

Commonwealth of Pennsylvania
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: <input type="checkbox"/>		Report Filed By: <input type="checkbox"/>		CANDIDATE ^{1.}	COMMITTEE ^{2.} <input checked="" type="checkbox"/>	LOBBYIST ^{3.}
Name of Filing Committee, Candidate or Lobbyist: <u>Friends of Mary Ellen Koval</u>						
Street Address: <u>523 N. Carlisle St.</u>						
City: <u>Allentown</u>			State: <u>PA</u>		Zip Code: <u>18109 -</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.} <input checked="" type="checkbox"/>	YEAR <u>2014</u>	FILING METHOD <input type="checkbox"/> CHECK ONE <input checked="" type="checkbox"/>	PAPER <input checked="" type="checkbox"/>	DISKETTE <input type="checkbox"/>	

Name of Office Sought by Candidate: <u>Controller, City of Allentown</u>			DATE OF ELECTION MO. DAY YEAR <u>11 08 2011</u>			District Number <u>NA</u>	Office Code <u>OTHDEM</u>	Party Code <u>39</u>	County Code <u>39</u>
(SEE INSTRUCTIONS FOR CODES)									

Summary of Receipts and Expenditures from:	MO. DAY YEAR			To	MO. DAY YEAR		
		<u>01</u>	<u>01</u>		<u>2014</u>		<u>12</u>
A. Amount Brought Forward From Last Report	\$ <u>1841.43</u>						
B. Total Monetary Contributions and Receipts (From Schedule I)	\$ <u>9075.00</u>						
C. Total Funds Available (Sum of Lines A and B)	\$ <u>10916.43</u>						
D. Total Expenditures (From Schedule III)	\$ <u>1636.66</u>						
E. Ending Cash Balance (Subtract Line D from Line C)	\$ <u>9279.77</u>						
F. Value of In-Kind Contributions Received (From Schedule II)	\$ <u>0</u>						
G. Unpaid Debts and Obligations (From Schedule IV)	\$ <u>3600.00</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 correct and complete.

Sworn to and subscribed before me this 21st day of January County of Lehigh 2015

Jean G. Brossman
 Signature

My commission expires December 15, 2014
 MO. DAY YR.

Paul D. Balascki
 Signature of Person Submitting Report

Paul D. Balascki
 Printed Name

610 262-9710
 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 21st day of January County of Lehigh 2015

Jean G. Brossman
 Signature

My commission expires December 15, 2014
 MO. DAY YR.

ME Koval
 Signature of Candidate

ME Koval
 Printed Name

610 432-7932
 Area Code Daytime Telephone Number

CONTRIBUTIONS AND RECEIPTS**Detailed Summary Page**

Name of Filing Committee or Candidate <i>Friends of Mary Ellen Koval</i>	Reporting Period From <i>1/1/2014</i> To <i>12/31/14</i>
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1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period (1)	\$ <i>125.00</i>

2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)	
Contributions Received from Political Committees (Part A)	\$ <i>1000.00</i>
All Other Contributions (Part B)	\$ <i>450.00</i>
TOTAL for the Reporting Period (2)	\$ <i>1450.00</i>

3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)	
Contributions Received from Political Committees (Part C)	\$ <i>5500.00</i>
All Other Contributions (Part D)	\$ <i>2000.00</i>
TOTAL for the Reporting Period (3)	\$ <i>7500.00</i>

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

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.)	\$ <i>9075.00</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 <u>Friends of Mary Ellen Koval</u>	Reporting Period From <u>11/1/2014</u> To <u>12/31/2014</u>
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Full Name of Contributing Committee	DATE			AMOUNT
	MO.	DAY	YEAR	
<u>Friends of Ken Kraft</u>	11	19	2014	\$ 250.00
Mailing Address <u>2030 Chester Rd.</u>	MO.	DAY	YEAR	\$
City <u>Bethlehem</u>	MO.	DAY	YEAR	\$
State <u>PA</u>	MO.	DAY	YEAR	\$
Zip Code (Plus 4) <u>18017 -</u>	MO.	DAY	YEAR	\$
<u>Friends of Mike Schlossberg</u>	11	25	2014	\$ 250.00
Mailing Address <u>944 N. 19th St.</u>	MO.	DAY	YEAR	\$
City <u>Allentown</u>	MO.	DAY	YEAR	\$
State <u>PA</u>	MO.	DAY	YEAR	\$
Zip Code (Plus 4) <u>18104 -</u>	MO.	DAY	YEAR	\$
<u>Laborers Local 1174 PAC</u>	12	17	2014	\$ 250.00
Mailing Address <u>465 Allentown Dr.</u>	MO.	DAY	YEAR	\$
City <u>Allentown</u>	MO.	DAY	YEAR	\$
State <u>PA</u>	MO.	DAY	YEAR	\$
Zip Code (Plus 4) <u>18109 -</u>	MO.	DAY	YEAR	\$
<u>Asbestos Workers PAC</u>	11	25	2014	\$ 250.00
Mailing Address <u>9602 M.L. King Hwy</u>	MO.	DAY	YEAR	\$
City <u>Lanham</u>	MO.	DAY	YEAR	\$
State <u>MD</u>	MO.	DAY	YEAR	\$
Zip Code (Plus 4) <u>20706 -</u>	MO.	DAY	YEAR	\$
<u></u>				\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State	MO.	DAY	YEAR	\$
Zip Code (Plus 4)	MO.	DAY	YEAR	\$
<u></u>				\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State	MO.	DAY	YEAR	\$
Zip Code (Plus 4)	MO.	DAY	YEAR	\$
<u></u>				\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State	MO.	DAY	YEAR	\$
Zip Code (Plus 4)	MO.	DAY	YEAR	\$
<u></u>				\$

PAGE TOTAL
\$ 1000.00

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

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 Friends of Mary Ellen Koval	Reporting Period From 11/1/2014 To 12/31/2014
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Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
Kenneth + Dorothy Mohr	11	23	2014	\$ 100.00
Mailing Address 116 S. Main St.	MO.	DAY	YEAR	\$
City Coopersburg State PA Zip Code (Plus 4) 18036 -	MO.	DAY	YEAR	\$
Sovereign Enterprises	12	09	2014	\$ 250.00
Mailing Address 2511 Baglyos Circle Suite B20	MO.	DAY	YEAR	\$
City Bethlehem State PA Zip Code (Plus 4) 18020 -	MO.	DAY	YEAR	\$
Garret H. Strathearn	12	17	2014	\$ 100.00
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$

PAGE TOTAL
\$ 450.00

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 Friends of Mary Ellen Koval	Reporting Period From 11/2014 To 12/31/2014
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Full Name of Contributing Committee	DATE			AMOUNT
	MO.	DAY	YEAR	
Int'l Union of Operating Engineers 542 PAC	11	20	2014	\$ 500.00
Mailing Address 1375 Virginia Dr. Ste 100	MO.	DAY	YEAR	\$
City Fort Washington	State PA	Zip Code (Plus 4) 19034 -		\$
Full Name of Contributing Committee Friends of Joe Davis	12	05	2015	\$ 500.00
Mailing Address 1035 N. Tacoma St.	MO.	DAY	YEAR	\$
City Allentown	State PA	Zip Code (Plus 4) 18109 -		\$
Full Name of Contributing Committee IBEW Local 375 PAC	12	03	2014	\$ 1,000.00
Mailing Address 1201 W. Liberty St.	MO.	DAY	YEAR	\$
City Allentown	State PA	Zip Code (Plus 4) 18102 -		\$
Full Name of Contributing Committee Friends of Ed Pawlowski	12	05	2014	\$ 2,500.00
Mailing Address 43 N. 11th Street	MO.	DAY	YEAR	\$
City Allentown	State PA	Zip Code (Plus 4) 18101 -		\$
Full Name of Contributing Committee Bricklayers & Allied Craftsman Locals PAC	12	01	2014	\$ 500.00
Mailing Address 2163 Berryhill St.	MO.	DAY	YEAR	\$
City Harrisburg	State PA	Zip Code (Plus 4) 17104 -		\$
Full Name of Contributing Committee Plumbers Local 690 PAC	12	09	2014	\$ 500.00
Mailing Address 2791 Southampton Rd.	MO.	DAY	YEAR	\$
City Philadelphia	State PA	Zip Code (Plus 4) 19154 -		\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4) -		\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4) -		\$

PAGE TOTAL
\$ 5560.00

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

PART D
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 Friends of Mary Ellen Koval	Reporting Period From 1/1/2014 To 12/31/2014
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				DATE	AMOUNT
Full Name of Contributor	MO.	DAY	YEAR		
Frank + Yvonne Schweighardt	11	18	2014		\$ 500.00
Mailing Address 15 Bastian Lane	MO.	DAY	YEAR		\$
City Allentown	MO.	DAY	YEAR		\$
State PA	Zip Code (Plus 4) 18104 -				
Employer Name N/A	Occupation Retired				
Employer Mailing Address/Principal Place of Business					

Nicholas + Allison Pullen	12	12	2014		\$ 500.00
Mailing Address 36 Windover Lane	MO.	DAY	YEAR		\$
City Doulestown	MO.	DAY	YEAR		\$
State PA	Zip Code (Plus 4) 18901 -				
Employer Name Self Employed	Occupation				
Employer Mailing Address/Principal Place of Business					

Matthew + Lorraine McTish	12	05	2014		\$ 1,000.00
Mailing Address 5728 Ricky Ridge Trl	MO.	DAY	YEAR		\$
City Orefield	MO.	DAY	YEAR		\$
State PA	Zip Code (Plus 4) 18069 -				
Employer Name McTish Kunkel + Associates	Occupation President				
Employer Mailing Address/Principal Place of Business 3500 Winchester Rd Ste 300, Allentown PA 18104					

Full Name of Contributor	MO.	DAY	YEAR		\$
Mailing Address	MO.	DAY	YEAR		\$
City	MO.	DAY	YEAR		\$
State	Zip Code (Plus 4)				
Employer Name	Occupation				
Employer Mailing Address/Principal Place of Business					

Full Name of Contributor	MO.	DAY	YEAR		\$
Mailing Address	MO.	DAY	YEAR		\$
City	MO.	DAY	YEAR		\$
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 \$ 2000.00
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**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 Mary Ellen Koval</i>	Reporting Period From <i>1/1/2014</i> To <i>12/31/2014</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						

Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount
		-				\$
Receipt Description						

PAGE TOTAL

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

\$ 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 <i>Friends of Mary Ellen Koval</i>	Reporting Period From <i>1/1/2014</i> To <i>12/31/2014</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 Mary Ellen Koval</i>	Reporting Period From <i>1/1/2014</i> To <i>12/31/2014</i>
---	---

				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**

Name of Filing Committee or Candidate <u>Friends of Mary Ellen Koval</u>	Reporting Period From <u>1/1/2014</u> To <u>12/31/2014</u>
---	---

				DATE			AMOUNT
				MO.	DAY	YEAR	
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			
Full Name of Contributor							\$
Mailing Address							\$
City	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
\$ <u> </u>

SCHEDULE III
STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate Friends of Mary Ellen Koval	Reporting Period From 11/1/2014 To 12/31/2014
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To Whom Paid	MO.	DAY	YEAR	Amount
Giant Food Stores	12	04	2014	\$65.80
Mailing Address 3070 Tilghman St.	Description of Expenditure Food & Supplies for 12/5/14			
City Allentown	State PA	Zip Code (Plus 4) 18104-		
Liberty Bell Beverages	12	05	2014	\$27.92
Mailing Address 718 N. 13th Street	Description of Expenditure Beer & Ice for 12/5/14			
City Allentown	State PA	Zip Code (Plus 4) 18102-		
PA Wine & Spirits	12	05	2014	\$42.94
Mailing Address 1918 Allen St.	Description of Expenditure Wine for 12/5/14			
City Allentown	State PA	Zip Code (Plus 4) 18104-		
Seven Points Consulting	12	09	2014	\$1500.00
Mailing Address P.O. Box 1865	Description of Expenditure Consultant Fee			
City Allentown	State PA	Zip Code (Plus 4) 18105-		
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
\$1636.66

**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 Friends of Mary Ellen Koval	Reporting Period From 1/1/2014 To 12/31/2014
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Name of Creditor Mary Ellen Koval					Outstanding Balance of Debt \$ 2500.00	
Mailing Address 523 N. Carlisle St.	DATE DEBT INCURRED	MO. 03	DAY 01	YEAR 2011		
City Allentown	State PA	Zip Code (Plus 4) 18104				

Description of Debt
Loan to start campaign

Name of Creditor Mary Ellen Koval					Outstanding Balance of Debt \$ 1100.00	
Mailing Address 523 N. Carlisle St.	DATE DEBT INCURRED	MO. 11	DAY 04	YEAR 2011		
City Allentown	State PA	Zip Code (Plus 4) 18104				

Description of Debt
Loan to campaign

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 \$ 3600.00
