

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 NORTH FLORIDA NEIGHBORS

ADDRESS (number and street) PO BOX 1034 TALLAHASSEE FL 32302

2. FEC IDENTIFICATION NUMBER C C00582312 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report. (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31. (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special. (d) 30-Day POST-Election Report for the: General, Runoff, Special.

5. Covering Period 04 01 2016 through 06 30 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Abby Dupree

Signature of Treasurer Abby Dupree [Electronically Filed] Date 07 15 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

NORTH FLORIDA NEIGHBORS

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>	<input type="text" value="17603.84"/>	<input type="text" value="17603.84"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="17180.85"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="564024.85"/>	<input type="text" value="565879.85"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="581205.70"/>	<input type="text" value="583483.69"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="9397.99"/>	<input type="text" value="11675.98"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="571807.71"/>	<input type="text" value="571807.71"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

NORTH FLORIDA NEIGHBORS

Report Covering the Period: From: / / To: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	183700.00	185500.00
(ii) Unitemized	10.00	65.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	183710.00	185565.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	380314.85	380314.85
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	564024.85	565879.85
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	564024.85	565879.85
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	564024.85	565879.85

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	9397.99	11675.98
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	9397.99	11675.98
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	9397.99	11675.98
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	9397.99	11675.98

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	564024.85	565879.85
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	564024.85	565879.85
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	9397.99	11675.98
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	9397.99	11675.98

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 12
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
NORTH FLORIDA NEIGHBORS

Full Name (Last, First, Middle Initial)
A. Harness Oil & Gas, Inc.

Mailing Address PO Box 52890

City State Zip Code
Houston TX 77052

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
100000.00

Date of Receipt
MM / DD / YYYY
06 / 21 / 2016

Transaction ID : SA11AI.4165

Amount of Each Receipt this Period
100000.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Merlin Law Group

Mailing Address 777 S Harbour Island Blvd Ste. 950

City State Zip Code
Tampa FL 33602

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10000.00

Date of Receipt
MM / DD / YYYY
06 / 16 / 2016

Transaction ID : SA11AI.4163

Amount of Each Receipt this Period
10000.00

Memo Item

Full Name (Last, First, Middle Initial)
C. NeuroScience Centers of Florida Foundation

Mailing Address 2150 Coral Way 8th Floor

City State Zip Code
Miami FL 33145

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
MM / DD / YYYY
05 / 18 / 2016

Transaction ID : SA11AI.4147

Amount of Each Receipt this Period
2500.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 112500.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 12
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
NORTH FLORIDA NEIGHBORS

Full Name (Last, First, Middle Initial) A. Studer Properties, LLP		Date of Receipt MM / DD / YYYY 05 / 20 / 2016 Transaction ID : SA11AI.4149
Mailing Address 321 N Devilliers St Ste. 103		Amount of Each Receipt this Period 25000.00
City Pensacola	State FL	Zip Code 32501
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Memo Item	
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 25000.00	

Full Name (Last, First, Middle Initial) B. Alan Suskey		Date of Receipt MM / DD / YYYY 06 / 27 / 2016 Transaction ID : SA11AI.4185
Mailing Address 3198 Dunbar Lane		Amount of Each Receipt this Period 1000.00
City Tallahassee	State FL	Zip Code 32311
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Memo Item	
Name of Employer Self Employed	Occupation Government Relations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. The Lewis Bear Company		Date of Receipt MM / DD / YYYY 06 / 02 / 2016 Transaction ID : SA11AI.4152
Mailing Address 6120 Enterprise Drive		Amount of Each Receipt this Period 15000.00
City Pensacola	State FL	Zip Code 32505
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Memo Item	
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 15000.00	

SUBTOTAL of Receipts This Page (optional).....▶	41000.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 12
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
NORTH FLORIDA NEIGHBORS

A. Trinity Medical Pharmacy LLC
 Full Name (Last, First, Middle Initial)
 Mailing Address 9332 State Road 54 Ste. 203
 City State Zip Code
 New Port Richey FL 34655
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 02 / 2016
Transaction ID : SA11AI.4154
 Amount of Each Receipt this Period
 2700.00
 Memo Item

B. United States Sugar Corporation
 Full Name (Last, First, Middle Initial)
 Mailing Address 111 Ponce De Leon Ave
 City State Zip Code
 Clewiston FL 33440
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 25000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 22 / 2016
Transaction ID : SA11AI.4167
 Amount of Each Receipt this Period
 25000.00
 Memo Item

C. West Florida Optometric Association
 Full Name (Last, First, Middle Initial)
 Mailing Address 2256 W Nine Mile Road Ste. B
 City State Zip Code
 Pensacola FL 32534
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 28 / 2016
Transaction ID : SA11AI.4169
 Amount of Each Receipt this Period
 2500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	30200.00
TOTAL This Period (last page this line number only).....	183700.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 12
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
NORTH FLORIDA NEIGHBORS

A. Economic Freedom Foundation
 Full Name (Last, First, Middle Initial)
 Mailing Address 2488 Cabin Hill Road
 City Tallahassee State FL Zip Code 32311
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 369008.25

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 20 / 2016
Transaction ID : SA11C.4157
 Amount of Each Receipt this Period
 369008.25
 Memo Item

B. Free Enterprise Fund
 Full Name (Last, First, Middle Initial)
 Mailing Address 8489 Cabin Hill Road
 City Tallahassee State FL Zip Code 32311
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 11306.60

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 20 / 2016
Transaction ID : SA11C.4158
 Amount of Each Receipt this Period
 11306.60
 Memo Item

C.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	380314.85
TOTAL This Period (last page this line number only).....▶	380314.85

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NORTH FLORIDA NEIGHBORS

Full Name (Last, First, Middle Initial)

A. Carroll and Company CPAs

Mailing Address 2640-A Mitcham Drive

City Tallahassee State FL Zip Code 32308

Purpose of Disbursement
Accounting Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 20 / 2016

Transaction ID : SB21B.4146

Amount of Each Disbursement this Period

695.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Carroll and Company CPAs

Mailing Address 2640-A Mitcham Drive

City Tallahassee State FL Zip Code 32308

Purpose of Disbursement
Accounting Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 23 / 2016

Transaction ID : SB21B.4151

Amount of Each Disbursement this Period

650.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Clark Hill PLC

Mailing Address 601 Pennsylvania Ave NW Ste. 1000

City Washington State DC Zip Code 20004

Purpose of Disbursement
Legal Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 20 / 2016

Transaction ID : SB21B.4145

Amount of Each Disbursement this Period

925.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

2270.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NORTH FLORIDA NEIGHBORS

Full Name (Last, First, Middle Initial)
A. Clark Hill PLC

Mailing Address 601 Pennsylvania Ave NW Ste. 1000

City Washington State DC Zip Code 20004

Purpose of Disbursement
Legal Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
05 / 11 / 2016

Transaction ID : **SB21B.4194**

Amount of Each Disbursement this Period
438.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Clark Hill PLC

Mailing Address 601 Pennsylvania Ave NW Ste. 1000

City Washington State DC Zip Code 20004

Purpose of Disbursement
Legal Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
06 / 21 / 2016

Transaction ID : **SB21B.4195**

Amount of Each Disbursement this Period
2635.00

Memo Item

Full Name (Last, First, Middle Initial)
C. K Ballard Consulting

Mailing Address 1700 N Monroe St StE. 11-107

City Tallahassee State FL Zip Code 32303

Purpose of Disbursement
Fundraising Consulting

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
06 / 13 / 2016

Transaction ID : **SB21B.4193**

Amount of Each Disbursement this Period
4000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶	7073.00
TOTAL This Period (last page this line number only)..... ▶	9343.00

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 12 OF 12
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
NORTH FLORIDA NEIGHBORS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Clark Hill PLC	Nature of Debt (Purpose): Legal Services
Mailing Address 601 Pennsylvania Ave NW Ste. 1000	
City State Zip Code Washington DC 20004	

Outstanding Balance Beginning This Period 925.00	Transaction ID : SD10.4141	
Amount Incurred This Period 0.00	Payment This Period 925.00	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)..... ▶	0.00
2) TOTALS This Period (last page this line number only)..... ▶	0.00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	