

# 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)  
N/A

2 Total pages filed:  
1

3 CANDIDATE / OFFICEHOLDER NAME

TITLE: MS. NICKNAME: ANGIE LAST: Barajas MI: C SUFFIX:

OFFICE USE ONLY

Date Received

CITY CLERK DEPARTMENT  
2003 JUN 5 PM 2:37

4 CANDIDATE / OFFICEHOLDER ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
2400 Kilmarnoch El Paso, Tx 79925

Date Hand-delivered or Date Postmarked

5 CAMPAIGN TREASURER NAME

TITLE: MS. NICKNAME: ANGIE LAST: Barajas MI: C SUFFIX:

Receipt #

Amount

Date Processed

Date Imaged

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  
2400 Kilmarnoch El Paso, Tx 79925

7 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION  
(915) 4945425

8 REPORT TYPE

January 15  30th day before election  Runoff  15th day after campaign treasurer appointment (officeholder only)  
 July 15  8th day before election  Exceeded \$500 limit  Final report (Attach C/OH - FR)

9 PERIOD COVERED

Month Day Year THROUGH Month Day Year  
04/26/03 THROUGH 05/03/03

10 ELECTION

ELECTION DATE: Month Day Year: 05/03/03  
ELECTION TYPE:  Primary  Runoff  General  Special

11 OFFICE

OFFICE HELD (if any)

N/A

12 OFFICE SOUGHT (if known)

City Council Dist. 7

13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS

\*\* Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. \*\*

Name

N/A

Address / PO Box; Apt. / Suite #; City; State; Zip Code

additional pages

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME

ANGIE C. Barajas

15 ACCOUNT # (Ethics Commission filers)

N/A

16 NOTICE FROM POLITICAL COMMITTEE(S)

•• This box is for notice of political expenditures 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. ••

COMMITTEE TYPE

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

17 NO REPORTABLE ACTIVITY

Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

18 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$1,361.53

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 50.00

4. TOTAL POLITICAL EXPENDITURES

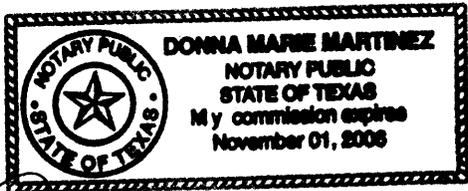
\$ 2,166.54

OUTSTANDING LOAN TOTALS

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

19 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.

Angie C. Barajas

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Angie C. Barajas, this the 28 day of February, 2008, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

## FORM C/OH - FR

The Instruction Guide explains how to complete this form.

•• Complete only if "Report Type" on page 1 is marked "Final Report" ••

1 C/OH NAME

ANGIE C. BARAJAS

2 ACCOUNT # (Ethics Commission filers)

N/A

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Angie C. Barajas  
Signature of Candidate/Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

•• Complete A & B below *only* if you are a candidate ••

### A. CAMPAIGN FUNDS

Check only one:

I do not have unexpended contributions or unexpended interest or income earned from political contributions.

I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

### B. ASSETS

Check only one:

I do not retain assets purchased with political contributions or interest or other income from political contributions.

I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Angie C. Barajas  
Signature of Candidate

5 OFFICEHOLDER

•• Complete this section *only* if you are an officeholder ••

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file.

\_\_\_\_\_  
Signature of Officeholder



**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A1**  
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,  
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages this Schedule A1:  
1

2 FILER NAME ANGIE C. Barajas 3 ACCOUNT # (Ethics Commission filers)  
N/A

4 Date <u>4-30-03</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>E.O + Maria C. Zomora</u>	7 Amount of contribution (\$) <u>\$50.00</u>	8 In-kind contribution description (if applicable) <u>—</u>
6 Contributor address; City; State; Zip Code <u>749 DULCE TERRA EL PASO, TX 79912</u>			

9 Principal occupation (Optional) \_\_\_\_\_ 10 Employer (Optional) \_\_\_\_\_

Date <u>5-1-03</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Jaime + Abelita Esparza</u>	Amount of contribution (\$) <u>\$200.00</u>	In-kind contribution description (if applicable) <u>—</u>
Contributor address; City; State; Zip Code <u>12233 Roberta Lynn Dr, EL PASO, TX 79936</u>			

Principal occupation (Optional) \_\_\_\_\_ Employer (Optional) \_\_\_\_\_

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			

Principal occupation (Optional) \_\_\_\_\_ Employer (Optional) \_\_\_\_\_

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			

Principal occupation (Optional) \_\_\_\_\_ Employer (Optional) \_\_\_\_\_

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			

Principal occupation (Optional) \_\_\_\_\_ Employer (Optional) \_\_\_\_\_

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



**POLITICAL EXPENDITURES**

**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

15

2 FILER NAME

ANGIE C. Barajas

3 ACCOUNT # (Ethics Commission filers)

N/A

4 Date

5 Payee name

7 Amount (\$)

5.1.03

Big 8 Food Store

6 Payee address; City; State; Zip Code

9480 Viscount El Paso, TX 79925

\$46.32

8 Purpose of payment (See instructions regarding type of information required.)

snacks for walkers

9 \*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

—

Date

Payee name

Amount (\$)

5.1.03

FINA 66

Payee address; City; State; Zip Code

7800 Gateway E, El Paso, TX 79915

\$15.00

Purpose of payment (See instructions regarding type of information required.)

gas

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

—

Date

Payee name

Amount (\$)

5.2.03

Wal-mart

Payee address; City; State; Zip Code

1144 N. Yarbrough El Paso, TX 79936

\$64.12

Purpose of payment (See instructions regarding type of information required.)

food for election Day drinks

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

—

Date

Payee name

Amount (\$)

5.3.03

Lori Nava

Payee address; City; State; Zip Code

1712 Bruce Delvin El Paso, TX 79936

\$250.00

Purpose of payment (See instructions regarding type of information required.)

2 pct, signs, gas, campaign

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

—

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**LOANS**

**SCHEDULE E**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED LOANS:    ⇨   ⇨   ⇨   ⇨   ⇨   ⇨

\$

5 Date of loan

7 Name of lender  out-of-state PAC (ID#: \_\_\_\_\_)

9 Loan Amount (\$)

6 Is lender a financial Institution?  
Y      N

8 Lender address;    City;    State;    Zip Code

10 Interest rate

11 Maturity date

12 Description of Collateral

none

13 GUARANTOR INFORMATION

14 Name of guarantor

16 Amount Guaranteed (\$)

not applicable

15 Guarantor address;    City;    State;    Zip Code

17 Principal Occupation

18 Employer

Date of loan

Name of lender  out-of-state PAC (ID#: \_\_\_\_\_)

Loan Amount (\$)

Is lender a financial Institution?  
Y      N

Lender address;    City;    State;    Zip Code

Interest rate

Maturity date

Description of Collateral

none

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

not applicable

Guarantor address;    City;    State;    Zip Code

Principal Occupation

Employer

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

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2-5

2 FILER NAME

ANGIE C. Barajas

3 ACCOUNT # (Ethics Commission filers)

N/A

4 Date

3.18.03

5 Payee name

El Paso City Cashier

7 Amount (\$)

\$ 250.00

6 Payee address; City; State; Zip Code

8 Purpose of payment (See instructions regarding type of information required.)

city Rep.  
Filing Fee

9 \*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

Date

4.23.03

Payee name

alltel

Amount (\$)

\$ 200.00

Payee address; City; State; Zip Code

6600 montana El Paso, Tx 79925  
Suite C

Purpose of payment (See instructions regarding type of information required.)

phone service

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

Date

~~5.3~~  
4.24.03  
5.3.03

Payee name

7-11

Amount (\$)

\$ 25.01

Payee address; City; State; Zip Code

2066 Wedgewood El Paso, Tx 79925

Purpose of payment (See instructions regarding type of information required.)

gas

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

Date

4.24.03

Payee name

P. Lopez Tamales

Amount (\$)

\$ 18.88

Payee address; City; State; Zip Code

5505 montana El Paso, Tx 79905

Purpose of payment (See instructions regarding type of information required.)

food  
walkers

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

# LOANS

# SCHEDULE E

The **INSTRUCTION GUIDE** explains how to complete this form. **1** Total pages Schedule E:

**2** FILER NAME **3** ACCOUNT # (Ethics Commission filers)

**4** TOTAL OF UNITEMIZED LOANS:      ⇒    ⇒    ⇒    ⇒    ⇒    ⇒    \$

**5** Date of loan      **7** Name of lender       out-of-state PAC (ID#: \_\_\_\_\_)      **9** Loan Amount (\$)

**6** Is lender a financial Institution?      **8** Lender address;      City;      State;      Zip Code      **10** Interest rate

Y      N

**11** Maturity date

**12** Description of Collateral  
 none

**13** GUARANTOR INFORMATION      **14** Name of guarantor      **16** Amount Guaranteed (\$)

not applicable

**15** Guarantor address;      City;      State;      Zip Code

**17** Principal Occupation      **18** Employer

Date of loan      Name of lender       out-of-state PAC (ID#: \_\_\_\_\_)      Loan Amount (\$)

Is lender a financial Institution?      Lender address;      City;      State;      Zip Code      Interest rate

Y      N

Maturity date

Description of Collateral  
 none

GUARANTOR INFORMATION      Name of guarantor      Amount Guaranteed (\$)

not applicable

Guarantor address;      City;      State;      Zip Code

Principal Occupation      Employer

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

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

3-5

2 FILER NAME

ANGIE C. Barajas

3 ACCOUNT # (Ethics Commission filers)

N/A

4 Date

5 Payee name

7 Amount (\$)

4.26.03

China work

\$42.50

6 Payee address; City; State; Zip Code

2000 N. Lee Trevino Dr. El Paso, TX  
Suite C 79936

8 Purpose of payment (See instructions regarding type of information required.)

food/walkers

9 \*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

4.27.03

Diamond Shamrock

\$15.00

Payee address; City; State; Zip Code

4485 Viscount El Paso, TX  
79925

Purpose of payment (See instructions regarding type of information required.)

gas

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

4.28.03

Office max.

\$44.34

Payee address; City; State; Zip Code

9801 Gateway West El Paso, TX  
79925

Purpose of payment (See instructions regarding type of information required.)

copies, files

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

5.1.03

Carrows

\$335.37

Payee address; City; State; Zip Code

9135 Gateway West El Paso, TX 79925

Purpose of payment (See instructions regarding type of information required.)

meet the Candidate Party

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**LOANS**

**SCHEDULE E**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨

\$

5 Date of loan

7 Name of lender  out-of-state PAC (ID#: \_\_\_\_\_)

9 Loan Amount (\$)

6 Is lender a financial Institution?  
Y N

8 Lender address; City; State; Zip Code

10 Interest rate

11 Maturity date

12 Description of Collateral  
 none

13 GUARANTOR INFORMATION  
 not applicable

14 Name of guarantor  
.....  
15 Guarantor address; City; State; Zip Code

16 Amount Guaranteed (\$)

17 Principal Occupation

18 Employer

Date of loan

Name of lender  out-of-state PAC (ID#: \_\_\_\_\_)

Loan Amount (\$)

Is lender a financial Institution?  
Y N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Description of Collateral  
 none

GUARANTOR INFORMATION  
 not applicable

Name of guarantor  
.....  
Guarantor address; City; State; Zip Code

Amount Guaranteed (\$)

Principal Occupation

Employer

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If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

4-5

2 FILER NAME

ANGIE C. Barajas

3 ACCOUNT # (Ethics Commission filers)

N/A

4 Date

5 Payee name

7 Amount (\$)

5.3.03

Mita Corral-Nava

6 Payee address; City; State; Zip Code

1712 Bruce Pelvin El Paso, TX 79936

\$125.00

8 Purpose of payment (See instructions regarding type of information required.)

5 Pets, gas, signs, campaign

9 \*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

\_\_\_\_\_

Date

Payee name

Amount (\$)

5.3.03

Frank Barajas

Payee address; City; State; Zip Code

9310 Daugherty El Paso, TX 79925

\$100.00

Purpose of payment (See instructions regarding type of information required.)

5 Pets, gas, signs, campaign

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

\_\_\_\_\_

Date

Payee name

Amount (\$)

5.3.03

Jesus Corral

Payee address; City; State; Zip Code

10896 Alfredo Vazquez El Paso TX

\$105.00

Purpose of payment (See instructions regarding type of information required.)

put + take off campaign signs in Pets

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

\_\_\_\_\_

Date

Payee name

Amount (\$)

5.3.03

Chris Corral

Payee address; City; State; Zip Code

5213 Harlan El Paso, TX 79925

\$105.00

Purpose of payment (See instructions regarding type of information required.)

put + take off campaign signs

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

\_\_\_\_\_

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

# LOANS

# SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED LOANS: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$

5 Date of loan

7 Name of lender  out-of-state PAC (ID#: \_\_\_\_\_)

9 Loan Amount (\$)

6 Is lender a financial institution?  
Y N

8 Lender address; City; State; Zip Code

10 Interest rate

11 Maturity date

12 Description of Collateral

none

13 GUARANTOR INFORMATION

14 Name of guarantor

16 Amount Guaranteed (\$)

not applicable

15 Guarantor address; City; State; Zip Code

17 Principal Occupation

18 Employer

Date of loan

Name of lender  out-of-state PAC (ID#: \_\_\_\_\_)

Loan Amount (\$)

Is lender a financial institution?  
Y N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Description of Collateral

none

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

not applicable

Guarantor address; City; State; Zip Code

Principal Occupation

Employer

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

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:  
5-5

2 FILER NAME

ANGIE C Barajas

3 ACCOUNT # (Ethics Commission filers)

N/A

4 Date

5-3-03

5 Payee name

Carrows

6 Payee address; City; State; Zip Code

9135 Gateway W.  
El Paso, TX 79925

7 Amount (\$)

\$275.00

8 Purpose of payment (See instructions regarding type of information required.)

Campaign workers gathering

9 \*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

Date

5.3.03

Payee name

Pat Alderton

Payee address; City; State; Zip Code

3213 Harker El Paso, TX 79924

Amount (\$)

\$150.00

Purpose of payment (See instructions regarding type of information required.)

dinner

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

Date

Payee name

Payee address; City; State; Zip Code

Amount (\$)

Purpose of payment (See instructions regarding type of information required.)

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

Date

Payee name

Payee address; City; State; Zip Code

Amount (\$)

Purpose of payment (See instructions regarding type of information required.)

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**LOANS**

**SCHEDULE E**

The INSTRUCTION GUIDE explains how to complete this form.

**1** Total pages Schedule E:

**2** FILER NAME

**3** ACCOUNT # (Ethics Commission filers)

**4** TOTAL OF UNITEMIZED LOANS:    ⇨   ⇨   ⇨   ⇨   ⇨   ⇨

\$

**5** Date of loan

**7** Name of lender

out-of-state PAC (ID#: \_\_\_\_\_)

**9** Loan Amount (\$)

**6** Is lender a financial Institution?  
Y      N

**8** Lender address;    City;    State;    Zip Code

**10** Interest rate

**11** Maturity date

**12** Description of Collateral

none

**13** GUARANTOR INFORMATION

**14** Name of guarantor

**16** Amount Guaranteed (\$)

not applicable

**15** Guarantor address;    City;    State;    Zip Code

**17** Principal Occupation

**18** Employer

Date of loan

Name of lender

out-of-state PAC (ID#: \_\_\_\_\_)

Loan Amount (\$)

Is lender a financial Institution?  
Y      N

Lender address;    City;    State;    Zip Code

Interest rate

Maturity date

Description of Collateral

none

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

not applicable

Guarantor address;    City;    State;    Zip Code

Principal Occupation

Employer

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