SCHEDULE C (FEC Form 4)
LOANS

NAME OF COMMITTEE (In Full)

LOAN SOURCE Full Name (Last, First, Middle Initial)

Election:
- [ ] Primary
- [ ] General
- [ ] Other (specify)

Mailing Address

City   State   ZIP Code

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M M / D D / Y Y Y Y	M M / D D / Y Y Y Y	_____ % (apr)	[ ] Yes [ ] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

    Mailing Address

    City   State   ZIP Code

| Name of Employer |
| Occupation |
| Amount Guaranteed Outstanding: |

2. Full Name (Last, First, Middle Initial)

    Mailing Address

    City   State   ZIP Code

| Name of Employer |
| Occupation |
| Amount Guaranteed Outstanding: |

3. Full Name (Last, First, Middle Initial)

    Mailing Address

    City   State   ZIP Code

| Name of Employer |
| Occupation |
| Amount Guaranteed Outstanding: |

4. Full Name (Last, First, Middle Initial)

    Mailing Address

    City   State   ZIP Code

| Name of Employer |
| Occupation |
| Amount Guaranteed Outstanding: |

SUBTOTALS This Period This Page (optional) ....

TOTALS This Period (last page in this line only) ....

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

FEC **Schedule C (Form 4)** (Revised 1/01)

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