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:	Report Filed By:	CANDIDATE 1.	COMMITTEE: X	LOBBYIST 3.
Name of Filling Committee, Candidate or Lobbyist:	7-11-1	The control of the section of the se	\$ 2.5 wards and parameter respectively \$150 date and \$150 date.	
Street Address:	loval			
523 N. Carlisle St.		State:	Zip Code:	
Allentown		PA	18109	
TYPE OF STHILLESDAY 1. 2ND FRID REPORT PRE-PRIMARY PRE-PRIM		-30 DAY 3. POST PRIMARY 3.	AMENDMENT YES	No X
6TH ILESDAY 4. ZND FRID	The state of the s	POST ELECTION 6.	TERMINATION YES	NO X
(place X to the right of annual 7. YEAR report type)	2015	FILING METHOD CHECK ONE	PAPER X	DISKETTE
Name of Office Sought by Candidate:	The state of the s	DATE OF ELECTION	District Office Number Code	Party County Code Code
Controller, City of Allent	town	MO. DAY SYEAR	VT 14	DEN 39
Control		11 03 2015	INA (SEE INSTRU	JCTIONS FOR CODES
MO. DAY	EAR	MO. DAY YEAR	FOR OFFICE	USE ONLY
Summary of Receipts and Expenditures from:	015 To	11 23 2015		
A. Amount Brought Forward From Last Report	\$	8354.47		
B. Total Monetary Contributions and Receipts (From Sch	edule I) \$	1550.00		
C. Total Funds Available (Sum of Lines A and B)	\$	10,904.47		
D. Total Expenditures (From Schedule III)	\$	3.048,71		
E. Ending Cash Balance (Subtract Line D from Line C)	\$	7855.76		
F. Value of In-Kind Contributions Received (From Sched	dule II) \$	Ø		
G. Unpaid Debts and Obligations (From Schedule IV)	\$	Ø		ĕ
	AKUTASTI Z	FOR ION		10 V
PART 1—1f this is a Committee report, treasurer sign)		2.00	right a series of the series of	3 5 6
I swear for affirm) that this report, incla Gouth's etched sched correct and complete.	wes on gener	or computer diskette, are to t	he best of my knowledg	Sea
Sworn to and subscribed before me this	>	DB	05	TH O otarial ssman arown,
asy of Appendent 20	13	Signature of	Person Submitting Rep	Bross
Signature Signature	·/- }	Paul D.	Balasc Printed Name	ONWE ONWE
My commission expires 13 15 20	16	lavo	432-79	OOMMONWEAL Jean G. Bros. City of Allent My Commission
MO. DAY YR.	T J	Area Code	Daytime Teleph	one Number
PART II I this is a report of a Candidal FANKER	o o Henne	Were water shall sign then		
I swear (or affirm) that to the best of my knowledge and belief (P.L. 1333, No. 320) as amended.		m. D. A		MMMONWEALTH OF PENNSYLVAN I PORTION CITY of Allentown, Lehigh County My Commission Expires Dec. 15, 2016
Sworn to and subscribed before me this		Sm Dd	2-1	VNSY P Cou
day of /Mymulto) 20	15	Signat	ure of Candidate	Seal Lehig
(Jean & Dissim	and	M.E. Kou	ial	H. Of tarial own,
Signature My commission expires 42 15 2014	2	(010	rinted Name 432-193	NWEALTH OF Notarial S
MO. DAY YR.		Ares Code	Daytime Telepho	one Number 2 4 5 5
Description of State & Day		stantana Placktona and the		COMM Jea Cib
Department of State Bure	sau oi comm	nasions, Elections and Le	agisiation	O!

PAGE 2 OF ___/2___

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate Reporting Per	од то <u>11/23/15</u>
Friends of Mary Ellen Koval From 10]	
1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50,00 OR LESS PER CON	RIBUTOR
TOTAL for the Reporting Period (1)	\$ Ø
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)	\$ 550.00
TOTAL for the Reporting Period (2)	\$ 550.00
3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)	
Contributions Received from Political Committees (Part C)	\$ 1000.00
All Other Contributions (Part D)	\$ Ø
TOTAL for the Reporting Period (3)	\$ 1000.00
4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ET	C. (FROM PART E)
TOTAL for the Reporting Period (4)	\$ 0
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.)	\$1550.00

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		·)	1	Reporting		
Friends of Mary Ell	en	Koval		From 1	0130	US TO 11/23/15
				DATE	NAME OF TAXABLE PARTY.	AMOUNT
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address	***************************************		≕MO,	DAY	YEAR.	\$
City	State	Zip Code (Plus 4)		DAY	YEAR	*
		_		PAI	- I - I CAN	\$
Full Name of Contributing Committee			==MO.	DAY	YEAR	1000
Mailing Address			- Sara	■ DAY	YEAR	\$.
1100			WICL	DAT	# HEILEAN H	\$
City	State	Zip Code (Plus 4)	MO.	- DAY	YEAR	•
		<u> </u>		and there are a reason when	a	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	- -	DAY	YEAR	<u> </u>
		_			- ILAN-	\$
Full Name of Contributing Committee	description of the second		MO.	DAY	¥EAR	.
Mailing Address			-	DAY	YEAR	\$
•			34.0,	J. BALL		\$
City	State	Zip Code (Plus 4)	тмо.	DAY	YEAR	*
Full Name of Constitution Committee			La-avo :	DAY	VEAD	\$
Full Name of Contributing Committee			S-ano.		150	\$
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	S
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)				\$
	State	Zip Code (Flus 4)	MO	DAY	YEAR	\$
	- Transport		Name and Address of the Owner, where the Owner, which is the Ow			PAGE TOTAL /
Enter Grand Total of Part A on Sched	ule i,	Detailed Summary	Page,	Section	n 2.	\$ Ø
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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				Reporting	Period	\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
Friends of Mary El	ben K	ουαλ		From 1	6/20	115 TO 11/23/15
7				DATE		AMOUNT
Full Name of Contributor	\		MO.			\$ 50.00
Denise + Alan Jenn Mailing Address	rings		10 mo.	JAY.	15 YEAR	
2130 W. Gordon St.	•					\$
City		p Code (Plus 4)	MO.	DAY	YEAR	\$
Allentown Full Name of Contributor	PH 1181	UY	MO	DAY	YEAR -] Y
Elizabeth M. Smith			10	21	15	\$ 100.00
Mailing Address	(/ .)		MO.	DAY	YEA8	
2475 Virginia Ave N	State . Zi	p Code (Plus 4)	-360°	DAY	YEAR	
	~ - 1	737-			a maritan o	\$
Full Name of Contributor		Marie Company	-MO.	DAY-		
Dalila Martinez Mailing Address			10	26	15	\$ 100.00
2042 Westfield Ter			MO.	DAY	YEAR	\$
City	State Zi	Code (Plus 4)	o≡MO.	DAY	YEAR	
Bethlehem	PA 180	217-				\$
Full Name of Contributor				YADE P	YEAR .	\$ 200.00
Edgar Tanner Jr. Mailing Address			I C			
1013 Cleveland St.						\$
Allentain		Code (Plus 4) 0ろー	MO.	DAY	YEAR	\$
Sull Name of Contributor	1101.50		MO.	DAY	YEAR	
Robin L. Kellar Mailing Address		-	11	09	15	\$ 100.00
Mailing Address	21		MD.	DAY	YEAR	\$
622 E. Susquehanna	State Zip	Code (Plus 4)	MO.	DAY	YEAR	
Allentaun	DA 181	03 -				\$
Full Name of Contributor			тмо.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	
						\$
City	State Zip	Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributor			-Mn	Z DAY	VEAR	*
A Mariante Dr. Dominator						\$
Mailing Address				DAY.	YEAR	\$
City	State Zip	Code (Plus 4)	-MO	DAY -	YEAR	· ·
		-				\$
Full Name of Contributor			■MO. 2	DAY	YEAR	\$
Mailing Address			MO.	= DAV	YEAR	*
		, d	- O	DAY	J CAN	\$
City	State Zip	Code (Plus 4)	МО.	DAY	YEAR	*
						\$
			_			PAGE TOTAL
Enter Grand Total of Part B on Schedu	le I, Detail	led Summary	Page,	Section	2.	\$550.00

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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		\	r.		Reporting		15 70 11/23/15
Friends of Mary El	len	Kova	1		From 10	140	
\ :					DATE		AMOUNT
Full Name of Contributing Committee Lysukators + Ashestosu	700-1	LOUGE DIA	C#22	1 O	J ⊒DAY Q I	YEAR :	\$ 500.00
Mailing Address	JCA I	KEIZ IH	رك كايا	MO.			700 CONT.
3263 Schodhouse Re	<u>}</u> .						\$
City	State	Zip Code (V	=MO.	DAY	YEAR	\$
Middletown	PA	17057		avo.	DAY	EYEAR	
Full Name of Contributing Committee Laborers Local 1174 PAC				10	126	15	\$ 500,00
Mailing Address				MO.	DAY	YEAR	\$
465 Allentown Drive							4
Chy 1	PA	2ip Code (Plus 4)	MO.	DAY	YEAR	\$
Allentown	PH	10109		meum	DAY	YEAR	
Full Name of Contributing Committee							\$
Mailing Address				MO.	DAY	¥EAR	\$
	Ctata	Žip Code (Plue A		DAY	YEAR	7
City	State	Zip Code (- 1us - 4/	-MO.	UAT	BEILENOSE	\$
Full Name of Contributing Committee	er sayuna en			MO.	- DAY	YEAR	4
Full Name of Contributing Committee							\$
Mailing Address				MO.	DAY	YEAR	\$
	State	Zip Code (Plus 4)	™ o.	DAY	YEAR	
City	Oloto	/ 4	-	Jano.			\$
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	See of the same of the			MO.	DAY	YEAR	\$
Mailing Addrage				MO	DAY	YFAR =	
Mailing Address							\$
City	State	Zip Code (Plus 4)	MO.	- DAY	YEAR	\$

Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Malling Address				MO.	DAY	YEAR	*
							\$
City	State	Zip Code (i	Plus 4)	MO.	DAY	YEAR	\$
				MO.	≘ DAY:	YEAR	
Full Name of Contributing Committee							\$
Mailing Address				MO.	DAY	YEAR	\$
	Page 1	7:- 5-2: 7	Since Al	The grade and the	60		*
City	State	Zip Code (i	- 102 41	MO.	DAY	YEAR	\$
	لنسحب						PAGE TOTAL
and the second s		'Datailed &		Dose	Spotia	, ,	\$ 1000.00
Enter Grand Total of Part C on Sched	ule I,	Detailed S	ummary	rage	, Section	1 9.	* 1000.00

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.)

Reporting Period Name of Filing Committee or Candidate From 10/20/15 To 11/23/15 Mary Ellen Koual **AMOUNT** DATE DAY YEAR MO. Full Name of Contributor DAY Mailing Address YEAR DAY Zip Code (Plus 4) State City \$ Occupation Employer Name Employer Mailing Address/Principal Place of Business MO. DAY \$ Full Name of Contributor DAY Mailing Address \$ VEAR MO. DAY Zip Code (Plus 4) State \$ Occupation Employer Name Employer Mailing Address/Principal Place of Business DAY YEAR MO. Full Name of Contributor \$ YEAR: DAY Mailing Address Zip Code (Plus 4) MO. DAY YEAR State City \$ Occupation **Employer Name** Employer Mailing Address/Principal Place of Business MO. DAY YEAR Full Name of Contributor \$ YEAR! MO. DAY Mailing Address \$ Zip Code (Plus 4) DAY YEAR MO. City Occupation **Employer Name** Employer Mailing Address/Principal Place of Business MO. DAY YEAR Full Name of Contributor \$ YEAR Mailing Address MO. DAY \$ Zip Code (Plus 4) MO. DAY YEAR State City \$ Occupation **Employer Name** Employer Mailing Address/Principal Place of Business PAGE TOTAL Enter Grand Total of Part D on Schedule I, Detailed Summary Page, Section 3.

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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	-11		From 10 20	1/15 70 11/23 /15
Friends of Mary	EllenK	oval		V
Full Name				
Mailing Address		v.		
City	State	Zip Code (Plus 4)	MO. PAR	Amount \$
-				
Receipt Description				
Full Name				
Mailing Address				Amount
Cîty	State	Zip Code (Plus 4)	MO. DAY YEAR	\$
Receipt Description				
Full Name				
Mailing Address				
City	State	Zip Code (Plus 4)	MO. DAY YEAR	Amount \$
Receipt Description				T T
Full Name				,
Mailing Address			MO. DAY YEA	Amount
City	State	Zip Code (Plus 4) —	MU	\$
Receipt Description			<u> </u>	
Full Name				
Mailing Address				
City	State	Zip Code (Plus 4)	MO. DAY YEA	Amount \$
Receipt Description				
Full Name				
	www.		The second secon	
Mailing Address	State	Zip Code (Plus 4)	MO. PAY YEA	Amount
City	State			\$
Receipt Description				PAGE TOTAL
		Detailed Commen	n Page Section A	α
Enter Grand Total of Part E	on Schedule I,	Detailed Summa	y rage, Section 4.	

SCHEDULE II

PAGE 8 OF 12

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 Friends of Mary Ellen Koval	Reporting Period	00 15 TO 11/23/15
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$	50.00 OR L	ESS PER CONTRIBUTOR
TOTAL for the Reporting Period		\$
2 IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$25	50.00 FROM	PARILE
TOTAL for the Reporting Period		\$
3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FRO	IM PART G	
TOTAL for the Reporting Period		\$
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.)		\$ Ø

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate		.)	Re	porting F	eriod	15 = 11/22/15
Friends of Mary El	len	Koval		From 10	1/20/	15 TO 11/23/25
Theres at hard				DATE	(earlies on 10 and 10 and	AMOUNT
Full Name of Contributor			MO.	.DAY .	YEAR	\$
Mailing Address			⊣MO.	DAY	YEAR	\$
maning Address	× gazan					
City	State	Zip Code (Plus 4)	MO	DAY	YEAR	\$
(O and ibution						
Description of Contribution:			V.11 (2)		Same a comme	The green without the control of the
Full Name of Contributor	EL MANUEL WE SEAR		MO.	DAY	YEAR	\$
		v	·∵mo.	DAY	YEAR	
Mailing Address						\$
City	State	Zip Code (Plus 4)		DAY =	YEAR :-	\$
Description of Contribution:						
Full Name of Contributor	Commence of the second second	nados de la compaña de la Roya de Republica de la compaña de la republica de la compaña de la compaña de la co	MO.	DAY	-YEAR	\$
			380	DAY	YEAR	
Mailing Address			MO.	DAT	1550	\$
City	State	Zip Code (Plus 4)	- MO.	DAY	YEAR	\$
				<u> </u>	<u> </u>	*
Description of Contribution:						
Tull Name of Contributor	encontraverse en c		MO.	- DAY	YEAR	\$
Full Name of Contributor					V=	
Mailing Address		7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	MO.	:-DAY:-	YEAR	\$
6.4	State	Zip Cade (Plus 4)	···MO.	DAY	YEAR	¢
City					<u></u>	\$
Description of Contribution:						
	egisensisti susee		∴MO.	DAY	YEAR	ě
Full Name of Contributor						\$
Mailing Address			MO."	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	· Mo.	- DAY	YEAR	6
City		<u> </u>				\$
Description of Contribution:						
	ngh wantee		MO.	DAY.	YEAR	
Full Name of Contributor			,			\$
Mailing Address			Mo.	DAY	YEAR	\$
	Te	Zip Code (Plus 4)	MO.	ĐẤY	YEAR	
City	State	Zip Code (Flus 4)		FO.		\$
Description of Contribution:	J	L		£	<u> </u>	The state of the s
	an talan an ana		and programmed to	weginalist vi	State Novabor	PAGE TOTAL
Enter Grand Total of Part F on Schee	dule II	, In-Kind Contribut	tions D	etailed		\$
Summary Page, Section 2.						

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate	.) .	From 10/20	115 to 11/23/15
Friends of Mary Ell.	en Koval	DATE	AMOUNT
		MO. DAY YEAR	
Full Name of Contributor			\$
Mailing Address		MO. DAY YEAR	\$
City	tate 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	\$
		MO. DAY YEAR	
Mailing Address			\$
City	tate Zip Code (Plus 4)	MO. DAY YEAR	\$
Employer of Contributor		Occupation	
Employer Mailing Address/Principal Place of Business		Description of Contribution	
Eull Name of Contributor		MO. DAY YEAR	\$
Full Name of Contributor		MO. DAY YEAR	
Maîling Address			\$
City	itate 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: HDAY HYEAR	\$
Employer of Contributor	:	Occupation	
Employer Mailing Address/Principal Place of Business		Description of Contribution	
Full Marry of Contributor		MO. DAY YEAR	¢
Full Name of Contributor		MO. DAY YEAR	\$
Mailing Address			\$
City	State Zip Code (Plus 4)	MO DAY YEAR	\$
Employer of Contributor		Occupation	
Employer Mailing Address/Principal Place of Business	Control of the Contro	Description of Contribution	
		ACCES 100	PAGE TOTAL
Enter Grand Total of Part G on Schedu Summary Page, Section 3.	le II, In-Kind Contribut	tions Detailed	\$ 10

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SCHEDULE III

STATEMENT OF EXPENDITURES

Committee or Candidate	Reporting Period
Name of Filing Committee or Candidate	From 10/20/15 To 11/23/15
Friends of Mary Ellen Koval	
	MO DAY YEAR Amount
L.V. Print Center	10 21 15 \$ 1243, 22
Mailing Address	Description of Expenditure
306 Brothead Aue Kear	Mailer
City	
DEMINISM	MO. DAY YEAR Amount
Affa for Allentown	10 23 15 \$ 500.00
	Description of Expenditure
Address 247 N. 12th State Zip Code (Plus 4)	Contribution
Allentoun PA 18102-	
To-Whom Paid	10 23 15 \$ (05.00
Celeste Dee	Description of Expenditure
Mailing Address 1547 W. Highland St. State Zip Code (Plus 4)	Reimbursement tor
City	additional Palm Cards
Alleriour	Amount
LC Democratic Committee	10 23 15 \$ 50.00 Description of Expenditure
Mailing Address	Door Hangers
P. O. Box 3142 State Zip Code (Plus 4)	200.
Wescosville PA18106-	
To Whom Paid	MO. DAY YEAR Amount 50.00
To Whom Paid L. V. Print Center	Description of Expenditure
Mailing Address 306 Brodhead Rue Rear State Zip Code (Plus 4)	Poll Cards
DEFRIENCE	MO. DAY YEAR Amount
To Whom Paid Havantage PEP	11 14 15 \$ 1,125.00
Mailing Address	Description of Expenditure Canyon (an Management)
Mailing Address 2285 Schoenersville Rd. State Zip Code (Plus 4)	Campaign Management
Bethlehem PA 1807-	
Between	MO. DAY YEAR Amount \$ 15.49
Allentown Federal Credit Union	Description of Expenditure
Mailing Address	Checks
State Zip Code (Plus 4)	
Allentun PA 18103-	MO. DAY FER Amount
To Whom Paid	\$
Mailing Address	Description of Expenditure
State Zin Code (Plus 4)	
City	
	PAGE TOTAL
Enter Grand Total of Expenditures on Page 1, Report Cover	Page, Item D. \$3048,71
Eliter Orania i Are. A.	The state of the s

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	renou i	
Friends of Mary Ellen Ko	val		From 1	0/30	f12 10 π/33/12
FILENOS OF MAIN LIVENT TO	The same of the sa				500000000000000000000000000000000000000
Name of Creditor					Outstanding Balance of Debt
					\$
Mailing Address	DATE DEBT	MO.	DAY.	YEAR	
	INCURRED	State	Zip Code	(Plus 4)	
City		State			
Description of Polyt					
Description of Debt					×
Name of Creditor			.		Outstanding Balance of Debt
Name of Greeks			To the second of	For Charmon Ch. St.	\$
Mailing Address	DATE DEBT	MO.	DAY	YEAR	
	INCURRED	State	Zip Code	(Plus 4)	
City		State			
Description of Debt					
Name of Creditor					Outstanding Balance of Debt
Name of Greater					\$
Mailing Address	DATE DEBT	-MO.	DAY	YEAR	
	INCURRED		Zip Code	/Divo A)	
City		State	Zip Code	(Plus 4)	
- Control Pale					
Description of Debt					
Name of Creditor					Outstanding Balance of Debt
Name of Greator					\$
Mailing Address	DATE DEBT	MO.	-DAY-	YEAR	
	INCURRED	State	Zip Code	(Plus 4)	
City		State		-	
Description of Debt				and the same of th	
Description of Dest					
Name of Creditor		1-62 at 1 63 at 1			Outstanding Balance of Debt
Name of O.S. C.			2. 0 Et 8. 7 W. 20		\$
Mailing Address	DATE	MO.	DAY-	YEAR	
	INCURRED	State	Zip Code	(Plus 4)	
City		0	-	-	
	The Park			-	
Description of Debt					
				-	Outstanding Balance of Debt
Description of Debt Name of Creditor			-	-	Outstanding Balance of Debt
Description of Debt	DATE DEBT	мо.	-	YEAR S	
Description of Debt Name of Creditor Mailing Address			-	YEAR S	
Description of Debt Name of Creditor	DEBT	Э Мо	DAY	YEAR S	3
Description of Debt Name of Creditor Mailing Address City	DEBT	Э Мо	DAY	YEAR S	
Description of Debt Name of Creditor Mailing Address	DEBT	Э Мо	DAY	YEAR S	\$
Description of Debt Name of Creditor Mailing Address City	DEBT	Э Мо	DAY	YEAR S	
Description of Debt Name of Creditor Mailing Address City	DEBT INCURRED	MO. State	DAY Zip Code	YEAR S	\$