

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:		Report Filed By:		CANDIDATE ^{1.}		COMMITTEE ^{2.} <input checked="" type="checkbox"/>		LOBBYIST ^{3.}		
Name of Filing Committee, Candidate or Lobbyist: <i>Friends of Jeff Glazier</i>										
Street Address: <i>2915 Parkway Boulevard</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)	6TH TUESDAY PRE-PRIMARY ^{1.}		2ND FRIDAY PRE-PRIMARY ^{2.}		30 DAY POST-PRIMARY ^{3.}		AMENDMENT REPORT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
	6TH TUESDAY PRE-ELECTION ^{4.}		2ND FRIDAY PRE-ELECTION ^{5.}		30 DAY POST ELECTION ^{6.}		TERMINATION REPORT? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
	ANNUAL REPORT ^{7.} <input checked="" type="checkbox"/>		YEAR <i>2023</i>		FILING METHOD () CHECK ONE		PAPER <input checked="" type="checkbox"/> DISKETTE			
Name of Office Sought by Candidate: <i>Allentown City Controller</i>					DATE OF ELECTION		District Number	Office Code	Party Code	County Code
					MO.	DAY	YEAR	<i>07H</i>	<i>DEM</i>	<i>39</i>
					<i>11</i>	<i>07</i>	<i>2023</i>	(SEE INSTRUCTIONS FOR CODES)		
Summary of Receipts and Expenditures from:			MO.	DAY	YEAR	To	MO.	DAY	YEAR	FOR OFFICE USE ONLY
			<i>01</i>	<i>01</i>	<i>2023</i>		<i>12</i>	<i>31</i>	<i>2023</i>	
A. Amount Brought Forward From Last Report				\$		<i>11386.98</i>				
B. Total Monetary Contributions and Receipts (From Schedule I)				\$		<i>-0-</i>				
C. Total Funds Available (Sum of Lines A and B)				\$		<i>11386.98</i>				
D. Total Expenditures (From Schedule III)				\$		<i>11386.98</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 (affirm) that this report, including the attached schedules, on paper or computer diskette, are to the best of my knowledge and belief true, and complete.

and subscribed before me this 10 day of January 2024

Matthew Holubca
Signature

My commission expires 10 11 2026
MO. DAY YR.

Andrew J. Weiss
Signature of Person Submitting Report

Andrew J. Weiss
Printed Name

610 434-2637
Area Code Daytime Telephone Number

PART II - If this is a report of a Candidate's Authorized Committee, candidate shall sign here.

I (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. 320) as amended.

and subscribed before me this 9 day of Jan 2024

[Signature]
Signature

My commission expires 9 14 26
MO. DAY YR.

Jeff Glazier
Signature of Candidate

Jeff Glazier
Printed Name

610 657-8507
Area Code Daytime Telephone Number

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate <i>Friends of Jeff Glazier</i>	Reporting Period From <i>1/1/2023</i> To <i>12/31/2023</i>
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1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR		
	(1)	\$ <i>- 0 -</i>

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

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

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

TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD <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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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 Jeff Glazier</i>	Reporting Period From <i>1/1/2023</i> To <i>12/31/2023</i>
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	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> — </u>

PART B
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 <i>Friends of Jeff Glazier</i>	Reporting Period From <i>1/1/2023</i> To <i>12/31/2023</i>
---	---

Full Name of Contributor	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	\$ <i>— 0 —</i>
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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 <i>Friends of Jeff Glazier</i>	Reporting Period From <i>1/1/2023</i> To <i>12/31/2023</i>
---	---

	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)				

PAGE TOTAL	\$ <i>0</i>
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Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

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 <i>Friends of Jeff Glazier</i>	Reporting Period From <i>1/1/2023</i> To <i>12/31/2023</i>
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Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
Mailing Address				\$
City				\$
Employer Name	Occupation			
Employer Mailing Address/Principal Place of Business				

Full Name of Contributor				\$
Mailing Address				\$
City				\$
Employer Name	Occupation			
Employer Mailing Address/Principal Place of Business				

Full Name of Contributor				\$
Mailing Address				\$
City				\$
Employer Name	Occupation			
Employer Mailing Address/Principal Place of Business				

Full Name of Contributor				\$
Mailing Address				\$
City				\$
Employer Name	Occupation			
Employer Mailing Address/Principal Place of Business				

Full Name of Contributor				\$
Mailing Address				\$
City				\$
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 \$ <i>— 0 —</i>

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 <i>Friends of Jeff Glazier</i>	Reporting Period From <i>1/1/2023</i> To <i>12/31/2023</i>
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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 \$ <i>-0-</i>

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 Jeff Glazier</i>	Reporting Period From <i>1/1/2023</i> To <i>12/31/2023</i>
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1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period	(1) \$ <i>- 0 -</i>

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

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

TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD <i>(Add and enter amount totals from Boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F.)</i>	\$ <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 <i>Friends of Jeff Glazier</i>	Reporting Period From <i>11/2023</i> To <i>12/31/2023</i>
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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:							
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**

Name of Filing Committee or Candidate <i>Friends of Jeff Glazier</i>	Reporting Period From <i>1/1/2023</i> To <i>12/31/2023</i>
---	---

				DATE			AMOUNT
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			
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
\$

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate Friends of Jeff Glazier	Reporting Period From 1/1/2023 To 12/31/2023
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To Whom Paid Jeff Glazier	MO. 12	DAY 10	YEAR 2023	Amount \$ 550.00
Mailing Address 2915 Parkway Boulevard	Description of Expenditure Reimburse contribution to			
City Allentown	State PA	Zip Code (Plus 4) 18104 -		
To Whom Paid Friends of Mike Schlossberg	MO. 12	DAY 10	YEAR 2023	Amount \$ 1000.00
Mailing Address 2905 Highland Street	Description of Expenditure Contribution			
City Allentown	State PA	Zip Code (Plus 4) 18104 -		
To Whom Paid Susan Wild for Congress	MO. 12	DAY 10	YEAR 2023	Amount \$ 1000.00
Mailing Address 1636 N. Cedar Crest Blvd #183	Description of Expenditure Contribution			
City Allentown	State PA	Zip Code (Plus 4) 18104 -		
To Whom Paid Brace for Lehigh	MO. 12	DAY 10	YEAR 2023	Amount \$ 1000.00
Mailing Address 727 N. 9th St.	Description of Expenditure Contribution			
City Allentown	State PA	Zip Code (Plus 4) 18101 -		
To Whom Paid Friends of Peter Schweyer	MO. 12	DAY 10	YEAR 2023	Amount \$ 2000.00
Mailing Address Box 4364	Description of Expenditure Contribution			
City Allentown	State PA	Zip Code (Plus 4) 18105 -		
To Whom Paid Citizens for Gavin Holihan	MO. 12	DAY 10	YEAR 2023	Amount \$ 500.00
Mailing Address Box 758	Description of Expenditure Contribution			
City Trexler town	State PA	Zip Code (Plus 4) 18087 -		
To Whom Paid CALV Second Harvest	MO. 12	DAY 10	YEAR 2023	Amount \$ 500.00
Mailing Address 1337 E. Fifth Street	Description of Expenditure Contribution			
City Bethlehem	State PA	Zip Code (Plus 4) 18015 -		
To Whom Paid Allentown Ecumenical Foodbank	MO. 12	DAY 10	YEAR 2023	Amount \$ 500.00
Mailing Address 417 N. 14th St. #101	Description of Expenditure Contribution			
City Allentown	State PA	Zip Code (Plus 4) 18102 -		

PAGE TOTAL
\$ 7050.00

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

SCHEDULE III
STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate <i>Friends of Jeff Glazier</i>	Reporting Period From <i>1/1/2023</i> To <i>12/31/2023</i>
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To Whom Paid	MO.	DAY	YEAR	Amount
<i>Fund to Benefit Children</i>	<i>12</i>	<i>10</i>	<i>2023</i>	<i>\$ 500.00</i>
Mailing Address <i>904 W. Highland St.</i>	Description of Expenditure <i>Contribution</i>			
City <i>Whitehall</i>	State <i>PA</i>	Zip Code (Plus 4) <i>18102</i>		
To Whom Paid <i>Friends of Nick Miller</i>	<i>12</i>	<i>10</i>	<i>2023</i>	<i>\$ 1000.00</i>
Mailing Address <i>Box 1799</i>	Description of Expenditure <i>Contribution</i>			
City <i>Allentown</i>	State <i>PA</i>	Zip Code (Plus 4) <i>18105 -</i>		
To Whom Paid <i>Allentown Police Athletic League</i>	<i>12</i>	<i>10</i>	<i>2023</i>	<i>\$ 500.00</i>
Mailing Address <i>425 W. Hamilton Street</i>	Description of Expenditure <i>Contribution</i>			
City <i>Allentown</i>	State <i>PA</i>	Zip Code (Plus 4) <i>18101 -</i>		
To Whom Paid <i>Allentown School District Foundation</i>	<i>12</i>	<i>10</i>	<i>2023</i>	<i>\$ 500.00</i>
Mailing Address <i>31 S. Penn St.</i>	Description of Expenditure <i>Contribution</i>			
City <i>Allentown</i>	State <i>PA</i>	Zip Code (Plus 4) <i>18101 -</i>		
To Whom Paid <i>PA Public Library Association</i>	<i>12</i>	<i>15</i>	<i>2023</i>	<i>\$ 500.00</i>
Mailing Address <i>1210 Hamilton Street</i>	Description of Expenditure <i>Contribution</i>			
City <i>Allentown</i>	State <i>PA</i>	Zip Code (Plus 4) <i>18102 -</i>		
To Whom Paid <i>Jeff Glazier</i>	<i>12</i>	<i>15</i>	<i>2023</i>	<i>\$ 31.05</i>
Mailing Address <i>2915 Parkway Boulevard</i>	Description of Expenditure <i>Reimburse rotary expense</i>			
City <i>Allentown</i>	State <i>PA</i>	Zip Code (Plus 4) <i>18104 -</i>		
To Whom Paid <i>Lehigh County Democratic Comm.</i>	<i>12</i>	<i>15</i>	<i>2023</i>	<i>\$ 500.00</i>
Mailing Address <i>Box 63</i>	Description of Expenditure <i>Contribution</i>			
City <i>Allentown</i>	State <i>PA</i>	Zip Code (Plus 4) <i>18105 -</i>		
To Whom Paid <i>Friends of Peter Schueyer</i>	<i>12</i>	<i>15</i>	<i>2023</i>	<i>\$ 805.93</i>
Mailing Address <i>Box 4364</i>	Description of Expenditure <i>Contribution</i>			
City <i>Allentown</i>	State <i>PA</i>	Zip Code (Plus 4) <i>18105 -</i>		

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

PAGE TOTAL

\$ 4336.98

**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>Friends of Jeff Glazier</i>	Reporting Period From <i>1/1/2023</i> To <i>12/31/2023</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
\$ 0