PARTICIPANT PAYMENT LOG

| LAST NAME | FIRST NAME | SSN/ITIN | STREET ADDRESS | CITY | STATE | ZIP CODE | AMOUNT | RESIDENCY STATUS | EMPLOYEE | PAYMENT TYPE | REPORTING QUARTER | PROJECT NUMBER OR FULL CFS |
|-----------|------------|-----------|------------------|---------------|-------|----------|-----------|------------------|-----------------|--------------|-------------------|----------------------------|
| SMITH | BOB | 123456789 | 1234 MAIN STREET | OKLAHOMA CITY | OK | 73104 | \$ 250.00 | U.S. Citizen | No | Gift Card | Quarter 2 | 20001899 |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | - | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |