

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: **Report Filed By:** **CANDIDATE** **COMMITTEE** **LOBBYIST**

Name of Filing Committee, Candidate, or Lobbyist: Joseph John Davis

Street Address: 1035 N. Tacoma St

City: Allentown **State:** Pa **Zip Code:** 18109 - 1654

TYPE OF REPORT (place X to the right of report type)	1ST TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST-PRIMARY	3.	AMENDMENT REPORT?	YES	NO	
	4TH TUESDAY POST-PRIMARY	4.	6TH FRIDAY POST-ELECTION	5.	30 DAY POST-ELECTION	6.		TERMINATION REPORT?	YES	NO
	ANNUAL REPORT	7.	YEAR		FILING METHOD			PAPER		DISK-ETC

Name of Office Bought by Candidate: Allentown City Council

DATE OF ELECTION: MO: 05 DAY: 19 YEAR: 2015

District Number: **Office Code:** **Party Code:** **County Code:**

(SEE INSTRUCTIONS FOR CODES)

Summary of Receipts and Expenditures from: MO: 05 DAY: 04 YEAR: 2015 To: MO: 06 DAY: 08 YEAR: 2015

A. Amount Brought Forward From Last Report	\$	-0-
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	-0-
C. Total Funds Available (Sum of Lines A and B)	\$	0-
D. Total Expenditures (From Schedule III)	\$	-0-
E. Ending Cash Balance (Subtract Line D from Line C)	\$	-0-
F. Value of In-Kind Contributions Received (From Schedule II)	\$	-0-
G. Unpaid Debts and Obligations (From Schedule IV)	\$	-0-

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 _____ day of _____ 20____

Signature: _____ Printed Name: _____

My commission expires MO: _____ DAY: _____ YR: _____

Area Code: _____ Daytime Telephone Number: _____

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 3, 1937 (P.L. 1333, No. 320) as amended.

Sworn to and subscribed before me this 15th day of June 20 15

Signature: Maria R. Tavares Printed Name: Joseph J. Davis

My commission expires MO: 04 DAY: 08 YR: 2019

Area Code: 610 Daytime Telephone Number: 434-1297

COMMONWEALTH OF PENNSYLVANIA
NOTARIAL SEAL
 Maria R. Tavares, Notary Public
 City of Bethlehem, Lehigh County
 My Commission Expires April 8, 2019
 MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

Board of Elections of Lehigh County
 Lehigh County Government Center
 17 S. 7th St.
 Allentown, PA 18101-2400

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: ▶		Report Filed By: ▶		CANDIDATE <input checked="" type="checkbox"/>	1. COMMITTEE <input checked="" type="checkbox"/>	2. LOBBYIST <input type="checkbox"/>	3.		
Name of Filing Committee, Candidate or Lobbyist: Friends of Joe Davis									
Street Address: 1035 N. Tacoma St.									
City: Allentown				State: Pa	Zip Code: 18109 - 1654				
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		FILING METHOD () CHECK ONE ▶		PAPER	<input checked="" type="checkbox"/>	DISKETTE

Name of Office Sought by Candidate: Allentown City Council			DATE OF ELECTION			District Number	Office Code	Party Code	County Code
			MO.	DAY	YEAR				
			05	19	2015				
(SEE INSTRUCTIONS FOR CODES)									

Summary of Receipts and Expenditures from: ▶	MO.	DAY	YEAR	To	MO.	DAY	YEAR	FOR OFFICE USE ONLY
	05	04	2015		06	08	2015	
A. Amount Brought Forward From Last Report				\$ 7,918.14				
B. Total Monetary Contributions and Receipts (From Schedule I)				\$ 0.00				
C. Total Funds Available (Sum of Lines A and B)				\$ 7,918.14				
D. Total Expenditures (From Schedule III)				\$ 2,200.00				
E. Ending Cash Balance (Subtract Line D from Line C)				\$ 5,718.14				
F. Value of In-Kind Contributions Received (From Schedule II)				\$ 15,126.83				
G. Unpaid Debts and Obligations (From Schedule IV)				\$ 0.00				

AFFIDAVIT SECTION

PART I - If this is a Committee report, committee 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 15th day of June, 2015

Maria R. Tavares
Signature
My commission expires 04 08 2019
MO. DAY YR.

Yolanda E. Davis
Signature of Person Submitting Report
Yolanda E. Davis
Printed Name
610 434-1297
Area Code Daytime Telephone Number

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 3, 1937 (P.L. 1333, No. 320) as amended.

Sworn to and subscribed before me this 15th day of June, 2015

Maria R. Tavares
Signature
My commission expires 04 08 2019
MO. DAY YR.

Joseph J. Davis
Signature of Candidate
Joseph J. Davis
Printed Name
610 434-1297
Area Code Daytime Telephone Number

COMMONWEALTH OF PENNSYLVANIA
NOTARIAL SEAL
Maria R. Tavares, Notary Public
City of Bethlehem, Lehigh County
My Commission Expires April 8, 2019
MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

Department of State • Bureau of Commissions, Elections and Legislation
700 North Office Building • Harrisburg, PA 17120-0029 • (717) 787-5280

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate <i>Friends of Joe Davis</i>	Reporting Period From <u>05-04-2015</u> To <u>06-08-2015</u>
--	---

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)		\$ -0-
All Other Contributions (Part B)		\$ -0-
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)		\$ -0-
All Other Contributions (Part D)		\$ -0-
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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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 <i>Friends of Joe Davis</i>	Reporting Period From <i>05-04-2015</i> To <i>06-08-2015</i>
--	---

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

\$ - 00

PART B
ALL OTHER CONTRIBUTIONS

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\$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 Joe Davis</i>	Reporting Period From <u>05-04-2015</u> To <u>06-08-2015</u>
--	---

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

PAGE TOTAL

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

\$ -0-

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 <i>Friends of Joe Davis</i>	Reporting Period From <i>05-04-2015</i> To <i>06-08-2015</i>
--	---

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)				\$

PAGE TOTAL	\$ - 0 -
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Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

ALL OTHER CONTRIBUTIONS

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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 <i>Friends of Joe Davis</i>	Reporting Period From <i>05-04-2015</i> To <i>06-08-2015</i>
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				DATE			AMOUNT
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
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

e - 0 -

PART E
OTHER RECEIPTS

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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 <i>Friends of Joe Davis</i>	Reporting Period From <i>05-04-2015</i> To <i>06-08-2015</i>
--	---

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 \$ <i>-0-</i>
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IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate <i>Friends of Joe Davis</i>	Reporting Period From <i>05-04-2015</i> To <i>06-08-2015</i>
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				DATE			AMOUNT
Full Name of Contributor <i>Citizens for a Better Allentown</i>				MO.	DAY	YEAR	\$ <i>15,126.83</i>
Mailing Address <i>840 Hamilton St. Ste 321</i>				MO.	DAY	YEAR	
City <i>Allentown</i>		State <i>Pa</i>	Zip Code (Plus 4) <i>18101 -</i>	MO.	DAY	YEAR	\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution <i>Literature & Mailings</i>			
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City		State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City		State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City		State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City		State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
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

\$

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 Joe Davis</i>	Reporting Period From <i>05-04-2015</i> To <i>06-08-2015</i>
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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) \$ <i>15,126.83</i>

3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)	
TOTAL for the Reporting Period	(3) \$ <i>15,126.83</i>

TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F.)	\$ <i>15,126.83</i>
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SCHEDULE III
STATEMENT OF EXPENDITURES

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Name of Filing Committee or Candidate <i>Friends of Joe Davis</i>	Reporting Period From <i>05-04-2015</i> To <i>06-08-2015</i>
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To Whom Paid <i>Paul Rosko Agency</i>	MO. <i>05</i>	DAY <i>04</i>	YEAR <i>2015</i>	Amount \$ <i>30.00</i>
Mailing Address <i>1530 W. Broad St.</i>		Description of Expenditure <i>notary for reports</i>		
City <i>Bethlehem</i>	State <i>Pa</i>	Zip Code (Plus 4) <i>18018 -</i>		

To Whom Paid <i>Friends of Pete Schweyer</i>	MO. <i>05</i>	DAY <i>13</i>	YEAR <i>2015</i>	Amount \$ <i>200.00</i>
Mailing Address <i>P.O. Box 4364</i>		Description of Expenditure <i>campaign donation</i>		
City <i>Allentown</i>	State <i>Pa</i>	Zip Code (Plus 4) <i>18105 -</i>		

To Whom Paid <i>Lehigh Valley Engineers Social Club</i>	MO. <i>05</i>	DAY <i>13</i>	YEAR <i>2015</i>	Amount \$ <i>200.00</i>
Mailing Address <i>1201 W. Liberty St.</i>		Description of Expenditure <i>donation</i>		
City <i>Allentown</i>	State <i>Pa</i>	Zip Code (Plus 4) <i>18104 -</i>		

To Whom Paid <i>Citizens for a Better Allentown</i>	MO. <i>05</i>	DAY <i>13</i>	YEAR <i>2015</i>	Amount \$ <i>1,000.00</i>
Mailing Address <i>840 Hamilton St. Ste 321</i>		Description of Expenditure <i>literature + mailings</i>		
City <i>Allentown</i>	State <i>Pa</i>	Zip Code (Plus 4) <i>18101 -</i>		

To Whom Paid <i>Friends of Mike Schussberg</i>	MO. <i>06</i>	DAY <i>08</i>	YEAR <i>2015</i>	Amount \$ <i>500.00</i>
Mailing Address <i>PO Box 1537</i>		Description of Expenditure <i>campaign donation</i>		
City <i>Allentown</i>	State <i>Pa</i>	Zip Code (Plus 4) <i>18105 -</i>		

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 \$ <i>2,200.00</i>
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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 <i>Friends of Joe Davis</i>	Reporting Period From <i>05-04-2015</i> To <i>06-08-2015</i>
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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					

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
\$ - 0 -