

COMMONWEALTH OF PENNSYLVANIA
CAMPAIGN FINANCE STATEMENT

File this in lieu of a full report *only if* aggregate receipts, expenditures, or liabilities incurred each did not exceed \$250.00 during the reporting period.

FILER IDENTIFICATION NUMBER		REPORT FILED ON BEHALF OF	CANDIDATE <input checked="" type="checkbox"/>	COMMITTEE <input type="checkbox"/>	LOBBYIST <input type="checkbox"/>
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST WILLIAM MICHAEL DONOVAN					
STREET ADDRESS 122 N WEST STREET					
CITY ALLENTOWN			STATE PA	ZIP CODE 18102	
TYPE OF REPORT (CHECK ONE)		NAME OF OFFICE SOUGHT BY CANDIDATE		DISTRICT NO.	PARTY
1. 6TH TUESDAY PRE-PRIMARY 2. 2ND FRIDAY PRE-PRIMARY 3. 30 DAY POST-PRIMARY 4. 6TH TUESDAY RE-ELECTION 5. 2ND FRIDAY RE-ELECTION 6. 30 DAY POST-ELECTION ANNUAL REPORT <input checked="" type="checkbox"/>		ALLENTOWN CITY COUNCIL			
		DATES OF REPORTING PERIOD MO. DAY YEAR TO MO. DAY YEAR 1 1 2010 TO 12 31 2010		DATE OF ELECTION MO. DAY YEAR	
		CASH BALANCE AT END OF REPORTING PERIOD: \$ 0		FOR OFFICE USE ONLY	
		TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ 0			
		AMENDMENT REPORT? YES <input type="checkbox"/> NO <input type="checkbox"/> TERMINATION REPORT? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			

AFFIDAVIT SECTION

PART I -

If statement is filed on behalf of a Political Committee or Candidates's Committee, the Treasurer must sign here.
 If statement is filed on behalf of a Candidate, the Candidate must sign here.
 If statement is filed on behalf of a Contributing Lobbyist, the Lobbyist must sign here.

I SWEAR (OR AFFIRM) THAT THE AGGREGATE RECEIPTS OR DISBURSEMENTS OR LIABILITIES INCURRED DURING THE REPORTING PERIOD INDICATED ABOVE DID NOT EXCEED TWO HUNDRED AND FIFTY DOLLARS (\$250.00) AND THIS REPORT IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, CORRECT AND COMPLETE.

SWORN TO AND SUBSCRIBED BEFORE ME THIS
 28 DAY OF January 2011
 Michael P. Hanks SIGNATURE
 MY COMMISSION EXPIRES November 11 2011 MO. DAY YR.

William Michael Donovan SIGNATURE OF PERSON SUBMITTING REPORT
 WILLIAM MICHAEL DONOVAN PRINTED NAME
 610 351 0856 AREA CODE DAYTIME TELEPHONE NUMBER

COMMONWEALTH OF PENNSYLVANIA

PART II -

If statement is filed on behalf of a Candidate's Authorized Committee, Candidate must sign here.

Notarial Seal
 City of Allentown, Lehigh County

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. 1937, CHAPTER 1083) AS AMENDED.

SWORN TO AND SUBSCRIBED BEFORE ME THIS
 _____ DAY OF _____ 20____
 _____ SIGNATURE
 MY COMMISSION EXPIRES _____ MO. DAY YR.

 SIGNATURE OF CANDIDATE

 PRINTED NAME

 AREA CODE DAYTIME TELEPHONE NUMBER

Board of Elections of Lehigh County
 Lehigh County Government Center
 17 S. 7th St.
 Allentown, PA 18101-2400

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: 20-8378168

Report Filed By: CANDIDATE 1. COMMITTEE 2. X LOBBYIST 3.

Name of Filing Committee, Candidate or Lobbyist: DONOVAN FOR ALLENTOWN (WILLIAM MICHAEL DONOVAN)

Street Address: 122 N WEST ST

City: ALLENTOWN

State: PA

Zip Code: 18102 -

TYPE OF REPORT <small>(place X to the right of report type)</small>	1. OFF-PRIMARY	2. IN-PRIMARY	3. OFF-PRIMARY	AMENDMENT REPORT		
	4. OFF-SECONDARY	5. IN-SECONDARY	6. OFF-SECONDARY	TERMINATION REPORT		X
	7. ANNUAL REPORT	YEAR: 2010	8. OTHER	PAPER	X	DISKETTE

Name of Office Sought by Candidate:

DATE OF ELECTION: MO: DAY: YEAR:

District Number: **Office Code:** **Party Code:** **County Code:**

(SEE INSTRUCTIONS FOR CODES!)

Summary of Receipts and Expenditures from:

MO.	DAY	YEAR	To	MO.	DAY	YEAR
1	1	2010	To	12	31	2010

A. Amount Brought Forward From Last Report	\$ 206.46
B. Total Monetary Contributions and Receipts (From Schedule I)	\$ 155.40
C. Total Funds Available (Sum of Lines A and B)	\$ 361.86
D. Total Expenditures (From Schedule III)	\$ 155.40 361.86
E. Ending Cash Balance (Subtract Line D from Line C)	\$ 206.46 0
F. Value of In-Kind Contributions Received (From Schedule II)	\$ 0.00
G. Unpaid Debts and Obligations (From Schedule IV)	\$ 1316.70

FOR OFFICE USE ONLY

AFFIDAVIT SECTION

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

28 day of January 20 11

Michael P Hanlon
Signature

My commission expires Nov 11 2013
MO. DAY YR.

[Signature]
Signature of Person Submitting Report

DEVAN TURCOTTE
Printed Name

610 610-351-0856
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

28 day of January 20 11

Michael P Hanlon
Signature

My commission expires November 11 2013
MO. DAY YR.

[Signature]
Signature of Candidate

WILLIAM MICHAEL DONOVAN
Printed Name

610 351-0856
Area Code Daytime Telephone Number

COMMONWEALTH OF PENNSYLVANIA
Notarial Seal
Michael P. Hanlon, Notary Public
City of Allentown, Lehigh County, PA
My Commission Expires Nov. 10, 2013
Member, Pennsylvania Association of Notaries
Board of Elections of Lehigh County
Lehigh County Government Center
St. St.
Allentown, PA 18101-2400

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate DOUQUAN FOR ALL ENTDOWN	Reporting Period From 1/1/2010 To 12/31/2010
---	---

1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period	(1) \$ 0.00

2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)	
Contributions Received from Political Committees (Part A)	\$ 0.00
All Other Contributions (Part B)	\$ 0.00
TOTAL for the Reporting Period	(2) \$ 0.00

3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)	
Contributions Received from Political Committees (Part C)	\$ 0.00
All Other Contributions (Part D)	\$ 0.00
TOTAL for the Reporting Period	(3) \$ 0.00

4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)	
TOTAL for the Reporting Period	(4) \$ 155.40

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.)	- \$ 155.40
--	--------------------

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		Reporting Period			
DONOVAN FOR ALLENTOWN		From	1/1/2010	To	12/31/2010
Full Name of Contributing Committee	Mailing Address	DATE			AMOUNT
		MO.	DAY	YEAR	
					\$
					\$
	City State Zip Code (Plus 4)				\$
					\$
Full Name of Contributing Committee	Mailing Address	DATE			AMOUNT
		MO.	DAY	YEAR	
					\$
					\$
	City State Zip Code (Plus 4)				\$
					\$
Full Name of Contributing Committee	Mailing Address	DATE			AMOUNT
		MO.	DAY	YEAR	
					\$
					\$
	City State Zip Code (Plus 4)				\$
					\$
Full Name of Contributing Committee	Mailing Address	DATE			AMOUNT
		MO.	DAY	YEAR	
					\$
					\$
	City State Zip Code (Plus 4)				\$
					\$
Full Name of Contributing Committee	Mailing Address	DATE			AMOUNT
		MO.	DAY	YEAR	
					\$
					\$
	City State Zip Code (Plus 4)				\$
					\$
Full Name of Contributing Committee	Mailing Address	DATE			AMOUNT
		MO.	DAY	YEAR	
					\$
					\$
	City State Zip Code (Plus 4)				\$
					\$
Full Name of Contributing Committee	Mailing Address	DATE			AMOUNT
		MO.	DAY	YEAR	
					\$
					\$
	City State Zip Code (Plus 4)				\$
					\$
Full Name of Contributing Committee	Mailing Address	DATE			AMOUNT
		MO.	DAY	YEAR	
					\$
					\$
	City State Zip Code (Plus 4)				\$
					\$

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

PAGE TOTAL
\$ 0.00

15-B-502 (7-99)

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 <u>DODDARD FOR ALLENTOWN</u>	Reporting Period From <u>1/1/2010</u> To <u>12/31/2010</u>
---	---

Full Name of Contributor	DATE	AMOUNT
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)		

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

PAGE TOTAL \$ <u>0.00</u>

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 DONOVAN FOR ALLENTOWN	Reporting Period From 1/1/2010 To 12/31/2010
---	---

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

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

PAGE TOTAL
\$ 0.00

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.)

Name of Filing Committee or Candidate <u>DONOVAN FOR ALLENTOWN</u>	Reporting Period From <u>1/1/2010</u> To <u>12/31/2010</u>
---	---

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

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

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

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

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
				\$
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
\$ <u>0.00</u>

**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 <u>DONOVAN FOR ALLENTOWN</u>	Reporting Period From <u>1/1/2010</u> To <u>12/31/2010</u>
---	---

Full Name <u>W. MICHAEL DONOVAN</u>						
Mailing Address <u>122 N WEST ST</u>						
City <u>ALLENTOWN</u>	State <u>PA</u>	Zip Code (Plus 4) <u>18102 -</u>	MO. <u>2</u>	DAY <u>6</u>	YEAR <u>2010</u>	Amount <u>\$ 155.40</u>
Receipt Description <u>LDAP</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						

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

PAGE TOTAL <u>\$ 155.40</u>

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 DONOVAN FOR ALLENTOWN	Reporting Period From 1/1/2010 To 12/31/2010
---	---

1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period	(1) \$ 0.00

2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART B)	
TOTAL for the Reporting Period	(2) \$ 0.00

3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART C)	
TOTAL for the Reporting Period	(3) \$

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.)	\$ 0.00
--	----------------

IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate <u>DONOR AND FOR ALLENTOWN</u>	Reporting Period From <u>1/1/2010</u> To <u>12/31/2010</u>
---	---

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

Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.

PAGE TOTAL \$ <u>0.00</u>

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

Name of Filing Committee or Candidate DONDUAN FOR ALLENTOWN	Reporting Period From <u>1/1/2010</u> To <u>12/31/2010</u>
---	---

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
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
\$ 0.00

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate DONOVAN FOR ALLENTOWN	Reporting Period From 1/1/2010 To 12/31/2010
---	---

To Whom Paid	MO.	DAY	YEAR	Amount
HOST MY SITE	2	6	2009	\$ 155.4
Mailing Address: 350 PENCADER SUITE B	Description of Expenditure: CAMPAIGN COMMITTEE			
City: NEWARK	State: DE	Zip Code (Plus 4): 19702-		
W. MICHAEL DONOVAN	12	15	2010	\$ 206.46
Mailing Address: 122 N WEST ST	Description of Expenditure: Reimburse Expenses			
City: ALLENTOWN	State: PA	Zip Code (Plus 4): 18102-		
ON LOAN FROM LOAN				\$
Mailing Address:	Description of Expenditure:			
City:	State:	Zip Code (Plus 4):		
Mailing Address:	Description of Expenditure:			
City:	State:	Zip Code (Plus 4):		
Mailing Address:	Description of Expenditure:			
City:	State:	Zip Code (Plus 4):		
Mailing Address:	Description of Expenditure:			
City:	State:	Zip Code (Plus 4):		
Mailing Address:	Description of Expenditure:			
City:	State:	Zip Code (Plus 4):		
Mailing Address:	Description of Expenditure:			
City:	State:	Zip Code (Plus 4):		
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 \$ 755.40 361.86
---	---

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 DONDUAN FOR ALLENTOWN	Reporting Period From 1/1/2010 To 12/31/2010
---	---

Name of Creditor W. MICHAEL DONDUAN	Outstanding Balance of Debt \$ 1316.70			
Mailing Address 122 N WEST ST	DATE DEBT INCURRED	MO.	DAY	YEAR
City ALLENTOWN	State PA	Zip Code (Plus 4) 18162		
Description of Debt REIMBURSABLE EXPENSES				

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
\$ 1316.70