

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 OR BEHALF OF	CANDIDATE	<input checked="" type="checkbox"/>	COMMITTEE	<input type="checkbox"/>	LOBBYIST	<input type="checkbox"/>
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST <b>Friends of Mary Ellen Koval</b>							
STREET ADDRESS <b>523 N. Carlisle St.</b>							
CITY <b>Allentown</b>			STATE <b>PA</b>		ZIP CODE <b>18109 -</b>		
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE		DISTRICT NO.	PARTY	DATE OF ELECTION		
	<b>Controller, City of Allentown</b>		<b>NA</b>	<b>DEM</b>	MO.	DAY	YEAR
6TH TUESDAY PRE-PRIMARY	1.	DATES OF REPORTING PERIOD		FOR OFFICE USE ONLY			
2ND FRIDAY PRE-PRIMARY	2.	MO.	DAY	YEAR	MO.	DAY	YEAR
30 DAY POST-PRIMARY	3.	<b>11</b>	<b>29</b>	<b>2011</b>	<b>12</b>	<b>31</b>	<b>2011</b>
6TH TUESDAY PRE-ELECTION	4.	CASH BALANCE AT END OF REPORTING PERIOD: \$ <u>0</u>					
2ND FRIDAY PRE-ELECTION	5.	TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ <u>0</u>					
30 DAY POST-ELECTION	6.	AMENDMENT REPORT?		YES	NO	<input checked="" type="checkbox"/>	
ANNUAL REPORT	7. <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	SIGNATURE OF PERSON SUBMITTING REPORT	
<b>27<sup>th</sup></b> DAY OF <b>January</b> 20 <b>12</b>		
	<b>Paul D. Balascki</b>	
MY COMMISSION EXPIRES <b>12</b> MO. <b>15</b> DAY <b>2012</b> YR.	<b>610</b> AREA CODE	<b>262-9710</b> 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	SIGNATURE OF CANDIDATE	
<b>27<sup>th</sup></b> DAY OF <b>January</b> 20 <b>12</b>		
	<b>M.E. Koval</b>	
MY COMMISSION EXPIRES <b>12</b> MO. <b>15</b> DAY <b>2012</b> YR.	<b>610</b> AREA CODE	<b>432-7932</b> DAYTIME TELEPHONE NUMBER

COMMONWEALTH OF PENNSYLVANIA  
 Notary Public  
 Jean G. Brossman, Notary Public  
 Upper Milford Twp., Lehigh County  
 My Commission Expires Dec. 15, 2012  
 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 <sup>1.</sup>	COMMITTEE <sup>2.</sup> <input checked="" type="checkbox"/>	LOBBYIST <sup>3.</sup>
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)	5TH TUESDAY PRE-PRIMARY <sup>1.</sup>	2ND FRIDAY PRE-PRIMARY <sup>2.</sup>	30 DAY POST PRIMARY <sup>3.</sup>		AMENDMENT REPORT?	YES <input type="checkbox"/> NO <input type="checkbox"/>
	6TH TUESDAY PRE-ELECTION <sup>4.</sup>	2ND FRIDAY PRE-ELECTION <sup>5.</sup>	30 DAY POST ELECTION <sup>6.</sup>		TERMINATION REPORT?	YES <input type="checkbox"/> NO <input type="checkbox"/>
	ANNUAL REPORT <sup>7.</sup> <input checked="" type="checkbox"/>	YEAR <u>2011</u>	FILING METHOD ( ) CHECK ONE <input type="checkbox"/>		PAPER <input checked="" type="checkbox"/>	DISKETTE <input type="checkbox"/>
Name of Office Sought by Candidate: <u>Controller, City of Allentown</u>				DATE OF ELECTION		District Number
				MO. <u>11</u> DAY <u>08</u> YEAR <u>2011</u>	Office Code	Party Code
						County Code
						<u>NA</u> <u>OTH</u> <u>DEM</u> <u>39</u> (SEE INSTRUCTIONS FOR CODES)
Summary of Receipts and Expenditures from: <input type="checkbox"/>			MO. <u>11</u> DAY <u>29</u> YEAR <u>2011</u>	To	MO. <u>12</u> DAY <u>31</u> YEAR <u>2011</u>	FOR OFFICE USE ONLY
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 27<sup>th</sup> day of January 20 12

Paul D. Balascki  
 Signature of Person Submitting Report

Paul D. Balascki  
 Printed Name

610 262-9710  
 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 (Act No. 33, P.S. 3201 as amended).

Sworn to and subscribed before me this 27<sup>th</sup> day of January 20 12

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 <i>Friends of Mary Ellen Koval</i>	Reporting Period From <i>11/29/2011</i> To <i>12/31/2011</i>
---	---

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

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

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

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

<b>TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD</b> <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>	\$ <i>- 0 -</i>
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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 <b>Friends of Mary Ellen Koval</b>	Reporting Period From <u>11/29/2011</u> To <u>12/31/2011</u>
---	---

			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 A on Schedule I, Detailed Summary Page, Section 2.

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



# 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 <b>Friends of Mary Ellen Koval</b>	Reporting Period From <b>11/29/2011</b> To <b>12/31/2011</b>
---	---

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
\$ <span style="font-size: 2em;">○</span>

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

**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 <b>Friends of Mary Ellen Koval</b>	Reporting Period From <b>11/29/2011</b> To <b>12/31/2011</b>
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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  
\$ 0

**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 <b>Friends of Mary Ellen Koval</b>	Reporting Period From <b>11/29/20</b> To <b>12/31/2011</b>
---	---

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.

<b>PAGE TOTAL</b>
\$ <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>11/29/2011</i> To <i>12/31/2011</i>
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<b>1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR</b>		
TOTAL for the Reporting Period	(1)	\$

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

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

<b>TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD</b> (Add and enter amount totals from Boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F.)	\$	<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 <b>Friends of Mary Ellen Koval</b>	Reporting Period From <b>11/29/2011</b> To <b>12/31/2011</b>
---	---

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
Description of Contribution:				
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
Description of Contribution:				
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
Description of Contribution:				
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
Description of Contribution:				
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
Description of Contribution:				
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
Description of Contribution:				
Mailing Address	MO.	DAY	YEAR	\$
City	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 \$ <u>0</u>
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SCHEDULE II  
PART G  
**IN-KIND CONTRIBUTIONS RECEIVED**  
VALUE OVER \$250.00

Name of Filing Committee or Candidate <b>Friends of Mary Ellen Koval</b>	Reporting Period From <u>11/29/2011</u> To <u>12/31/2011</u>
---	---

				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

**SCHEDULE III  
STATEMENT OF EXPENDITURES**

Name of Filing Committee or Candidate <b>Friends of Mary Ellen Koval</b>	Reporting Period From <b>11/29/2011</b> To <b>12/31/2011</b>
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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.

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

## 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 <b>Friends of Mary Ellen Koval</b>					Reporting Period From <b>11/29/2011</b> To <b>12/31/2011</b>				
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Name of Creditor <b>Mary Ellen Koval</b>					Outstanding Balance of Debt <b>\$ 2500.00</b>				
Mailing Address <b>523 N. Carlisle St.</b>			DATE DEBT INCURRED	MO.	DAY	YEAR			
City <b>Allentown</b>				<b>03</b>	<b>01</b>	<b>2011</b>			
			State	Zip Code (Plus 4)					
			<b>PA</b>	<b>18109</b>					
Description of Debt <b>Loan to start campaign</b>									

  

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

  

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

  

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

  

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

  

Name of Creditor					Outstanding Balance of Debt <b>\$</b>				
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  
**\$ 3600.00**