

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.)

Filer Identification Number:		Report Filed By:		CANDIDATE ^{1.}		COMMITTEE ^{2.}		LOBBYIST ^{3.}		
Name of Filing Committee, Candidate or Lobbyist: <u>Atta for Allentown</u>										
Street Address: <u>3039 Hillcrest Ave.</u>										
City: <u>Allentown</u>					State: <u>PA</u>		Zip Code: <u>18103</u>			
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.}		AMENDMENT REPORT? YES <input type="checkbox"/> NO <input type="checkbox"/>			
	6TH TUESDAY PRE-ELECTION ^{4.}		2ND FRIDAY PRE-ELECTION ^{5.}		30 DAY POST ELECTION ^{6.}		TERMINATION REPORT? YES <input type="checkbox"/> NO <input type="checkbox"/>			
	ANNUAL REPORT ^{7.}		YEAR <input type="checkbox"/>		FILING METHOD () CHECK ONE <input checked="" type="checkbox"/>		PAPER <input type="checkbox"/> DISKETTE <input type="checkbox"/>			
Name of Office Sought by Candidate: <u>Allentown City Council</u>					DATE OF ELECTION MO. DAY YEAR <u>11 5 2019</u>		District Number		Office Code	
							Party Code <u>D</u>		County Code <u>39</u>	
							(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:					MO. DAY YEAR		MO. DAY YEAR		FOR OFFICE USE ONLY	
					<u>6 11 2019</u>		<u>10 21 2019</u>			
A. Amount Brought Forward From Last Report					\$ <u>3,288.15</u>					
B. Total Monetary Contributions and Receipts (From Schedule I)					\$ <u>1,300.55</u>					
C. Total Funds Available (Sum of Lines A and B)					\$ <u>4,588.70</u>					
D. Total Expenditures (From Schedule III)					\$ <u>3,799.58</u>					
E. Ending Cash Balance (Subtract Line D from Line C)					\$ <u>789.12</u>					
F. Value of In-Kind Contributions Received (From Schedule II)					\$ <u>0</u>					
G. Unpaid Debts and Obligations (From Schedule IV)					\$ <u>0</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

25 day of Oct 2019
 COMMONWEALTH OF PENNSYLVANIA
 NOTARIAL SEAL
 Dana Kidd, Notary Public
 South Whitehall Twp., Lehigh County
 My commission expires Dec 8, 2019
 MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

Termy R. B.
 Signature of Person Submitting Report
 Printed Name
 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

25 day of Oct 2019
 COMMONWEALTH OF PENNSYLVANIA
 NOTARIAL SEAL
 Dana Kidd, Notary Public
 South Whitehall Twp., Lehigh County
 My commission expires Dec 8, 2019
 MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

Dana Kidd
 Signature of Candidate
 Printed Name
 Area Code
 Daytime Telephone Number

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

SCHEDULE I
CONTRIBUTIONS AND RECEIPTS

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Detailed Summary Page

Name of Filing Committee or Candidate <u>Atta for Allentown</u>	Reporting Period From <u>6/11/2019</u> To <u>10/21/2019</u>
--	--

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

TOTAL for the Reporting Period	(1)	\$ <u>800.55</u>
--------------------------------	-----	------------------

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

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

Contributions Received from Political Committees (Part C)		\$ <u>500.00</u>
All Other Contributions (Part D)		\$ <u>0</u>
TOTAL for the Reporting Period	(3)	\$ <u>500.00</u>

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

TOTAL for the Reporting Period	(4)	\$ <u>0</u>
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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.)

\$ 1,300.55

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 <u>Atta for Allentown</u>	Reporting Period From <u>6/11/2019</u> To <u>10/21/2019</u>
--	--

				DATE			AMOUNT
				MO.	DAY	YEAR	
Full Name of Contributing Committee							\$
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 A on Schedule I, Detailed Summary Page, Section 2.

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

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>Atta for Allentown</u>	Reporting Period From <u>6/1/2019</u> To <u>10/31/2019</u>
--	---

				DATE			AMOUNT
				MO.	DAY	YEAR	
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
		-					
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
		-					
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
		-					
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
		-					
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
		-					
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
		-					
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
		-					
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
		-					
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
		-					

PAGE TOTAL

\$ 0

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

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 <u>Atta for Allentown</u>	Reporting Period From <u>6/1/2019</u> To <u>10/1/2019</u>
--	--

				DATE			AMOUNT
				MO.	DAY	YEAR	
Full Name of Contributing Committee <u>Allentown Firefighters IAFF Local 302</u>				<u>10</u>	<u>1</u>	<u>2019</u>	\$ <u>500</u>
Mailing Address <u>723 W. Chew St., Suite 302</u>				MO.	DAY	YEAR	\$
City <u>Allentown</u>	State <u>PA</u>	Zip Code (Plus 4) <u>18102 -</u>		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	\$

PAGE TOTAL

\$ 500.00

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

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>Attn for Allentown</u>	Reporting Period From <u>6/11/2019</u> To <u>10/21/2019</u>
--	--

				DATE			AMOUNT
				MO.	DAY	YEAR	\$
Full Name of Contributor							\$
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							\$
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							\$
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							\$
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							\$
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**

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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>Atty for Allentown</u>	Reporting Period From <u>6/11/2019</u> To <u>10/21/2019</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 RECEIVEDUSE 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>Atta for Allentown</u>	Reporting Period From <u>6/11/2019</u> To <u>10/21/2019</u>
--	--

1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTORTOTAL for the Reporting Period (1) \$ 0**2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)**TOTAL for the Reporting Period (2) \$ 0**3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)**TOTAL for the Reporting Period (3) \$ 0TOTAL 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

**SCHEDULE II
PART F
IN-KIND CONTRIBUTIONS RECEIVED**

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate <u>Atta for Allentown</u>	Reporting Period From <u>6/1/2014</u> To <u>10/1/2014</u>
--	--

				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

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

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Name of Filing Committee or Candidate <u>Atta for Allentown</u>	Reporting Period From <u>6/1/2014</u> To <u>10/21/2014</u>
--	---

				DATE			AMOUNT
Full Name of Contributor	MO.	DAY	YEAR				\$
Mailing Address	MO.	DAY	YEAR				\$
City	MO.	DAY	YEAR				\$
State							
Zip Code (Plus 4)							
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	MO.	DAY	YEAR				\$
State							
Zip Code (Plus 4)							
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	MO.	DAY	YEAR				\$
State							
Zip Code (Plus 4)							
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	MO.	DAY	YEAR				\$
State							
Zip Code (Plus 4)							
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	MO.	DAY	YEAR				\$
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

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Name of Filing Committee or Candidate <u>Atta for Allentown</u>	Reporting Period From <u>6/1/2019</u> To <u>10/21/2019</u>
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To Whom Paid <u>Advantage PEP</u>			MO. <u>6</u> DAY <u>29</u> YEAR <u>2019</u>	Amount <u>\$1,500</u>
Mailing Address <u>647 W. Union St.</u>			Description of Expenditure <u>Campaign Services</u>	
City <u>Whitehall</u>	State <u>PA</u>	Zip Code (Plus 4) <u>18052 -</u>		
To Whom Paid <u>Armstrong 4 Exec</u>			MO. <u>9</u> DAY <u>13</u> YEAR <u>2019</u>	Amount <u>\$ 70</u>
Mailing Address <u>2154 Greenwood Dr.</u>			Description of Expenditure <u>Contribution</u>	
City <u>Whitehall</u>	State <u>PA</u>	Zip Code (Plus 4) <u>18052 -</u>		
To Whom Paid <u>Lehigh Valley Print Center</u>			MO. <u>10</u> DAY <u>15</u> YEAR <u>2019</u>	Amount <u>\$2,214.58</u>
Mailing Address <u>1701 Union Blvd.</u>			Description of Expenditure <u>Mailings</u>	
City <u>Allentown</u>	State <u>PA</u>	Zip Code (Plus 4) <u>18109 -</u>		
To Whom Paid <u>John Yurconic Agency</u>			MO. <u>6</u> DAY <u>20</u> YEAR <u>2019</u>	Amount <u>\$ 10</u>
Mailing Address <u>101 N. Cedar Crest Blvd.</u>			Description of Expenditure <u>Notary</u>	
City <u>Allentown</u>	State <u>PA</u>	Zip Code (Plus 4) <u>18104 -</u>		
To Whom Paid <u>John Yurconic Agency</u>			MO. <u>6</u> DAY <u>20</u> YEAR <u>2019</u>	Amount <u>\$ 5</u>
Mailing Address <u>101 N. Cedar Crest Blvd.</u>			Description of Expenditure	
City <u>Allentown</u>	State <u>PA</u>	Zip Code (Plus 4) <u>18104 -</u>		
To Whom Paid			MO. DAY YEAR	Amount <u>\$</u>
Mailing Address			Description of Expenditure	
City	State	Zip Code (Plus 4) <u>-</u>		
To Whom Paid			MO. DAY YEAR	Amount <u>\$</u>
Mailing Address			Description of Expenditure	
City	State	Zip Code (Plus 4) <u>-</u>		
To Whom Paid			MO. DAY YEAR	Amount <u>\$</u>
Mailing Address			Description of Expenditure	
City	State	Zip Code (Plus 4) <u>-</u>		

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

PAGE TOTAL
\$ 3,799.58

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 <u>Atta for Allentown</u>	Reporting Period From <u>6/11/2019</u> To <u>10/21/2019</u>
--	--

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						
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