



CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates

For Single-Candidate Committees

1. Date: 10/13/2026 2.a. Candidate or Committee Name: LaSonya Hall
- 2.b. If Committee, Name of Candidate: _____ 3. Election Date: 8/5/2026
4. Campaign Address: PO Box 901002
City: Memphis State: TN Zip Code: 38190 Phone: _____
5. Candidate Home Address: 260 Dubois Drive
City: Memphis State: TN Zip Code: 38190 Phone: 9014982121
Candidate Email Address: BALDWINFINANCIAL4@GMAIL.COM
6. Office Sought: (include district number, if applicable) County Clerk
7. Name of Political Treasurer (may be candidate): JACQUELINE BALDWIN MERCER
Political Treasurer Email Address: BALDWINFINANCIAL4@GMAIL.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: 7/28/2026 End Date: 9/30/2026
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.

Candidate Signature _____ Date _____ Political Treasurer Signature _____ Date _____
Witness Signature _____ Date _____ Witness Signature _____ Date _____

12. Summary:

a. Balance On Hand Last Report	\$ <u>12,718.24</u>
b. Total Receipts This Period	\$ <u>8,700.00</u>
c. Total Disbursements This Period	\$ <u>17,373.39</u>
d. Balance On Hand (12.a. plus 12.b. minus 12.c.)	\$ <u>4,044.85</u>
e. Total Loans Outstanding	\$ <u>5,000.00</u>
f. Total Obligations Outstanding	\$ <u>0.00</u>

SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: LaSonya Hall

14. Reporting Period: Start Date: 7/28/2026 End Date: 9/30/2026

15. Receipts:

- a. Unitemized Contributions (\$100 or less from each source this period) \$ _____
(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) \$ \$8,700.00
- c. Loans Received This Reporting Period..... \$ _____
- d. Interest Received This Reporting Period \$ _____
- e. Total Receipts (add 15.a., 15.b., 15.c., and 15.d.) (must be shown in item 12.b.) \$ \$8,700.00

16. Disbursements:

- a. Total Expenditures (other than loan payments)..... \$ \$12,373.39
(Note: Effective January 16, 2023, all expenditures must be itemized.)
- b. Loan Repayments Made This Period \$ \$5,000.00
- c. Total Obligation Payments Made This Period..... \$ _____
- d. Total Disbursements (add 16.a. and 16.b.) (must be shown in item 12.c.)..... \$ \$17,373.39

17. In-Kind Contributions:

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

18. Obligations:

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

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: LaSonya Hall
2. Reporting Period: Start Date: 7/28/2026 End Date: 9/30/2026
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ \$0.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**

First Name: William Middle Name: C Last Name: Plesant

Address: 905 Estate Drive City: Memphis State: TN Zip Code: 38028

Occupation: TN House of Rep Employer: TN House of Rep

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

Amount of Contribution: \$ \$1,900.00 Date of Contribution: 7/31/2026 Aggregate This Election: \$ \$1,900.00

Business or Organization Name: _____ **OR**

First Name: Jeremy Middle Name: _____ Last Name: Simpson

Address: 1779 Kirby Pkwy, Suite 1-129 City: Memphis State: TN Zip Code: 38138

Occupation: Business Owner Employer: Self employed

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

Amount of Contribution: \$ \$500.00 Date of Contribution: 8/3/2026 Aggregate This Election: \$ \$500.00

Business or Organization Name: _____ **OR**

First Name: JoVon Middle Name: _____ Last Name: Reed

Address: 138 Hwy 334 City: Oxford State: MS Zip Code: 38655

Occupation: Support Coordinator Employer: Dept. of Mental Health

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

Amount of Contribution: \$ \$250.00 Date of Contribution: 7/31/2026 Aggregate This Election: \$ \$250.00

Business or Organization Name: _____ **OR**

First Name: Mike Middle Name: _____ Last Name: Keeney

Address: 6070 Woodway Dr. City: Memphis State: TN Zip Code: 38120

Occupation: Lawyer Employer: Lewis Thomason

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

Amount of Contribution: \$ \$1,000.00 Date of Contribution: 9/1/2026 Aggregate This Election: \$ \$1,000.00

Total Contributions: \$ \$3,650.00

(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: LaSonya Hall
2. Reporting Period: Start Date: 7/28/2026 End Date: 9/30/2026
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ \$3,650.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**
First Name: Ruthie Middle Name: _____ Last Name: Gray
Address: 1802 Meadowhill cove City: Memphis State: TN Zip Code: 38106
Occupation: Retired Employer: Retired
Contribution Received For: Primary Election ☒ General Election ☐ Runoff (Local Elections Only) ☐
Amount of Contribution: \$ \$300.00 Date of Contribution: 8/6/2026 Aggregate This Election: \$ \$400.00

Business or Organization Name: _____ **OR**
First Name: Dwayne Middle Name: _____ Last Name: Hunt
Address: 4555 Dorff Dr City: Memphis State: TN Zip Code: 38116
Occupation: Minister Employer: Abundant Grace Fellowship
Contribution Received For: Primary Election ☒ General Election ☐ Runoff (Local Elections Only) ☐
Amount of Contribution: \$ \$100.00 Date of Contribution: 8/6/2026 Aggregate This Election: \$ \$100.00

Business or Organization Name: DRIVE COMMITTEE FEC **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 25 Louisiana Avenue, NW City: Washington State: DC Zip Code: 20001-219
Occupation: N/A Employer: N/A
Contribution Received For: Primary Election ☒ General Election ☐ Runoff (Local Elections Only) ☐
Amount of Contribution: \$ \$750.00 Date of Contribution: 8/20/2026 Aggregate This Election: \$ \$750.00

Business or Organization Name: _____ **OR**
First Name: Thomas Middle Name: _____ Last Name: McNamara
Address: 915 Estate Drive City: Eads State: TN Zip Code: 38028
Occupation: COO Employer: Capital Energy Group
Contribution Received For: Primary Election ☒ General Election ☐ Runoff (Local Elections Only) ☐
Amount of Contribution: \$ \$1,900.0 Date of Contribution: 8/21/2026 Aggregate This Election: \$ \$1,900.0

Total Contributions: \$ \$6,700.00
(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: LaSonya Hall
2. Reporting Period: Start Date: 7/28/2026 End Date: 9/30/2026
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ \$6,700.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**

First Name: Brandee Middle Name: _____ Last Name: Trimboili

Address: 1262 Braywind Drive City: Collierville State: TN Zip Code: 38018

Occupation: Business owner Employer: Self employed

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

Amount of Contribution: \$ \$1,900.00 Date of Contribution: 8/21/2026 Aggregate This Election: \$ \$1,900.00

Business or Organization Name: _____ **OR**

First Name: Shepperson Middle Name: _____ Last Name: Wilbun, Jr.

Address: 757 West Drive City: Memphis State: TN Zip Code: 38112-1721

Occupation: Administrator Employer: Shelby County Government

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

Amount of Contribution: \$ \$100.00 Date of Contribution: 7/28/2026 Aggregate This Election: \$ \$100.00

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: \$ _____

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: \$ \$8,700.00

(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 EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: LaSonya Hall
2. Reporting Period: Start Date: 7/28/2026 End Date: 9/30/2026
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$0.00

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: Shelby County Democratic Party **OR**

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

Address: PO Box 40864 City: Memphis State: TN Zip Code: 38104

Purpose of Expenditure: Kennedy Day Gala

Amount of Expenditure: \$ \$750.00 Date of Expenditure: \$ 7/30/2026

Business or Organization Name: Act Blue **OR**

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

Address: 336 Summer Street City: Sommerville State: TN Zip Code: 02144

Purpose of Expenditure: Merchant Fees

Amount of Expenditure: \$ \$14.18 Date of Expenditure: \$ 8/6/2026

Business or Organization Name: Stripe **OR**

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

Address: 354 Oyster Point Boulevard City: San Francisco State: TN Zip Code: 94080

Purpose of Expenditure: Merchant Fees

Amount of Expenditure: \$ \$30.39 Date of Expenditure: \$ 8/6/2026

Business or Organization Name: Catherine and Mary's **OR**

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

Address: 272 S Main St 105-A City: Memphis State: TN Zip Code: 38103

Purpose of Expenditure: GOTV strategy discussion

Amount of Expenditure: \$ \$230.00 Date of Expenditure: \$ 8/3/2026

Business or Organization Name: Walgreens **OR**

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

Address: 3670 Riverdale Road City: Memphis State: TN Zip Code: 38115

Purpose of Expenditure: Thank you gift card for volunteer

Amount of Expenditure: \$ \$52.74 Date of Expenditure: \$ 8/7/2026

Total Expenditures: \$ \$1,077.31

(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 EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: LaSonya Hall
2. Reporting Period: Start Date: 7/28/2026 End Date: 9/30/2026
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$1,077.31

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: Tugs OR

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

Address: 50 harbor town square City: Memphist State: TN Zip Code: 38103

Purpose of Expenditure: General Election meeting strategy

Amount of Expenditure: \$ \$66.00 Date of Expenditure: \$ 8/7/2026

Business or Organization Name: Baldwin Financial Services LLC OR

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

Address: 5865 Ridgeway Center Parkway City: Memphis State: TN Zip Code: 38120

Purpose of Expenditure: Treasury Services

Amount of Expenditure: \$ \$236.40 Date of Expenditure: \$ 8/10/2026

Business or Organization Name: USPS OR

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

Address: 475 L Enfant Plaz SW City: Washington State: DC Zip Code: 20260

Purpose of Expenditure: Box Rental

Amount of Expenditure: \$ \$202.00 Date of Expenditure: \$ 8/19/2026

Business or Organization Name: _____ OR

First Name: Jakayla Middle Name: _____ Last Name: Woods

Address: 2389 Tanasi Dr. City: Memphis State: TN Zip Code: 38016

Purpose of Expenditure: Poll Worker

Amount of Expenditure: \$ \$450.00 Date of Expenditure: \$ 8/3/2026

Business or Organization Name: _____ OR

First Name: Susan Middle Name: _____ Last Name: Evans

Address: 7875 Church S City: Millington State: TN Zip Code: 38053

Purpose of Expenditure: Poll Worker

Amount of Expenditure: \$ \$250.00 Date of Expenditure: \$ 8/5/2026

Total Expenditures: \$ \$2,281.71

(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 EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: LaSonya Hall
2. Reporting Period: Start Date: 7/28/2026 End Date: 9/30/2026
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$2,281.71

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: _____ **OR**
First Name: Brian Middle Name: _____ Last Name: Gossett
Address: 1262 Braywind Drive City: Collierville State: TN Zip Code: 38017-377
Purpose of Expenditure: Refund for Overpayment
Amount of Expenditure: \$ \$1,900.00 Date of Expenditure: \$ 8/20/2026

Business or Organization Name: _____ **OR**
First Name: Al Middle Name: _____ Last Name: Gosset
Address: 385 Bluff Ridge Cove City: Cordova State: TN Zip Code: 38018
Purpose of Expenditure: Refund for Overpayment
Amount of Expenditure: \$ \$1,900.00 Date of Expenditure: \$ 8/19/2026

Business or Organization Name: _____ **OR**
First Name: Susannah Middle Name: _____ Last Name: Herring
Address: 7089 Allenon Cir S City: Germantown State: TN Zip Code: 38138
Purpose of Expenditure: Refund for Overpayment
Amount of Expenditure: \$ \$1,900.00 Date of Expenditure: \$ 8/21/2026

Business or Organization Name: _____ **OR**
First Name: Antonio Middle Name: _____ Last Name: Suggs
Address: 1430 DePass, City: Memphis State: TN Zip Code: 38133
Purpose of Expenditure: Signs
Amount of Expenditure: \$ \$950.00 Date of Expenditure: \$ 8/6/2026

Business or Organization Name: Mt Vernon Baptist Church **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 620 Parkrose, City: Memphis State: TN Zip Code: 38115
Purpose of Expenditure: Sponsorship
Amount of Expenditure: \$ \$100.00 Date of Expenditure: \$ 8/11/2026

Total Expenditures: \$ \$9,031.71

(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 EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: LaSonya Hall
2. Reporting Period: Start Date: 7/28/2026 End Date: 9/30/2026
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$9,031.71

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: Leakes Catering, **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 3336 Foxbriar Drive, City: Memphis State: TN Zip Code: 38115
Purpose of Expenditure: Catering- Election Night
Amount of Expenditure: \$ \$900.00 Date of Expenditure: \$ 8/7/2026

Business or Organization Name: CH Events **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 5015 Elton Cove, M City: Memphis State: TN Zip Code: 38109
Purpose of Expenditure: Decor-Election Night
Amount of Expenditure: \$ \$400.00 Date of Expenditure: \$ 8/7/2026

Business or Organization Name: Finard Realty LP **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: Dept 100 PO box 1377 City: Collierville State: TN Zip Code: 38027
Purpose of Expenditure: Rental Space
Amount of Expenditure: \$ \$550.00 Date of Expenditure: \$ 8/20/2026

Business or Organization Name: Olive Garden **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 6615 Airways Blvd, City: Southavent State: TN Zip Code: 38671
Purpose of Expenditure: Campaign Thankyou dinner-
Amount of Expenditure: \$ \$186.93 Date of Expenditure: \$ 9/1/2026

Business or Organization Name: Petals of the Peony, **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 2110 Madison Ave City: Memphis State: TN Zip Code: 38104
Purpose of Expenditure: Campaign Evaluation & Close out discussion with campaign advisor.
Amount of Expenditure: \$ \$78.00 Date of Expenditure: \$ 9/11/2026

Total Expenditures: \$ \$11,146.64

(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 EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: LaSonya Hall
2. Reporting Period: Start Date: 7/28/2026 End Date: 9/30/2026
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$11,146.64

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: Finard Realty LP OR

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

Address: Dept 100 PO Box 1377 City: Collierville State: TN Zip Code: 38027

Purpose of Expenditure: Rental Space

Amount of Expenditure: \$ \$603.00 Date of Expenditure: \$ 9/15/2026

Business or Organization Name: _____ OR

First Name: James Middle Name: _____ Last Name: Davis

Address: 629 S Copper City: Memphis State: TN Zip Code: 38104

Purpose of Expenditure: Photography

Amount of Expenditure: \$ \$175.00 Date of Expenditure: \$ 9/3/2026

Business or Organization Name: _____ OR

First Name: Anthony Middle Name: _____ Last Name: Coleman

Address: 270 Dubois Drive, City: Memphis State: TN Zip Code: 38109

Purpose of Expenditure: Catering

Amount of Expenditure: \$ \$350.00 Date of Expenditure: \$ 9/2/2026

Business or Organization Name: Chk 305 OR

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

Address: Pending Details City: Memphis State: TN Zip Code: 38120

Purpose of Expenditure: Pending Details

Amount of Expenditure: \$ \$98.75 Date of Expenditure: \$ 9/25/2026

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: \$ \$12,373.39

(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: LaSonya Hall
2. Reporting Period: Start Date: 7/28/2026 End Date: 9/30/2026
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: LaSonya Middle Name: _____ Last Name: Hall

Address: 260 Dubois Drive City: Memphis State: TN Zip Code: 38109

Outstanding Loan Balance (Beginning) \$ \$10,000.00

Loans Received \$ \$0.00

Loan Payments \$ \$5,000.00

Outstanding Loan (End) \$ \$5,000.00

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

Date of Loan: 1/5/2026

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) \$ \$10,000.00

Loans Received \$ \$0.00

Loan Payments \$ \$5,000.00

Outstanding Loan (End) \$ \$5,000.00