

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="text"/>		Report Filed By: <input type="text"/>		CANDIDATE <input checked="" type="checkbox"/>	COMMITTEE <input type="checkbox"/>	LOBBYIST <input type="checkbox"/>						
Name of Filing Committee, Candidate or Lobbyist: William Michael Donovan												
Street Address: 122 N West Street												
City: Allentown			State: PA	Zip Code: 18102 -								
TYPE OF REPORT (place X to the right of report type)	8TH TUESDAY PRE-PRIMARY <input type="checkbox"/>	1.	2ND FRIDAY PRE-PRIMARY <input type="checkbox"/>	2.	30 DAY POST PRIMARY <input type="checkbox"/>	3.	AMENDMENT REPORT? YES <input type="checkbox"/> NO <input type="checkbox"/>					
	8TH TUESDAY PRE-ELECTION <input type="checkbox"/>	4.	2ND FRIDAY PRE-ELECTION <input checked="" type="checkbox"/>	5.	30 DAY POST ELECTION <input type="checkbox"/>	6.	TERMINATION REPORT? YES <input type="checkbox"/> NO <input type="checkbox"/>					
	ANNUAL REPORT <input checked="" type="checkbox"/>	7.	YEAR <input type="checkbox"/>	FILING METHOD () CHECK ONE <input checked="" type="checkbox"/>		PAPER <input checked="" type="checkbox"/>	DISKETTE <input type="checkbox"/>					
Name of Office Sought by Candidate: Allentown Mayor				DATE OF ELECTION		District Number	Office Code	Party Code	County Code			
				MO.	DAY	YEAR		oth	oth	39		
				11	5	2013				(SEE INSTRUCTIONS FOR CODES)		
Summary of Receipts and Expenditures from:			MO.	DAY	YEAR	To	FOR OFFICE USE ONLY					
			6	10	2013	10	21	2013				
A. Amount Brought Forward From Last Report				\$ (1,522.01)								
B. Total Monetary Contributions and Receipts (From Schedule I)				\$ 400.00								
C. Total Funds Available (Sum of Lines A and B)				\$ (1,122.01)								
D. Total Expenditures (From Schedule III)				\$ 2,090.07								
E. Ending Cash Balance (Subtract Line D from Line C)				\$ (3,212.08)								
F. Value of In-Kind Contributions Received (From Schedule II)				\$ 0.00								
G. Unpaid Debts and Obligations (From Schedule IV)				\$ 0.00								

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 25 day of Oct 2013

COMMONWEALTH OF PENNSYLVANIA
 Notarial Seal
 Dana Kidd, Notary Public
 South Whitehall Twp., Lehigh County
 My Commission Expires Dec 8, 2015

Signature: [Signature]
 DAY YR. Dec 8 2015

Signature of Person Submitting Report
William Michael Donovan
 Printed Name
610 428-8349
 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 _____ day of _____ 20____

Signature _____
 My commission expires _____
 MO. DAY YR.

Signature of Candidate _____
 Printed Name _____
 Area Code Daytime Telephone Number

CONTRIBUTIONS AND RECEIPTS**Detailed Summary Page**

Name of Filing Committee or Candidate
William Michael Donovan

Reporting Period
From 6/10/2013 To 10/21/2013

1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR

TOTAL for the Reporting Period (1) \$ 0.00

2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)

Contributions Received from Political Committees (Part A) \$ 0.00

All Other Contributions (Part B) \$ 0.00

TOTAL for the Reporting Period (2) \$ 0.00

3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)

Contributions Received from Political Committees (Part C) \$ 0.00

All Other Contributions (Part D) \$ 0.00

TOTAL for the Reporting Period (3) \$ 0.00

4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)

TOTAL for the Reporting Period (4) \$ 400.00

TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B.)

\$ 400.00

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 William Michael Donovan	Reporting Period From <u>6/10/2013</u> To <u>10/21/2013</u>
--	--

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	\$ 0.00
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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 William Michael Donovan	Reporting Period From 6/10/2013 To 10/21/2013
--	--

Full Name of Contributor	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 B on Schedule I, Detailed Summary Page, Section 2.

PAGE TOTAL	\$ 0.00
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PART C

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 William Michael Donovan	Reporting Period From 6/10/2013 To 10/21/2013
--	--

				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)					\$
		-					

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

PAGE TOTAL	\$ 0.00
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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 William Michael Donovan	Reporting Period From <u>6/10/2013</u> To <u>10/21/2013</u>
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Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Employer Name	Occupation			
Employer Mailing Address/Principal Place of Business				

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

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

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

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
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	\$ 0.00
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**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 William Michael Donovan	Reporting Period From <u>6/10/2013</u> To <u>10/21/2013</u>
--	--

Full Name Donovan for Allentown Committee
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Mailing Address c/o William J. Hoffman, Treasurer P.O. Box 483

City Allentown	State PA	Zip Code (Plus 4) 18105 -	MO.	DAY	YEAR	Amount \$ 400.00
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Receipt Description Reimbursement on campaign expenditures

Full Name

Mailing Address

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

Full Name

Mailing Address

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

Full Name

Mailing Address

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

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.	PAGE TOTAL \$ 400.00
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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 William Michael Donovan	Reporting Period From <u>6/10/2013</u> To <u>10/21/2013</u>
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1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period	(1) \$ 0.00

2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)	
TOTAL for the Reporting Period	(2) \$ 0.00

3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)	
TOTAL for the Reporting Period	(3) \$ 0.00

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.)	\$ 0.00
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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 William Michael Donovan	Reporting Period From <u>6/10/2013</u> To <u>10/21/2013</u>
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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	\$
Description of Contribution:							
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Description of Contribution:							
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Description of Contribution:							
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Description of Contribution:							
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Description of Contribution:							
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Description of Contribution:							

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

PAGE TOTAL
\$ 0.00

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

Name of Filing Committee or Candidate William Michael Donovan	Reporting Period From <u>6/10/2013</u> To <u>10/21/2013</u>
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				DATE			AMOUNT
				MO.	DAY	YEAR	
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			
Full Name of Contributor							\$
Mailing Address							\$
City	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	\$ 0.00
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SCHEDULE III

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate William Michael Donovan	Reporting Period From 6/10/2013 To 10/21/2013
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To Whom Paid	MO.	DAY	YEAR	Amount
Office Depot	5	20	2013	\$ 51.92
Mailing Address 480 S. Cedar Crest Blvd	Description of Expenditure Office/Media Supplies			
City Allentown State PA Zip Code (Plus 4) 18104 -				
Office Depot	6	14	2013	\$ 64.01
Mailing Address 480 S. Cedar Crest Blvd	Description of Expenditure Postage Stamps/business crds			
City Allentown State PA Zip Code (Plus 4) 18104 -				
Office Depot	8	27	2013	\$ 17.48
Mailing Address 480 S. Cedar Crest Blvd	Description of Expenditure Stickers			
City Allentown State PA Zip Code (Plus 4) 18104 -				
Office Depot	9	5	2013	\$ 36.03
Mailing Address 480 S. Cedar Crest Blvd	Description of Expenditure Printer Ink			
City Allentown State PA Zip Code (Plus 4) 18104 -				
Office Depot	9	5	2013	\$ 27.55
Mailing Address 480 S. Cedar Crest Blvd	Description of Expenditure Postcards			
City Allentown State PA Zip Code (Plus 4) 18104 -				
Sunrise Diner	9	13	2013	\$ 17.49
Mailing Address 1401 S 4th St	Description of Expenditure Lunch with campaign supporter			
City Allentown State PA Zip Code (Plus 4) 18103 -				
Office Depot	9	13	2013	\$ 63.58
Mailing Address 480 S. Cedar Crest Blvd	Description of Expenditure Postcards and Ink			
City Allentown State PA Zip Code (Plus 4) 18104 -				
Constant Contact	9	14	2013	\$ 15.90
Mailing Address 1601 Trapelo Road Suite 329	Description of Expenditure Email management			
City Allentown State MA Zip Code (Plus 4) 02451 -				

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

PAGE TOTAL	\$ 293.96
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SCHEDULE III

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate William Michael Donovan	Reporting Period From 6/10/2013 To 10/21/2013
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To Whom Paid	MO.	DAY	YEAR	Amount
Capitol Promotions	0	17	2013	\$ 157.94
Mailing Address PO Box 231	Description of Expenditure Campaign stickers			
City Glenside	State PA	Zip Code (Plus 4) 19038 -		
Office Depot	9	25	2013	\$ 33.57
Mailing Address 480 S. Cedar Crest Blvd	Description of Expenditure Podium			
City Allentown	State PA	Zip Code (Plus 4) 18104 -		
Office Depot	10	4	2013	\$ 18.01
Mailing Address 480 S. Cedar Crest Blvd	Description of Expenditure			
City Allentown	State PA	Zip Code (Plus 4) 18104 -		
Fedex Office	10	4	2013	\$ 90.09
Mailing Address 301 S. Cedar Crest Blvd	Description of Expenditure Large Poster for Octoberfest			
City Allentown	State PA	Zip Code (Plus 4) 18103 -		
City of Allentown	10	07	2013	\$ 35.00
Mailing Address 435 Hamilton Street	Description of Expenditure Sign permit			
City Allentown	State PA	Zip Code (Plus 4) 18101 -		
United State Post Office	10	8	2013	\$ 92.00
Mailing Address 365 S Cedar Crest Blvd	Description of Expenditure Postage			
City Allentown	State PA	Zip Code (Plus 4) 18104 -		
Constant Contact	10	14	2013	\$ 15.90
Mailing Address 1601 Trapelo Road Suite 329	Description of Expenditure Email management			
City Allentown	State MA	Zip Code (Plus 4) 02451 -		
Capitol Promotions	10	04	2013	\$ 1,091.80
Mailing Address PO Box 231	Description of Expenditure Campaign Signs			
City Glenside	State PA	Zip Code (Plus 4) 19038 -		

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

PAGE TOTAL	\$ 1534.31
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**SCHEDULE III
STATEMENT OF EXPENDITURES**

Name of Filing Committee or Candidate William Michael Donovan	Reporting Period From <u>6/10/2013</u> To <u>10/21/2013</u>
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				Amount
To Whom Paid Facebook	MO.	DAY	YEAR	\$ 261.80
Mailing Address PO Box 10005	9	30	2013	
City Palo Alto	State CA	Zip Code (Plus 4) 94303		
Description of Expenditure Advertisements				
To Whom Paid	MO.	DAY	YEAR	\$
Mailing Address				
City	State	Zip Code (Plus 4)		
Description of Expenditure				
To Whom Paid	MO.	DAY	YEAR	\$
Mailing Address				
City	State	Zip Code (Plus 4)		
Description of Expenditure				
To Whom Paid	MO.	DAY	YEAR	\$
Mailing Address				
City	State	Zip Code (Plus 4)		
Description of Expenditure				
To Whom Paid	MO.	DAY	YEAR	\$
Mailing Address				
City	State	Zip Code (Plus 4)		
Description of Expenditure				
To Whom Paid	MO.	DAY	YEAR	\$
Mailing Address				
City	State	Zip Code (Plus 4)		
Description of Expenditure				
To Whom Paid	MO.	DAY	YEAR	\$
Mailing Address				
City	State	Zip Code (Plus 4)		
Description of Expenditure				
To Whom Paid	MO.	DAY	YEAR	\$
Mailing Address				
City	State	Zip Code (Plus 4)		
Description of Expenditure				

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.	PAGE TOTAL \$ 261.80
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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 William Michael Donovan	Reporting Period From <u>6/10/2013</u> To <u>10/21/2013</u>
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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	\$ 0.00
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