

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 <sup>1.</sup>	COMMITTEE <sup>2.</sup> <input checked="" type="checkbox"/>	LOBBYIST <sup>3.</sup>
Name of Filing Committee, Candidate or Lobbyist: <u>Friends of Stewart Greenleaf</u>						
Street Address: <u>417 Bartram Road, P.O. Box 155</u>						
City: <u>Willow Grove</u>			State: <u>PA</u>	Zip Code: <u>19090 - 0155</u>		
TYPE OF REPORT  (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY <sup>1.</sup>	2ND FRIDAY PRE-PRIMARY <sup>2.</sup>	30 DAY POST-PRIMARY <sup>3.</sup>	AMENDMENT REPORT?	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
	6TH TUESDAY PRE-ELECTION <sup>4.</sup>	2ND FRIDAY PRE-ELECTION <sup>5.</sup>	30 DAY POST-ELECTION <sup>6.</sup>	TERMINATION REPORT?	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
	ANNUAL REPORT <sup>7.</sup> <input checked="" type="checkbox"/>	YEAR <u>2010</u>	FILING METHOD ( ) CHECK ONE <input type="checkbox"/>	PAPER <input checked="" type="checkbox"/>	DISKETTE <input type="checkbox"/>	
Name of Office Sought by Candidate: <u>Montgomery County Controller</u>			DATE OF ELECTION MO. DAY YEAR		District Number	Office Code <u>OTH REP</u>
					Party Code <u>REP</u>	County Code <u>46</u>
					(SEE INSTRUCTIONS FOR CODES)	
Summary of Receipts and Expenditures from: <input type="checkbox"/>			MO. DAY YEAR		FOR OFFICE USE ONLY	
			<u>11 23 2010</u> To <u>12 31 2010</u>		RECEIVED 2011 JAN 31 A 10:51 OFFICE OF VOTER SERVICES MONTG. CO. PA.	
A. Amount Brought Forward From Last Report			\$ <u>1,889.60</u>			
B. Total Monetary Contributions and Receipts (From Schedule I)			\$ <u>20,150.00</u>			
C. Total Funds Available (Sum of Lines A and B)			\$ <u>22,039.60</u>			
D. Total Expenditures (From Schedule III)			\$ <u>1,437.87</u>			
E. Ending Cash Balance (Subtract Line D from Line C)			\$ <u>20,601.73</u>			
F. Value of In-Kind Contributions Received (From Schedule II)			\$ <u>0</u>			
G. Unpaid Debts and Obligations (From Schedule IV)			\$ <u>0</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 true, correct and complete.

Sworn to and subscribed before me this 26<sup>th</sup> day of January 20 11

Stephanie A Dize Signature

My commission expires 4-23-2013 DAY YR.

Colin D. Dougherty Signature of Person Submitting Report  
 Printed Name  
215 Area Code 977-1000 Daytime Telephone Number

**NOTARIAL SEAL**  
 STEPHANIE A DIZE  
 Notary Public  
 WHITPAIN TWP, MONTGOMERY CO PA  
 My Commission Expires Apr 23, 2013

**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. 3) My Commission Expires Apr 23, 2013

Sworn to and subscribed before me this 26<sup>th</sup> day of January 20 11

Stephanie A Dize Signature

My commission expires 4-23-2013 MO. DAY YR.

Stewart J. Greenleaf, Jr. Signature of Candidate  
 Printed Name  
215 Area Code 977-1000 Daytime Telephone Number

**NOTARIAL SEAL**  
 STEPHANIE A DIZE  
 Notary Public  
 Department of State  
 Office Building  
 WHITPAIN TWP, MONTGOMERY CO PA  
 My Commission Expires Apr 23, 2013

**CONTRIBUTIONS AND RECEIPTS**

Detailed Summary Page

Name of Filing Committee or Candidate <i>Friends of Stewart Greenleaf</i>	Reporting Period From <i>11/23/2010</i> To <i>12/31/2010</i>
--	---

<b>1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR</b>	
TOTAL for the Reporting Period (1)	\$ <i>50.00</i>

<b>2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)</b>	
Contributions Received from Political Committees (Part A)	\$ <i>0</i>
All Other Contributions (Part B)	\$ <i>100.00</i>
TOTAL for the Reporting Period (2)	\$ <i>100.00</i>

<b>3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)</b>	
Contributions Received from Political Committees (Part C)	\$ <i>20,000.00</i>
All Other Contributions (Part D)	\$ <i>0</i>
TOTAL for the Reporting Period (3)	\$ <i>20,000.00</i>

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

<b>TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD</b> <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>20,150.00</i>
---	---------------------

**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 Stewart Greenleaf</i>	Reporting Period From <i>11/23/2010</i> To <i>12/31/2010</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)					\$
		-					

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

PAGE TOTAL  
\$ 0

**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 <b>Friends of Stewart Greenleaf</b>	Reporting Period From <u>11/23/2010</u> To <u>12/31/2010</u>
--	---

	DATE			AMOUNT
	MO.	DAY	YEAR	
Full Name of Contributor <b>Douglas R. Blazey</b>	12	4	2010	\$ 100.00
Mailing Address <b>215 Upland Way</b>	MO.	DAY	YEAR	\$
City <b>Wayne</b> State <b>PA</b> Zip Code (Plus 4) <b>19087 -4809</b>	MO.	DAY	YEAR	\$
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City State      Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City State      Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City State      Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City State      Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City State      Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City State      Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City State      Zip Code (Plus 4)	MO.	DAY	YEAR	\$

PAGE TOTAL  
**\$ 100.00**

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 <b>Friends of Stewart Greenleaf</b>	Reporting Period From <u>11/23/2010</u> To <u>12/31/2010</u>
--	---

Full Name of Contributing Committee	DATE			AMOUNT
	MO.	DAY	YEAR	
<b>Citizens for Greenleaf</b>	12	22	2010	\$20,000.00
Mailing Address <b>1555 Terwood Road</b>	MO.	DAY	YEAR	\$
City State Zip Code (Plus 4) <b>Huntingdon Valley PA 19006 -</b>	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	\$
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)	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	\$
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)	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	\$

PAGE TOTAL <b>\$20,000.00</b>
----------------------------------

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 <b>Friends of Stewart Greenleaf</b>	Reporting Period From <u>11/23/2010</u> To <u>12/31/2010</u>
--	---

				DATE	AMOUNT		
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
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 <b>\$ 0</b>
---------------------------

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 Stewart Greenleaf</i>	Reporting Period From <i>11/23/2010</i> To <i>12/31/2010</i>
--	---

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
		-				\$

PAGE TOTAL  
**\$ 0**

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

# 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 Stewart Greenleaf</i>	Reporting Period From <i>11/23/2010</i> To <i>12/31/2010</i>
--	---

<b>1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR</b>		
TOTAL for the Reporting Period	(1)	\$ <i>0</i>

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

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

<b>TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD</b> <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>
--	-------------



SCHEDULE II  
PART F

IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate <b>Friends of Stewart Greenleaf</b>	Reporting Period From <u>11/23/2010</u> To <u>12/31/2010</u>
--	---

				DATE			AMOUNT
				MO.	DAY	YEAR	\$
Full Name of Contributor							\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Description of Contribution:							
Full Name of Contributor							\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Description of Contribution:							
Full Name of Contributor							\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Description of Contribution:							
Full Name of Contributor							\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Description of Contribution:							
Full Name of Contributor							\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Description of Contribution:							
Full Name of Contributor							\$
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 <b>Friends of Stewart Greenleaf</b>	Reporting Period From <u>11/23/2010</u> To <u>12/31/2010</u>
--	---

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

## SCHEDULE III

## STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate <b>Friends of Stewart Greenleaf</b>	Reporting Period From <b>11/23/2010</b> To <b>12/31/2010</b>
--	---

To Whom Paid	MO.	DAY	YEAR	Amount
<b>Ambler Savings Bank</b>	11	30	2010	\$10.00
Mailing Address <b>155 E. Butler Pike</b>	Description of Expenditure <b>Service Charge</b>			
City <b>Ambler</b>	State <b>PA</b>	Zip Code (Plus 4) <b>19090 -</b>		
<b>Kirkland Printing</b>	12	01	2010	\$267.12
Mailing Address <b>526 N. York Road</b>	Description of Expenditure <b>Letterhead and envelopes.</b>			
City <b>Willow Grove</b>	State <b>PA</b>	Zip Code (Plus 4) <b>19090 -</b>		
<b>Whitpain Township Republican Committee</b>	12	01	2010	\$60.00
Mailing Address	Description of Expenditure <b>Ticket for event.</b>			
City	State	Zip Code (Plus 4) <b>-</b>		
<b>Stewart Greenleaf, Jr.</b>	12	04	2010	\$396.00
Mailing Address <b>417 Bartram Road</b>	Description of Expenditure <b>Reimbursement for Stamps.</b>			
City <b>Willow Grove</b>	State <b>PA</b>	Zip Code (Plus 4) <b>19090 -3120</b>		
<b>Kirkland Printing</b>	12	20	2010	\$260.76
Mailing Address <b>526 N. York Road</b>	Description of Expenditure <b>Printing.</b>			
City <b>Willow Grove</b>	State <b>PA</b>	Zip Code (Plus 4) <b>19090 -</b>		
<b>Stewart Greenleaf, Jr.</b>	12	21	2010	\$216.49
Mailing Address <b>417 Bartram Road</b>	Description of Expenditure <b>Reimbursement for out of pocket</b>			
City <b>Willow Grove</b>	State <b>PA</b>	Zip Code (Plus 4) <b>19090 -3120</b>		
<b>Heather Greenleaf</b>	12	21	2010	\$217.50
Mailing Address <b>417 Bartram Road</b>	Description of Expenditure <b>Reimbursement for letterhead and</b>			
City <b>Willow Grove</b>	State <b>PA</b>	Zip Code (Plus 4) <b>19090 -3120</b>		
<b>Ambler Savings Bank</b>	12	31	2010	\$10.00
Mailing Address <b>155 E. Butler Pike</b>	Description of Expenditure <b>Service Charge</b>			
City <b>Ambler</b>	State <b>PA</b>	Zip Code (Plus 4) <b>19002 -</b>		

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

PAGE TOTAL

\$1,437.87

## 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 Stewart Greenleaf</b>	Reporting Period From <u>11/23/2010</u> To <u>12/31/2010</u>
--	---

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 \$ <u>0</u>
---------------------------