

Commonwealth of Pennsylvania  
**CAMPAIGN FINANCE REPORT**

PAGE 1 OF

12  
(COVER PAGE)

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

<b>Filer Identification Number:</b>		<b>Report Filed By:</b>		<b>CANDIDATE</b> <input checked="" type="checkbox"/>		<b>COMMITTEE</b> <input type="checkbox"/>		<b>LOBBYIST</b> <input type="checkbox"/>		
Name of Filing Committee, Candidate or Lobbyist: <i>Joe Hoffman</i>										
Street Address: <i>761 St John St Apt 2</i>										
City: <i>Allenstown</i>				State: <i>PA</i>		Zip Code: <i>18103-</i>				
<b>TYPE OF REPORT</b>  (place X to the right of report type)	<b>6TH TUESDAY PRE-PRIMARY</b>	1.	<b>2ND FRIDAY PRE-PRIMARY</b>	2.	<b>30 DAY POST PRIMARY</b>	3.	<b>AMENDMENT REPORT?</b>	YES	NO	
	<b>6TH TUESDAY PRE-ELECTION</b>	4.	<b>2ND FRIDAY PRE-ELECTION</b>	5.	<b>30 DAY POST ELECTION</b>	6.	<b>TERMINATION REPORT?</b>	YES	NO	
	<b>ANNUAL REPORT</b>	7.	<b>YEAR</b> <i>2019</i>		<b>FILING METHOD</b> ( ) CHECK ONE		<b>PAPER</b>	<input checked="" type="checkbox"/>	<b>DISKETTE</b>	
Name of Office Sought by Candidate: <i>City Council</i>					<b>DATE OF ELECTION</b>		<b>District Number</b>	<b>Office Code</b>	<b>Party Code</b>	
					MO. DAY YEAR <i>5 21 2019</i>			<i>OTH REP</i>	<i>31</i>	
							(SEE INSTRUCTIONS FOR CODES)			
<b>Summary of Receipts and Expenditures from:</b>			MO. DAY YEAR <i>3 11 2019</i>			To MO. DAY YEAR <i>5 06 2019</i>			<b>FOR OFFICE USE ONLY</b>	
A. Amount Brought Forward From Last Report			\$			<i>- 0 -</i>			<b>RECEIVED</b> <b>ELECTION BOARD</b> <b>OF LEHIGH COUNTY</b> <b>2019 MAY -8 PM 2:19</b>	
B. Total Monetary Contributions and Receipts (From Schedule I)			\$			<i>- 0 -</i>				
C. Total Funds Available (Sum of Lines A and B)			\$			<i>- 0 -</i>				
D. Total Expenditures (From Schedule III)			\$			<i>- 0 -</i>				
E. Ending Cash Balance (Subtract Line D from Line C)			\$			<i>- 0 -</i>				
F. Value of In-Kind Contributions Received (From Schedule II)			\$			<i>- 0 -</i>				
G. Unpaid Debts and Obligations (From Schedule IV)			\$			<i>- 0 -</i>				

**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 Commonwealth of Pennsylvania  
County of Lehigh 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 Commonwealth of Pennsylvania  
County of Lehigh day of May 20 19

Signature \_\_\_\_\_ Printed Name \_\_\_\_\_

My commission expires MO. DAY YR. 20 2022 Area Code 484 Daytime Telephone Number 866-6517

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

My commission expires August 20, 2022  
Notary Public  
Veronica Degan  
Lehigh County

**CONTRIBUTIONS AND RECEIPTS****Detailed Summary Page**

Name of Filing Committee or Candidate <u>Joe Hoffman</u>	Reporting Period From <u>3-11-2019</u> To <u>5-6-2019</u>
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<b>1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR</b>	
TOTAL for the Reporting Period (1)	\$ <u>-0-</u>

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

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

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

<b>TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD</b> (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B.)	\$ <u>-0-</u>
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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 <i>Joe Hoffman</i>				Reporting Period From <i>3-11-2019</i> To <i>5-6-2019</i>			
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			DATE			AMOUNT			
Full Name of Contributing Committee	MO.	DAY	YEAR						
Mailing Address	MO.	DAY	YEAR	\$					
City	MO.	DAY	YEAR	\$					
State									
Zip Code (Plus 4)									
				-					
Full Name of Contributing Committee	MO.	DAY	YEAR	\$					
Mailing Address	MO.	DAY	YEAR				\$		
				\$					
City	MO.	DAY	YEAR				\$		
State									
Zip Code (Plus 4)									
				-					
Full Name of Contributing Committee	MO.	DAY	YEAR	\$					
Mailing Address	MO.	DAY	YEAR				\$		
				\$					
City	MO.	DAY	YEAR				\$		
State									
Zip Code (Plus 4)									
				-					
Full Name of Contributing Committee	MO.	DAY	YEAR	\$					
Mailing Address	MO.	DAY	YEAR				\$		
				\$					
City	MO.	DAY	YEAR				\$		
State									
Zip Code (Plus 4)									
				-					
Full Name of Contributing Committee	MO.	DAY	YEAR	\$					
Mailing Address	MO.	DAY	YEAR				\$		
				\$					
City	MO.	DAY	YEAR				\$		
State									
Zip Code (Plus 4)									
				-					
Full Name of Contributing Committee	MO.	DAY	YEAR	\$					
Mailing Address	MO.	DAY	YEAR				\$		
				\$					
City	MO.	DAY	YEAR				\$		
State									
Zip Code (Plus 4)									
				-					
Full Name of Contributing Committee	MO.	DAY	YEAR	\$					
Mailing Address	MO.	DAY	YEAR				\$		
				\$					
City	MO.	DAY	YEAR				\$		
State									
Zip Code (Plus 4)									
				-					
Full Name of Contributing Committee	MO.	DAY	YEAR	\$					
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 \$ <i>- 0 -</i>
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**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 <u>Joe Hoffman</u>	Reporting Period From <u>3-11-2019</u> To <u>5-6-2019</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	\$
		-					\$
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		-					\$
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		-					\$
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		-					\$
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		-					\$
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		-					\$
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		-					\$
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		-					\$
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		-					\$

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

**PAGE TOTAL**

**\$ -0-**

# 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 <i>Joe Hoffman</i>	Reporting Period From <i>3-11-2019</i> To <i>5-6-2019</i>
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				DATE			AMOUNT
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		-					
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		-					
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		-					
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		-					
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		-					
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		-					
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		-					
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		-					
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		-					

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

PAGE TOTAL

\$ -0-

**PART D**  
**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 <u>Joe Hoffman</u>	Reporting Period From <u>3-11-2019</u> To <u>5-6-2019</u>
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				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**  
\$ - 0 -

**PART E  
OTHER RECEIPTS**

PAGE 7 OF 12

**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 <u>Joe Hoffman</u>	Reporting Period From <u>3-11-2019</u> To <u>5-6-2019</u>
---	--

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**

\$ 0



**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 <u>Joe Hoffman</u>	Reporting Period From <u>3-11-2019</u> To <u>5-6-2019</u>
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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)	\$ <u>-0-</u>

<b>2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)</b>	
TOTAL for the Reporting Period (2)	\$ <u>-0-</u>

<b>3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)</b>	
TOTAL for the Reporting Period (3)	\$ <u>-0-</u>

<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.)	\$ <u>-0-</u>
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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 <u>Joe Hoffman</u>	Reporting Period From <u>3-1-2019</u> To <u>5-6-2019</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:							

**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

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Name of Filing Committee or Candidate <u>Joe Hoffman</u>	Reporting Period From <u>3-11-2019</u> To <u>5-6-2019</u>
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Full Name of Contributor				DATE			AMOUNT
Mailing Address				MO. DAY YEAR			\$
City State Zip Code (Plus 4)				MO. DAY YEAR			\$
Employer of Contributor				MO. DAY YEAR			\$
Employer Mailing Address/Principal Place of Business				Occupation			
				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				MO. DAY YEAR			\$
Employer Mailing Address/Principal Place of Business				Occupation			
				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				MO. DAY YEAR			\$
Employer Mailing Address/Principal Place of Business				Occupation			
				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				MO. DAY YEAR			\$
Employer Mailing Address/Principal Place of Business				Occupation			
				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				MO. DAY YEAR			\$
Employer Mailing Address/Principal Place of Business				Occupation			
				Description of Contribution			

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

PAGE TOTAL

\$ 0-

## STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate <u>Joe Hoffman</u>	Reporting Period From <u>3-11-2019</u> To <u>5-6-2019</u>
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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

\$ - (1) -

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>Joe Hoffman</i>	Reporting Period From <i>3-11-2019</i> To <i>5-6-2019</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 \$ <i>0-</i>
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