

CAMPAIGN FINANCE REPORT				
Name and Address of Filing Candidate or Committee				
<b>Name:</b>	<i>Friends of David Jones</i>			
<b>Address:</b>	<i>1942 W. Chew St.</i>			
<b>City, State, Zip:</b>	<i>Allentown, PA 18102</i>			
Report Filed By				
<b>Candidate</b>	<i>No</i>	<b>Committee</b>	<i>Yes</i>	
<b>Type of Report</b>	<b>Election Date</b>	<b>Amended</b>	<b>Termination</b>	
<i>30 Day Post Election</i>	<i>11/3/2009</i>	<i>No</i>	<i>No</i>	
<b>Office Sought By Candidate</b>	<b>Party</b>	<b>County</b>		
<i>County Commissioner – District #3</i>	<i>Democratic</i>	<i>Lehigh</i>		
Summary of Receipts & Expenditures				
<b>From:</b>	<i>10/19/2009</i>	<b>To:</b>	<i>11/23/2009</i>	
<b>A. Amount Brought Forward From Last Report</b>			<i>\$1,127.67</i>	
<b>B. Total Monetary Contributions &amp; Receipts (from Schedule I)</b>			<i>\$3,550.00</i>	
<b>C. Total Funds Available (Sum of Lines A &amp; B)</b>			<i>\$4,677.67</i>	
<b>D. Total Expenditures (from Schedule III)</b>			<i>\$4,039.83</i>	
<b>E. Ending Cash Balance (Subtract Line D from Line C)</b>			<i>\$637.84</i>	
<b>F. Value of In-Kind Contributions Received (from Schedule II)</b>			<i>-0-</i>	
<b>G. Unpaid Debts &amp; Obligations (from Schedule IV)</b>			<i>-0-</i>	

\*Complete reports, including signatures are on file in the Office of Voter Registration.

## CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate

Reporting Period

Friends of David Jones

From 10/19/09 To 11/23/09

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

TOTAL for the Reporting Period (1) \$ - 0 -

## 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) \$

100.00

TOTAL for the Reporting Period (2) \$ 100.00

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

Contributions Received from Political Committees (Part C) \$

2450.00

All Other Contributions (Part D) \$

1000.00

TOTAL for the Reporting Period (3) \$ 3450.00

## 4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (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.)

\$ 3550.00

## 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				Reporting Period			
Friends of David Jones				From 10/19/09 To 11-23-09			
				DATE			AMOUNT
Full Name of Contributing Committee				MO.	DAY	YEAR	
							\$ - 0 -
Mailing Address				MO.	DAY	YEAR	\$
City				MO.	DAY	YEAR	\$
State							\$
Zip Code (Plus 4)							\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$ - 0 -
Mailing Address				MO.	DAY	YEAR	\$
City				MO.	DAY	YEAR	\$
State							\$
Zip Code (Plus 4)							\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$ - 0 -
Mailing Address				MO.	DAY	YEAR	\$
City				MO.	DAY	YEAR	\$
State							\$
Zip Code (Plus 4)							\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$ - 0 -
Mailing Address				MO.	DAY	YEAR	\$
City				MO.	DAY	YEAR	\$
State							\$
Zip Code (Plus 4)							\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$ - 0 -
Mailing Address				MO.	DAY	YEAR	\$
City				MO.	DAY	YEAR	\$
State							\$
Zip Code (Plus 4)							\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$ - 0 -
Mailing Address				MO.	DAY	YEAR	\$
City				MO.	DAY	YEAR	\$
State							\$
Zip Code (Plus 4)							\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$ - 0 -
Mailing Address				MO.	DAY	YEAR	\$
City				MO.	DAY	YEAR	\$
State							\$
Zip Code (Plus 4)							\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$ - 0 -
Mailing Address				MO.	DAY	YEAR	\$
City				MO.	DAY	YEAR	\$
State							\$
Zip Code (Plus 4)							\$

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

PAGE TOTAL

\$ - 0 -

**PART B**  
**ALL OTHER CONTRIBUTIONS**

PAGE 4 OF 12

**\$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 <b>Friends of David Jones</b>	Reporting Period From <b>10/19/09</b> To <b>11-23-09</b>
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			DATE			AMOUNT
Full Name of Contributor	MO.	DAY	YEAR			
<b>James P. Fladger</b>	<b>9</b>	<b>18</b>	<b>09</b>			\$ <b>100.00</b>
Mailing Address <b>3553 Lindberg Ave</b>	MO.	DAY	YEAR			\$
City <b>Allentown</b>	MO.	DAY	YEAR			\$
State <b>PA</b>						\$
Zip Code (Plus 4) <b>18104 -</b>						\$
Full Name of Contributor	MO.	DAY	YEAR			\$
Mailing Address	MO.	DAY	YEAR			\$
City	MO.	DAY	YEAR			\$
State						\$
Zip Code (Plus 4)						\$
Full Name of Contributor	MO.	DAY	YEAR			\$
Mailing Address	MO.	DAY	YEAR			\$
City	MO.	DAY	YEAR			\$
State						\$
Zip Code (Plus 4)						\$
Full Name of Contributor	MO.	DAY	YEAR			\$
Mailing Address	MO.	DAY	YEAR			\$
City	MO.	DAY	YEAR			\$
State						\$
Zip Code (Plus 4)						\$
Full Name of Contributor	MO.	DAY	YEAR			\$
Mailing Address	MO.	DAY	YEAR			\$
City	MO.	DAY	YEAR			\$
State						\$
Zip Code (Plus 4)						\$
Full Name of Contributor	MO.	DAY	YEAR			\$
Mailing Address	MO.	DAY	YEAR			\$
City	MO.	DAY	YEAR			\$
State						\$
Zip Code (Plus 4)						\$
Full Name of Contributor	MO.	DAY	YEAR			\$
Mailing Address	MO.	DAY	YEAR			\$
City	MO.	DAY	YEAR			\$
State						\$
Zip Code (Plus 4)						\$
Full Name of Contributor	MO.	DAY	YEAR			\$
Mailing Address	MO.	DAY	YEAR			\$
City	MO.	DAY	YEAR			\$
State						\$
Zip Code (Plus 4)						\$

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

PAGE TOTAL  
\$ **100.00**

### 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	Reporting Period
Friends of David Jones	From 10/19/09 To 11-23-09

			DATE			AMOUNT
Full Name of Contributing Committee			MO.	DAY	YEAR	
Friends of Donald Cunningham dr			10	26	09	\$ 1950.00
Mailing Address			MO.	DAY	YEAR	\$
P.O. Box 644						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Bethlehem	PA	18016				
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Friends of Ed Palawski			10	28	09	\$ 500.00
Mailing Address			MO.	DAY	YEAR	\$
1145 Hamilton St						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Allentown	PA	18105-	10	28	09	
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City			MO.	DAY	YEAR	\$
State			MO.	DAY	YEAR	\$
Zip Code (Plus 4)			MO.	DAY	YEAR	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City			MO.	DAY	YEAR	\$
State			MO.	DAY	YEAR	\$
Zip Code (Plus 4)			MO.	DAY	YEAR	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City			MO.	DAY	YEAR	\$
State			MO.	DAY	YEAR	\$
Zip Code (Plus 4)			MO.	DAY	YEAR	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City			MO.	DAY	YEAR	\$
State			MO.	DAY	YEAR	\$
Zip Code (Plus 4)			MO.	DAY	YEAR	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City			MO.	DAY	YEAR	\$
State			MO.	DAY	YEAR	\$
Zip Code (Plus 4)			MO.	DAY	YEAR	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City			MO.	DAY	YEAR	\$
State			MO.	DAY	YEAR	\$
Zip Code (Plus 4)			MO.	DAY	YEAR	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City			MO.	DAY	YEAR	\$
State			MO.	DAY	YEAR	\$
Zip Code (Plus 4)			MO.	DAY	YEAR	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City			MO.	DAY	YEAR	\$
State			MO.	DAY	YEAR	\$
Zip Code (Plus 4)			MO.	DAY	YEAR	\$

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

PAGE TOTAL

\$2450.00

**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 <b>Friends of David Jones</b>	Reporting Period From <b>10/19/09</b> To <b>11-23-09</b>
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				DATE			AMOUNT
Full Name of Contributor	MO.	DAY	YEAR				\$
<b>Phyllis Grube</b>	<b>10</b>	<b>7</b>	<b>09</b>				<b>1000.00</b>
Mailing Address <b>3015 Barrington Ave</b>	MO.	DAY	YEAR				\$
City <b>Allentown</b>	MO.	DAY	YEAR				\$
State <b>PA</b>	Zip Code (Plus 4) <b>18103 -</b>						\$
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							
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							
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

**\$ 1000.00**

**PART E  
OTHER RECEIPTS**

PAGE 7 OF 13

**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 <b>Friends of David Jones</b>	Reporting Period From <b>10/19/09</b> To <b>11-23-09</b>
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Full Name							
Mailing Address							
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount	
						\$ - 0 -	
Receipt Description							
Full Name							
Mailing Address							
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount	
						\$ - 0 -	
Receipt Description							
Full Name							
Mailing Address							
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount	
						\$ - 0 -	
Receipt Description							
Full Name							
Mailing Address							
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount	
						\$ - 0 -	
Receipt Description							
Full Name							
Mailing Address							
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount	
						\$ - 0 -	
Receipt Description							
Full Name							
Mailing Address							
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount	
						\$ - 0 -	
Receipt Description							

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.	PAGE TOTAL \$ - 0 -
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**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	Reporting Period From 10/19/09 To 11/23/09
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**1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR**

TOTAL 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) \$ - 0 -

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 -



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

**VALUE OF \$50.01 TO \$250.00**

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Name of Filing Committee or Candidate <b>Friends of David Jones</b>	Reporting Period From <b>10/19/09</b> To <b>11/23/09</b>
--	---

				DATE			AMOUNT
Full Name of Contributor				MO.	DAY	YEAR	
							\$ - 0 -
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Description of Contribution:							
Full Name of Contributor				MO.	DAY	YEAR	\$ - 0 -
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Description of Contribution:							
Full Name of Contributor				MO.	DAY	YEAR	\$ - 0 -
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Description of Contribution:							
Full Name of Contributor				MO.	DAY	YEAR	\$ - 0 -
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Description of Contribution:							
Full Name of Contributor				MO.	DAY	YEAR	\$ - 0 -
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Description of Contribution:							
Full Name of Contributor				MO.	DAY	YEAR	\$ - 0 -
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

PAGE 10 OF 12

Name of Filing Committee or Candidate <u>Friends of David Jones</u>	Reporting Period From <u>10/19/09</u> To <u>11/23/09</u>
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Full Name of Contributor				DATE			AMOUNT
	MO.	DAY	YEAR		MO.	DAY	YEAR
Mailing Address							\$ - 0-
City							\$
State							\$
Zip Code (Plus 4)							\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			
Full Name of Contributor							\$ - 0-
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							\$ - 0-
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							\$ - 0-
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							\$ - 0-
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-

Name of Filing Committee or Candidate	Reporting Period
Friends of David Jones	From 10/19/09 To 11-23-09

To Whom Paid		MO.	DAY	YEAR	Amount
Michael Laws		10	20	09	\$ 100.00
Mailing Address		Description of Expenditure			
4512 Sheryl Drive					
City	State	Zip Code (Plus 4)			
Bethlehem	PA	18017			
To Whom Paid		MO.	DAY	YEAR	Amount
Randall Landis		10	20	09	\$ 175.00
Mailing Address		Description of Expenditure			
2517 Allenbrook Drive		Campaign Design			
City	State	Zip Code (Plus 4)			
Allentown Emmaus	PA	18049			
To Whom Paid		MO.	DAY	YEAR	Amount
Randall Landis		10	23	09	\$ 600.00
Mailing Address		Description of Expenditure			
		Printing Balance			
City	State	Zip Code (Plus 4)			
Allentown	PA				
To Whom Paid		MO.	DAY	YEAR	Amount
Randall Landis		10	21	09	\$ 800.00
Mailing Address		Description of Expenditure			
2517 Allenbrook Drive					
City	State	Zip Code (Plus 4)			
Allentown Emmaus	PA	18049			
To Whom Paid		MO.	DAY	YEAR	Amount
VIP Promotions		10	26	09	\$ 1950.00
Mailing Address		Description of Expenditure			
		mailing			
City	State	Zip Code (Plus 4)			
To Whom Paid		MO.	DAY	YEAR	Amount
County of Lehigh		10	23	09	\$ 15.00
Mailing Address		Description of Expenditure			
		Filing Fees			
City	State	Zip Code (Plus 4)			
To Whom Paid		MO.	DAY	YEAR	Amount
McDonalds		10	31	08	\$ 79.83
Mailing Address		Description of Expenditure			
1321 Union Blvd					
City	State	Zip Code (Plus 4)			
Allentown	PA	18109			
To Whom Paid		MO.	DAY	YEAR	Amount
Randall Landis					\$ 170.00
Mailing Address		Description of Expenditure			
2517 Allenbrook Drive		Sign			
City	State	Zip Code (Plus 4)			
Allentown Emmaus	PA	18049			

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

PAGE TOTAL

3889.83

# STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate <b>Friends of David Jones</b>	Reporting Period From <b>10/19/09</b> To <b>11-23-09</b>
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To Whom Paid <b>David Diano</b>			MO. <b>11</b>	DAY <b>19</b>	YEAR <b>09</b>	Amount <b>\$ 150.00</b>
Mailing Address <b>324 Golfhills Road</b>			Description of Expenditure <b> voterweb.com</b>			
City <b>Haverstown</b>	State <b>PA</b>	Zip Code (Plus 4) <b>19083-128</b>				
To Whom Paid			MO.	DAY	YEAR	Amount
Mailing Address						\$
City			Description of Expenditure			
	State	Zip Code (Plus 4)				
To Whom Paid			MO.	DAY	YEAR	Amount
Mailing Address						\$
City			Description of Expenditure			
	State	Zip Code (Plus 4)				
To Whom Paid			MO.	DAY	YEAR	Amount
Mailing Address						\$
City			Description of Expenditure			
	State	Zip Code (Plus 4)				
To Whom Paid			MO.	DAY	YEAR	Amount
Mailing Address						\$
City			Description of Expenditure			
	State	Zip Code (Plus 4)				
To Whom Paid			MO.	DAY	YEAR	Amount
Mailing Address						\$
City			Description of Expenditure			
	State	Zip Code (Plus 4)				
To Whom Paid			MO.	DAY	YEAR	Amount
Mailing Address						\$
City			Description of Expenditure			
	State	Zip Code (Plus 4)				
To Whom Paid			MO.	DAY	YEAR	Amount
Mailing Address						\$
City			Description of Expenditure			
	State	Zip Code (Plus 4)				

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

PAGE TOTAL  
**\$ 150.00**

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 <b>Friends of David Jones</b>	Reporting Period From <b>10/19/09</b> To <b>11/23/09</b>
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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					- 0 -		
Name of Creditor					Outstanding Balance of Debt		
Mailing Address					\$		
DATE DEBT INCURRED					MO.	DAY	YEAR
City					State	Zip Code (Plus 4)	
Description of Debt					- 0 -		
Name of Creditor					Outstanding Balance of Debt		
Mailing Address					\$		
DATE DEBT INCURRED					MO.	DAY	YEAR
City					State	Zip Code (Plus 4)	
Description of Debt					- 0 -		
Name of Creditor					Outstanding Balance of Debt		
Mailing Address					\$		
DATE DEBT INCURRED					MO.	DAY	YEAR
City					State	Zip Code (Plus 4)	
Description of Debt					- 0 -		
Name of Creditor					Outstanding Balance of Debt		
Mailing Address					\$		
DATE DEBT INCURRED					MO.	DAY	YEAR
City					State	Zip Code (Plus 4)	
Description of Debt					- 0 -		
Name of Creditor					Outstanding Balance of Debt		
Mailing Address					\$		
DATE DEBT INCURRED					MO.	DAY	YEAR
City					State	Zip Code (Plus 4)	
Description of Debt					- 0 -		

Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.

PAGE TOTAL  
\$ - 0 -