

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: <span style="float:right;">▶</span>		Report Filed By: <span style="float:right;">▶</span>		CANDIDATE <sup>1.</sup>		COMMITTEE <sup>2.</sup> <input checked="" type="checkbox"/>		LOBBYIST <sup>3.</sup>	
Name of Filing Committee, Candidate or Lobbyist: <i>Friends of Ray O'Connell</i>									
Street Address: <i>324 N. 16<sup>th</sup> Street</i>									
City: <i>Allentown</i>					State: <i>PA</i>		Zip Code: <i>18102-5615</i>		

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. <input checked="" type="checkbox"/>	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: <i>Allentown Mayor</i>				DATE OF ELECTION			District Number	Office Code	Party Code	County Code
				MO.	DAY	YEAR				
				<i>5</i>	<i>21</i>	<i>2019</i>				

(SEE INSTRUCTIONS FOR CODES)

Summary of Receipts and Expenditures from: <span style="float:right;">▶</span>				MO. DAY YEAR			MO. DAY YEAR			RECEIVED 2019 JUN 20 PM 2:20 ELECTION BOARD OF LEHIGH COUNTY	
				<i>5</i>	<i>7</i>	<i>2019</i>	To	<i>6</i>	<i>10</i>		
A. Amount Brought Forward From Last Report				\$			<i>2,526.59</i>				
B. Total Monetary Contributions and Receipts (From Schedule I)				\$			<i>7,250.00</i>				
C. Total Funds Available (Sum of Lines A and B)				\$			<i>9,776.59</i>				
D. Total Expenditures (From Schedule III)				\$			<i>7,374.50</i>				
E. Ending Cash Balance (Subtract Line D from Line C)				\$			<i>2,402.09</i>				
F. Value of In-Kind Contributions Received (From Schedule II)				\$			<i>—</i>				
G. Unpaid Debts and Obligations (From Schedule IV)				\$			<i>—</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, paper, tape or computer diskette, are to the best of my knowledge and belief true, correct and complete.		I swear (or affirm) that this report, including the attached schedules, paper, tape or computer diskette, are to the best of my knowledge and belief true, correct and complete.	
Sworn to and subscribed before me this <i>20<sup>th</sup></i> day of <i>JUNE</i> 20 <i>19</i>		Sworn to and subscribed before me this <i>20<sup>th</sup></i> day of <i>JUNE</i> 20 <i>19</i>	
<i>[Signature]</i> Signature		<i>[Signature]</i> Signature of Person Submitting Report	
My commission expires <i>9</i> <i>27</i> <i>22</i> MO. DAY YR.		My commission expires <i>9</i> <i>27</i> <i>22</i> MO. DAY YR.	
Commonwealth of Pennsylvania - Notary Seal TIMOTHY ANDREW BENYO - Notary Public Lehigh County My Commission Expires Sep 27, 2022 Commission Number 1258142		<i>610</i> Area Code	
		<i>437-046</i> 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 <i>20<sup>th</sup></i> day of <i>JUNE</i> 20 <i>19</i>	
<i>[Signature]</i> Signature	
My commission expires <i>9</i> <i>27</i> <i>22</i> MO. DAY YR.	
Commonwealth of Pennsylvania - Notary Seal TIMOTHY ANDREW BENYO - Notary Public Lehigh County My Commission Expires Sep 27, 2022 Commission Number 1258142	

Department of State • Bureau of Elections, Elections and Legislation  
210 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 Ray O'Connell</i>	Reporting Period From <i>5-7-19</i> To <i>6-10-19</i>
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<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)	\$ <i>100.00</i>
All Other Contributions (Part B)	\$ <i>850.00</i>
TOTAL for the Reporting Period (2)	\$ <i>950.00</i>

<b>3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)</b>	
Contributions Received from Political Committees (Part C)	\$ <i>5,500.00</i>
All Other Contributions (Part D)	\$ <i>800.00</i>
TOTAL for the Reporting Period (3)	\$ <i>6300.00</i>

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

<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.)	\$ <i>7,250.00</i>
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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>Friends of Ray O'Connell</i>	Reporting Period From <i>5/7/19</i> To <i>6/10/19</i>
--	--

				DATE			AMOUNT
				MO.	DAY	YEAR	
Full Name of Contributing Committee <i>Friends of Mike Schlossberg</i>				6	3	19	\$ 100.00
Mailing Address <i>944 N. 19th Street</i>				MO.	DAY	YEAR	\$
City <i>Allentown</i>	State <i>PA</i>	Zip Code (Plus 4) <i>18104</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	\$
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 A on Schedule I, Detailed Summary Page, Section 2.

PAGE TOTAL

\$ 100.00

**PART B**  
**ALL OTHER CONTRIBUTIONS**

PAGE \_\_\_\_\_ OF \_\_\_\_\_

**\$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 Ray O'Connell</i>				Reporting Period From <i>5/7/19</i> To <i>6/10/19</i>			
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			DATE			AMOUNT	
Full Name of Contributor	MO.	DAY	YEAR	MO.	DAY	YEAR	\$
<i>Kazan Asaad</i>	<i>6</i>	<i>3</i>	<i>19</i>				<i>200.00</i>
Mailing Address <i>1336 Ashley Lane</i>							\$
City <i>Allentown</i>		State <i>PA</i>	Zip Code (Plus 4) <i>18103</i>				\$
<i>Jared Hanna</i>	<i>6</i>	<i>3</i>	<i>19</i>				<i>150.00</i>
Mailing Address <i>1840 Farmstead Lane</i>							\$
City <i>Macungie</i>		State <i>PA</i>	Zip Code (Plus 4) <i>18062</i>				\$
<i>Radvan Jarrooj</i>	<i>6</i>	<i>3</i>	<i>19</i>				<i>150.00</i>
Mailing Address <i>6483 Kernsville Road</i>							\$
City <i>Orefield</i>		State <i>PA</i>	Zip Code (Plus 4) <i>18069</i>				\$
<i>Sinan Elnaboussi</i>	<i>6</i>	<i>3</i>	<i>19</i>				<i>100.00</i>
Mailing Address <i>1239 Lehigh Parkway S. #8</i>							\$
City <i>Allentown</i>		State <i>PA</i>	Zip Code (Plus 4) <i>18103</i>				\$
<i>Ayoub Jarrooj</i>	<i>6</i>	<i>3</i>	<i>19</i>				<i>150.00</i>
Mailing Address <i>1513 Hampton Road</i>							\$
City <i>Allentown</i>		State <i>PA</i>	Zip Code (Plus 4) <i>18104</i>				\$
<i>Janet McIlhenny</i>							<i>100.00</i>
Mailing Address <i>615 N. Glenwood Street</i>							\$
City <i>Allentown</i>		State <i>PA</i>	Zip Code (Plus 4) <i>18104</i>				\$
Full Name of Contributor							\$
Mailing Address							\$
City		State	Zip Code (Plus 4)				\$
Full Name of Contributor							\$
Mailing Address							\$
City		State	Zip Code (Plus 4)				\$

  

Enter Grand Total of Part B on Schedule I, Detailed Summary Page, Section 2.	PAGE TOTAL \$ <i>850.00</i>
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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		Reporting Period		DATE			AMOUNT
		From	To	MO.	DAY	YEAR	
Friends of Ray O'Connell		5/7/19	6/4/19				
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Friends of Mike Schlossberg						19	\$ 500.00
Mailing Address				MO.	DAY	YEAR	\$
944 N. 19 <sup>th</sup> Street							\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Allentown	PA	18104					\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Lehigh Valley Association of Realtors PAC				6	3	19	\$ 5,000.00
Mailing Address				MO.	DAY	YEAR	\$
10 S. Commerce Way							\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Bethlehem	PA	18017					\$
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	\$
		-					\$

PAGE TOTAL

\$ 5,500.00

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

**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 <i>Friends of Ray O'Connell</i>	Reporting Period From <i>5/7/19</i> To <i>6/10/19</i>
--	--

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
<i>John Miller</i>			<i>19</i>	\$ <i>500.00</i>
Mailing Address <i>162 Springwood Driv.</i>				\$
City <i>Allentown</i> State <i>PA</i> Zip Code (Plus 4) <i>18104</i>				\$
Employer Name	Occupation <i>Owner</i>			
Employer Mailing Address/Principal Place of Business				

<i>Nagi Leteta</i>			<i>19</i>	\$ <i>300.00</i>
Mailing Address <i>199 Windmere Avenue</i>				\$
City <i>Allentown</i> State <i>PA</i> Zip Code (Plus 4) <i>18104</i>				\$
Employer Name	Occupation			
Employer Mailing Address/Principal Place of Business				

				\$
Mailing Address				\$
City State Zip Code (Plus 4)				\$
Employer Name	Occupation			
Employer Mailing Address/Principal Place of Business				

				\$
Mailing Address				\$
City State Zip Code (Plus 4)				\$
Employer Name	Occupation			
Employer Mailing Address/Principal Place of Business				

				\$
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**  
**\$ *800.00***



**PART E**  
**OTHER RECEIPTS**

PAGE \_\_\_\_\_ OF \_\_\_\_\_

**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	Reporting Period From _____ To _____
---------------------------------------	---

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						

<b>Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.</b>	<b>PAGE TOTAL</b> \$
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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	Reporting Period From _____ To _____
---------------------------------------	---

<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.)	\$
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SCHEDULE II  
PART F  
**IN-KIND CONTRIBUTIONS RECEIVED**  
VALUE OF \$50.01 TO \$250.00

PAGE \_\_\_\_\_ OF \_\_\_\_\_

Name of Filing Committee or Candidate	Reporting Period From _____ To _____
---------------------------------------	---

				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  
\$

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

PAGE \_\_\_\_\_ OF \_\_\_\_\_

Name of Filing Committee or Candidate	Reporting Period From _____ To _____
---------------------------------------	---

				DATE			AMOUNT
				MO.	DAY	YEAR	
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  
\$

**SCHEDULE III**  
**STATEMENT OF EXPENDITURES**

PAGE \_\_\_\_\_ OF \_\_\_\_\_

Name of Filing Committee or Candidate <i>Friends of Ray O'Connell</i>	Reporting Period From <i>5/7/19</i> To <i>6/10/19</i>
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To Whom Paid <i>LV. Print Center</i>	MO.	DAY	YEAR	Amount \$ <i>1824.50</i>
Mailing Address <i>1701 Union Boulevard # 114</i>	Description of Expenditure <i>Campaign mailing</i>			
City <i>Allentown</i>	State <i>PA</i>	Zip Code (Plus 4) <i>18109</i>		<i>Creation + distribution</i>
To Whom Paid <i>Advantage PEP - Celeste Dee</i>	MO.	DAY	YEAR	Amount \$ <i>5550.00</i>
Mailing Address	Description of Expenditure <i>Campaign Management</i>			
City <i>Whitehall</i>	State <i>PA</i>	Zip Code (Plus 4) <i>18052</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)		
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  
\$ *7,374.50*

PAGE \_\_\_\_\_ OF \_\_\_\_\_

## 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	Reporting Period From _____ To _____
---------------------------------------	---

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 \$
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