

COMMONWEALTH OF PENNSYLVANIA
CAMPAIGN FINANCE STATEMENT

File this in lieu of a full report *only if aggregate receipts, expenditures, or liabilities incurred each did not exceed \$250.00 during the reporting period.*

FILER IDENTIFICATION NUMBER	REPORT FILED ON BEHALF OF	CANDIDATE <input checked="" type="checkbox"/>	COMMITTEE <input type="checkbox"/>	LOBBYIST <input type="checkbox"/>						
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST Friends of Mary Ellen Koval										
STREET ADDRESS 523 N. Carlisle St.										
CITY Allentown		STATE PA	ZIP CODE 18109 -							
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE	DISTRICT NO.	PARTY	DATE OF ELECTION						
				MO.	DAY	YEAR				
6TH TUESDAY PRE-PRIMARY <input type="checkbox"/>	Controller, City of Allentown		NA DEM	11	08	2011				
2ND FRIDAY PRE-PRIMARY <input type="checkbox"/>				FOR OFFICE USE ONLY						
30 DAY POST-PRIMARY <input type="checkbox"/>				DATES OF REPORTING PERIOD						
6TH TUESDAY PRE-ELECTION <input type="checkbox"/>				MO.	DAY	YEAR	MO.	DAY	YEAR	
2ND FRIDAY PRE-ELECTION <input type="checkbox"/>				01	01	2012	TO	12	31	2012
30 DAY POST-ELECTION <input type="checkbox"/>				CASH BALANCE AT END OF REPORTING PERIOD: \$ 0						
ANNUAL REPORT <input checked="" type="checkbox"/>				TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ 0						
AMENDMENT REPORT?		YES	NO	<input checked="" type="checkbox"/>						
TERMINATION REPORT?		YES	NO	<input checked="" type="checkbox"/>						

AFFIDAVIT SECTION

PART I -

If statement is filed on behalf of a Political Committee or Candidates's Committee, the Treasurer must sign here.
 If statement is filed on behalf of a Candidate, the Candidate must sign here.
 If statement is filed on behalf of a Contributing Lobbyist, the Lobbyist must sign here.

I SWEAR (OR AFFIRM) THAT THE AGGREGATE RECEIPTS OR DISBURSEMENTS OR LIABILITIES INCURRED DURING THE REPORTING PERIOD INDICATED ABOVE DID NOT EXCEED TWO HUNDRED AND FIFTY DOLLARS (\$250.00) AND THIS REPORT IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, CORRECT AND COMPLETE.

SWORN TO AND SUBSCRIBED BEFORE ME THIS	
25 th DAY OF January 2013	
	SIGNATURE OF PERSON SUBMITTING REPORT
MY COMMISSION EXPIRES 12 15 2014	Paul D. Balascki
MO. DAY YR.	PRINTED NAME
	610 262-9710
	AREA CODE DAYTIME TELEPHONE NUMBER

PART II -

If statement is filed on behalf of a Candidate's Authorized Committee, Candidate must sign here.

I SWEAR (OR AFFIRM) THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THIS POLITICAL COMMITTEE HAS NOT VIOLATED ANY PROVISIONS OF THE ACT OF JUNE 3, 1937 (P.L. 1333, No. 320) AS AMENDED.

SWORN TO AND SUBSCRIBED BEFORE ME THIS	
25 th DAY OF January 2013	
	SIGNATURE OF CANDIDATE
MY COMMISSION EXPIRES 12 15 2014	ME Koval
MO. DAY YR.	PRINTED NAME
	610 432-7932
	AREA CODE DAYTIME TELEPHONE NUMBER

COMMONWEALTH OF PENNSYLVANIA
 Notarial Seal

Jean G. Grossman, Notary Public
 City of Allentown, Lehigh County
 My Commission Expires Dec. 15, 2016
 MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

Commonwealth of Pennsylvania
CAMPAIGN FINANCE REPORT

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identification Number: <input type="checkbox"/>		Report Filed By: <input type="checkbox"/>		CANDIDATE ^{1.} <input checked="" type="checkbox"/>		COMMITTEE ^{2.} <input type="checkbox"/>		LOBBYIST ^{3.} <input type="checkbox"/>	
Name of Filing Committee, Candidate or Lobbyist: <u>Friends of Mary Ellen Koval</u>									
Street Address: <u>523 N. Carlisle St.</u>									
City: <u>Allentown</u>				State: <u>PA</u>		Zip Code: <u>18109</u>			
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST PRIMARY	3.	AMENDMENT REPORT?	YES	NO
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST ELECTION	6.	TERMINATION REPORT?	YES	NO
	ANNUAL REPORT	7.	YEAR <u>2012</u>		FILING METHOD () CHECK ONE <input type="checkbox"/>		PAPER	<input checked="" type="checkbox"/>	DISKETTE
Name of Office Sought by Candidate: <u>Controller, City of Allentown</u>					DATE OF ELECTION		District Number	Office Code	Party Code
					MO.	DAY	YEAR		
					<u>11</u>	<u>08</u>	<u>2011</u>	<u>NA</u>	<u>OTHDEM</u>
									<u>39</u>
					(SEE INSTRUCTIONS FOR CODES)				
Summary of Receipts and Expenditures from:			MO.	DAY	YEAR	To	MO.	DAY	YEAR
			<u>01</u>	<u>01</u>	<u>2012</u>	To	<u>12</u>	<u>31</u>	<u>2012</u>
A. Amount Brought Forward From Last Report				\$		<u>1841.43</u>			
B. Total Monetary Contributions and Receipts (From Schedule I)				\$		<u>0</u>			
C. Total Funds Available (Sum of Lines A and B)				\$		<u>1841.43</u>			
D. Total Expenditures (From Schedule III)				\$		<u>0</u>			
E. Ending Cash Balance (Subtract Line D from Line C)				\$		<u>1841.43</u>			
F. Value of In-Kind Contributions Received (From Schedule II)				\$		<u>0</u>			
G. Unpaid Debts and Obligations (From Schedule IV)				\$		<u>3600.00</u>			

AFFIDAVIT SECTION

PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules, on paper or computer diskette, are to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

25th day of January 2013

Jean Bressman
 Signature

My commission expires 12 15 2014
 MO. DAY YR.

Paul D. Balascki
 Signature of Person Submitting Report

Paul D. Balascki
 Printed Name

610 262-9710
 Area Code Daytime Telephone Number

COMMONWEALTH OF PENNSYLVANIA
 Notarial Seal
 Jean G. Bressman, Notary Public
 City of Allentown, Lehigh County
 My Commission Expires Dec. 15, 2016
 MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

PART II - If this is a report of a Candidate's Authorized Committee, candidate shall sign here.

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the Act of June (P.L. 1333, No. 320) as amended.

Sworn to and subscribed before me this

25th day of January 2013

Jean Bressman
 Signature

My commission expires 12 15 2016
 MO. DAY YR.

M.E. Koval
 Signature of Candidate

M.E. Koval
 Printed Name

610 432-7932
 Area Code Daytime Telephone Number

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate Friends of Mary Ellen Koval	Reporting Period From 1/1/2012 To 12/31/2012
---	---

1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period (1)	\$ 0

2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)	
Contributions Received from Political Committees (Part A)	\$
All Other Contributions (Part B)	\$
TOTAL for the Reporting Period (2)	\$ 0

3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)	
Contributions Received from Political Committees (Part C)	\$
All Other Contributions (Part D)	\$
TOTAL for the Reporting Period (3)	\$ 0

4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)	
TOTAL for the Reporting Period (4)	\$ 0

TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD <i>(Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B.)</i>	\$ 0
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PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

Use this Part to itemize only contributions received from political committees with an aggregate value from \$50.01 to \$250.00 in the reporting period.

Name of Filing Committee or Candidate Friends of Mary Ellen Koval	Reporting Period From 1/1/2012 To 12/31/2012
---	---

Full Name of Contributing Committee	DATE			AMOUNT
	MO.	DAY	YEAR	
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				\$
Zip Code (Plus 4)				\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				\$
Zip Code (Plus 4)				\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				\$
Zip Code (Plus 4)				\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				\$
Zip Code (Plus 4)				\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				\$
Zip Code (Plus 4)				\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				\$
Zip Code (Plus 4)				\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				\$
Zip Code (Plus 4)				\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				\$
Zip Code (Plus 4)				\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				\$
Zip Code (Plus 4)				\$

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

PAGE TOTAL
\$ 0

**PART B
ALL OTHER CONTRIBUTIONS**

\$50.01 TO \$250.00

Use this Part to itemize all other contributions with an aggregate value from
\$50.01 to \$250.00 in the reporting period.
(Exclude contributions from political committees reported in Part A.)

Name of Filing Committee or Candidate <i>Friends of Mary Ellen Koval</i>	Reporting Period From <i>11/1/2012</i> To <i>12/31/2012</i>
---	--

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				\$
Zip Code (Plus 4)				\$

PAGE TOTAL	\$ <u>0</u>
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Enter Grand Total of Part B on Schedule I, Detailed Summary Page, Section 2.

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES OVER \$250.00

Use this Part to itemize only contributions received from political committees
with an aggregate value over \$250.00 in the reporting period.

Name of Filing Committee or Candidate Friends of Mary Ellen Koval	Reporting Period From 1/1/2012 To 12/31/2012
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				DATE			AMOUNT
				MO.	DAY	YEAR	
Full Name of Contributing Committee							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Full Name of Contributing Committee							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Full Name of Contributing Committee							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Full Name of Contributing Committee							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Full Name of Contributing Committee							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Full Name of Contributing Committee							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Full Name of Contributing Committee							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Full Name of Contributing Committee							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Full Name of Contributing Committee							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL	\$ ○
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PART D
ALL OTHER CONTRIBUTIONS

OVER \$250.00

Use this Part to itemize all other contributions with an aggregate value of
over \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part C.)

Name of Filing Committee or Candidate Friends of Mary Ellen Koval	Reporting Period From 11/2012 To 12/31/2012
---	--

				DATE	AMOUNT		
				MO.	DAY	YEAR	
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							

Enter Grand Total of Part D on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL
\$ <u>0</u>

**PART E
OTHER RECEIPTS**

REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Name of Filing Committee or Candidate Friends of Mary Ellen Koval	Reporting Period From 1/1/2012 To 12/31/2012
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Full Name

Mailing Address

City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount
		-				\$

Receipt Description

Full Name

Mailing Address

City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount
		-				\$

Receipt Description

Full Name

Mailing Address

City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount
		-				\$

Receipt Description

Full Name

Mailing Address

City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount
		-				\$

Receipt Description

Full Name

Mailing Address

City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount
		-				\$

Receipt Description

Full Name

Mailing Address

City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount
		-				\$

Receipt Description

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

PAGE TOTAL
\$ <u>0</u>

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD.

Detailed Summary Page

Name of Filing Committee or Candidate <i>Friends of Mary Ellen Koval</i>	Reporting Period From <i>1/1/2012</i> To <i>12/31/2012</i>
---	---

1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR		
TOTAL for the Reporting Period	(1)	\$

2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)		
TOTAL for the Reporting Period	(2)	\$

3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)		
TOTAL for the Reporting Period	(3)	\$

TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD <i>(Add and enter amount totals from Boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F.)</i>	\$	<i>0</i>
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**SCHEDULE II
PART F
IN-KIND CONTRIBUTIONS RECEIVED**

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate <i>Friends of Mary Ellen Koval</i>	Reporting Period From <i>11/1/2012</i> To <i>12/31/2012</i>
---	--

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
Mailing Address				\$
City				\$
Description of Contribution:				
Mailing Address				\$
City				\$
Description of Contribution:				
Mailing Address				\$
City				\$
Description of Contribution:				
Mailing Address				\$
City				\$
Description of Contribution:				
Mailing Address				\$
City				\$
Description of Contribution:				
Mailing Address				\$
City				\$
Description of Contribution:				
Mailing Address				\$
City				\$
Description of Contribution:				

Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.

PAGE TOTAL
\$ 0

SCHEDULE II
PART G
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OVER \$250.00

Name of Filing Committee or Candidate Friends of Mary Ellen Koval	Reporting Period From <u>11/1/2012</u> To <u>12/31/2012</u>
---	--

				DATE	AMOUNT		
Full Name of Contributor	MO.	DAY	YEAR				
				\$			
Mailing Address				MO.	DAY	YEAR	\$
City				MO.	DAY	YEAR	\$
State				Zip Code (Plus 4)			-
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			
				\$			
Mailing Address				MO.	DAY	YEAR	\$
City				MO.	DAY	YEAR	\$
State				Zip Code (Plus 4)			-
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			
				\$			
Mailing Address				MO.	DAY	YEAR	\$
City				MO.	DAY	YEAR	\$
State				Zip Code (Plus 4)			-
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			
				\$			
Mailing Address				MO.	DAY	YEAR	\$
City				MO.	DAY	YEAR	\$
State				Zip Code (Plus 4)			-
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			
				\$			
Mailing Address				MO.	DAY	YEAR	\$
City				MO.	DAY	YEAR	\$
State				Zip Code (Plus 4)			-
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			

Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.

PAGE TOTAL
\$ <u>0</u>

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate Friends of Mary Ellen Koval	Reporting Period From 1/1/2012 To 12/31/2012
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To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address	Description of Expenditure			\$
City	State	Zip Code (Plus 4)		-
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address	Description of Expenditure			\$
City	State	Zip Code (Plus 4)		-
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address	Description of Expenditure			\$
City	State	Zip Code (Plus 4)		-
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address	Description of Expenditure			\$
City	State	Zip Code (Plus 4)		-
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address	Description of Expenditure			\$
City	State	Zip Code (Plus 4)		-
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address	Description of Expenditure			\$
City	State	Zip Code (Plus 4)		-
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address	Description of Expenditure			\$
City	State	Zip Code (Plus 4)		-
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address	Description of Expenditure			\$
City	State	Zip Code (Plus 4)		-

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

PAGE TOTAL
\$ 0

SCHEDULE IV STATEMENT OF UNPAID DEBTS

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Name of Filing Committee or Candidate Friends of Mary Ellen Koval	Reporting Period From 1/1/2012 To 12/31/2012
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Name of Creditor Mary Ellen Koval				Outstanding Balance of Debt \$2500.00		
Mailing Address 523 N. Carlisle St.	DATE DEBT INCURRED	MO.	DAY	YEAR		
City Allentown		03	01	2011		
		State	Zip Code (Plus 4)			
		PA	18109			
Description of Debt Loan to start campaign						

Name of Creditor Mary Ellen Koval				Outstanding Balance of Debt \$1100.00		
Mailing Address 523 N. Carlisle St.	DATE DEBT INCURRED	MO.	DAY	YEAR		
City Allentown		11	04	2011		
		State	Zip Code (Plus 4)			
		PA	18109			
Description of Debt Loan to campaign						

Name of Creditor				Outstanding Balance of Debt \$		
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR		
City						
		State	Zip Code (Plus 4)			
			-			
Description of Debt						

Name of Creditor				Outstanding Balance of Debt \$		
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR		
City						
		State	Zip Code (Plus 4)			
			-			
Description of Debt						

Name of Creditor				Outstanding Balance of Debt \$		
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR		
City						
		State	Zip Code (Plus 4)			
			-			
Description of Debt						

Name of Creditor				Outstanding Balance of Debt \$		
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR		
City						
		State	Zip Code (Plus 4)			
			-			
Description of Debt						

Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.

PAGE TOTAL 00
\$ 3600