address: 909 E. Cynthia Trail
 City: Goodlettsville State: TN Zip Code: 37072 Phone: 615-473-0206
 Candidate Email Address: suzanneholt@comcast.net
 6. Office Sought: (include district number, if applicable) Sumner County Commission District 17
 7. Name of Political Treasurer (may be candidate): Arlene Cunningham
 Political Treasurer Email Address: arlene@arlene Cunningham.com
 8. Category or Report: (check one)

- First Quarter Second Quarter Third Quarter Fourth Quarter Pre-Primary Pre-General
 Mid-Year Supplemental Year-End Supplemental Runoff Election

9. Reporting Period: Start Date: 1/10/20 End Date: 3/31/20

10. Detailed Disclosure: (Check one)

- This campaign is exempt from detailed disclosures because contributions (including in-kind) received total \$1,000 or less AND expenditures total \$1,000 or less for this reporting period. (Complete items 12.d., 12.e., and 12.f.)
 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.

11. 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.

Suzanne Holt 4/7/20
 Candidate Signature Date

Arlene Cunningham 4/7/20
 Political Treasurer Signature Date

Arlene Cunningham 4/7/20
 Witness Signature Date

Amij Holt 4/7/20
 Witness Signature Date

12. Summary:

a. Balance On Hand Last Report	AM	PM	\$	<u>2</u>
b. Total Receipts This Period			\$	<u>9,489.40</u>
c. Total Disbursements This Period			\$	<u>2,715.20</u>
d. Balance On Hand (12.a. plus 12.b. minus 12.c.)			\$	<u>6,774.14</u>
e. Total Loans Outstanding	SUMNER COUNTY		\$	<u>0</u>
f. Total Obligations Outstanding	ELECTION COMMISSION		\$	<u>0</u>

SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: Friends of Suzanne Holt

14. Reporting Period: Start Date: 1/14/26 End Date: 3/31/26

15. Receipts:

- a. Unitemized Contributions (\$100 or less from each source this period) \$ 4662.00
(Note: Effective January 16, 2023, Unitemized Contributions are capped at \$2,000. See *Instructions* for more information.)
- b. Itemized Contributions (over \$100 from each source this period) \$ 8827.40
- c. Loans Received This Reporting Period..... \$ 0
- d. Interest Received This Reporting Period \$ 0
- e. Total Receipts (add 15.a., 15.b., 15.c., and 15.d.) (must be shown in item 12.b.) \$ 9,489.40

16. Disbursements:

- a. Total Expenditures (other than loan payments)..... \$ 2,715.26
(Note: Effective January 16, 2023, all expenditures must be itemized.)
- b. Loan Repayments Made This Period \$ 0
- c. Total Obligation Payments Made This Period..... \$ 0
- d. Total Disbursements (add 16.a. and 16.b.) (must be shown in item 12.c.)..... \$ 2,715.26

17. In-Kind Contributions:

- a. Unitemized In-Kind Contributions Received This Period \$ 0
- b. Itemized In-Kind Contributions Received This Period \$ 500.00
- c. Total In-Kind Contributions Received This Period \$ 500.00

18. Obligations:

- a. Total Obligations Outstanding (must be shown in item 12.f.) \$ 0

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Friends of Suzanne Nolt
2. Reporting Period: Start Date: 1/16/26 End Date: 3/31/26
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ 0

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ OR

First Name: Ward Middle Name: _____ Last Name: Baker

Address: 4915 Franklin Pk City: Franklin State: TN Zip Code: _____

Occupation: CEO Employer: Baker Group

Contribution Received For: Primary Election General Election Runoff (Local Elections Only)

Amount of Contribution: \$ 1,226.20 Date of Contribution: 2/24/26 Aggregate This Election: \$ 1,226.20

Business or Organization Name: _____ OR

First Name: Jennifer Middle Name: _____ Last Name: Coxe-Baker

Address: 4915 Franklin Pk City: Franklin State: TN Zip Code: _____

Occupation: Self Employed Employer: _____

Contribution Received For: Primary Election General Election Runoff (Local Elections Only)

Amount of Contribution: \$ 1,226.20 Date of Contribution: 2/24/26 Aggregate This Election: \$ 1,226.20

Business or Organization Name: _____ OR

First Name: Scott Middle Name: _____ Last Name: Langford

Address: 1260 Twelve Stones Crossing City: Goodlettsville State: TN Zip Code: 37072

Occupation: Sumner City Director of Schools Employer: Sumner County Schools

Contribution Received For: Primary Election General Election Runoff (Local Elections Only)

Amount of Contribution: \$ 250.- Date of Contribution: 2/26/26 Aggregate This Election: \$ 250.-

Business or Organization Name: _____ OR

First Name: Stephen Middle Name: _____ Last Name: Flatt

Address: 128 W. Twelve Stones Crossing City: Goodlettsville State: TN Zip Code: 37072

Occupation: Businessman Employer: _____

Contribution Received For: Primary Election General Election Runoff (Local Elections Only)

Amount of Contribution: \$ 500.- Date of Contribution: 2/26/26 Aggregate This Election: \$ 500.-

Total Contributions: \$ 3202.40

(Carry forward to the next page if additional pages of this form are used. If this is the last page of contributions, this amount must be shown in the summary on first page.)

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Friends of Suzanne Holt
2. Reporting Period: Start Date: 1/10/20 End Date: 3/31/20
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ 3202.40

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ OR
First Name: Bill Middle Name: _____ Last Name: Taylor
Address: Hendersonville City: Hendersonville State: TN Zip Code: 37075
Occupation: Dentist Employer: Retired Dentist
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 200.00 Date of Contribution: 2/26/20 Aggregate This Election: \$ 200.-

Business or Organization Name: _____ OR
First Name: Charlotte Middle Name: _____ Last Name: Gribbons
Address: 2339 Hwy 25 City: Cottontown State: TN Zip Code: 37048
Occupation: Retired Employer: Businesswoman
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 400.- Date of Contribution: 2/26/20 Aggregate This Election: \$ 400.-

Business or Organization Name: _____ OR
First Name: Bob Middle Name: _____ Last Name: Garza
Address: Savely Dr City: Hendersonville State: TN Zip Code: 37075
Occupation: Retired Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 100.- Date of Contribution: 2/26/20 Aggregate This Election: \$ 100.-

Business or Organization Name: _____ OR
First Name: Eric Middle Name: _____ Last Name: Craddock
Address: 117 W Smith St City: Gallatin State: TN Zip Code: 37066
Occupation: Sumner Cty Sheriff Employer: Sumner County
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 100.- Date of Contribution: 2/26/20 Aggregate This Election: \$ 100.-

Total Contributions: \$ 4002.40

(Carry forward to the next page if additional pages of this form are used. If this is the last page of contributions, this amount must be shown in the summary on first page.)

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Friends of Suzanne Holt
2. Reporting Period: Start Date: 1/10/20 End Date: 3/31/20
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ 4002.40

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ OR
First Name: Brian Middle Name: _____ Last Name: Stewart
Address: 131 Indian Lk Rd #101 City: Hendersonville State: TN Zip Code: 37075
Occupation: Realtor Employer: One Stop Realty
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 150.- Date of Contribution: 2/20/20 Aggregate This Election: \$ 150.-

Business or Organization Name: _____ OR
First Name: Stanley Middle Name: _____ Last Name: Fields
Address: 303 Bayshore Dr City: Hendersonville State: TN Zip Code: 37075
Occupation: Development Employer: Tenn Properties
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 1,000.- Date of Contribution: 2/20/20 Aggregate This Election: \$ 1,000.-

Business or Organization Name: _____ OR
First Name: Robert Middle Name: _____ Last Name: Horton
Address: 166 Bayshore Dr. City: Hendersonville State: TN Zip Code: 37075
Occupation: Development Employer: Tenn Properties
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 1,000.- Date of Contribution: 2/20/20 Aggregate This Election: \$ 1,000.-

Business or Organization Name: _____ OR
First Name: Julie Middle Name: _____ Last Name: Meriweather
Address: 131 La Plaza Dr. City: Hendersonville State: TN Zip Code: 37075
Occupation: Executive Director Employer: Elevate 50 (Hville Sr. Ctr)
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 50.- Date of Contribution: 2/20/20 Aggregate This Election: \$ 50.-

Total Contributions: \$ 6202.40

(Carry forward to the next page if additional pages of this form are used. If this is the last page of contributions, this amount must be shown in the summary on first page.)

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Friends of Suzanne Holt
2. Reporting Period: Start Date: 1/16/20 End Date: 3/31/20
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ 6202.40

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ OR
First Name: Mark Middle Name: _____ Last Name: Evans
Address: 1567 Drakes Creek Rd City: Hendersonville State: TN Zip Code: 37075
Occupation: Hville Alderman Employer: City Hendersonville
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 100- Date of Contribution: 2/20/20 Aggregate This Election: \$ 100-

Business or Organization Name: _____ OR
First Name: Mark Middle Name: _____ Last Name: Harrison
Address: 105 Bloomsberg Dr City: Portland State: TN Zip Code: 37148
Occupation: SC Commissioner Employer: Sumner County
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 125- Date of Contribution: 2/20/20 Aggregate This Election: \$ 125-

Business or Organization Name: _____ OR
First Name: Wayne & Ouida Middle Name: _____ Last Name: Holt
Address: 221 Spy Glass Way City: Hendersonville State: TN Zip Code: 37075
Occupation: Retired Employer: Retired
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 100- Date of Contribution: 2/20/20 Aggregate This Election: \$ 100-

Business or Organization Name: _____ OR
First Name: Kenneth Middle Name: _____ Last Name: Burd
Address: 10 Vandywood Ct. City: Hendersonville State: TN Zip Code: 37075
Occupation: Building Industry Employer: Self Employed
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 500- Date of Contribution: 2/20/20 Aggregate This Election: \$ 500-

Total Contributions: \$ 7027.40

(Carry forward to the next page if additional pages of this form are used. If this is the last page of contributions, this amount must be shown in the summary on first page.)

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Friends of Suzanne Holt
2. Reporting Period: Start Date: 1/10/20 End Date: 3/31/20
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ 7,627.40

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: Sumner County Republican Freedom Caucus OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 1167 Plantation Pass City: Gallatin State: TN Zip Code: 37066
Occupation: _____ Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 500.00 Date of Contribution: 3/12/20 Aggregate This Election: \$ 500.00

Business or Organization Name: Sumner County Republican Freedom Caucus OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 1167 Plantation Pass City: Gallatin State: TN Zip Code: 37066
Occupation: _____ Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 500.00 Date of Contribution: 3/12/20 Aggregate This Election: \$ 1,000.00

Business or Organization Name: _____ OR
First Name: A Charles Middle Name: _____ Last Name: Kimbrough
Address: 48 Wyndermere City: Hendersonville State: TN Zip Code: 37075
Occupation: Retired Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 200.00 Date of Contribution: 2/20/20 Aggregate This Election: \$ 200.00

Business or Organization Name: _____ OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Occupation: _____ Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ _____ Date of Contribution: _____ Aggregate This Election: \$ _____

Total Contributions: \$ 8827.40

(Carry forward to the next page if additional pages of this form are used. If this is the last page of contributions, this amount must be shown in the summary on first page.)

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Friends of Suzanne Holt
2. Reporting Period: Start Date: 1/16/26 End Date: 3/31/26
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ 7027.40

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ OR
First Name: Vic Middle Name: _____ Last Name: Flanigan
Address: 930 Plantation Blvd City: Gallatin State: TN Zip Code: 37066
Occupation: Retired Employer: Retired
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 250.- Date of Contribution: 2/26/26 Aggregate This Election: \$ 250.-

Business or Organization Name: _____ OR
First Name: Dennis Middle Name: _____ Last Name: Carvin
Address: 1167 Plantation Blvd City: Gallatin State: TN Zip Code: 37066
Occupation: Retired Lt. General Employer: U.S.A. Military - Retired General
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 250.- Date of Contribution: 2/26/26 Aggregate This Election: \$ 250.00

Business or Organization Name: _____ OR
First Name: Baker Middle Name: _____ Last Name: Ring
Address: 461 Brady Ln. City: Gallatin State: TN Zip Code: 37066
Occupation: Retired Employer: Retired S.C. Teacher
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 50.- Date of Contribution: 2/26/26 Aggregate This Election: \$ 50.00

Business or Organization Name: _____ OR
First Name: Adam Middle Name: _____ Last Name: Issa
Address: 1065 Robertson Rd City: Gallatin State: TN Zip Code: 37066
Occupation: Business - Data Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 50.- Date of Contribution: 2/26/26 Aggregate This Election: \$ 50.-

Total Contributions: \$ 7627.40

(Carry forward to the next page if additional pages of this form are used. If this is the last page of contributions, this amount must be shown in the summary on first page.)

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Friends of Suzanne Holt
2. Reporting Period: Start Date: 1/10/20 End Date: 3/31/20
3. Total in-kind contributions from preceding page (enter \$0 if first page) \$ 0

COMPLETE THE APPROPRIATE ITEMS FOR EACH IN-KIND CONTRIBUTION. In-kind contributions totaling more than one hundred dollars (\$100) from any contributor during the period must be reported.

Business or Organization Name: Busy Bee Printing OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 334 W. Main St. City: Hendersonville State: TN Zip Code: 37075
Occupation: Printing Business Employer: _____
In-Kind Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
In-Kind Contribution Value: \$ 500.00 In-Kind Contribution Date: 3/1/20 Aggregate This Election: \$ 500.00
Description of In-Kind Contribution: Push Cards

Business or Organization Name: _____ OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Occupation: _____ Employer: _____
In-Kind Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
In-Kind Contribution Value: \$ _____ In-Kind Contribution Date: _____ Aggregate This Election: \$ _____
Description of In-Kind Contribution: _____

Business or Organization Name: _____ OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Occupation: _____ Employer: _____
In-Kind Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
In-Kind Contribution Value: \$ _____ In-Kind Contribution Date: _____ Aggregate This Election: \$ _____
Description of In-Kind Contribution: _____

Business or Organization Name: _____ OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Occupation: _____ Employer: _____
In-Kind Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
In-Kind Contribution Value: \$ _____ In-Kind Contribution Date: _____ Aggregate This Election: \$ _____
Description of In-Kind Contribution: _____

Total In-Kind Contributions: \$ 500.00
(Carry forward to the 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 the summary on first page.)

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

- Candidate or Committee Name: Friends of Suzanne Holt
- Reporting Period: Start Date: 1/10/20 End Date: 3/31/20
- Total campaign expenditures from preceding page (enter \$0 if first page) \$ 0

COMPLETE THE APPROPRIATE ITEMS FOR EACH EXPENDITURE. All expenditures must be itemized. If the expenditure is an in-kind contribution to a candidate, please remember to include the purpose of the expenditure (e.g., postage, printing, etc.) along with the candidate's name in the purpose of the expenditure section.

Business or Organization Name: Capitol Promotions OR
First Name: N/A Middle Name: N/A Last Name: N/A
Address: 2362 Oakdale Ave City: Glenside State: PA Zip Code: 19038
Purpose of Expenditure: Yard Signs
Amount of Expenditure: \$ 1,394.00 Date of Expenditure: \$ 3/20/20

Business or Organization Name: Sumner County GOP OR
First Name: N/A Middle Name: N/A Last Name: N/A
Address: E. Main St City: Hendersonville State: TN Zip Code: 37075
Purpose of Expenditure: Reagan Day Dinner - Table
Amount of Expenditure: \$ 1,250.00 Date of Expenditure: \$ 3/20/20

Business or Organization Name: Ultimate Party Supplies OR
First Name: N/A Middle Name: N/A Last Name: N/A
Address: W. Main St. City: Hendersonville State: TN Zip Code: 37075
Purpose of Expenditure: Supplies for Meet n Greet Event
Amount of Expenditure: \$ 71.26 Date of Expenditure: \$ 2/26/20

Business or Organization Name: _____ OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: _____
Amount of Expenditure: \$ _____ Date of Expenditure: \$ _____

Business or Organization Name: _____ OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: _____
Amount of Expenditure: \$ _____ Date of Expenditure: \$ _____

Total Expenditures: \$ 2,715.26
(Carry forward to the next page if additional pages of this form are used. If this is the last page of expenditures, this amount must be shown in the summary on first page.)

ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. Candidate or Committee Name: _____
2. Reporting Period: Start Date: _____ End Date: _____
3. Complete the appropriate items for each loan totaling more than one hundred dollars (\$100).

Complete the following for the source of each loan received and/or outstanding during the period.

Business or Organization Name: _____ OR

First Name: _____ Middle Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Outstanding Loan Balance (Beginning) \$ _____

Loans Received \$ _____

Loan Payments \$ _____

Outstanding Loan (End) \$ _____

Loan Received For: Primary Election General Election Runoff (Local Elections Only)

Date of Loan: _____

List all endorsers or guarantors for above loan (If more space is needed, please attach additional pages.)

Business or Organization Name: _____ OR

First Name: _____ Middle Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Amount Guaranteed Outstanding: \$ _____

Business or Organization Name: _____ OR

First Name: _____ Middle Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Amount Guaranteed Outstanding: \$ _____

Business or Organization Name: _____ OR

First Name: _____ Middle Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Amount Guaranteed Outstanding: \$ _____

Business or Organization Name: _____ OR

First Name: _____ Middle Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Amount Guaranteed Outstanding: \$ _____

Totals for all loans (Complete this page for each outstanding loan during the period. Complete this section only on last page of loans. Total loans received and loan payments should be shown on summary page. Outstanding loan balance should be shown on front page.)

Balance (Beginning) \$ _____

Loans Received \$ _____

Loan Payments \$ _____

Outstanding Loan (End) \$ _____

ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. Candidate or Committee Name: _____

2. Reporting Period: Start Date: _____ End Date: _____

3. Complete the appropriate items for each obligation owed to a person/vendor at the end of the reporting period.

Business Name: _____
 First Name: _____ Middle Name: _____
 Last Name: _____
 Address: _____
 City: _____
 State: _____ Zip Code: _____

Description of Obligation:			
Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)
\$	\$	\$	\$

Business Name: _____
 First Name: _____ Middle Name: _____
 Last Name: _____
 Address: _____
 City: _____
 State: _____ Zip Code: _____

Description of Obligation:			
Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)
\$	\$	\$	\$

Business Name: _____
 First Name: _____ Middle Name: _____
 Last Name: _____
 Address: _____
 City: _____
 State: _____ Zip Code: _____

Description of Obligation:			
Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)
\$	\$	\$	\$

Business Name: _____
 First Name: _____ Middle Name: _____
 Last Name: _____
 Address: _____
 City: _____
 State: _____ Zip Code: _____

Description of Obligation:			
Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)
\$	\$	\$	\$

TOTALS

(Carry forward to the next page if additional pages of this form are used. If this is the last page of obligations, the Total from "Outstanding Balance - (Period End)" column must also be shown on the summary on first page.)

Outstanding Balance (Period Beginning)	Debt Incurred	Payments This Period	Outstanding Balance (Period End)
\$	\$	\$	\$