FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

									Office	Use Only	
1.	NAME OF COMMITTEE (in		PE OR	PRINT ▼		mple: If typer the lines.		12FE	24M5		
C	ITIZENS FOF	R A BETTE	R AN	MERICA(F	R) (CFAB	A.ORG)					
AD	DRESS (number an		P.O. BO	X 1949							
	Check if different than previous reported. (AC	sly	LITTLE	ROCK				CA	935	543-5949	
2.	FEC IDENTIFIC	ATION NUME	BER ▼		CITY 🛦			STATE A		ZIP COI	DE 🛦
	C C0027833	3			3. IS THIS REPORT	x	NEW (N) OR		AMENDE (A)	D	
4.	TYPE OF REF (Choose One)	PORT		nthly oort	Feb 20 (M2)		May 20 (M5)		Aug 20 (M8	3)	Nov 20 (M11) (Non-Election Year Only)
	(a) Quarterly Rep	oorts:	Due	on.	Mar 20 (M3)		Jun 20 (M6)		Sep 20 (M9	9)	Dec 20 (M12) (Non-Election Year Only)
	April 15	, Papart (O1)			Apr 20 (M4)		Jul 20 (M7)		Oct 20 (M1	0)	Jan 31 (YE)
	July 15	/ Report (Q1) / Report (Q2)	(c)	12-Day PRE -Electio	n _	Primary (12	2P)	Ger	neral (12G)		Runoff (12R)
	October	15		Report for the	he:	Convention	n (12C)	Spe	ecial (12S)		
	January	7 Report (Q3) 31 3 Report (YE)		E	Election on	M II M	/ D D /	Y Y Y Y	Y	in the State of	
	July 31	Mid-Year Non-election	(d)	30-Day POST-Electi Report for tl		General (3	0G)	Rur	noff (30R)		Special (30S)
	Terminat (TER)	ion Report		·	Election on	M = M	/ D = D /	Y	Y	in the State of	
5.	Covering Period	01	0		019	through	M M	30		2019	
	ertify that I have ex				est of my kno SENIOR TREA		d belief it is tr	ue, correc	ct and comp	olete.	
	Signature of Treasurer COLACO, ROBERT, SENIOR TREASURER, , , Date 07 31 2019										
NO	TE: Submission of f	alse, erroneous	s, or inc	omplete infor	mation may su	ıbject the po	erson signing	this Repor	t to the pena	alties of 52	U.S.C. § 30109
	Office Use Only								FE	C FOR Rev. 05/20	

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

CITIZENS FOR A BETTER AMERICA(R) (CFABA.ORG)

2019 06 30 2019 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 72.80 January 1, 2019 (b) Cash on Hand at 72.80 Beginning of Reporting Period..... 0.00 0.00 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 72.80 72.80 6(a) and 6(c) for Column B)..... 0.00 0.00 Total Disbursements (from Line 31)..... 8. Cash on Hand at Close of Reporting Period 72.80 72.80 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 11458.24 Schedule C and/or Schedule D) 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. 05/2016)

Write or Type Committee Name

CITIZENS FOR A BETTER AMERICA(R) (CFABA.ORG)

2019 06 30 2019 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 0.00 0.00 (i) Itemized (use Schedule A)..... 0.00 0.00 (ii) Unitemized (iii) TOTAL (add 0.00 0.00 Lines 11(a)(i) and (ii)......▶ 0.00 0.00 (b) Political Party Committees (c) Other Political Committees 0.00 0.00 (such as PACs)..... (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry 0.00 0.00 Totals to Line 33, page 5)▶ 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees..... 0.00 0.00 13. All Loans Received..... 0.00 0.00 14. Loan Repayments Received..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5)..... 16. Refunds of Contributions Made to Federal Candidates and Other 0.00 0.00 Political Committees..... 17. Other Federal Receipts 0.00 (Dividends, Interest, etc.)..... 0.00 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3)..... 0.00 0.00 (b) Levin Funds (from Schedule H5) (c) Total Transfers (add 18(a) and 18(b)).. 0.00 0.00 19. Total Receipts (add Lines 11(d), 0.00 12, 13, 14, 15, 16, 17, and 18(c)).......▶ 0.00 20. Total Federal Receipts 0.00 0.00 (subtract Line 18(c) from Line 19).......▶

DETAILED SUMMARY PAGE

of Disbursements

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Page 4

COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
1044 1110 1 01104	Calendal Teal-tu-Date
0.00	0.00
0.00	0.00
0.00	0.00
0.00	0.00
7 7 7	0.00
0.00	
0.00	0.00
0.00	0.00
0.00	0.00
0.00	0.00
0.00	0.00
0.00	0.00
0.00	0.00
4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	0.00
0.00	0.00
0.00	0.00
0.00	0.00
0.00	0.00
0.00	0.00
0.00	0.00
0.00	0.00
0.00	0.00
0.00	0.00
0.00	0.00
	O.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

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)	0.00	0.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
85. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0.00	0.00
66. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
87. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
88. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

PAGE 6 OF 56

FOR LINE 13 OF FORM 3X

		, 5 1011 2112 10 01 1 01111 011
IAME OF COMMITTEE (In Full) CITIZENS FOR A BETTER AM	ERICA(R) (CFA	Transaction ID : SC/10.5643 ABA.ORG)
LOAN SOURCE Full Name (Last, Firs CITIZENS FOR A BETTER AMERICA (R)	t, Middle Initial) CFABA.ORG) ST TO F	N Memo Item Election: Primary General
Mailing Address P.O. BOX 7647		Other (specify) ▼
City	State	ZIP Code
VAN NUYS	CA	91409
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period
23.61		9.00
TERMS Date Incurred	D	ate Due Interest Rate Secured:
M 07	M M / D D	/ N/A 0.00
List All Endorsers or Guarantors (if a	ny) to Loan Source	
1. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City	e ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	·	Name of Employer
Mailing Address		Occupation
City	te ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City	ziP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City	te ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (optic	nal)	14.61
TOTALS This Period (last page in this line	only)	
Carry outstanding balance only to LINE 3	, Schedule D, for this	s line. If no Schedule D, carry forward to appropriate line of Summary.

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

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FOR LINE 13 OF FORM 3X

ME OF COMMITTEE (In Full)			<u> </u>	Transaction ID : SC/10.5647		
ITIZENS FOR A BETTER A	AMER	ICA(R) (CFA	BA.ORG)			
LOAN SOURCE Full Name (Last, CITIZENS FOR A BETTER AMERICA (First, Mi	ddle Initial)	N Mem	no Item Election:		
CITIZENS FOR A BETTER AMERICA ((R) (CFAI	BA.ORG) ST TO F	ED LOAN	Primary General		
Mailing Address P.O. BOX 7647				Other (specify) ▼		
City		State	ZIP Code			
VAN NUYS		CA	91409			
Original Amount of Loan	Į.	Cumulative Pay	ment To Date	Balance Outstanding at Close of This Period		
19.	00	7	0.00	19.00		
TERMS Date Incurred		Di	ate Due Intere	est Rate Secured:		
10 15 / Y 2012	Y	M = M / D = D	n/a	0.00 % (apr) Yes X No		
List All Endorsers or Guarantors (if any) t	o Loan Source				
1. Full Name (Last, First, Middle Init	tial)		Name of Employe	r		
Mailing Address			Occupation	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding:			
2. Full Name (Last, First, Middle Init	tial)		Name of Employe	r		
Mailing Address			Occupation			
City	State	ZIP Code	Amount Guaranteed Outstanding:			
3. Full Name (Last, First, Middle Init	tial)		Name of Employe	r		
Mailing Address			Occupation			
City	State	ZIP Code	Amount Guaranteed Outstanding:			
4. Full Name (Last, First, Middle Init	tial)		Name of Employe	r		
Mailing Address			Occupation			
City	State	ZIP Code	Amount Guaranteed Outstanding:			
JBTOTALS This Period This Page (c	optional).		·····	19.00		
DTALS This Period (last page in this	line only	/)		, , , , , , , , , , , ,		
arry outstanding balance only to LIN	IE 3, Sch	nedule D, for this	line. If no Schedule D, ca	arry forward to appropriate line of Summary.		

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

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FOR LINE 13 OF FORM 3X

AME OF COMMITTEE (In Full) CITIZENS FOR A BETT		RICA(R) (CF	Transaction ID : SC/10.30 [ABA.ORG]
LOAN SOURCE Full Name COLACO, GAIL, , ,	(Last, First, M	liddle Initial)	N
Mailing Address P.O. BOX 19			Other (specify) ▼
City		State	ZIP Code
LITTLEROCK		CA	93543-5949
Original Amount of Loan		Cumulative Pa	ayment To Date Balance Outstanding at Close of This Period
	943.59	7	562.29 381.30
TERMS Date Incurred			Date Due Interest Rate Secured:
03 / 31 / Y	1996	M = M / D = 1	NONE 0.00 % (apr) Yes X No
List All Endorsers or Guara	` ,,	to Loan Source	
1. Full Name (Last, First, Mic	dle Initial)	_	Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Mic	Idle Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Mic	dle Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Mic	dle Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This F	Page (optional))	381.30
TOTALS This Period (last page	in this line on	ly)	······································
Carry outstanding balance only	to LINE 3, Sc	hedule D, for th	is line. If no Schedule D, carry forward to appropriate line of Summary.

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

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FOR LINE 13 OF FORM 3X

ANAE OF COMMITTEE (I. F. III			Transporting ID - 00/40 4005
AME OF COMMITTEE (In Full) CITIZENS FOR A BETT	,	RICA(R) (CF	Transaction ID : SC/10.4295 FABA.ORG)
LOAN SOURCE Full Name COLACO, GAIL, , ,	(Last, First, M	liddle Initial)	N
Mailing Address P.O. BOX 19)49		Other (specify) ▼
City		State	ZIP Code
LITTLEROCK		CA	93543-5949
Original Amount of Loan		Cumulative P	ayment To Date Balance Outstanding at Close of This Period
	300.00	7	0.00 300.00
TERMS Date Incurred			Date Due Interest Rate Secured:
08 / 19 / Y	2002	M M / D	NONE 0.00 % (apr) Yes X No
List All Endorsers or Guara	, ,,	to Loan Source	
1. Full Name (Last, First, Mic	dle Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Mic	dle Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Mic	ddle Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Mic	ddle Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This F	Page (optional))	300.00
TOTALS This Period (last page	in this line on	ly)	······································
Carry outstanding balance only	to LINE 3, Sc	hedule D, for th	nis line. If no Schedule D, carry forward to appropriate line of Summary.

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

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		Detailed Summary Fage FOR LINE 13 OF FORM 3X
NAME OF COMMITTEE (In Full)		Transaction ID : SC/10.4330
CITIZENS FOR A BETTER AMER	ICA(R) (CFA	BA.ORG)
LOAN COURCE Full Names (Lock First Mi	ما ما امانا ما	N ☐ Memo Item Election:
LOAN SOURCE Full Name (Last, First, Mic COLACO, GAIL, , ,	adie initial)	Primary
		General
Mailing Address P.O. BOX 1949		Other (specify) ▼
City	State	ZIP Code
LITTI FDOOK		00740 7040
LITTLEROCK	CA	93543-5949
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period
170.00		0.00 170.00
TERMO		
TERMS Date Incurred	D	ate Due Interest Rate Secured:
10 30 / Y 2002	M = M / D = D	NONE 0.00
		NONE % (apr) Yes X No
List All Endorsers or Guarantors (if any) t	o Loan Source	
1. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City	ZIP Code	Amount Guaranteed
		Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
	1	
City	ZIP Code	Amount Guaranteed
		Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		
Walling Address		Occupation
City State	ZIP Code	Amount
ony one	2.11 0000	Guaranteed
4 Full Name /Lock First Middle Initial)		Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
maining radices		Occupation
City State	ZIP Code	Amount
		Guaranteed Outstanding:
		Outstanding.
SUPTOTALS This Devied This Dags (entianal)		
SUBTOTALS This Period This Page (optional).		170.00
TOTALS This Period (last page in this line only	<i>,</i>)	
TOTALS THIS FERIOU (last page III this line only	y /	• L.,,,
Carry outstanding balance only to LINE 3. Sch	nedule D. for this	line. If no Schedule D, carry forward to appropriate line of Summary.

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

PAGE 11 OF 56

		Detailed Suffillary Page FOR LINE 13 OF FORM 3X
NAME OF COMMITTEE (In Full)		Transaction ID : SC/10.5089
CITIZENS FOR A BETTER AMER	ICA(R) (CFA	BA.ORG)
LOAN SOURCE Full Name (Last, First, Mi	ddlo Initial)	N Memo Item Election:
COLACO, GAIL, , ,	ddie inilial)	Primary
		General
Mailing Address P.O. BOX 1949		Other (specify) ▼
City	State	ZIP Code
LITTI EDOCK		02542 5040
LITTLEROCK	CA	93543-5949
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period
22.00		0.00 22.00
TERMO		
TERMS Date Incurred	Da	ate Due Interest Rate Secured:
01 25 2006	M = M / D = D	Yes When
		Yes X No
List All Endorsers or Guarantors (if any) to	to Loan Source	
1. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City	ZIP Code	Amount Guaranteed
		Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City	ZIP Code	Amount Guaranteed
		Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZID Code	
City	ZIP Code	Amount Guaranteed
		Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
A4 '''		
Mailing Address		Occupation
City State	ZIP Code	
City State	ZIF Code	Amount Guaranteed
		Outstanding:
SUBTOTALS This Period This Page (optional)		
TOTALS This Period (last page in this line onl	y)	······································
Carry outstanding halance only to LINE 2 So	hadula D. for this	line. If no Schedule D, carry forward to appropriate line of Summary.
Sour Vousierrania Deletice VIIIV IV LINE 3. 30	III IIII DI IIIIS	Joinedale D. Carry Iviwald to applicate life of Jullillary.

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

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FOR LINE 13 OF FORM 3X

		, 3
IAME OF COMMITTEE (In Full) CITIZENS FOR A BETTER AN	MERICA(R) (CFA	Transaction ID : SC/10.5168 ABA.ORG)
LOAN SOURCE Full Name (Last, Fire COLACO, GAIL, , ,	st, Middle Initial)	N ☐ Memo Item
Mailing Address P.O. BOX 1949		Other (specify) ▼
City	State	ZIP Code
LITTLEROCK	CA	93543-5949
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period
200.00		0.00 200.00
Date Incurred M 10 11 2006	M = M / D = D	ate Due Interest Rate Secured: "Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
List All Endorsers or Guarantors (if a 1. Full Name (Last, First, Middle Initial	• /	Name of Employer
1. Tuli Name (Last, First, Middle Illitia)	1	Name of Employer
Mailing Address		Occupation
City	ate ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address		Occupation
City	ate ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial		Name of Employer
Mailing Address		Occupation
City	ate ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address		Occupation
City	ate ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (opti		, 200.00
		line. If no Schedule D, carry forward to appropriate line of Summary.
carry outstanding balance only to LINE	o, ochedule D, for this	inie. Il no ochedule D, carry forward to appropriate line of oummary.

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

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FOR LINE 13 OF FORM 3X

	TIZENS FOR A BETTER	AMER	ICA(R) (CFA	ABA.O	ı	Trans	saction ID : SC/10.5227	
ı	LOAN SOURCE Full Name (Last, COLACO, GAIL, , ,		. , ,			mo Item	Election: Primary	
r	Mailing Address P.O. BOX 1949						General Other (specify) ▼	
(City	State	ZIP Co	ode				
	LITTLEROCK	LITTLEROCK			3-5949			
	Original Amount of Loan		Cumulative Pay	ment To	Date	Balar	nce Outstanding at Close of This Period	
	7 7	5.00	-		0.00		225.00	
	Date Incurred M 04		M = M / D = D	ate Due	Inte NONE	rest Rate 0.00	Secured: % (apr) Yes X No	
	List All Endorsers or Guarantors		o Loan Source		N (E l.			
1.	. Full Name (Last, First, Middle Ir	nitial)			Name of Employe	er		
	Mailing Address				Occupation			
	City	State	ZIP Code		Amount Guaranteed Outstanding:		7	
2.	. Full Name (Last, First, Middle Ir			Name of Employer				
	Mailing Address			Occupation				
	City	State	ZIP Code		Amount Guaranteed Outstanding:		7 7 7	
3.	. Full Name (Last, First, Middle Ir	nitial)			Name of Employer			
	Mailing Address				Occupation			
	City	State	ZIP Code		Amount Guaranteed Outstanding:		7 7 7	
4.	. Full Name (Last, First, Middle Ir	nitial)			Name of Employe	er		
	Mailing Address			Occupation				
	City	State	ZIP Code		Amount Guaranteed Outstanding:		77	
SUI	BTOTALS This Period This Page	(optional) .			·····		225.00	
тот	TALS This Period (last page in thi	s line only	y)				. , ,	
Cai	rry outstanding balance only to LI	NE 3, Sch	nedule D, for this	line. If	no Schedule D, ca	arry forw	ard to appropriate line of Summary.	

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

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FOR LINE 13 OF FORM 3X

ANAE OF COMMUTTEE (I. F. III			Tunner of the ID - 00/40 5000
AME OF COMMITTEE (In Full) CITIZENS FOR A BET	•	RICA(R) (CF	Transaction ID : SC/10.5203 ABA.ORG)
LOAN SOURCE Full Name COLACO, GAIL, , ,	(Last, First, M	iddle Initial)	N
Mailing Address P.O. BOX 19)49		Other (specify) ▼
City		State	ZIP Code
LITTLEROCK		CA	93543-5949
Original Amount of Loan		Cumulative Pa	ayment To Date Balance Outstanding at Close of This Period
	125.00		0.00 125.00
TERMS Date Incurred			Date Due Interest Rate Secured:
04 27 7	ž007 [°]	M = M / D = I	NONE 0.00 % (apr) Yes X No
List All Endorsers or Guara	` ;,	to Loan Source	
1. Full Name (Last, First, Mid	dle Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Mid	dle Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Mid	dle Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Mic	ddle Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This I	Page (optional))	125.00
TOTALS This Period (last page	in this line on	ly)	······································
Carry outstanding balance only	y to LINE 3, Sc	hedule D, for th	is line. If no Schedule D, carry forward to appropriate line of Summary.

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

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FOR LINE 13 OF FORM 3X

ANAE OF COMMUTTEE (In Full			Transportion ID - CC/40 5020
AME OF COMMITTEE (In Full) CITIZENS FOR A BET	•	RICA(R) (CF	Transaction ID : SC/10.5238 ABA.ORG)
LOAN SOURCE Full Name COLACO, GAIL, , ,	(Last, First, M	iddle Initial)	N
Mailing Address P.O. BOX 19			Other (specify) ▼
City		State	ZIP Code
LITTLEROCK		CA	93543-5949
Original Amount of Loan		Cumulative Pa	ayment To Date Balance Outstanding at Close of This Period
7 7	66.00	7	0.00 66.00
TERMS Date Incurred	l		Date Due Interest Rate Secured:
10 / 01 / Y	2007 Y	M = M / D = 1	NONE 0.00 % (apr) Yes X No
List All Endorsers or Guara	, ,,	to Loan Source	
1. Full Name (Last, First, Mid	ddle Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Mid	ddle Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Mid	ddle Initial)	_	Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Mid	ddle Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This	Page (optional))	66.00
TOTALS This Period (last page	in this line on	ly)	······································
Carry outstanding balance only	y to LINE 3, Sc	hedule D, for th	is line. If no Schedule D, carry forward to appropriate line of Summary.

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

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FOR LINE 13 OF FORM 3X

		, 3 1011 2112 10 01 101111 01
IAME OF COMMITTEE (In Full) CITIZENS FOR A BETTER AN	1ERICA(R) (CFA	Transaction ID : SC/10.5240 ABA.ORG)
LOAN SOURCE Full Name (Last, Fire COLACO, GAIL, , ,	st, Middle Initial)	N
Mailing Address P.O. BOX 1949		Other (specify) ▼
City	State	ZIP Code
LITTLEROCK	CA	93543-5949
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period
70.00		0.00 70.00
TERMS Date Incurred		ate Due Interest Rate Secured:
11 04 2007 Y	M = M / D = D	NONE 0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if a	• ·	
1. Full Name (Last, First, Middle Initial))	Name of Employer
Mailing Address		Occupation
City	ate ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City		Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City	ate ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	1	Name of Employer
Mailing Address		Occupation
City	ate ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (opti	onal)	70.00
TOTALS This Period (last page in this lin	e only)	······································
Carry outstanding balance only to LINE	3, Schedule D, for this	s line. If no Schedule D, carry forward to appropriate line of Summary.

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

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FOR LINE 13 OF FORM 3X

AME OF COMMITTEE (In Full) CITIZENS FOR A BETT		RICA(R) (CF	Transaction ID : SC/10.5237 ABA.ORG)
LOAN SOURCE COLACO, GAIL, , ,	(Last, First, M	liddle Initial)	N
Mailing Address P.O. BOX 194	49		Other (specify) ▼
City		State	ZIP Code
LITTLEROCK		CA	93543-5949
Original Amount of Loan		Cumulative Pa	ayment To Date Balance Outstanding at Close of This Period
	110.00		0.00 110.00
TERMS Date Incurred			Date Due Interest Rate Secured:
12 ^M / 10 ^D / Y	Ž007 Y	M = M / D = D	NONE 0.00 % (apr) Yes X No
List All Endorsers or Guarar	, ,,	to Loan Source	_
1. Full Name (Last, First, Mid	dle Initial)		Name of Employer
Mailing Address			Occupation
City	City State ZIP Code		Amount Guaranteed Outstanding:
2. Full Name (Last, First, Mid	dle Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Mid	dle Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Mid	dle Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This P	'age (optional))	110.00
TOTALS This Period (last page	in this line on	ly)	······································
Carry outstanding balance only	to LINE 3, Sc	hedule D, for th	is line. If no Schedule D, carry forward to appropriate line of Summary.

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

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FOR LINE 13 OF FORM 3X

	ME OF COMMITTEE (In Full)			NDA O	DC)	Trans	saction ID : SC/10.5	276
	LOAN SOURCE Full Name (Last			ADA.U	N \Box	Memo Item	Election:	
	Mailing Address P.O. BOX 1949						General) ▼
-	City		State	The state of the s				
	LITTLEROCK		CA	9354	3-5949			
	Original Amount of Loan			ment To	Date	Balar	nce Outstanding at	Close of This Period
	7 7	5.00	7		0.00			75.00
	Date Incurred Mo2		_	NONE	Interest Rate	% (apr)	Secured: Yes X No	
	List All Endorsers or Guarantors		o Loan Source		Name of Eas			
1	. Full Name (Last, First, Middle I	nitial)			Name of Em	pioyer		
	Mailing Address				Occupation			
	City	State	ZIP Code		Guaranteed		7 7	75
2	. Full Name (Last, First, Middle I	nitial)			Name of Em	ployer		
	Mailing Address				Occupation			
	City	State	ZIP Code		Guaranteed		7	46
3	. Full Name (Last, First, Middle I	nitial)			Name of Em	ployer		
	Mailing Address				Occupation			
	City	State	ZIP Code		Guaranteed			
4	. Full Name (Last, First, Middle I	nitial)			-			
	Mailing Address				Occupation			
	City	State	ZIP Code		Guaranteed		7	1 7
SU	BTOTALS This Period This Page	(optional)				<u> </u>	7 1 7	75.00
то	TALS This Period (last page in th	is line onl	y)			· [
Ca	rry outstanding balance only to L	INE 3, Sci	nedule D, for this	line. If	no Schedule	D, carry forw	ard to appropriate	line of Summary.

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

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		Detailed Suffillary Page FOR LINE 13 OF FORIN 3X
NAME OF COMMITTEE (In Full)		Transaction ID : SC/10.5278
CITIZENS FOR A BETTER AMER	ICA(R) (CFA	BA.ORG)
LOAN COURCE Full Names (Lock First Mi	ما ما امانه ا	N Memo Item Election:
LOAN SOURCE Full Name (Last, First, Mic COLACO, GAIL, , ,	adie initial)	Primary
		General
Mailing Address P.O. BOX 1949		Other (specify) ▼
City	State	ZIP Code
LITTI FDOOK		00740 7040
LITTLEROCK	CA	93543-5949
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period
5.00		0.00 5.00
TERMO		
TERMS Date Incurred	D	ate Due Interest Rate Secured:
03 / 14 / Y 2008	M = M / D = D	NONE 0.00
		NONE % (apr) Yes X No
List All Endorsers or Guarantors (if any) t	o Loan Source	
1. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City	ZIP Code	Amount Guaranteed
		Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
	T	
City	ZIP Code	Amount Guaranteed
		Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		
Walling Address		Occupation
City State	ZIP Code	Amount
J. J	0000	Guaranteed
4 Full Name /Lock First Middle Initial)		Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
Walling / Wallood		Occupation
City State	ZIP Code	Amount
		Guaranteed Outstanding:
		Outstanding.
CURTOTAL C This David This David (and and b)		
SUBTOTALS This Period This Page (optional).		5.00
TOTALS This Period (last page in this line only	٨	
TOTALS This Period (last page in this line only	/))
Carry outstanding balance only to LINE 3. Sch	nedule D. for this	line. If no Schedule D, carry forward to appropriate line of Summary.

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

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		Detailed Summary Fage FOR LINE 13 OF FORM 3X
NAME OF COMMITTEE (In Full)		Transaction ID : SC/10.5313
CITIZENS FOR A BETTER AMER	ICA(R) (CFA	ABA.ORG)
LOAN COURCE Full Names (Lock First Mi	ما ما امانا ما	N ☐ Memo Item Election:
LOAN SOURCE Full Name (Last, First, Mic COLACO, GAIL, , ,	adie inilial)	Primary
		General
Mailing Address P.O. BOX 1949		Other (specify) ▼
City	State	ZIP Code
LITTI FDOOK		00710 7040
LITTLEROCK	CA	93543-5949
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period
50.00		0.00 50.00
TERMO		7 7 7
TERMS Date Incurred	D	ate Due Interest Rate Secured:
07 13 2008	M = M / D = D	N/A Yes V No.
ا لنتنا لنا لنا ا		N/A Yes X No
List All Endorsers or Guarantors (if any) t	o Loan Source	
1. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City	ZIP Code	Amount Guaranteed
		Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
	1	
City	ZIP Code	Amount Guaranteed
		Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		
Walling Address		Occupation
City State	ZIP Code	Amount
ony one	2.11 0000	Guaranteed
4 Full Name /Last First Middle Initial)		Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
Walling / Wallood		Occupation
City State	ZIP Code	Amount
		Guaranteed Outstanding:
		Outstanding.
OUDTOTAL O This Desired This Desire (sections)		
SUBTOTALS This Period This Page (optional).		50.00
TOTALS This Period (last page in this line only	<i>A</i>	
TOTALS This Period (last page in this line only	y)	· · · · · · · · · · · · · · · · · · ·
Carry outstanding balance only to LINE 3. Sch	nedule D. for this	line. If no Schedule D, carry forward to appropriate line of Summary.

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

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		Detailed Summary Page FOR LINE 13 OF FORM 3X
AME OF COMMITTEE (In Full)		Transaction ID : SC/10.5320
CITIZENS FOR A BETTER AMER	KICA(K) (CFA	ADA.UKG)
LOAN SOURCE Full Name (Last, First, M COLACO, GAIL, , ,	liddle Initial)	N ☐ Memo Item Election:
COLACO, GAIL, , ,		Primary General
Mailing Address P.O. BOX 1949		Other (specify) ▼
City	State	ZIP Code
LITTLEROCK	CA	93543-5949
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period
65.00	7	0.00 65.00
TERMS Date Incurred	D	ate Due Interest Rate Secured:
M 08 / 10 / Y 2008 Y	M = M / D = D	N/A 0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any)	to Loan Source	
Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
Walling Address		
City State	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	<u>'</u>	Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount
		Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount
Olly	Zii Oodc	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount
State		Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)		65.00
FOTALS This Period (last page in this line on	ly)	······································
Carry outstanding balance only to LINE 3, So	hedule D, for this	line. If no Schedule D, carry forward to appropriate line of Summary.

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

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FOR LINE 13 OF FORM 3X

			, 5 , 5, 1, 2
IAME OF COMMITTEE (In Full) CITIZENS FOR A BETTER	AMER	ICA(R) (CFA	Transaction ID : SC/10.5345 ABA.ORG)
LOAN SOURCE Full Name (Last COLACO, GAIL, , ,	, First, Mi	ddle Initial)	N
Mailing Address P.O. BOX 1949			Other (specify) ▼
City		State	ZIP Code
LITTLEROCK		CA	93543-5949
Original Amount of Loan		Cumulative Pay	yment To Date Balance Outstanding at Close of This Period
7 7	3.00	7	0.00 46.00
Date Incurred Date			Date Due Interest Rate Secured: (apr) Yes X No
List All Endorsers or Guarantors 1. Full Name (Last, First, Middle Ir		o Loan Source	Name of Employer
1. Tuli Name (Last, First, Middle II	iitiai)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Ir	nitial)	·	Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Ir	nitial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Ir	nitial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page			70.00
TOTALS This Period (last page in thi Carry outstanding balance only to Li			s line. If no Schedule D, carry forward to appropriate line of Summary.
, - a.c.aanig walantoo only to El	,	=, .0. and	contains -, carry formand to appropriate into or cultillary.

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

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FOR LINE 13 OF FORM 3X

IAME OF COMMITTEE (In Full)				ransaction ID : SC/10.5396		
CITIZENS FOR A BETTE	R AMEF	RICA(R) (CFA		ansaction ib . 30/10.3390		
LOAN SOURCE Full Name (La	st, First, M	iddle Initial)	N ☐ Memo Ite	Primary		
Mailing Address P.O. BOX 1949				General Other (specify) ▼		
City		State	ZIP Code	–		
LITTLEROCK		CA	93543-5949			
Original Amount of Loan		Cumulative Pay	ment To Date B	Balance Outstanding at Close of This Period		
	60.00		0.00	60.00		
02 08 200		M = M / D = D	ate Due Interest R	Rate Secured: 0.00 % (apr) Yes X No		
List All Endorsers or Guaranto		to Loan Source	Name of Employer			
1. Full Name (Last, First, Middle	Initial)		Name of Employer			
Mailing Address			Occupation	Occupation Amount Guaranteed Outstanding:		
City	State	ZIP Code	Guaranteed			
2. Full Name (Last, First, Middle	Initial)		Name of Employer	Name of Employer		
Mailing Address			Occupation	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding:	7 1 7 1 7		
3. Full Name (Last, First, Middle	Initial)		Name of Employer	Name of Employer Occupation		
Mailing Address			Occupation			
City	State	ZIP Code	Amount Guaranteed Outstanding:			
4. Full Name (Last, First, Middle	Initial)		Name of Employer			
Mailing Address			Occupation			
City	State	ZIP Code	Amount Guaranteed Outstanding:	171171171		
SUBTOTALS This Period This Pag	e (optional)		······	60.00		
TOTALS This Period (last page in	this line on	ly)	······	, ,		
Carry outstanding balance only to	LINE 3, Sc	hedule D, for this	line. If no Schedule D, carry f	orward to appropriate line of Summary.		

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

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FOR LINE 13 OF FORM 3X

ANAL OF COMMUTTEE (In Fill	1\		Transaction ID : CC/40 F200
AME OF COMMITTEE (In Ful CITIZENS FOR A BET	•	RICA(R) (CF	Transaction ID : SC/10.5399 ABA.ORG)
LOAN SOURCE COLACO, GAIL, , ,	e (Last, First, M	iddle Initial)	Memo Item Election: Primary General
Mailing Address P.O. BOX 1	949		Other (specify) ▼
City		State	ZIP Code
LITTLEROCK		CA	93543-5949
Original Amount of Loan		Cumulative Pa	ayment To Date Balance Outstanding at Close of This Period
	60.00	7	0.00 60.00
Date Incurred	V V V	M M / D	Date Due Interest Rate Secured:
06 09	2009		% (apr)
List All Endorsers or Guar	, .,	to Loan Source	_
1. Full Name (Last, First, M	iddle Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, M	iddle Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, M	iddle Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, M	iddle Initial)	'	Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This	Page (optional)	·	60.00
TOTALS This Period (last page	e in this line on	ly)	······································
Carry outstanding balance onl	y to LINE 3, Sc	hedule D, for th	is line. If no Schedule D, carry forward to appropriate line of Summary.

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

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FOR LINE 13 OF FORM 3X

	ME OF COMMITTEE (In Full) ITIZENS FOR A BETTER	AMER	ICA(R) (CFA	BA.O	RG)		saction ID : SC/10.5423	
	LOAN SOURCE Full Name (Last, COLACO, GAIL, , ,					emo Item Election: Primary		
Mailing Address P.O. BOX 1949							General Other (specify) ▼	
City			State ZIP Code		de			
			CA	9354	3-5949			
	Original Amount of Loan		Cumulative Pay	ment To	Date	Balar	nce Outstanding at Close of This Period	
	7 7	3.00	-		0.00		56.00	
	Date Incurred 07 08 2009	Y	D:	ate Due	Inter	rest Rate 0.00	Secured: W (apr) Yes X No	
List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial)								
	 Full Name (Last, First, Middle In 	itial)			Name of Employe	er		
Mailing Address					Occupation			
	City	State	ZIP Code		Amount Guaranteed Outstanding:		7	
:	2. Full Name (Last, First, Middle Ir	itial)			Name of Employer			
	Mailing Address		ZIP Code		Occupation			
	City	State			Amount Guaranteed Outstanding:		7 7 7	
	3. Full Name (Last, First, Middle Ir	itial)			Name of Employer			
	Mailing Address				Occupation			
	City	State	ZIP Code		Amount Guaranteed Outstanding:		7	
[4. Full Name (Last, First, Middle Ir	itial)			Name of Employe	er		
Mailing Address			Occupation					
	City	State	ZIP Code		Amount Guaranteed Outstanding:		7	
SL	JBTOTALS This Period This Page ((optional)			·····	Γ.	56.00	
TC	OTALS This Period (last page in this	s line only	y)		·····•			
C	arry outstanding balance only to LI	NE 3, Sch	nedule D, for this	line. If	no Schedule D, ca	arry forw	rard to appropriate line of Summary.	

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

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				INE 13 OF FORM 3X			
AME OF COMMITTEE (In Full) CITIZENS FOR A BETTEI	R AMER	NCA(R) (CEA	Transaction ID : SC	/10.5425			
JINZENO I OKA BETTE	I C / CIVILI						
LOAN SOURCE Full Name (La COLACO, GAIL, , ,	st, First, M	iddle Initial)	N ☐ Memo Item				
			General				
Mailing Address P.O. BOX 1949			Other (sp	ecify) ▼			
City		State	ZIP Code				
City				_			
LITTLEROCK		CA Communications Dec	93543-5949	A Olean of This Deviced			
Original Amount of Loan		Cumulative Pay		g at Close of This Period			
7 7	62.00		0.00	62.00			
TERMS Date Incurred		D	te Due Interest Rate	Secured:			
08 / 08 / 200	9	M = M / D = D	0.00				
			% (ap	r) Yes X No			
List All Endorsers or Guaranton 1. Full Name (Last, First, Middle	, ,,	to Loan Source	Name of Employer				
T. Full Name (Last, First, Middle	iriilai)		Name of Employer	Name of Employer			
Mailing Address			Occupation				
011	01-1-	71D O					
City	State	ZIP Code	Amount Guaranteed Outstanding:				
2. Full Name (Last, First, Middle	Initial)		Name of Employer	Name of Employer			
Mailing Address			Occupation	Occupation			
City	State	ZIP Code	Amount Guaranteed Outstanding:				
3. Full Name (Last, First, Middle	Initial)		Name of Employer				
Mailing Address			Occupation				
3			Occupation				
City	State	ZIP Code	Amount Guaranteed Outstanding:				
4. Full Name (Last, First, Middle	Initial)		Name of Employer				
Mailing Address			Occupation				
City	State	ZIP Code	Amount Guaranteed Outstanding:				
SUBTOTALS This Period This Page	e (optional)		•	62.00			
TOTALS This Period (last page in t	this line on	y)		,			
Carry outstanding halance only to	LINE 3. Sc	hedule D. for this	line. If no Schedule D, carry forward to approp	riate line of Summary			

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

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FOR LINE 13 OF FORM 3X

		, 5 1 3.1 2.12 10 6.1 7 6.1.11 6.1
IAME OF COMMITTEE (In Full) CITIZENS FOR A BETTER AMI	ERICA(R) (CFA	Transaction ID : SC/10.5426 ABA.ORG)
LOAN SOURCE Full Name (Last, First COLACO, GAIL, , ,	, Middle Initial)	N ☐ Memo Item
Mailing Address P.O. BOX 1949		Other (specify) ▼
City	State	ZIP Code
LITTLEROCK	CA	93543-5949
Original Amount of Loan	Cumulative Pa	yment To Date Balance Outstanding at Close of This Period
59.00		0.00 59.00
TERMS Date Incurred		Date Due Interest Rate Secured:
09 ^M / 13 ^D / 2009	M M / D D	0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if an	y) to Loan Source	
1. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City	e ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City	e ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City	e ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	-	Name of Employer
Mailing Address		Occupation
City	e ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (option	nal)	······ > 59.00
TOTALS This Period (last page in this line	only)	• • • • • • • • • • • • • • • • • • •
Carry outstanding balance only to LINE 3,	Schedule D, for this	s line. If no Schedule D, carry forward to appropriate line of Summary.

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

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FOR LINE 13 OF FORM 3X

ANAE OF COMMUTTEE (In Fall			Transaction ID - CC/40 5407
AME OF COMMITTEE (In Full) CITIZENS FOR A BET	•	≀ICA(R) (CF	Transaction ID : SC/10.5427 FABA.ORG)
LOAN SOURCE Full Name COLACO, GAIL, , ,	(Last, First, M	iddle Initial)	N
Mailing Address P.O. BOX 19	949		Other (specify) ▼
City		State	ZIP Code
LITTLEROCK		CA	93543-5949
Original Amount of Loan		Cumulative Pa	ayment To Date Balance Outstanding at Close of This Period
	112.00	7	0.00
TERMS Date Incurred	I		Date Due Interest Rate Secured:
M 10	2009	M = M / D = 1	0.00 % (apr) Yes X No
List All Endorsers or Guara	, ,,	to Loan Source	_
1. Full Name (Last, First, Mid	ddle Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Mid	ddle Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Mid	ddle Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Mid	ddle Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This	Page (optional)	1	112.00
TOTALS This Period (last page	in this line on	ly)	······································
Carry outstanding balance only	y to LINE 3, Sc	hedule D, for th	nis line. If no Schedule D, carry forward to appropriate line of Summary.

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

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FOR LINE 13 OF FORM 3X

		, 3 1011 2112 10 01 1 01111 011
IAME OF COMMITTEE (In Full) CITIZENS FOR A BETTER AN	MERICA(R) (CFA	Transaction ID : SC/10.5450 ABA.ORG)
LOAN SOURCE Full Name (Last, Fire COLACO, GAIL, , ,	st, Middle Initial)	N ☐ Memo Item
Mailing Address P.O. BOX 1949		Other (specify) ▼
City	State	ZIP Code
LITTLEROCK	CA	93543-5949
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period
104.00		0.00
TERMS Date Incurred		ate Due Interest Rate Secured:
M 02	M M / D D	0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if a		
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address		Occupation
City	ate ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address		Occupation
City		Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address		Occupation
City	ate ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address		Occupation
City	ate ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (opti	onal)	104.00
TOTALS This Period (last page in this lin		
Carry outstanding balance only to LINE	3, Schedule D, for this	line. If no Schedule D, carry forward to appropriate line of Summary.

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

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FOR LINE 13 OF FORM 3X

AME OF COMMITTEE (L. F. III)			T " ID 20/42 T/T/
AME OF COMMITTEE (In Full) CITIZENS FOR A BETT		≀ICA(R) (CF	Transaction ID : SC/10.5451 [ABA.ORG]
LOAN SOURCE Full Name COLACO, GAIL, , ,	(Last, First, M	iddle Initial)	N
Mailing Address P.O. BOX 19	49		Other (specify) ▼
City		State	ZIP Code
LITTLEROCK		CA	93543-5949
Original Amount of Loan		Cumulative Pa	ayment To Date Balance Outstanding at Close of This Period
7 7	107.60		0.00
TERMS Date Incurred		1	Date Due Interest Rate Secured:
M 03	2010	M = M / D = D	0.00 % (apr) Yes X No
List All Endorsers or Guara	` ,,	to Loan Source	
1. Full Name (Last, First, Mic	ldle Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Mic	Idle Initial)		Name of Employer
Mailing Address			Occupation
City	State ZIP Code		Amount Guaranteed Outstanding:
3. Full Name (Last, First, Mic	Idle Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Mic	Idle Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This F	² age (optional)	1	107.60
TOTALS This Period (last page	in this line on	ly)	· · · · · · · · · · · · · · · · · · ·
Carry outstanding balance only	to LINE 3, Sc	hedule D, for th	is line. If no Schedule D, carry forward to appropriate line of Summary.

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

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FOR LINE 13 OF FORM 3X

	ME OF COMMITTEE (In Full) TIZENS FOR A BETTER	AMER	ICA(R) (CFA	ABA.O	RG)	Trans	saction ID : SC/10.5	466
	LOAN SOURCE Full Name (Last COLACO, GAIL, , ,					Memo Item	Election:	
-	Mailing Address P.O. BOX 1949						General Other (specify) ▼
	City	State	ZIP Co	de				
	LITTLEROCK	CA	9354	3-5949				
	Original Amount of Loan		Cumulative Pay	ment To	Date	Balar	nce Outstanding at	Close of This Period
	10	5.40	0.00			105.40		
	TERMS Date Incurred		D	ate Due	li	nterest Rate		Secured:
	M04	Y	M M / D D	/ Y	N/A	0.00	% (apr)	Yes X No
	List All Endorsers or Guarantors	(if any)	to Loan Source					
1	I. Full Name (Last, First, Middle I	nitial)			Name of Empl	loyer		
	Mailing Address		Occupation					
	City	State	ZIP Code		Amount Guaranteed Outstanding:		7 7	-
2	Full Name (Last, First, Middle Initial) Mailing Address				Name of Empl	loyer		
Ī					Occupation			
	City	State	ZIP Code		Amount Guaranteed Outstanding:		7 7	7
3	3. Full Name (Last, First, Middle I	nitial)	·		Name of Empl	loyer		
	Mailing Address				Occupation			
	City	State	ZIP Code		Amount Guaranteed Outstanding:			
4	1. Full Name (Last, First, Middle I	nitial)			Name of Employer			
-	Mailing Address				Occupation			
	City	State	ZIP Code		Amount Guaranteed Outstanding:		7 1 1 7 1	1 40 1
SU	IBTOTALS This Period This Page	(optional)				<u> </u>	7 1 7	105.40
то	TALS This Period (last page in th	is line onl	y)			· [. , ,	
Ca	arry outstanding balance only to L	INE 3, Sc	hedule D, for this	s line. If	no Schedule D	, carry forw	ard to appropriate	line of Summary.

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

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FOR LINE 13 OF FORM 3X

ANAE OF COMMUTTEE (In En			Transaction ID - CC/40 E467
AME OF COMMITTEE (In Ful CITIZENS FOR A BET	•	≀ICA(R) (CF	Transaction ID : SC/10.5467 FABA.ORG)
LOAN SOURCE COLACO, GAIL, , ,	e (Last, First, M	iddle Initial)	N ☐ Memo Item
Mailing Address P.O. BOX 1	949		Other (specify) ▼
City		State	ZIP Code
LITTLEROCK		CA	93543-5949
Original Amount of Loan		Cumulative Pa	ayment To Date Balance Outstanding at Close of This Period
75 75	1300.00	-	0.00 1300.00
TERMS Date Incurred	b		Date Due Interest Rate Secured:
05 ^M / 19 ^D / Y	2010	M = M / D = 1	% (apr) Yes X No
List All Endorsers or Guara	, ,,	to Loan Source	
1. Full Name (Last, First, M	iddle Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, M	iddle Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, M	iddle Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, M	iddle Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This	Page (optional)	1	1300.00
OTALS This Period (last page	e in this line on	ly)	······································
Carry outstanding balance on	y to LINE 3, Sc	hedule D, for th	nis line. If no Schedule D, carry forward to appropriate line of Summary.

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

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FOR LINE 13 OF FORM 3X

ANAL OF COMMITTEE (In Fall)	\		Transaction ID - 90/40 5000
AME OF COMMITTEE (In Full CITIZENS FOR A BET	•	RICA(R) (CF	Transaction ID : SC/10.5698 [ABA.ORG]
LOAN SOURCE Full Name COLACO, GAIL, , ,	(Last, First, M	liddle Initial)	N
Mailing Address P.O. BOX 19	949		Other (specify) ▼
City		State	ZIP Code
LITTLEROCK		CA	93543-5949
Original Amount of Loan	Original Amount of Loan		ayment To Date Balance Outstanding at Close of This Period
	400.00	<u> </u>	0.00 400.00
TERMS Date Incurred	<u> </u>		Date Due Interest Rate Secured:
10 24 7	2013	M M / D	N/A 0.00 % (apr) Yes X No
List All Endorsers or Guara	, ,,	to Loan Source	
1. Full Name (Last, First, Mi	ddle Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Mi	ddle Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Mi	ddle Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Mi	ddle Initial)	"	Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This	Page (optional)	······	400.00
OTALS This Period (last page	in this line on	ly)	······································
Carry outstanding balance only	y to LINE 3, So	hedule D, for th	is line. If no Schedule D, carry forward to appropriate line of Summary.

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

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FOR LINE 13 OF FORM 3X

AME OF COMMITTEE (In Full	\		Transaction ID : SC/40.42
AME OF COMMITTEE (IN FUI CITIZENS FOR A BET	•	RICA(R) (CF	Transaction ID : SC/10.13 [ABA.ORG]
LOAN SOURCE Full Name COLACO, ROBERT, , ,	e (Last, First, M	iddle Initial)	N
Mailing Address P.O. BOX 1	949		General Other (specify) ▼
City		State	ZIP Code
LITTLEROCK		CA	93543-5949
Original Amount of Loan		Cumulative Pa	ayment To Date Balance Outstanding at Close of This Period
7 7	1115.44	-	820.44 295.00
TERMS Date Incurred	I		Date Due Interest Rate Secured:
M 12 / 16 / Y	1992 Y	M M / D	NONE 0.00 % (apr) Yes X No
List All Endorsers or Guara	, ,,,	to Loan Source	_
1. Full Name (Last, First, Mi	ddle Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Mi	ddle Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Mi	ddle Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Mi	ddle Initial)	II.	Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This	Page (optional)	·	295.00
OTALS This Period (last page	e in this line on	ly)	······································
Carry outstanding balance onl	y to LINE 3, So	hedule D, for th	is line. If no Schedule D, carry forward to appropriate line of Summary.

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

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FOR LINE 13 OF FORM 3X

L	OAN SOURCE Full Name (Last	t, First, Mi	iddle Initial)		N _ N	Memo Item	Election: Primary	
N	Mailing Address P.O. BOX 1949						General Other (specify) ▼
C	City		State	ZIP Co	de			
	LITTLEROCK		CA	CA 93543-5949				
	Original Amount of Loan		Cumulative Pay	yment To	Date	Balar	nce Outstanding at	Close of This Period
	7 7	8.57	7		328.00		7	1290.57
Т	Date Incurred	Y	D	ate Due		nterest Rate	-	Secured:
	06 1995			J L	NONE	0.00	% (apr)	Yes X No
L	ist All Endorsers or Guarantors	(if any)	to Loan Source					
1.	Full Name (Last, First, Middle I	nitial)			Name of Empl	oyer		
	Mailing Address		Occupation					
	City	State	ZIP Code		Amount Guaranteed Outstanding:		7 1 1 7	
2.	Full Name (Last, First, Middle Initial) Mailing Address				Name of Empl	oyer		
					Occupation			
	City	State	ZIP Code		Amount Guaranteed Outstanding:		7 1 7	- 780
3.	Full Name (Last, First, Middle I	nitial)			Name of Empl	oyer		
	Mailing Address				Occupation			
	City	State	ZIP Code		Amount Guaranteed Outstanding:		7 1 7	
4.	Full Name (Last, First, Middle I	nitial)			Name of Employer			
	Mailing Address				Occupation			
	City	State	ZIP Code		Amount Guaranteed Outstanding:		T T .	
SUE	RTOTALS This Period This Page	(optional)				· [1 2 1 1 2	1290.57
тот	ALS This Period (last page in th	is line onl	y)			- <u> </u>		
Car	ry outstanding balance only to L	INE 3, Sc	hedule D, for this	s line. If	no Schedule D,	carry forw	ard to appropriate	line of Summary.

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

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FOR LINE 13 OF FORM 3X

ANAE OF COMMANTEE (I. F. II)			Tunner (1 m 1 D = 00/40 00
AME OF COMMITTEE (In Full) CITIZENS FOR A BETT	ER AMEF	RICA(R) (CF	Transaction ID : SC/10.26 ABA.ORG)
LOAN SOURCE Full Name COLACO, ROBERT, , ,	(Last, First, M	liddle Initial)	N
Mailing Address P.O. BOX 194	19		Other (specify) ▼
City		State	ZIP Code
LITTLEROCK		CA	93543-5949
Original Amount of Loan		Cumulative Pa	ayment To Date Balance Outstanding at Close of This Period
	1242.57	7	210.00 1032.57
TERMS Date Incurred			Date Due Interest Rate Secured:
12 ^M 101 / Y	1995	M M / D	NONE 0.00 % (apr) Yes X No
List All Endorsers or Guarar	,	to Loan Source	_
1. Full Name (Last, First, Mid	dle Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Mid	dle Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Mid	dle Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Mid	dle Initial)	u	Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This P	age (optional)	······	1032.57
OTALS This Period (last page	in this line on	ly)	······································
Carry outstanding balance only	to LINE 3, So	hedule D, for th	is line. If no Schedule D, carry forward to appropriate line of Summary.

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

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FOR LINE 13 OF FORM 3X

	ME OF COMMITTEE (In Full) ITIZENS FOR A BETTER	AMER	RICA(R) (CFA	ABA.OF	RG)	Trans	saction ID : SC/10.5	116	
	LOAN SOURCE Full Name (Last COLACO, ROBERT, , ,		N	emo Item	Election: Primary General				
	Mailing Address P.O. BOX 1949						Other (specify)	▼	
_	ity		State ZIP Code						
	LITTLEROCK		CA	9354	3-5949				
Ī	Original Amount of Loan		Cumulative Pay	ment To	Date	Balar	nce Outstanding at	Close of This Period	
	7 7	0.00	7		120.00] [:		80.00	
	Date Incurred Date Due Date Due				Inte	erest Rate	% (apr)	Secured: Yes X No	
	List All Endorsers or Guarantors		to Loan Source						
1	Full Name (Last, First, Middle In	nitial)			Name of Employer				
	Mailing Address				Occupation				
	City	State	ZIP Code		Amount Guaranteed Outstanding:		7 7	-	
2	2. Full Name (Last, First, Middle In	nitial)			Name of Employ	/er			
	Mailing Address				Occupation				
	City	State	ZIP Code		Amount Guaranteed Outstanding:		7 1 7	-	
3	3. Full Name (Last, First, Middle II	nitial)			Name of Employ	/er			
	Mailing Address				Occupation				
	City	State	ZIP Code		Amount Guaranteed Outstanding:				
2	4. Full Name (Last, First, Middle I	nitial)			Name of Employer				
	Mailing Address				Occupation				
	City	State	ZIP Code		Amount Guaranteed Outstanding:		7 1 1 7	1 0	
SU	JBTOTALS This Period This Page	(optional)			······································		7 1 7	80.00	
то	TOTALS This Period (last page in this line only)								
Ca	arry outstanding balance only to L	INE 3, Sc	hedule D, for this	s line. If r	no Schedule D, d	carry forw	ard to appropriate	line of Summary.	

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

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FOR LINE 13 OF FORM 3X

ANAE OF COMMUTTEE (I. F. II	1)		Tunner of law ID - 00/40 5000
AME OF COMMITTEE (In Full) CITIZENS FOR A BET	•	≀ICA(R) (CF	Transaction ID : SC/10.5226 [ABA.ORG]
LOAN SOURCE Full Name COLACO, ROBERT, , ,	(Last, First, M	iddle Initial)	N
Mailing Address P.O. BOX 19	949		Other (specify) ▼
City		State	ZIP Code
LITTLEROCK		CA	93543-5949
Original Amount of Loan		Cumulative Pa	ayment To Date Balance Outstanding at Close of This Period
7 7	250.00	7	0.00 250.00
TERMS Date Incurred	ı		Date Due Interest Rate Secured:
M 04 13 Y	2007	M = M / D = I	NONE 0.00 % (apr) Yes X No
List All Endorsers or Guara	, ,,	to Loan Source	
1. Full Name (Last, First, Mid	ddle Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Mid	ddle Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Mic	ddle Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Mic	ddle Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This	Page (optional)	1	250.00
TOTALS This Period (last page	in this line on	ly)	———
Carry outstanding balance only	y to LINE 3, Sc	hedule D, for th	is line. If no Schedule D, carry forward to appropriate line of Summary.

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

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FOR LINE 13 OF FORM 3X

		, 5
IAME OF COMMITTEE (In Full) CITIZENS FOR A BETTER AMI	ERICA(R) (CFA	Transaction ID : SC/10.5397 ABA.ORG)
LOAN SOURCE Full Name (Last, First, COLACO, ROBERT, , ,	, Middle Initial)	N ☐ Memo Item Election: Primary General
Mailing Address P.O. BOX 1949		Other (specify) ▼
City	State	ZIP Code
LITTLEROCK	CA	93543-5949
Original Amount of Loan	Cumulative Pa	yment To Date Balance Outstanding at Close of This Period
45.00		0.00 45.00
TERMS Date Incurred		Date Due Interest Rate Secured:
03 ^M / 09 ^D / 2009	M M / D D	0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if an	y) to Loan Source	
1. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	e ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City	e ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	zIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	-	Name of Employer
Mailing Address		Occupation
City	zIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (option	nal)	45.00
TOTALS This Period (last page in this line	only)	······································
Carry outstanding balance only to LINE 3,	Schedule D, for this	s line. If no Schedule D, carry forward to appropriate line of Summary.

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

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FOR LINE 13 OF FORM 3X

	ME OF COMMITTEE (In Full)	ΔMER		\B∆ ∩	PG)	Trans	saction ID : SC/10.53	398
	LOAN SOURCE Full Name (Last COLACO, ROBERT, , ,			mo Item	Election:			
=	Mailing Address P.O. BOX 1949						General Other (specify)	▼
-	City		State	ZIP Co	de			
	LITTLEROCK		CA	9354	13-5949			
-	Original Amount of Loan		Cumulative Pay	ment To	Date	Balar	nce Outstanding at 0	Close of This Period
	5	1.00	1 1 25		0.00			51.00
	Date Incurred Date Due M 04 Date Due					rest Rate 0.00	% (apr)	Secured: Yes X No
	List All Endorsers or Guarantors		o Loan Source					
	1. Full Name (Last, First, Middle I	nitial)			Name of Employer			
	Mailing Address				Occupation			
	City	State	ZIP Code		Amount Guaranteed Outstanding:		7 7	75
2	2. Full Name (Last, First, Middle I	nitial)			Name of Employer			
	Mailing Address				Occupation			
	City	State	ZIP Code		Amount Guaranteed Outstanding:		7 7	7
3	3. Full Name (Last, First, Middle II	nitial)			Name of Employ	er		
	Mailing Address				Occupation			
	City	State	ZIP Code		Amount Guaranteed Outstanding:		7 1 7	
4	4. Full Name (Last, First, Middle II	nitial)	•		Name of Employer			
	Mailing Address				Occupation			
	City	State	ZIP Code		Amount Guaranteed Outstanding:		7 7 .	1 7
SU	SUBTOTALS This Period This Page (optional)							
TO	FOTALS This Period (last page in this line only)							
Ca	arry outstanding balance only to L	INE 3, Sc	nedule D, for this	line. If	no Schedule D, c	arry forw	ard to appropriate	line of Summary.

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

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FOR LINE 13 OF FORM 3X

	ME OF COMMITTEE (In Full) ITIZENS FOR A BETTER A	AMER	ICA(R) (CFA	BA.O	RG)	Trans	saction ID : SC/10.5424		
	LOAN SOURCE Full Name (Last, COLACO, ROBERT, , ,	ddle Initial)		N Memo	o Item	Election: Primary			
=	Mailing Address P.O. BOX 1949						General Other (specify) ▼		
-	Dity		State ZIP Code						
	LITTLEROCK		CA	9354	3-5949				
Ī	Original Amount of Loan	<u>. </u>	Cumulative Pay	ment To	Date	Balar	nce Outstanding at Close of This Period		
	7 7	00	7		0.00		4.00		
	Date Incurred Date Due M 07				st Rate 0.00	Secured: % (apr) Yes X No			
	List All Endorsers or Guarantors (• • • • • • • • • • • • • • • • • • • •	Loan Source						
ľ	 Full Name (Last, First, Middle Init 	tial)			Name of Employer				
-	Mailing Address				Occupation				
	City	State	ZIP Code		Amount Guaranteed Outstanding:		7		
2	2. Full Name (Last, First, Middle Init	tial)			Name of Employer				
	Mailing Address				Occupation				
	City	State	ZIP Code		Amount Guaranteed Outstanding:		7		
[3. Full Name (Last, First, Middle Init	tial)			Name of Employer				
=	Mailing Address				Occupation				
_	City	State	ZIP Code		Amount Guaranteed Outstanding:		7 1 7 1 7 1		
4	4. Full Name (Last, First, Middle Init	tial)			Name of Employer				
-	Mailing Address				Occupation				
	City	State	ZIP Code		Amount Guaranteed Outstanding:		7		
SL	JBTOTALS This Period This Page (c	ptional).			·····		4.00		
TC	TOTALS This Period (last page in this line only)								
Ca	arry outstanding balance only to LIN	E 3, Sch	edule D, for this	line. If	no Schedule D, car	ry forw	ard to appropriate line of Summary.		

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FOR LINE 13 OF FORM 3X

	ME OF COMMITTEE (In Full)			\DA	DO)	Trans	saction ID : SC/10.54	128
	TIZENS FOR A BETTER LOAN SOURCE Full Name (Last COLACO, ROBERT, , ,		. , ,	ABA.U		no Item	Election:	
	COLACO, ROBERT, , ,				Primary General			
	Mailing Address P.O. BOX 1949						Other (specify)	▼
-	City		State ZIP Co		de			
L	LITTLEROCK		CA	9354	3-5949			
	Original Amount of Loan		Cumulative Pay	ment To	Date	Balar	nce Outstanding at C	Close of This Period
	7 7	1.75			0.00		7	101.75
	TERMS Date Incurred		D	ate Due	Inter	est Rate		Secured:
	M 10 M / D 13 D / Y 2009	Y	M M / D D	/ Y	Y	0.00	% (apr)	Yes X No
	List All Endorsers or Guarantors	(if any) t	o Loan Source					
1	1. Full Name (Last, First, Middle Initial)				Name of Employer			
	Mailing Address				Occupation			
	City	State	ZIP Code		Amount Guaranteed Outstanding:		7 7	
2	. Full Name (Last, First, Middle I	nitial)	'		Name of Employe	er		
	Mailing Address				Occupation			
	City	State	ZIP Code		Amount Guaranteed Outstanding:		7	1 20
3	. Full Name (Last, First, Middle I	nitial)	-		Name of Employer			
	Mailing Address				Occupation			
	City	State	ZIP Code		Amount Guaranteed Outstanding:		7 7	1 75
4	. Full Name (Last, First, Middle I	nitial)	·		Name of Employer			
	Mailing Address				Occupation			
	City	State	ZIP Code		Amount Guaranteed Outstanding:		71171	
SU	SUBTOTALS This Period This Page (optional)							
TO	TOTALS This Period (last page in this line only)							
Ca	rry outstanding balance only to L	INE 3, Sc	hedule D, for this	line. If	no Schedule D, ca	arry forw	ard to appropriate	line of Summary.

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			Detailed Summary Fage FOR LINE 13 OF FORM 3X
AME OF COMMITTEE (In Full) CITIZENS FOR A BETT		ICA(R) (CE	Transaction ID : SC/10.5468
SITIZENOTORABET			ADA:ONO)
LOAN SOURCE Full Name COLACO, ROBERT, , ,	(Last, First, M	iddle Initial)	Memo Item Election: Primary General
Mailing Address P.O. BOX 19	49		Other (specify) ▼
City		State	ZIP Code
LITTLEROCK		CA	93543-5949
Original Amount of Loan		Cumulative Pay	
	1200.00	7	0.00 1200.00
TERMS Date Incurred		n	Pate Due Interest Rate Secured:
05 / 19 / Y	Ž010 Y	M M / D D	N/A 0.00 % (apr) Yes X No
List All Endorsers or Guara	ntors (if any)	to Loan Source	
1. Full Name (Last, First, Mic	ddle Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Mic	ddle Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Mic	ddle Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Mic	ddle Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This F	Page (optional)		1200.00
OTALS This Period (last page	in this line onl	y)	· · · · · · · · · · · · · · · · · · ·
Carry outstanding balance only	to LINE 3. Sc	hedule D. for this	s line. If no Schedule D, carry forward to appropriate line of Summary.

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

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FOR LINE 13 OF FORM 3X

ANAE OF OOM MITTEE (1 F 11)			T (1 ID 00/40 F000
AME OF COMMITTEE (In Full) CITIZENS FOR A BETT		RICA(R) (CF	Transaction ID : SC/10.5620 ABA.ORG)
LOAN SOURCE Full Name COLACO, ROBERT, , ,	(Last, First, M	liddle Initial)	N
Mailing Address P.O. BOX 194	49		Other (specify) ▼
City		State	ZIP Code
LITTLEROCK		CA	93543-5949
Original Amount of Loan		Cumulative Pa	ayment To Date Balance Outstanding at Close of This Period
	41.40		0.00 41.40
TERMS Date Incurred			Date Due Interest Rate Secured:
04 / 30 / Y	Ž01Ž Ý	M = M / D = 1	0.00 % (apr) Yes X No
List All Endorsers or Guaran	, ,,	to Loan Source	_
1. Full Name (Last, First, Mid	Idle Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Mid	dle Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Mid	dle Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Mid	ldle Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This F	²age (optional))	41.40
TOTALS This Period (last page	in this line on	ly)	······································
Carry outstanding balance only	to LINE 3, Sc	hedule D, for th	is line. If no Schedule D, carry forward to appropriate line of Summary.

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

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		Detailed Summary Fage FOR LINE 13 OF FORM 3X				
NAME OF COMMITTEE (In Full) Transaction ID : SC/10.5624						
CITIZENS FOR A BETTER AMER	ICA(R) (CFA	BA.ORG)				
LOAN SOURCE Full Name (Loct First Mi	ddlo Initial)	N Memo Item Election:				
LOAN SOURCE Full Name (Last, First, Mi COLACO, ROBERT, , ,	ddie miliai)	Primary				
		General				
Mailing Address P.O. BOX 1949		Other (specify) ▼				
City	State	ZIP Code				
LITTLEBOOK		00540 5040				
LITTLEROCK	CA	93543-5949				
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period				
21.12		0.00 21.12				
TERMO						
TERMS Date Incurred	Da	ate Due Interest Rate Secured:				
08 / 15 / Y Y Y Y Y	M M / D D	/ Y Y Y Y Y				
		Yes X No				
List All Endorsers or Guarantors (if any) t	o Loan Source					
1. Full Name (Last, First, Middle Initial)		Name of Employer				
Mailing Address		Occupation				
City	ZIP Code	Amount Guaranteed				
		Outstanding:				
2. Full Name (Last, First, Middle Initial)		Name of Employer				
Mailing Address		Occupation				
City	ZIP Code	Amount Guaranteed				
		Outstanding:				
3. Full Name (Last, First, Middle Initial)		Name of Employer				
Mailing Address		Occupation				
011	710.0.1					
City	ZIP Code	Amount Guaranteed				
		Outstanding:				
4. Full Name (Last, First, Middle Initial)		Name of Employer				
Mailing Address		Occupation				
011	710.0.1					
City	ZIP Code	Amount Guaranteed				
		Outstanding:				
SUBTOTALS This Period This Page (optional)		21.12				
TOTALS This Period (last page in this line only)						
Course suitatending helenas and to LINE 2. 2.	andula D. for 41-1-	line If no Cohodule D. committee would be appropriate line of Committee				
Carry ourstanding datance only to LINE 3. Sci	ieuule D. Tor this	line. If no Schedule D, carry forward to appropriate line of Summary.				

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

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FOR LINE 13 OF FORM 3X

AME OF COMMITTEE (In Full) CITIZENS FOR A BETTER AI	MERI	CA(R) (CFA	BA.O	RG)	Transaction ID : SC/10.5682	
LOAN SOURCE Full Name (Last, First, Middle Initial) COLACO, ROBERT, , ,				N ☐ Memo	Item Election: Primary General	
Mailing Address P.O. BOX 1949					Other (specify) ▼	
City		State	ZIP Co	de		
LITTLEROCK		CA	9354	3-5949		
Original Amount of Loan	0	Cumulative Pay	ment To	Date 0.00	Balance Outstanding at Close of This Period 70.00	
TERMS Date Incurred Date Due 12 19 2012			Interest	Rate Secured: 0.00 % (apr) Yes X No		
List All Endorsers or Guarantors (if 1. Full Name (Last, First, Middle Initia		Loan Source		Name of Employer		
Mailing Address				Occupation		
City	tate	ZIP Code		Amount Guaranteed Outstanding:	1 7 1 7 1 7 1	
2. Full Name (Last, First, Middle Initia	al)	-		Name of Employer		
Mailing Address				Occupation		
City	tate	ZIP Code		Amount Guaranteed Outstanding:		
3. Full Name (Last, First, Middle Initia	al)			Name of Employer		
Mailing Address				Occupation		
City	tate	ZIP Code		Amount Guaranteed Outstanding:		
4. Full Name (Last, First, Middle Initia	al)			Name of Employer		
Mailing Address				Occupation		
City	tate	ZIP Code		Amount Guaranteed Outstanding:		
UBTOTALS This Period This Page (optional)						

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

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FOR LINE 13 OF FORM 3X

AME OF COMMITTEE (In Full	1)		Transaction ID : SC/10.5697
CITIZENS FOR A BET	•	RICA(R) (CF	
LOAN SOURCE Full Name COLACO, ROBERT, , ,	: (Last, First, M	liddle Initial)	N ☐ Memo Item
Mailing Address P.O. BOX 19	949		General Other (specify) ▼
City		State	ZIP Code
LITTLEROCK		CA	93543-5949
Original Amount of Loan		Cumulative Pa	ayment To Date Balance Outstanding at Close of This Period
	350.00	-	0.00 350.00
TERMS Date Incurred	ł		Date Due Interest Rate Secured:
M 10	2013	M = M / D = 1	0.00 % (apr) Yes X No
List All Endorsers or Guara	, .,	to Loan Source	_
1. Full Name (Last, First, Mi	ddle Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Mi	iddle Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Mi	ddle Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Mi	iddle Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
UBTOTALS This Period This	Page (optional))	350.00
OTALS This Period (last page	in this line on	ly)	······································
arry outstanding balance only	y to LINE 3, Sc	hedule D, for th	is line. If no Schedule D, carry forward to appropriate line of Summary.

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

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		Detailed Summary Fage FOR LINE 13 OF FORM 3X					
NAME OF COMMITTEE (In Full)		Transaction ID : SC/10.5736					
CITIZENS FOR A BETTER AMER	ICA(R) (CFA	BA.ORG)					
LOAN COURCE Full Name (Loat First Mi	-1-11 114115	N Memo Item Election:					
LOAN SOURCE Full Name (Last, First, Mi COLACO, ROBERT, , ,	adie initial)	Primary					
		General					
Mailing Address P.O. BOX 1949		Other (specify) ▼					
City	State	ZIP Code					
LITTLEROCK	CA	93543-5949					
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period					
7.00		0.00					
7 7 7							
TERMS Date Incurred	D	ate Due Interest Rate Secured:					
M M / D D / Y Y Y	M M / D D	/ Y N/A					
01 05 2015		N/A 0.00 % (apr) Yes X No					
List All Endorsers or Guarantors (if any) t	o Loan Source						
Full Name (Last, First, Middle Initial)	22411 234133	Name of Employer					
(====, ====, ==========================							
Mailing Address		Occupation					
City State	ZIP Code	Amount					
		Guaranteed Outstanding:					
2. Full Name (Last, First, Middle Initial)		Name of Employer					
		Traine of Employer					
Mailing Address		Occupation					
		·					
City State	ZIP Code	Amount					
		Guaranteed Outstanding:					
3. Full Name (Last, First, Middle Initial)	l	Name of Employer					
Mailing Address		Occupation					
		·					
City	ZIP Code	Amount					
		Guaranteed Outstanding:					
4. Full Name (Last, First, Middle Initial)		Name of Employer					
Mailing Address		Occupation					
City State	ZIP Code	Amount					
		Guaranteed Outstanding:					
SUBTOTALS This Period This Page (optional)							
age (optional)		7.00					
TOTALS This Period (last page in this line only	TOTALS This Period (last page in this line only)						
Carry outstanding balance only to LINE 3. Sch	nedule D. for this	line. If no Schedule D, carry forward to appropriate line of Summary.					

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

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			Detailed Suffilliar	-		
AME OF COMMITTEE (In Full) CITIZENS FOR A BETTEF	R AMFF	RICA(R) (CFA	ABA ORG)	Transaction ID: SC/10.5747		
JIIIZZZNOT OKA BZTTZI	· / (IVILI		,			
LOAN SOURCE Full Name (Las COLACO, ROBERT, , ,	st, First, M	liddle Initial)	N Memo	D Item Election:		
				General		
Mailing Address P.O. BOX 1949				Other (specify) ▼		
City		State	ZIP Code			
Crisinal Amount of Loop		CA Cumulativa Pay	93543-5949	Palance Outstanding at Class of This Paying		
Original Amount of Loan		Cumulative Pay		Balance Outstanding at Close of This Period		
1	00.00		0.00	100.00		
TERMS Date Incurred		D	ate Due Interes	st Rate Secured:		
	Y	M = M / D = D	/ N/A	0.00		
				% (apr) Yes X No		
List All Endorsers or Guarantor 1. Full Name (Last, First, Middle		to Loan Source	Name of Employer			
dii ramo (Edot, i not, Middle	muaij					
Mailing Address			Occupation			
City	State	ZIP Code	Amount			
City	Oldio	211 0000	Guaranteed Outstanding:			
2. Full Name (Last, First, Middle	Initial)		Name of Employer	Name of Employer		
Market Address						
Mailing Address			Occupation			
City	State	ZIP Code	Amount			
			Guaranteed Outstanding:	1171171171		
3. Full Name (Last, First, Middle	Initial)		Name of Employer			
Mailing Address			Occupation			
			Jees painer.			
City	State	ZIP Code	Amount Guaranteed			
4. Full Name (Last, First, Middle	Initial)		Outstanding: Name of Employer	7 7 7		
T. Tull Marile (Last, Flist, Middle	ii iiuui <i>j</i>		маше от Етпрюуег			
Mailing Address			Occupation			
City	State	ZIP Code	Amount			
J.,	State	2 0000	Guaranteed Outstanding:	7 7 7		
SUBTOTALS This Period This Page	e (optional)		·····	100.00		
TOTALS This Period (last page in t	his line on	ly)				
Carry outstanding balance only to	LINE 3. Sc	hedule D. for this	line. If no Schedule D. cari	ry forward to appropriate line of Summary.		

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

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FOR LINE 13 OF FORM 3X

NAM	E OF COMMITTEE (In Full)					Trans	saction ID : SC/10.5771
	TIZENS FOR A BETTER	AMER	ICA(R) (CFA	ABA.O	RG)	IIalis	Saction 10 . 3C/10.3771
L	OAN SOURCE Full Name (Last COLACO, ROBERT, , ,	, First, Mi	ddle Initial)		N Mem	o Item	Election: Primary
N	Mailing Address P.O. BOX 1949						General Other (specify) ▼
C	Dity		State	ZIP Co	de		
	LITTLEROCK		CA	9354	3-5949		
	Original Amount of Loan		Cumulative Pay	ment To	Date	Balar	nce Outstanding at Close of This Period
	7 7	8.68	7		0.00		48.68
	Date Incurred Date Incurred 27 Date Incurred	Y	D M = M / D = D	ate Due	Intere N/A	est Rate 0.00	Secured: % (apr) Yes X No
	ist All Endorsers or Guarantors	` ,	o Loan Source				
1.	Full Name (Last, First, Middle Ir	nitial)			Name of Employer		
	Mailing Address				Occupation		
	City	State	ZIP Code		Amount Guaranteed Outstanding:		7 1 7 1 7 1
2.	Full Name (Last, First, Middle Ir	nitial)			Name of Employer		
	Mailing Address				Occupation		
	City	State	ZIP Code		Amount Guaranteed Outstanding:		7 1 7 1 7 1
3.	Full Name (Last, First, Middle Ir	nitial)			Name of Employer		
	Mailing Address				Occupation		
	City	State	ZIP Code		Amount Guaranteed Outstanding:		7 1 7 1 7
4.	Full Name (Last, First, Middle In	nitial)			Name of Employer		
	Mailing Address			Occupation			
	City	State	ZIP Code		Amount Guaranteed Outstanding:		7
SUE	BTOTALS This Period This Page	(optional)			······	Е	48.68
тот	ALS This Period (last page in thi	s line onl	y)				. , ,
Car	ry outstanding balance only to LI	NE 3, Sci	nedule D, for this	line. If	no Schedule D, car	ry forw	ard to appropriate line of Summary.

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

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FOR LINE 13 OF FORM 3X

ANAE OF COMMUTTEE (I. F. III			Turner of the 1D - 00/40 5770
AME OF COMMITTEE (In Full) CITIZENS FOR A BET	•	RICA(R) (CF	Transaction ID : SC/10.5776 ABA.ORG)
LOAN SOURCE Full Name COLACO, ROBERT, , ,	(Last, First, M	liddle Initial)	N
Mailing Address P.O. BOX 19			Other (specify) ▼
City		State	ZIP Code
LITTLEROCK		CA	93543-5949
Original Amount of Loan		Cumulative P	ayment To Date Balance Outstanding at Close of This Period
	48.68	7	0.00 48.68
TERMS Date Incurred	1		Date Due Interest Rate Secured:
M 09 / D 28 / Y	Ž018 Y	M M / D	0.00 % (apr) Yes X No
List All Endorsers or Guara	, ,,,	to Loan Source	_
1. Full Name (Last, First, Mid	ddle Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Mid	ddle Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Mid	ddle Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Mid	ddle Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This	Page (optional))	48.68
TOTALS This Period (last page	in this line on	ıly)	······································
Carry outstanding balance only	y to LINE 3, Sc	hedule D, for th	is line. If no Schedule D, carry forward to appropriate line of Summary.

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

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FOR LINE 13 OF FORM 3X

List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Mailing Address City State ZIP Code Amount Guaranteed Outstanding: 2. Full Name (Last, First, Middle Initial) Mailing Address Occupation City State ZIP Code Amount Guaranteed Outstanding: 3. Full Name (Last, First, Middle Initial) Mailing Address Occupation City State ZIP Code Amount Guaranteed Outstanding: 3. Full Name (Last, First, Middle Initial) Mailing Address Occupation City State ZIP Code Amount Guaranteed Outstanding: 4. Full Name (Last, First, Middle Initial) Mailing Address Occupation City State ZIP Code Amount Guaranteed Outstanding: Amount Guaranteed Outstanding: City State ZIP Code Amount Guaranteed Outstanding: Amount Guaranteed Outstanding: Substotals This Period This Page (optional) Substotals This Period This Page (optional)						, ,	. 0 22	3 31 1 31 1111 371
PROVIDIAN BANK VISA CC 2046 Mailing Address PO BOX 660548 City State ZIP Code TX 75266-0548 Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This 1058.20 TERMS Date incurred Date Due Interest Rate Secured: ### ### ### ### ### ### ### ### ### #	, ,	MERI	CA(R) (CFA	BA.O	RG)	Trans	saction ID : SC/10.49	27
Mailing Address PO BOX 660548 City DALLAS Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This 1058.20 TERMS Date Incurred Date Due Interest Rate Secured: 33 18 2005 18 2005 Name of Employer Mailing Address City State ZIP Code Amount Guaranteed Outstanding: 2. Full Name (Last, First, Middle Initial) Mailing Address City State ZIP Code Amount Guaranteed Outstanding: 3. Full Name (Last, First, Middle Initial) Mailing Address City State ZIP Code Amount Guaranteed Outstanding: City State ZIP Code Amount Guaranteed Outstanding: City State ZIP Code Amount Guaranteed Outstanding: Amount Guaranteed Outstanding: Amount Guaranteed Outstanding: Amount Guaranteed Outstanding: City State ZIP Code Amount Guaranteed Outstanding: Amount Guaranteed Outstanding: City State ZIP Code Amount Guaranteed Outstanding: Occupation City State ZIP Code Amount Guaranteed Outstanding: Amount Guaranteed Outstanding: City State ZIP Code Amount Guaranteed Outstanding: Amount Guaranteed Outstanding: City State ZIP Code Amount Guaranteed Outstanding: Amount Guaranteed Outstanding: SUBTOTALS This Period This Page (optional)	LOAN SOURCE Full Name (Last, First, Middle Initial) PROVIDIAN BANK VISA CC 2040				N Mer	mo Item	Primary	
DALLAS TX 75266-0548 Conginal Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This 1058-20 TERMS Date Incurred Date Due Interest Rate Secured: 33 21.27 TERMS Date Incurred Date Due Interest Rate Secured: 4 2005 Name of Employer Mailing Address Occupation City State ZIP Code Amount Guaranteed Outstanding: 3. Full Name (Last, First, Middle Initial) Mailing Address Occupation City State ZIP Code Amount Guaranteed Outstanding: 3. Full Name (Last, First, Middle Initial) Mailing Address Occupation City State ZIP Code Amount Guaranteed Outstanding: City State ZIP Code Amount Guaranteed Outstanding: Amount Guaranteed Outstanding: City State ZIP Code Amount Guaranteed Outstanding: Amount Guaranteed Outstanding: City State ZIP Code Amount Guaranteed Outstanding: Amount Guaranteed Outstanding: SUBTOTALS This Period This Page (optional)	Mailing Address PO BOX 660548							▼
Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Pages (optional) City State ZIP Code Amount Guaranteed Outstanding: Amount Guaranteed Outstanding: City State ZIP Code Amount Guaranteed Outstanding:	City		State	ZIP Co	de			
TERMS Date Incurred Date Due Interest Rate Secured: "03" 18" 2005 List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Mailing Address City State ZIP Code Amount Guaranteed Outstanding: Amount Guaranteed Outstanding: 3. Full Name (Last, First, Middle Initial) Mailing Address City State ZIP Code Amount Guaranteed Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation City State ZIP Code Amount Guaranteed Outstanding: Amount Guaranteed Outstanding: Name of Employer Mailing Address Occupation City State ZIP Code Amount Guaranteed Outstanding: Name of Employer Mailing Address Occupation City State ZIP Code Amount Guaranteed Outstanding: Name of Employer Mailing Address Occupation City State ZIP Code Amount Guaranteed Outstanding: Name of Employer Mailing Address Occupation State ZIP Code Amount Guaranteed Outstanding: Name of Employer Mailing Address Occupation City State ZIP Code Amount Guaranteed Outstanding: Name of Employer Mailing Address Occupation City State ZIP Code Amount Guaranteed Outstanding: Name of Employer Mailing Address Occupation	DALLAS		TX	7526	6-0548			
TERMS Date Incurred Date Due Interest Rate Secured: "03" 18" 2005 18" 2005 18" 2005 18" 2005 18" 2005 18" 2005 18" 2005 18" 2005 18" 2005 18" 2005 2	Original Amount of Loan		Cumulative Pay	ment To	Date	Balar	nce Outstanding at C	lose of This Period
Date Incurred Date Due Interest Rate Secured: 03	7 7 7	20	7		736.93		7 7	321.27
1. Full Name (Last, First, Middle Initial) Mailing Address City State ZIP Code Amount Guaranteed Outstanding: 2. Full Name (Last, First, Middle Initial) Mailing Address City State ZIP Code Amount Guaranteed Outstanding: City State ZIP Code Amount Guaranteed Outstanding: 3. Full Name (Last, First, Middle Initial) Mailing Address City State ZIP Code Amount Guaranteed Outstanding: City State ZIP Code Amount Guaranteed Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address City State ZIP Code Amount Guaranteed Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address City State ZIP Code Amount Guaranteed Outstanding: City State ZIP Code Amount Guaranteed Outstanding: SUBTOTALS This Period This Page (optional)	Date Incurred M 03 18 2005	Y	/ M / D D	ate Due		rest Rate	-	
Mailing Address City State ZIP Code Amount Guaranteed Outstanding: Name of Employer Mailing Address City State ZIP Code Amount Guaranteed Outstanding: Name of Employer Amount Guaranteed Outstanding: Name of Employer Mailing Address Occupation Name of Employer Mailing Address Occupation City State ZIP Code Amount Guaranteed Outstanding: Name of Employer Mailing Address Occupation City State ZIP Code Amount Guaranteed Outstanding: A. Full Name (Last, First, Middle Initial) Name of Employer Amount Guaranteed Outstanding: A. Full Name (Last, First, Middle Initial) Name of Employer Amount Guaranteed Outstanding: City State ZIP Code Amount Guaranteed Outstanding: City State ZIP Code Amount Guaranteed Outstanding: SUBTOTALS This Period This Page (optional)	,	• • •	Loan Source		Name of Employe			
City State ZIP Code Amount Guaranteed Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation City State ZIP Code Amount Guaranteed Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation City State ZIP Code Amount Guaranteed Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation City State ZIP Code Amount Guaranteed Outstanding: City State ZIP Code Amount Guaranteed Outstanding: City State ZIP Code Amount Guaranteed Outstanding: SUBTOTALS This Period This Page (optional)	1. Full Name (Last, First, Middle Illiti	ai)			Name of Employe	5 1		
Guaranteed Outstanding: 2. Full Name (Last, First, Middle Initial) Mailing Address Occupation City State ZIP Code Amount Guaranteed Outstanding: 3. Full Name (Last, First, Middle Initial) Mailing Address Occupation City State ZIP Code Amount Guaranteed Outstanding: Occupation City State ZIP Code Amount Guaranteed Outstanding: Amount Guaranteed Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation City State ZIP Code Amount Guaranteed Outstanding: Amount Guaranteed Outstanding: Substotals This Period This Page (optional)	Mailing Address				Occupation			
Mailing Address City State ZIP Code Amount Guaranteed Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation City State ZIP Code Amount Guaranteed Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Amount Guaranteed Outstanding: Amount Guaranteed Outstanding: City State ZIP Code Amount Guaranteed Outstanding: City State ZIP Code Amount Guaranteed Outstanding: Substanding: Substanding: Substanding: Substanding: 321.27	City	State	ZIP Code		Guaranteed		7	
City State ZIP Code Amount Guaranteed Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation City State ZIP Code Amount Guaranteed Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation City State ZIP Code Amount Guaranteed Outstanding:	2. Full Name (Last, First, Middle Initi-	al)			Name of Employe	er		
Guaranteed Outstanding: 3. Full Name (Last, First, Middle Initial) Mailing Address Occupation City State ZIP Code Amount Guaranteed Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation City State ZIP Code Amount Guaranteed Outstanding: Name of Employer Mailing Address Occupation City State ZIP Code Amount Guaranteed Outstanding: City State ZIP Code Amount Guaranteed Outstanding:					Occupation			
Mailing Address City State ZIP Code Amount Guaranteed Outstanding: 4. Full Name (Last, First, Middle Initial) Mailing Address Occupation City State ZIP Code Amount Guaranteed Outstanding: Name of Employer Mailing Address Occupation City State ZIP Code Amount Guaranteed Outstanding: SUBTOTALS This Period This Page (optional)			ZIP Code		Guaranteed		7	-
City State ZIP Code Amount Guaranteed Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation City State ZIP Code Amount Guaranteed Outstanding: SUBTOTALS This Period This Page (optional) 321.27	3. Full Name (Last, First, Middle Initial	al)			Name of Employe	er		
Guaranteed Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation City State ZIP Code Amount Guaranteed Outstanding: SUBTOTALS This Period This Page (optional)	Mailing Address				Occupation			
Mailing Address City State ZIP Code Amount Guaranteed Outstanding: SUBTOTALS This Period This Page (optional) 321.27	City	State	ZIP Code		Guaranteed		7 1 7 1	
City State ZIP Code Amount Guaranteed Outstanding: SUBTOTALS This Period This Page (optional) 321.27	4. Full Name (Last, First, Middle Initia	4. Full Name (Last, First, Middle Initial)				er		
Guaranteed Outstanding: SUBTOTALS This Period This Page (optional)	Mailing Address			Occupation				
, OZIIZI	City	State	ZIP Code		Guaranteed		7 1 7 1	1 75
TOTALS This Period (last page in this line only)					<u> </u>	Ę	7	321.27
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Sumr						arry forw	vard to appropriate	ine of Summary.

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

PAGE 53 OF 56

			Detailed Suffillary Fage FOR LINE 13 OF FORM 3X
AME OF COMMITTEE (In Full) CITIZENS FOR A BETTE	R AMER	RICA(R) (CFA	Transaction ID : SC/10.20
JITIZEINOT OKTOBETTE	I C / CIVIL I	(10) (11)	
LOAN SOURCE Full Name (La SHEMANSKI, DAVID, , ,	ast, First, M	iddle Initial)	N
AA 22 A 1 1			General
Mailing Address 24819 ALDERB	ROOK		☐ Other (specify) ▼
City		State	ZIP Code
NEWHALL		CA	91321
Original Amount of Loan		Cumulative Pay	ment To Date Balance Outstanding at Close of This Period
7	802.35		15.00 787.35
TERMS Date Incurred		D	ate Due Interest Rate Secured:
M01	95 Y	M = M / D = D	NONE 0.00 % (apr) Yes X No
List All Endorsers or Guaranto	ors (if any)	to Loan Source	
1. Full Name (Last, First, Middle	e Initial)		Name of Employer
Mailing Addyson			Occupation
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle	e Initial)		Name of Employer
Mailing Address			Occupation
O:h.	Chaha	710 0-4-	
City	State	ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle	e Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle	e Initial)	·	Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Pag	ge (optional)		787.35
TOTALS This Period (last page in	this line on	ly)	10515.30
	LINE 3 Sc	hedule D for this	line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE D (FEC Form 3X) **DEBTS AND OBLIGATIONS**

Excluding Loans

(Use separate schedule(s) for each numbered line)

PAGE 54 OF FOR LINE NUMBER: (check only one)

	9
Х	10

56

NAME OF COMMITTEE (In Full) C

A. Full Name (Last, First, Middle Initial) of Debte	Nature of Debt (Purpose): VEHICLE EXPENSES		
Mailing Address P. O. BOX 53132			
City PHOENIX	State AZ	Zip Code 85072-3132	
Outstanding Balance Beginning This Period	·		Transaction ID : SD10.4389
70.18			
Amount Incurred This Period	Pa	yment This Period	Outstanding Balance at Close of This Period
0.00	7	0.00	70.18
B. Full Name (Last, First, Middle Initial) of Debto BANK OF AMERICA VISA CC 2			Nature of Debt (Purpose): ADDITIONAL INCURRED.
Mailing Address P. O. BOX 53132			
City	State	Zip Code	
PHOENIX	AZ	85072-3132	
Outstanding Balance Beginning This Period			Transaction ID: SD10.4822
35.63	Б.		Outstanding Polygon at Olega of This Posical
Amount Incurred This Period 0.00	Pa	yment This Period 0.00	Outstanding Balance at Close of This Period 35.63
C. Full Name (Last, First, Middle Initial) of Debte COLACO, GAIL, , ,	or or Creditor		Nature of Debt (Purpose): Trademark and Government Fees
Mailing Address P.O. BOX 1949			
City LITTLEROCK	State CA	Zip Code 93543-5949	
Outstanding Balance Beginning This Period			Transaction ID : SD10.4179
330.00			
Amount Incurred This Period	Pa	yment This Period	Outstanding Balance at Close of This Period
0.00		0.00	330.00
SUBTOTALS This Period This Page (optional)			435.81
TOTALS This Period (last page this line number	r only)		
TOTAL OUTSTANDING LOANS from Schedule	C (last page c	only)	
ADD 2) and 3) and carry forward to appropriate	line of Summ	ary Page (last page only)	

SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 55 OF
FOR LINE NUMBER:
(check only one)

	9
Χ	10

56

NAME OF COMMITTEE (In Full)
CITIZENS FOR A BETTER AMERICA(R) (CFABA.ORG)

A. Full Name (Last, First, Middle Initial) of Debtor (Nature of Debt (Purpose): BALANCE AT PERIOD END.			
FIRST BANKCARD VISA CC 20		BALANCE ATTENIOD END.		
Mailing Address PO BOX 2814	1			
City	State	Zip Code	-	
ОМАНА	NE	68103-2814		
Outstanding Balance Beginning This Period			Transaction ID : SD10.4520	
85.61				
Amount Incurred This Period	Payr	nent This Period	Outstanding Balance at Close of This Period	
0.00		0.00	85.61	
7 7 7	7	7 7	1 7 7 7	
B. Full Name (Last, First, Middle Initial) of Debtor o			Nature of Debt (Purpose): PURCHASES MADE ON CREDIT CARD.	
PROVIDIAN BANK VISA CC 204	U		TORONAGES WASE ON ORESIT GARS.	
Mailing Address PO BOX 660548]	
City	State	Zip Code	-	
DALLAS	TX	75266-0548		
Outstanding Balance Beginning This Period			Transaction ID: SD10.4705	
281.68				
Amount Incurred This Period	Payr	ment This Period	Outstanding Balance at Close of This Period	
0.00		0.00	281.68	
C. Full Name (Last, First, Middle Initial) of Debtor PROVIDIAN BANK VISA CC 204			Nature of Debt (Purpose): ADDITIONAL INCURRED.	
Mailing Address PO BOX 660548			-	
City	State	Zip Code	1	
DALLAS	TX	75266-0548		
Outstanding Balance Beginning This Period			Transaction ID : SD10.4785	
17.56				
Amount Incurred This Period Payment This Period			Outstanding Balance at Close of This Period	
0.00		0.00	17.56	
SUBTOTALS This Period This Page (optional)			384.85	
TOTALS This Period (last page this line number o				
TOTAL OUTSTANDING LOANS from Schedule C (last page only)				
ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶				
ב טטא בן and sy and carry forward to appropriate iir	ie di Summar	y rage (last page only)	7 7 7	

SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

PAGE 56 OF

	9
Х	10

56

NAME OF COMMITTEE (In Full)
CITIZENS FOR A BETTER AMERICA(R) (CFABA.ORG)

A. Full Name (Last, First, Middle Initial) of Debto SBC-PHONE SERVICE	Nature of Debt (Purpose): INCOMING PHONE SERVICE.		
Mailing Address PAYMENT CENTER			-
City	State	Zip Code	_
SAC	CA	95887-0001	
Outstanding Balance Beginning This Period			Transaction ID: SD10.4735
74.09			
Amount Incurred This Period	Pa	yment This Period	Outstanding Balance at Close of This Period
0.00	7	0.00	74.09
B. Full Name (Last, First, Middle Initial) of Debtor SBC-PHONE SERVICE	or Creditor		Nature of Debt (Purpose): ADDITIONAL INCURRED.
Mailing Address PAYMENT CENTER			-
City	State	Zip Code	-
SAC	CA	95887-0001	
Outstanding Balance Beginning This Period			Transaction ID: SD10.4783
48.19			
Amount Incurred This Period	Pa	yment This Period	Outstanding Balance at Close of This Period
0.00	7	0.00	48.19
C. Full Name (Last, First, Middle Initial) of Debto	Nature of Debt (Purpose):		
Mailing Address			
City	State	Zip Code	_
Outstanding Balance Beginning This Period			.l
Amount Incurred This Period	Pa	yment This Period	Outstanding Balance at Close of This Period
	4	75 75	
SUBTOTALS This Period This Page (optional)		>	122.28
TOTALS This Period (last page this line number	942.94		
TOTAL OUTSTANDING LOANS from Schedule	10515.30		
ADD 2) and 3) and carry forward to appropriate	11458.24		