



CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates

For Single-Candidate Committees

1. Date: 7/30/2026 2.a. Candidate or Committee Name: Andy Marshall
- 2.b. If Committee, Name of Candidate: _____ 3. Election Date: 8/6/2026
4. Campaign Address: 8645 Belladonna Dr.
City: College Grove State: TN Zip Code: 37046 Phone: _____
5. Candidate Home Address: 8645 Belladonna Dr
City: College Grove State: TN Zip Code: 37046 Phone: _____
Candidate Email Address: andy@voteandymarshall.com
6. Office Sought: (include district number, if applicable) County Mayor
7. Name of Political Treasurer (may be candidate): Brian Mobley
Political Treasurer Email Address: bmtn09@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: 7/1/2026 End Date: 7/27/2026
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

-1764-4B5A-922F-6A21

Political Treasurer Signature

Date

Witness Signature

Date

Witness Signature

Date

12. Summary:

- | | |
|---|------------------------|
| a. Balance On Hand Last Report | \$ <u>\$55,920.38</u> |
| b. Total Receipts This Period | \$ <u>\$9,082.02</u> |
| c. Total Disbursements This Period | \$ <u>\$8,534.76</u> |
| d. Balance On Hand (12.a. plus 12.b. minus 12.c.) | \$ <u>\$56,467.64</u> |
| e. Total Loans Outstanding | \$ <u>\$100,500.00</u> |
| f. Total Obligations Outstanding | \$ <u>\$0.00</u> |

SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: Andy Marshall

14. Reporting Period: Start Date: 7/1/2026 End Date: 7/27/2026

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) \$ \$9,082.02
- 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.) \$ \$9,082.02

16. Disbursements:

- a. Total Expenditures (other than loan payments)..... \$ \$8,534.76
(Note: Effective January 16, 2023, all expenditures must be itemized.)
- b. Loan Repayments Made This Period \$ _____
- c. Total Obligation Payments Made This Period..... \$ _____
- d. Total Disbursements (add 16.a. and 16.b.) (must be shown in item 12.c.)..... \$ \$8,534.76

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: Andy Marshall
2. Reporting Period: Start Date: 7/1/2026 End Date: 7/27/2026
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: Michael Middle Name: _____ Last Name: Lotfi
Address: PO Box 361 City: Ashland City State: TN Zip Code: 37015
Occupation: Deputy State Director Employer: Americans for Prosperity
Contribution Received For: Primary Election ☒ General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$500.00 Date of Contribution: 7/24/2026 Aggregate This Election: \$ \$500.00

Business or Organization Name: Jigsaw PAC **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 1224 6th Ave N City: Nashville State: TN Zip Code: 37208
Occupation: N/A Employer: N/A
Contribution Received For: Primary Election ☒ General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$1,000.00 Date of Contribution: 7/3/2026 Aggregate This Election: \$ \$2,000.00

Business or Organization Name: Tractor Supply Company Political Action Committee **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 5401 Virginia Way City: Brentwood State: TN Zip Code: 37027
Occupation: N/A Employer: N/A
Contribution Received For: Primary Election ☒ General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$5,000.00 Date of Contribution: 7/3/2026 Aggregate This Election: \$ \$10,000.00

Business or Organization Name: _____ **OR**
First Name: Eric Middle Name: _____ Last Name: Pyle
Address: 442 Courfield Dr City: Franklin State: TN Zip Code: 37064
Occupation: Management Employer: BELL
Contribution Received For: Primary Election ☒ General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$500.00 Date of Contribution: 7/27/2026 Aggregate This Election: \$ \$1,500.00

Total Contributions: \$ \$7,000.00
(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: Andy Marshall
2. Reporting Period: Start Date: 7/1/2026 End Date: 7/27/2026
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ \$7,000.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**

First Name: Brian Middle Name: _____ Last Name: Snyder

Address: 923 Oldham Drive Unit 761 City: Nolensville State: TN Zip Code: 37136

Occupation: Owner Employer: Wash Associates

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

Amount of Contribution: \$ \$260.25 Date of Contribution: 7/27/2026 Aggregate This Election: \$ \$260.25

Business or Organization Name: _____ **OR**

First Name: Chuck Middle Name: _____ Last Name: Saunders

Address: 1462 Avellino Circle City: Murfreesboro State: TN Zip Code: 37130

Occupation: President Employer: Energy Land Infrastructure LLC

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

Amount of Contribution: \$ \$260.25 Date of Contribution: 7/19/2026 Aggregate This Election: \$ \$260.25

Business or Organization Name: _____ **OR**

First Name: Greg Middle Name: _____ Last Name: Gamble

Address: 716 Hampton Cove City: Franklin State: TN Zip Code: 37064

Occupation: Landscape Architect Employer: Kimley Horn

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

Amount of Contribution: \$ \$1,561.5 Date of Contribution: 7/16/2026 Aggregate This Election: \$ \$1,561.5

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: \$ \$9,082.02

(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: Andy Marshall
2. Reporting Period: Start Date: 7/1/2026 End Date: 7/27/2026
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: WinRed OR

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

Address: 1776 Wilson Blvd City: Arlington State: VA Zip Code: 22209

Purpose of Expenditure: Credit Card Fees

Amount of Expenditure: \$ \$107.02 Date of Expenditure: \$ 7/27/2026

Business or Organization Name: Canva OR

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

Address: 75 E Sanat Clara St City: San Jose State: CA Zip Code: 95113

Purpose of Expenditure: Dues and Subscriptions

Amount of Expenditure: \$ \$16.46 Date of Expenditure: \$ 7/27/2026

Business or Organization Name: X.com OR

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

Address: 865 FM1209 Building 2 City: Bastrop State: TX Zip Code: 78602

Purpose of Expenditure: Dues and Subscriptions

Amount of Expenditure: \$ \$8.78 Date of Expenditure: \$ 7/27/2026

Business or Organization Name: Puckett's Franklin OR

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

Address: 120 4th Ave S City: Franklin State: TN Zip Code: 37064

Purpose of Expenditure: Catering

Amount of Expenditure: \$ \$12.68 Date of Expenditure: \$ 7/27/2026

Business or Organization Name: MailChimp OR

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

Address: 675 Ponce de Leon Ave NE Ste 5 City: Atlanta State: GA Zip Code: 30308

Purpose of Expenditure: Email Communications

Amount of Expenditure: \$ \$29.08 Date of Expenditure: \$ 7/20/2026

Total Expenditures: \$ \$174.02

(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: Andy Marshall
2. Reporting Period: Start Date: 7/1/2026 End Date: 7/27/2026
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$174.02

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: DropBox **OR**

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

Address: 33 W 19th St City: New York State: NY Zip Code: 10011

Purpose of Expenditure: Dues and Subscriptions

Amount of Expenditure: \$ \$13.16 Date of Expenditure: \$ 7/20/2026

Business or Organization Name: Puckett's Franklin **OR**

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

Address: 120 4th Ave S City: Franklin State: TN Zip Code: 37064

Purpose of Expenditure: Meals

Amount of Expenditure: \$ \$16.84 Date of Expenditure: \$ 7/27/2026

Business or Organization Name: Google Workspace **OR**

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

Address: 1600 Amphitheatre Parkway City: Mountain View State: CA Zip Code: 94043

Purpose of Expenditure: Website Expense

Amount of Expenditure: \$ \$184.38 Date of Expenditure: \$ 7/2/2026

Business or Organization Name: Puckett's Franklin **OR**

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

Address: 120 4th Ave S City: Franklin State: TN Zip Code: 37064

Purpose of Expenditure: Meals

Amount of Expenditure: \$ \$31.70 Date of Expenditure: \$ 7/24/2026

Business or Organization Name: Puckett's Franklin **OR**

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

Address: 120 4th Ave S City: Franklin State: TN Zip Code: 37064

Purpose of Expenditure: Meals

Amount of Expenditure: \$ \$18.08 Date of Expenditure: \$ 7/23/2026

Total Expenditures: \$ \$438.18

(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: Andy Marshall
2. Reporting Period: Start Date: 7/1/2026 End Date: 7/27/2026
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$438.18

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: Puckett's Franklin OR

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

Address: 120 4th Ave S City: Franklin State: TN Zip Code: 37064

Purpose of Expenditure: Meals

Amount of Expenditure: \$ \$14.65 Date of Expenditure: \$ 7/20/2026

Business or Organization Name: _____ OR

First Name: Marquis Middle Name: _____ Last Name: Gaudet

Address: PO Box 126 City: Franklin State: TN Zip Code: 37065

Purpose of Expenditure: Mileage

Amount of Expenditure: \$ \$229.83 Date of Expenditure: \$ 7/15/2026

Business or Organization Name: _____ OR

First Name: Marquis Middle Name: _____ Last Name: Gaudet

Address: PO Box 126 City: Franklin State: TN Zip Code: 37065

Purpose of Expenditure: Campaign Worker

Amount of Expenditure: \$ \$2,500.00 Date of Expenditure: \$ 7/15/2026

Business or Organization Name: The Fainting Goat OR

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

Address: 1143 Columbia Ave A 10 City: Franklin State: TN Zip Code: 37064

Purpose of Expenditure: Meals

Amount of Expenditure: \$ \$13.60 Date of Expenditure: \$ 7/23/2026

Business or Organization Name: Renasant Bank OR

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

Address: 815 Columbia Ave City: Franklin State: TN Zip Code: 37064

Purpose of Expenditure: Bank Fees

Amount of Expenditure: \$ \$3.00 Date of Expenditure: \$ 7/17/2026

Total Expenditures: \$ \$3,199.26

(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 EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: Andy Marshall
2. Reporting Period: Start Date: 7/1/2026 End Date: 7/27/2026
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$3,199.26

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: Political Financial Management LLC **OR**

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

Address: 95 White Bridge Rd Ste 207 City: Nashville State: TN Zip Code: 37205

Purpose of Expenditure: Complainece/Accouting

Amount of Expenditure: \$ \$1,942.50 Date of Expenditure: \$ 7/6/2026

Business or Organization Name: Flickr **OR**

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

Address: 390 Fremont Street City: San Francisco State: CA Zip Code: 94105

Purpose of Expenditure: Dues and Subscriptions

Amount of Expenditure: \$ \$12.07 Date of Expenditure: \$ 7/17/2026

Business or Organization Name: SignUp Genius **OR**

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

Address: 13777 Ballantyne Corporate Place City: Charlotte State: NC Zip Code: 28277

Purpose of Expenditure: Dues and Subscriptions

Amount of Expenditure: \$ \$29.99 Date of Expenditure: \$ 7/13/2026

Business or Organization Name: Perry's Steakhouse **OR**

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

Address: 5028 Aspen Grove Dr City: Franklin State: TN Zip Code: 37067

Purpose of Expenditure: Catering

Amount of Expenditure: \$ \$684.86 Date of Expenditure: \$ 7/13/2026

Business or Organization Name: Williamson Inc **OR**

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

Address: 5005 Meridian Blvd Ste 150 City: Franklin State: TN Zip Code: 37067

Purpose of Expenditure: Contribution

Amount of Expenditure: \$ \$1,500.00 Date of Expenditure: \$ 7/13/2026

Total Expenditures: \$ \$7,368.68

(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: Andy Marshall
2. Reporting Period: Start Date: 7/1/2026 End Date: 7/27/2026
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$7,368.68

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: Spring Hill Chamber of Commerce **OR**

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

Address: 5326 Main St City: Spring Hill State: TN Zip Code: 37174

Purpose of Expenditure: Donation

Amount of Expenditure: \$ \$140.00 Date of Expenditure: \$ 7/10/2026

Business or Organization Name: Sperry's Restaurant **OR**

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

Address: 650 Frazier Dr Ste 140 City: Franklin State: TN Zip Code: 37064

Purpose of Expenditure: Meals

Amount of Expenditure: \$ \$220.20 Date of Expenditure: \$ 7/9/2026

Business or Organization Name: Serrato Steakhouse **OR**

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

Address: 3046 Columbia Ave Ste 102 City: Franklin State: TN Zip Code: 37064

Purpose of Expenditure: Meals

Amount of Expenditure: \$ \$408.10 Date of Expenditure: \$ 7/8/2026

Business or Organization Name: Pueblo Restaurant **OR**

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

Address: 1340 W Main St City: Franklin State: TN Zip Code: 37064

Purpose of Expenditure: Meals

Amount of Expenditure: \$ \$147.78 Date of Expenditure: \$ 7/8/2026

Business or Organization Name: USPS **OR**

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

Address: 510 Columbia Ave City: Franklin State: TN Zip Code: 37064

Purpose of Expenditure: PO Box Fee

Amount of Expenditure: \$ \$250.00 Date of Expenditure: \$ 7/2/2026

Total Expenditures: \$ \$8,534.76

(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: Andy Marshall
2. Reporting Period: Start Date: 7/1/2026 End Date: 7/27/2026
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: Andy Middle Name: _____ Last Name: Marshall

Address: 8645 Belladonna Dr City: College Grove State: TN Zip Code: 37046

Outstanding Loan Balance (Beginning) \$ \$500.00

Loans Received \$ \$0.00

Loan Payments \$ \$0.00

Outstanding Loan (End) \$ \$500.00

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

Date of Loan: 10/27/2025

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 LOANS - CANDIDATE

1. Candidate or Committee Name: Andy Marshall
2. Reporting Period: Start Date: 7/1/2026 End Date: 7/27/2026
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: Andy Middle Name: _____ Last Name: Marshall

Address: 8645 Belladonna Dr City: College Grove State: TN Zip Code: 37046

Outstanding Loan Balance (Beginning) \$ \$100,000.00

Loans Received \$ \$0.00

Loan Payments \$ \$0.00

Outstanding Loan (End) \$ \$100,000.00

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

Date of Loan: 12/31/2025

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) \$ \$100,500.00

Loans Received \$ \$0.00

Loan Payments \$ \$0.00

Outstanding Loan (End) \$ \$100,500.00