

Commonwealth of Pennsylvania
CAMPAIGN FINANCE REPORT

PAGE 1 OF

(COVER PAGE)

(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:		1. CANDIDATE		2. COMMITTEE ☒		3. LOBBYIST		
Name of Filing Committee, Candidate or Lobbyist: <i>Friends of Julio Guridy</i>										
Street Address: <i>3611 Aster St.</i>										
City: <i>Allentown</i>				State: <i>PA</i>		Zip Code: <i>18104</i>				
TYPE OF REPORT (place X to the right of report type)	1. 1ST TUESDAY PRE-PRIMARY		2. 2ND FRIDAY PRE-PRIMARY ☒		3. 30 DAY POST-PRIMARY		AMENDMENT REPORT?		YES	NO
	4. 1ST TUESDAY PRE-ELECTION		5. 2ND FRIDAY PRE-ELECTION		6. 30 DAY POST-ELECTION		TERMINATION REPORT?		YES	NO
	7. ANNUAL REPORT		YEAR <i>2017</i>		FILING METHOD () CHECK ONE		PAPER		DISKETTE	
Name of Office Sought by Candidate: <i>Allentown City Council</i>				DATE OF ELECTION MO. DAY YEAR <i>05 16 2017</i>		District Number		Office Code	Party Code <i>Dem</i>	County Code <i>39</i>
(SEE INSTRUCTIONS FOR CODES)										
Summary of Receipts and Expenditures from:			MO. DAY YEAR <i>01 2017</i>		To		MO. DAY YEAR <i>5 1 2017</i>		FOR OFFICE USE ONLY RECEIVED 17 MAY - 5 PM 12:58	
A. Amount Brought Forward From Last Report				\$		<i>1259.68</i>				
B. Total Monetary Contributions and Receipts (From Schedule I)				\$		<i>10,400.00</i>				
C. Total Funds Available (Sum of Lines A and B)				\$		<i>11,659.68</i>				
D. Total Expenditures (From Schedule III)				\$		<i>16,253.73</i>				
E. Ending Cash Balance (Subtract Line D from Line C)				\$		<i>5,405.95</i>				
F. Value of In-Kind Contributions Received (From Schedule II)				\$		<i>700.00</i>				
G. Unpaid Debts and Obligations (From Schedule IV)				\$		<i>250.00</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

5th day of *May* 20 *17*

[Signature]
Signature

My commission expires *24* *2017*
MO. DAY YR.

[Signature]
Signature of Person Submitting Report

Julio A Guridy
Printed Name

(610)
Area Code

906-7955
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

5th day of *May* 20 *17*

[Signature]
Signature

My commission expires *24* *2017*
MO. DAY YR.

[Signature]
Signature of Candidate

Julio A. Guridy
Printed Name

(610)
Area Code

906-7955
Daytime Telephone Number

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

COMMONWEALTH OF PENNSYLVANIA
NOTARIAL SEAL
Juan F. Rivera, Jr., Notary Public
Whitehall Twp, Lehigh County
My commission expires March 24, 2019

CONTRIBUTIONS AND RECEIPTS**Detailed Summary Page**

Name of Filing Committee or Candidate

Friends of Julio Guri

Reporting Period

From *1/1/17*To *5/1/2017***1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR**

TOTAL for the Reporting Period

(1)

\$

*—***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)

\$

1100 -

TOTAL for the Reporting Period

(2)

\$

*1100***3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)**

Contributions Received from Political Committees (Part C)

\$

4800 -

All Other Contributions (Part D)

\$

4500 -

TOTAL for the Reporting Period

(3)

\$

*9300 -***4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)**

TOTAL for the Reporting Period

(4)

\$

—

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.)

\$ *10400 -*

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

Friends of Julio Guriya

Reporting Period

From 01-01-2017 To 31/1/2017

DATE AMOUNT

Full Name of Contributor	Robert A. Debeer	MO	4	DAY	6	YEAR	2017	\$	250
Mailing Address	3578 Sunnyside Rd.								
City	Center Valley	State	PA	Zip Code (Plus 4)	18034				
Full Name of Contributor	Janet F. Leubach	MO	4	DAY	6	YEAR	2017	\$	100
Mailing Address	5824 Monocacy Dr.								
City	Bethlehem	State	PA	Zip Code (Plus 4)	18017				
Full Name of Contributor	Uziel Trujillo & Sarah Trujillo	MO	4	DAY	6	YEAR	2017	\$	100
Mailing Address	824 N. Berger St.								
City	Fountain Hill	State	PA	Zip Code (Plus 4)	18015				
Full Name of Contributor	Shirley Jeffrey S. Sinclair	MO	4	DAY	6	YEAR	2017	\$	75
Mailing Address	202 N. 37th St								
City	Allentown	State	PA	Zip Code (Plus 4)	18104				
Full Name of Contributor	Donna H. Sanderswitz	MO	4	DAY	6	YEAR	2017	\$	500
Mailing Address	2750 Shaw Street								
City	Allentown	State	PA	Zip Code (Plus 4)	18104				
Full Name of Contributor	Joan Poma	MO	4	DAY	6	YEAR	2017	\$	125
Mailing Address	1240 Pencil PL Apt 5								
City	Whitehall	State	PA	Zip Code (Plus 4)	18052				
Full Name of Contributor	Mafalda V. & John Galahan	MO		DAY		YEAR		\$	150
Mailing Address	329 Berry's Bridge Rd.								
City	Bethlehem	State	PA	Zip Code (Plus 4)	18017				
Full Name of Contributor	Sean P. & Margaret D. Anderson	MO	4	DAY	6	YEAR	17	\$	100
Mailing Address	2389 Cross Creek Rd.								
City	Monticello	State	PA	Zip Code (Plus 4)	18062				
PAGE TOTAL	\$								1100.00

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 <i>Friends of Julio Guriidy</i>	Reporting Period From <i>1/1/2017</i> To <i>5/1/2017</i>
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Full Name of Contributing Committee			DATE			AMOUNT
<i>Steamfitters Local Union No. 420 - Public Schools Committee</i>			MO.	DAY	YEAR	\$ 1000
Mailing Address <i>14420 Tawzard Rd. Ste A</i>			MO.	DAY	YEAR	\$
City <i>Philadelphia</i>	State <i>PA</i>	Zip Code (Plus 4) <i>19154-</i>	MO.	DAY	YEAR	\$
<i>IBEW Local Union # 375 - PAC</i>			MO.	DAY	YEAR	\$ 1000
Mailing Address <i>1201 West Liberty St.</i>			MO.	DAY	YEAR	\$
City <i>Allentown</i>	State <i>PA</i>	Zip Code (Plus 4) <i>18102-</i>	MO.	DAY	YEAR	\$
<i>International Association of Heat & Frost Insulators and Allied Workers Local 23</i>			MO.	DAY	YEAR	\$ 500
Mailing Address <i>3263 Schoothouse Rd</i>			MO.	DAY	YEAR	\$
City <i>Middle town</i>	State <i>PA</i>	Zip Code (Plus 4) <i>17857-</i>	MO.	DAY	YEAR	\$
<i>Abestos Workers PAC</i>			MO.	DAY	YEAR	\$ 500
Mailing Address <i>4602 ML King Hwy</i>			MO.	DAY	YEAR	\$
City <i>Lanham</i>	State <i>MD</i>	Zip Code (Plus 4) <i>20706-</i>	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

\$ 3000 -

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Friends of Julio Guriidy

Full Name of Contributing Committee			DATE			AMOUNT
Christian M. Perrucci			MO.	DAY	YEAR	\$ 1,000 -
Mailing Address			MO.	DAY	YEAR	\$
60 Broad St. Suite 2						\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Bethlehem	PA	18018 -				\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$ 500 -
Elsa Riquelme			4	6	2017	\$
Mailing Address			MO.	DAY	YEAR	\$
307 E. 4th St.						\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Bethlehem	PA	18015 -				\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$ 300 -
Helene M. Perrucci &			4	6	17	\$
Mailing Address			MO.	DAY	YEAR	\$
Aaron E. Kinsman / 1342 Seidersville						\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Bethlehem	PA	18015 -				\$
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	\$
		-				\$

\$ 1810 -

DSEB-502 (7-99)

PART D
ALL OTHER CONTRIBUTIONS

PAGE _____ OF _____

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 Julio Gortdy				Reporting Period From 1/1/2017 To 5/1/2017			
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			DATE			AMOUNT
Full Name of Contributor	MO.	DAY	YEAR			
Nimesh Patel & Bharna Patel	4	6	2017	\$2000-		
Mailing Address 8642 Ash Ln	MO.	DAY	YEAR	\$		
City Breuningsville	MO.	DAY	YEAR	\$		
State PA	MO.	DAY	YEAR	\$		
Zip Code (Plus 4) 18031-	MO.	DAY	YEAR	\$		
Employer Name Pharmacist	MO.	DAY	YEAR	\$		
Employer Mailing Address/Principal Place of Business 530 N. 7th St. Allentown PA 18102						
Ortelio Martinez	4	6	2017	\$500-		
Mailing Address 2826 Fairmont St	MO.	DAY	YEAR	\$		
City Allentown	MO.	DAY	YEAR	\$		
State PA	MO.	DAY	YEAR	\$		
Zip Code (Plus 4) 18104-	MO.	DAY	YEAR	\$		
Employer Name 4-2 cash	MO.	DAY	YEAR	\$		
Occupation Chace Cashing Service Business owner	MO.	DAY	YEAR	\$		
Employer Mailing Address/Principal Place of Business 6004 N. 14th St. Allentown PA 18102						
Nelson & Silvia Diaz	4	6	2017	\$500		
Mailing Address 4413 Newton Cir.	MO.	DAY	YEAR	\$		
City Emmaus	MO.	DAY	YEAR	\$		
State PA	MO.	DAY	YEAR	\$		
Zip Code (Plus 4) 18049-	MO.	DAY	YEAR	\$		
Employer Name Mi Casa Properties	MO.	DAY	YEAR	\$		
Occupation Real Estate investor	MO.	DAY	YEAR	\$		
Employer Mailing Address/Principal Place of Business 4413 Newton Cir. Emmaus PA 18049						
Michael Thavar & Sushama Thavar	4	6	2017	\$500		
Mailing Address 126 Newport Ln	MO.	DAY	YEAR	\$		
City North Wales	MO.	DAY	YEAR	\$		
State PA	MO.	DAY	YEAR	\$		
Zip Code (Plus 4) 19454-	MO.	DAY	YEAR	\$		
Employer Name Omni Health Services	MO.	DAY	YEAR	\$		
Occupation Business owner	MO.	DAY	YEAR	\$		
Employer Mailing Address/Principal Place of Business Omni Health Services Hamilton St. Allentown PA 18102						
Jessica Reyes	4	10	2017	\$1000		
Mailing Address 40 734 West Hamilton St.	MO.	DAY	YEAR	\$		
City Allentown	MO.	DAY	YEAR	\$		
State PA	MO.	DAY	YEAR	\$		
Zip Code (Plus 4) 18101-	MO.	DAY	YEAR	\$		
Employer Name Downtown Fashion	MO.	DAY	YEAR	\$		
Occupation Business owner	MO.	DAY	YEAR	\$		
Employer Mailing Address/Principal Place of Business 734 West Hamilton St. Allentown PA 18101						

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

PAGE TOTAL
\$4500

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

Reporting Period

From 1/1/2017 To 5/1/2017**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)

\$

700

—

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.)

\$

700

—

PART G

IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate <i>Friends of Julio Gurdy</i>	Reporting Period From <i>1/1/2017</i> To <i>5/1/2017</i>
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				DATE			AMOUNT
				MO.	DAY	YEAR	
Full Name of Contributor <i>Christian Perrucci</i>				<i>4</i>	<i>6</i>	<i>2017</i>	\$ <i>700</i>
Mailing Address <i>60 Broad St. Suite 2</i>				MO.	DAY	YEAR	\$
City <i>Bethlehem</i>	State	Zip Code (Plus 4) <i>PA 18018-</i>		MO.	DAY	YEAR	\$
Employer of Contributor <i>Florio Perrucci Sternhardt</i>				Occupation <i>attorney</i>			
Employer Mailing Address/Principal Place of Business <i>60 Broad St. Bethlehem PA 18018</i>				Description of Contribution <i>food & beverages</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

\$ *700*

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate		Reporting Period			
Friends of Julio Guriely		From 11/2017 To 5/1/2017			
To Whom Paid		MO.	DAY	YEAR	Amount
LBT media		04	01	2017	\$ 750.00
Mailing Address		Description of Expenditure			
520 Evans St. Suite 4		ad video for the			
City	State	Zip Code (Plus 4)		Campaign	
Bethlehem	PA	18015 -			
To Whom Paid		MO.	DAY	YEAR	Amount
Lehigh Valley Print Center		4	2	17	\$ 1573.70
Mailing Address		Description of Expenditure			
1701 Union Blvd. Suite 114		Signs - yard			
City	State	Zip Code (Plus 4)			
Allentown	PA	18104 -			
To Whom Paid		MO.	DAY	YEAR	Amount
Rep. Danny McNeil		3	17	17	\$ 35-
Mailing Address		Description of Expenditure			
1080 Schardt ave		fundraising event			
City	State	Zip Code (Plus 4)			
Whitehall	PA	1805 -			
To Whom Paid		MO.	DAY	YEAR	Amount
Hunter Dougherty		4	18	17	\$ 200
Mailing Address		Description of Expenditure			
1547 W. Highland St.		campaign supporter			
City	State	Zip Code (Plus 4)			
Allentown	PA	18104 -			
To Whom Paid		MO.	DAY	YEAR	Amount
Advantage DEP		4	18	17	\$ 1000.
Mailing Address		Description of Expenditure			
1547 W. Highland St.		campaign management			
City	State	Zip Code (Plus 4)		expenses	
Allentown	PA	18104 -			
To Whom Paid		MO.	DAY	YEAR	Amount
Lehigh Valley Latino		4	18	17	\$ 500 -
Mailing Address		Description of Expenditure			
PO BOX 1303		ad in spanish			
City	State	Zip Code (Plus 4)		magazines	
Allentown	PA	18105 -			
To Whom Paid		MO.	DAY	YEAR	Amount
Lev. Print Center		4	30	17	\$ 615.86
Mailing Address		Description of Expenditure			
1701 Union Blvd. Suite 114		yard signs			
City	State	Zip Code (Plus 4)			
Allentown	PA	18104 -			
To Whom Paid		MO.	DAY	YEAR	Amount
La Razón Newspaper		4	30	2017	\$ 300.
Mailing Address		Description of Expenditure			
P.O. Box 1303		ad in Newspaper			
City	State	Zip Code (Plus 4)			
Allentown	PA	18105 -			

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

PAGE TOTAL

\$ 4974.56

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate				Reporting Period			
Friends of Tito Guriy				From 1-1-2007 To 5-1-2017			
To Whom Paid				MO.	DAY	YEAR	Amount
LV Print Center				5	1	17	\$1024.17
Mailing Address				Description of Expenditure			
1201 Union Blvd.				mailing			
City	State	Zip Code (Plus 4)					
Allentown	PA	18109					
To Whom Paid				MO.	DAY	YEAR	Amount
Hunter Dougherty				5	1	17	\$250 -
Mailing Address				Description of Expenditure			
1547 W. Highland St.				Campaign Support			
City	State	Zip Code (Plus 4)					
Allentown	PA	18104					
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

\$1279.17

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 JULIO A. GURIDY</i>					Reporting Period From <i>01-01-17</i> To <i>5-1-17</i>				
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Name of Creditor <i>JULIO A. GURIDY</i>					Outstanding Balance of Debt <i>\$ 250</i>						
Mailing Address <i>3611 ASTOR ST.</i>				DATE DEBT INCURRED		MO. <i>7</i>		DAY <i>1</i>		YEAR <i>2016</i>	
City <i>Alhambra</i>				State <i>CA</i>		Zip Code (Plus 4) <i>91804-</i>					
Description of Debt <i>Loan to Committee</i>											

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 \$
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