CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
The C/OH Instruction Gu	ide explains how to complete this form.		12
3 CANDIDATE/	MS / MRS / MR FIRST	MI :	OFFICE USE ONLY
OFFICEHOLDER NAME	GERALO	G	Date Received
NAME	NICKNAME LAST	SUFFIX	FILED FOR RECORD
	GARZA		AT 11.22 AM
4 CANDIDATE/	ADDRESS / PO BOX; APT / SUITE #;	CITY; STATE; ZIP CODE	OCT 0 5 2018
OFFICEHOLDER MAILING ADDRESS	P.O. BOX 60197 C.	C. TX 78466	KARA SANDS CLERK, COUNTY DOURT NUESCES COUNTY TEXAS
Change of Address		EXTENSION	BY US DEPUTY
5 CANDIDATE/ OFFICEHOLDER	AREA CODE PHONE NUMBER (36) 249-1560	EXTENSION	Date Hand-delivered or Date Postmarked
PHONE 6 CAMPAIGN	MS / MRS / MR FIRST	· MI	Receipt # Amount \$
TREASURER NAME	DE, VELDA	SUFFIX	Date Processed
5	VELA-TRU	TILO.	Date Imaged
Z CANADAIGNI	STREET ADDRESS (NO PO BOX PLEASE); APT / S		ZIP CODE
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	4444 CORONA, SU	176 118 C.C. T	x 78411
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (36) 225-2525	EXTENSION	
9 REPORT TYPE			4 FAb do offer sometime
	January 15 30th day before	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)
- Comments of the Comments of	July 15 8th day before e	election Exceeded \$500 limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year	Month	Day Year
	07 / 14 / 2018	THROUGH 10 /	105/2018
11 ELECTION	ELECTION DATE	ELECTION TYP	E
	Month Day Year Primary	Description	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if know	m)
2		DISTRIC	T CLERK
	GO ТО	PAGE 2	

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

2018-111

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	C	15	5 Filer ID (Ethics Commission Filers)
	GERALO	GARZA	(=====================================
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CAN	NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITU DIDITATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WIT DISSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS TURES.	HOUT THE CANDIDATE'S OR OFFICEUR DED'C
	COMMITTEE TYPE	COMMITTEE NAME	
u .	GENERAL		The state of the s
	SPECIFIC	COMMITTEE ADDRESS	
a g			
	-	COMMITTEE CAMPAIGN TREASURER NAME	
Additional Pages			
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION			
TOTALS	1. TOTAL F PLEDGE	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE	\$ 560.00
	2. TOTAL I	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 7300.00
EXPENDITURE TOTALS	3. TOTAL P UNLESS	OLITICAL EXPENDITURES OF \$100 OR LESS, ITEMIZED	\$ 2147.32
	4. TOTAL F	POLITICAL EXPENDITURES	\$ 10558.55
CONTRIBUTION BALANCE	5. TOTAL PO	DLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DA DRTING PERIOD	
OUTSTANDING LOAN TOTALS	6. TOTAL PE	RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE Y OF THE REPORTING PERIOD	1
18 AFFIDAVIT			
	*	I swear, or affirm, under penalty of perjutue and correct and includes all information under Title 15, Election Code.	ury, that the accompanying report is ation required to be reported by me
e .		Sundo x	9 Lago
		Signature of Candida	te or Øtticerunder
AFFIX NOTARY STAMP/	SEALABOVE		
Sworn to and subscrib	ed before me. hv	the said Contact Contact	
day of	1 000	O. Out Ce	, this the
Q1 1.1		certify which, witness my hand and seal of office.	
Signature of officer adm	inistering oath	Printed name of officer and in an ale ?	Motary Publica
		Printed name of officer administering cath	RY HERNANDEZ
ns provided by Texas Ethics	Commission	www.etnics.state.tx.us	VID# 128833645
		Expires	December 20, 2019 Fivised 9/8/2015

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

		·		
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 5	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	
Gerale	1 Garza			
4 Date	5 Full name of contributor	(ID#:)	7 Amount of contribution (\$)	
7/16	5100 Hoelscher Harris Braugh IIP. 6 Contributor address; City: State 800 N. CARANCAHUA C.C. TX	; Zip Code 7 8401	500.00	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)	
	attorney	same		
Date	Full name of contributor		Amount of contribution (\$)	
7/16	Bill Dennis Contributor address; City; State	e; Zip Code	200.00	
1 7 18		78411		
Principal occur	pation / Job title (See Instructions)	Employer (See Instruc	tions)	
	doctor	self		
Deta	Full name of contributor	: /ID#-		
Date			Amount of contribution (\$)	
7/16	Blanch Ferendez Contributor address; City; State 2174 County Rd 51 C.C. TX	; Zip Code	200.00	
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
	ealth care	self		
Date	Full name of contributor out-of-state PAC	; (ID#:)	Amount of contribution (\$)	
7/16	Sociatoga & Everhart C.C. 7	; Zip Gode	900.00	
Principal occup	cation / Job title (See Instructions) Restaurant	Employer (See Instruc	tions)	
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	ATTAOLLABOR			
	ATTACH ADDITIONAL COPIES OF If contributor is out-of-state PAC, please see instru	FTHIS SCHEDULE AS NE uction guide for additional	EDED reporting requirements.	

The instruction Guide explains how to complete this form. ER NAME	
Gerald Garza	3 Filer ID (Ethics Commission Filers)
5 Full name of contributor	7 Amount of contribution (\$)
Robert Mayne 6 Contributor address; City: State; Zip Code 1941 Haven Richmond TX 77469	100,00
1941 Haven Richmond TX 77469 ncipal occupation / Job title (See instructions) 9 Employer (See	Instructions)
le Full name of contributor out-of-state PAC (IDIE)	Amount of contribution (\$)
David Villagreal Contributor address; City: State; Zip Code 3909 Roscher C.C. TX 78418	300.00
contractor Self	Instructions)
Kevin W. Liles P.C. Contributor address; City; State; Zip Code	Amount of contribution (\$)
Contributor address; City; State; Zip Code 123 Del Mai C.C. Tx 78404	250.00
ncipel occupation / Job title (See Instructions) Employer (See	
le Full name of contributor out-of-state PAC (IDI:	Amount of contribution (5)
Lee Trujillo Contributor address: City: State: Zip Gode 4730 Wooldridge C.C. TX 78413	600.00
cipal occupation / Job title (See Instructions) Employer (See	

DS18/E basivaR	auxi.elate.exinte.www	ocea Ethice Commission	or yd bebivorg am
EEDED reporting requirements.	OTTOWAL, COPIES OF THIS SCHEDULE AS NI PAC, please see instruction guide for additional	ATTACH ADITION IS OUT-of-state	
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00.000	City; State; Zip Code	. Coupponton address:	071.
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	P87 XT .D.D		
300.00	Chy; State; Zip Code	Contributor address;	OCIL
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00.006	City; State; Zip Code	Courtibutor address:	0e/L
		Soug Jenning.	Osle
(2) notinditings to innomA	C ACI) DAY etute-10-100	Full name of contributor	4,00
	-		
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	81487 XT J.) Ma	4405 Shea Parku	0.1.
300.00	City; State; Zip Code	S. S. Contributor services:	81/4
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7 Amount of contribution (\$)	Out-ol-state PAC (fibe:	5 Full name of contributor	Serala
			FILER NAME
3 Filer ID (Ethics Commission Filers)			
S : LV amontos satud Riol L	ow to complete this form.	Danneson anno exbesses	aul

TI	ne instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 5
ILER NAM		3 Filer ID (Ethics Commission Filers)
	uld Garza	
Date	5 Full name of contributor	7 Amount of contribution (\$)
120	Post Acute med LLC 6 Contributor address; City: State; Zip Code	600.00
700		600.00
	1828 Good Hope Enola Pa. [9 Employer (See Instructions)	munitione)
Principal o	ccupation / Job title (See instructions) 9 Employer (See Inst	
ale	Full name of contributor Out-of-state PAC (IDI:	Amount of contribution (\$)
	Anderson, Lettrom Barre & Maraist LLa	
20	Contributor address; City: State; Zip Code 1001 3 rd street C.C. TX 78404	250.00
	1001 3rd street C.C. 7x 78404	
rincipal o	ccupation / Job title (See Instructions) Employer (See Ins	irucions)
Date	Full name of contributor	Amount of contribution (\$)
120	Wigington, Rumley, Dunn, & Blair LLP Contributor address; City: State; Zip Code	650.00
120		630.00
	123 Carrizo C.C. Tx 78401	
rincipal o	ccupation / Job title (See Instructions) Employer (See Ins	tructions)
Date	Full maine of contributor out-of-state PAC (IDI);	Amount of contribution (5)
/11	Poofsy Perez Contributor address; City: State; Zip Gode	
/11		750.00
rincipal or		
	ccupation / Job title (See Instructions) Employer (See Ins	ructions)
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	그는 이 이 사람들이 되었다. 그 그 사람들이 나를 받았다.	

Date S Full name of contributor cut-of-state PAC (IDS: 7 Amount of contribution (\$)	MONETA	RY POLITICAL	CONTRIBUTIONS	SCHEDULE A1
Date S Full name of contributor cet-of-state PMC (IDE: 7 Amount of contribution (8)	The in	struction Guide explains how	r to complete this form.	1 Total pages Schedule A1: 5
Date Full name of contributor cut-of-state PAC (IDE:				3 Filer ID (Ethics Commission Filers)
Date Full name of contributor cut-of-state PAC (IDE:	ILER NAME	Loren		
Social States Sta	Deraio	DUI OF CONTRACT	□t-of-sinte PAC (IDE:	7 Amount of contribution (\$)
Principal occupation / Job title (See Instructions)				
Principal occupation / Job title (See Instructions)	8/22 1.	Katherine tocoes	Other State: Zip Code	250.00
Principal occupation / Job title (See Instructions) Principal occupation / Job title (See Instructions) Principal occupation / Job title (See Instructions)		Contributor sources,	1 1 TV 78410	
Principal occupation / Job fille (See Instructions) Principal occupation / Job fille (See Instructions) Principal occupation / Job fille (See Instructions) Date Full name of contributor City: State: Zip Code 200.00				
Brin. Brin. Contributor address; City: State; Zip Code 200.00	Principal occupa	tion / Job title (See Instructions	i) 9 Employer (see	instructions)
Contributor address; City: State; Zip Code 200.00				
Bim. Bim. Brin. Contributor address; City: State; Zip Code 200.00	Pate	Full name of contributor	Out-of-state PAC (IDI:	Amount of contribution (\$)
Contributor address: Cay: State; Zip Code C223 # 10		Orin & Vicin		
C223 H O S. A. Tx 7820	1/3	Contributor address;	City; State; Zip Code	200.00
Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Automation LLC Contributor address; City: State; Zip Code Po Box 31514 C.C. TX 78463 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$)	/			
Date Full name of contributor Amount of contribution (\$) Automotion LLC. Contributor address; Po Box 31514 C.C. TX 78463 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) And Marie Silvas Contributor address; City: State: Zip Code 410 N. Saind Mary Beeville TX 78102				
Automotion LLC Contributor address; City; State; Zip Code Po Box 31514 C.C. TX 78463 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor I out-of-state PAC (IDI:	Principal occupa	tion / Job title (See Instructions) Employer (See	Instructions)
Automotion LLC Contributor address; City; State; Zip Code Po Box 31514 C.C. TX 78463 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor I out-of-state PAC (IDI:				
Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (IDE:	Date	Full name of contributor	Out-of-state PAC (IDI:	Amount of contribution (\$)
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Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (IDE:	1/22	Contributor address:	City; State; Zip Code	250.00
Date Full name of contributor out-of-state PAC (IDIE:) Amount of contribution (\$) Annual Murie Silvas Contributor address; City: State: Zip Gode 100.00 410 N. Saind Mury Beeville TX 78/02		PO BOX 31514	C.C. TX 78463	
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Anna Marie Silvas Contributor address: City: State: Zip Code 410 N. Saird Mary Beeville TX 78102 Amount or contribution (6)	-vincipal occupa	non / Job use (See negricosons	Crispoyer (cee	III-SUUCBOUS)
Anna Marie Silvas Contributor address: City: State: Zip Gode 100.00 410 N. Saind Mary Beeville TX 78/02	Date	Full name of contributor	Out-of-state PAC (IDE:	Amount of contribution #5
10 Contributor address; City: State: Zip Gode 100.00		Anna Marie Silvas		
	10	· Contributor address:	City: State: Zin Gode	100.00
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Event Expense Advertising Expense Transportation Equipment & Related Expense Fees Food/Beverage Expense Gilt/Awards/Memorials Expense Accounting/Banking Travel In District Polling Expense Consulting Expense Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Other (enter a category not listed above) Legal Services Candidate/Officeholder/Political Committee Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME GERALD GARZA 5 Payee name 4 Date 7/2018 TIN 7 Payee address; City; State; Zip Code 6 Amount (\$) 5314 STONEMILL C.C. TX 78413 637.50 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 Check if travel outside of Texas. Complete Schedule T. PURPOSE Check if Austin, TX, officeholder living expense OF EXPENDITURE EVENT EXPENSE Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name RIVER HILLS COUNTRY CLUB 7/2018 4225 RIVER HILLS C.C. TX 78410 2032,00 Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. PURPOSE OF EXPENDITURE Check if Austin, TX, officeholder living expense EVENT EXPENSE Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Payee name Date 9/2018 SAFEGUARO Amount (\$) Pavee address: City; State; Zip Code 1343 STAPLES C.C. TX 78404 210,00 Category (See Categories listed at the top of this schedule) Description PURPOSE Check if travel outside of Texas. Complete Schedule T. OF EXPENDITURE __ Check if Austin, TX, officeholder living expense STORAGE

Complete ONLY if direct

expenditure to benefit C/OH

Office sought

Candidate / Officeholder name

Office held

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gitl/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politice Credit Card Payment	Committee Legal Services Salaries M The Instruction Guide explains how to committee the committee of the co	vages/Contract Labor complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME GERALD GARZA		3 Filer ID (Ethics Commission Filers)
4 Date 7/2018	5 Payee name GOLFBALLS . COM		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
221.80	INTERNET USA		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE			side of Texas. Complete Schedule T. TX, officeholder living expense
EXPENDITURE	EVENT EXPENSE	Oneck ii Ausini,	TA, Unidentifies training expenses
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
7/2018	ARROW DISPLAY		
Amount (\$)	Payee address; City; State; Zip Code		
2751.72	1343 STAPLES C.C.	7x 7840	4
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE			ide of Texas. Complete Schedule T.
OF EXPENDITURE	SIGNS	Check if Austin,	TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
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Amount (\$)	Payee address; City; State; Zip Code		
1350.00	2701 MORGAN #600 C	.c. Tx 784	05
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE			de of Texas. Complete Schedule T.
EXPENDITURE	ADVERTISEMENT	Check if Austin, 7	X, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundralsing Expense
Transportation Equipment & Related Expense
Travel in District

Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica	roombeverage Expense Frining E g Gift/Awards/Memorials Expense Printing E al Committee Legal Services Salaries/A	
Credit Card Payment	The Instruction Guide explains how to	complete this form.
1 Total pages Schedule F1:	2 FILER NAME GERALD GARZA	3 Filer ID (Ethics Commission Filers)
4 Date 4/2018	5 Payee name COOPER SIGNS 7 Payee address; City; State; Zip Code	
6 Amount (\$)		
2516.00	PO BOX 9431 C.C. TX	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
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OF EXPENDITURE	ADVERTISEMENT	L Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
9/2018	SAMS CLUB	
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	Category (See Categories listed at the top of this schedule)	Description
PURPOSE		Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	EVENT EXPENSE	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held
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344.73	INTERNET USA	
3	Category (See Categories listed at the top of this schedule)	Description
PURPOSE		Check if travel outside of Texas, Complete Schedule T.
EXPENDITURE	ADVERTISEMENT	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gilt/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhoad/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Contributions/Donations Made By Candidate/Officeholder/Politica		Wages/Contract Labor Other (enter a category not listed above)
Cancidate/Unicendider/Political Credit Card Payment	al Committee Legal Convictor	
trion, see	The Instruction Guide explains how to	and the second s
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4	GERALD GARZA	
4 Date	5 Payee name	A company of the comp
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8/2018		
6 Amount (\$)	7 Payee address; City; State; Zip Code	
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7.50.50		
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OF	FEES	Check if Austin, TX, officeholder living expense
EXPENDITURE	rem	
		Office sought Office held
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/OI	Л	
Date	Payee name	
9/2018	HOME DEPOT	
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195.52	SPID C.C. TX	787 11
1	Category (See Categories listed at the top of this schedule)	Description
PURPOSE		Check if travel outside of Texas. Complete Schedule T.
OF		Check if Austin, TX. officeholder living expense
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expenditure to benefit C/OH		Office adagm
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	Category (See Categories listed at the top of this schedule)	Description
PURPOSE		Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin, TX, officeholder living expense
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Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/OH		Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	
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LOANS	-		SCHEDULE E
The I	nstruction Guide explains how to comple	ete this form.	1 Total pages Schodule E:
2 FILER NAME	ald G. Garza		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UN	ITEMIZED LOANS		\$
5 Date of loan	7 Name of lender ut-of-state F	PAC (ID#:).	9 Loan Amount (\$)
9/18	Gerald G. Garza		2200.00
6 Is lender a financial	Condo Louiste,	State; Zip Code	10 Interest rate 5%
Institution?	4614 Oxford C.C.	Tx 78411	11 Maturity date 11 - 15 - 2618
	on / Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of Coll		15 Check if personal funds were account (See Instructions)	deposited into political
none		<u> </u>	40. A
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
	18 Guarantor address; City;	State; Zip Code	,
not applicable			v.
20 Principal Occupat	tion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)
Is lender a financial	Lender address; City;	State; Zip Code	Interest rate
Institution?	·		Maturity date
	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Coll	ateral	Check if personal funds were account (See Instructions)	deposited into political
none	I		Amount Guaranteed (\$)
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteeu (ф)
	Guarantor address; City;	State; Zip Code	A 7.5
not applicable	8.1		* £
Principal Occupat	ion (See Instructions)	Employer (See Instructions)	
16	ATTACH ADDITIONAL CO	OPIES OF THIS SCHEDULE AS NO	
1		general designation of the state of the stat	