

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed: 10
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / (MR)	FIRST CARL	MI L.
	NICKNAME	LAST ROBINSON	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE; ZIP CODE
	10732 TEXARKANA EL PASO 79924		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(915)	740 7826	
6 CAMPAIGN TREASURER NAME	MS / MRS / (MR)	FIRST CARL	MI L.
	NICKNAME	LAST ROBINSON	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY; STATE; ZIP CODE
	10732 TEXARKANA EL PASO, TEXAS 79924		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(915)	740 7826	
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)		
	<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month / Day / Year	THROUGH	Month / Day / Year
	/ /		04 / 11 / 13
11 ELECTION	ELECTION DATE Month / Day / Year		ELECTION TYPE
	05 / 11 / 13		<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)
	CITY REPRESENTATIVE DISTRICT # 4		
GO TO PAGE 2			

OFFICE USE ONLY

Date Received: **2013 APR 16**

CITY CLERK DEPT

Date Hand-delivered or Postmarked: **PM 5:28**

Receipt # _____ Amount _____

Date Processed _____

Date Imaged _____

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

CITY CLERK DEPT.
2013 APR 16 PM 5:28

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME CARL L. ROBINSON 15 ACCOUNT # (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

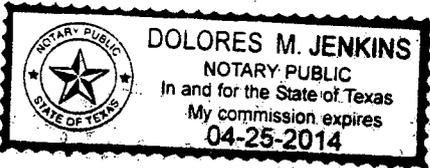
<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 8060.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 3219.49
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 13675.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 5000.00

18 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Carl L. Robinson
Signature of Candidate or Officeholder



DOLORES M. JENKINS
NOTARY PUBLIC
In and for the State of Texas
My commission expires
04-25-2014

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Carl L. Robinson, this the 16th day of April, 20 13, to certify which, witness my hand and seal of office.

Dolores M. Jenkins Dolores M. Jenkins Notary
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

CITY CLERK DEPT.

2013 APR 16 PM 5:28

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 7	
2 FILER NAME CARL L. ROBINSON		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 2-8-13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) EL PASO SHERIFF'S OFFICERS 6 Contributor address; City; State; Zip Code ASSOC PAC	7 Amount of contribution (\$) \$250.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 2-1-13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KENNETH J. + SHOW-VING BEZELIUS Contributor address; City; State; Zip Code	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2-5-13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RENARD U. JOHNSON Contributor address; City; State; Zip Code	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2-8-13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) R. G. OR V. E. VORBA Contributor address; City; State; Zip Code	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2-9-13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) REGINA ARNOLD Contributor address; City; State; Zip Code	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

CITY CLERK DEPT.

POLITICAL CONTRIBUTIONS**OTHER THAN PLEDGES OR LOANS**

2013 APR 16 PM 5:28

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME <i>CARL L. ROBINSON</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>2-8-13</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>EDWARD J. BECK</i>	7 Amount of contribution (\$) <i>\$100.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>2-9-13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>DE LOS A. ELVA A. BATES</i>	Amount of contribution (\$) <i>\$50.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>2-9-13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>JAMES V. OR ROSARIO R. GORMAN</i>	Amount of contribution (\$) <i>\$50.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>2-9-13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>GRACE E. BORUFF</i>	Amount of contribution (\$) <i>\$40.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>2-9-13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>RICHARD E. OR ROSEMARIE CHASE</i>	Amount of contribution (\$) <i>\$25.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

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2013 APR 16 PM 5:28

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME <i>CARL L. ROBINSON</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>2-9-13</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>JOHN F. OR JANE STURGIS</i> 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$) <i>\$100.00</i>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>2-9-13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>ELAINE M. OLSAKOVSKY</i> Contributor address; City; State; Zip Code	Amount of contribution (\$) <i>\$20.00</i>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>2-9-13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>ANGLISH OR MAURICETTE BURNETT</i> Contributor address; City; State; Zip Code	Amount of contribution (\$) <i>\$50.00</i>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>2-9-13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>SAMUEL P. THOMPSON</i> Contributor address; City; State; Zip Code	Amount of contribution (\$) <i>\$25.00</i>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>2-9-13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>RICHARD V. TESCHNER</i> Contributor address; City; State; Zip Code	Amount of contribution (\$) <i>\$500.00</i>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

CITY CLERK DEPT.
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SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME <i>CARL L. ROBINSON</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>2-9-13</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>MARK W. - LINDA A. AUSTIN</i> 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$) <i>\$100.00</i>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>2-9-13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>EL PASO ASSOC OF FIRE FIGHTERS</i> Contributor address; City; State; Zip Code <i>LOCAL 51, INC</i>	Amount of contribution (\$) <i>\$1000.00</i>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>2-10-13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>ALICE L. - NORBERT E. BRAUNER</i> Contributor address; City; State; Zip Code	Amount of contribution (\$) <i>\$50.00</i>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>2-14-13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>LINEBARGER GOGGAN BLAIR +</i> Contributor address; City; State; Zip Code <i>SAMPSON, LLP</i>	Amount of contribution (\$) <i>\$500.00</i>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>2-19-13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>IRENE EPPERSON</i> Contributor address; City; State; Zip Code	Amount of contribution (\$) <i>\$1000.00</i>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

CITY CLERK DEPT. SCHEDULE A
2013 APR 16 PM 5:29

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME <i>CARL L. ROBINSON</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>2-19-13</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>STANLEY P. JOBE</i>	7 Amount of contribution (\$) <i>\$1000.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>2-27-13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>A. DAVIS</i>	Amount of contribution (\$) <i>\$50.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>3-6-13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>RACHEL B. OR GREGORY HARRACKSINGH</i>	Amount of contribution (\$) <i>\$400.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>3-9-13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>BRUCE H. - SUSAN M. PHILLIPS</i>	Amount of contribution (\$) <i>\$100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>3-13-13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>KIMBERLY ISAAC SMITH</i>	Amount of contribution (\$) <i>\$400.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

CITY CLERK DEPT.
2013 APR 16 PM 5:29 **SCHEDULE A**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME CARL L. ROBINSON		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 3-14-13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JEANIE L. OR STARR A. PALMER	7 Amount of contribution (\$) \$50.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 3-16-13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RICHARD L. DAVIS	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3-18-13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WILLIAM L. COON	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3-18-13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) EDWARD J. BECK	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3-18-13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TERESA QUEZADA	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

CITY CLERK DEPT.
2013 APR 16 PM 5: 29

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME <i>CARL L. ROBINSON</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>3-18-13</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>TONY HARDER</i>	7 Amount of contribution (\$) <i>\$25.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>3-11-13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>ROBERT L. BOWLING IV</i>	Amount of contribution (\$) <i>\$500.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>3-11-13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>ROBERT L. BOWLING</i>	Amount of contribution (\$) <i>\$500.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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LOANS

CITY CLERK DEPT.

SCHEDULE E

2013 APR 16 PM 5:29

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: 1
2 FILER NAME CARL L. ROBINSON		3 ACCOUNT # (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒		\$ 5000.00
5 Date of loan 12-31-12	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) CARL L. ROBINSON	9 Loan Amount (\$) \$5000.00
6 Is lender a financial Institution? Y <input checked="" type="radio"/> N	8 Lender address; City; State; Zip Code 10732 TEXARKANA EL PASO, TX 79924	10 Interest rate 0
		11 Maturity date NA
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account <input checked="" type="checkbox"/>
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor 18 Guarantor address; City; State; Zip Code	19 Amount Guaranteed (\$)
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial Institution? Y N	Lender address; City; State; Zip Code	Interest rate
Principal occupation / Job title (See Instructions)		Maturity date
Description of Collateral <input type="checkbox"/> none		Employer (See Instructions)
Check if personal funds were deposited into political account <input type="checkbox"/>		Amount Guaranteed (\$)
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

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