

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 <input checked="" type="checkbox"/>	COMMITTEE <input type="checkbox"/>	LOBBYIST <input type="checkbox"/>			
Name of Filing Committee, Candidate or Lobbyist: <u>Friends of Leslie Richards</u>									
Street Address: <u>2106 Basswood Drive</u>									
City: <u>Lafayette Hill</u>				State: <u>PA</u>	Zip Code: <u>19444</u>				
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY <input type="checkbox"/>	1.	2ND FRIDAY PRE-PRIMARY <input type="checkbox"/>	2.	30 DAY POST PRIMARY <input type="checkbox"/>	3.	AMENDMENT REPORT? YES <input type="checkbox"/> NO <input type="checkbox"/>		
	6TH TUESDAY PRE-ELECTION <input type="checkbox"/>	4.	2ND FRIDAY PRE-ELECTION <input checked="" type="checkbox"/>	5.	30 DAY POST ELECTION <input type="checkbox"/>	6.	TERMINATION REPORT? YES <input type="checkbox"/> NO <input type="checkbox"/>		
	ANNUAL REPORT <input checked="" type="checkbox"/>	7.	YEAR <input type="checkbox"/>	FILING METHOD <input type="checkbox"/>		PAPER <input type="checkbox"/>		DISKETTE <input type="checkbox"/>	
Name of Office Sought by Candidate: <u>County Commissioner</u>				DATE OF ELECTION MO. DAY YEAR <u>11 08 2011</u>		District Number <u>N/A</u>	Office Code <u>0TH</u>	Party Code <u>D9M</u>	County Code <u>46</u>
Summary of Receipts and Expenditures from:		MO. DAY YEAR <u>06 07 2011</u>	To	MO. DAY YEAR <u>10 24 2011</u>	FOR OFFICE USE ONLY RECEIVED OCT 28 P 3:32				
A. Amount Brought Forward From Last Report	\$		<u>25,479.22</u>						
B. Total Monetary Contributions and Receipts (From Schedule I)	\$		<u>2,650.00</u>						
C. Total Funds Available (Sum of Lines A and B)	\$		<u>28,129.22</u>						
D. Total Expenditures (From Schedule III)	\$		<u>25,000.00</u>						
E. Ending Cash Balance (Subtract Line D from Line C)	\$		<u>3,129.22</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

27th day of October 20 11

Signature

My commission expires 05/04/15
 MO. DAY YR.

Asher Risker
 Signature of Person Submitting Report

Sheri Risker
 Printed Name

215 275 0320
 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 October 20 11

Signature

My commission expires
 COMMONWEALTH OF PENNSYLVANIA
 MD. Notarial Seal YR.

Leslie Richards
 Signature of Candidate

Leslie Richards
 Printed Name

610 457 1744
 Area Code Daytime Telephone Number

Susan Blain, Notary Public
 Jenkintown Boro, Montgomery County
 My Commission Expires Oct. 16, 2012
 Bureau of Commissions, Elections and Legislation
 Member, Pennsylvania Association of Notaries
 210 North Office Building • Harrisburg, PA 17120-0029 • (717) 787-5280

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate <i>Friends of Leslie Richards</i>	Reporting Period From <i>06-07-11</i> To <i>10-24-11</i>
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1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period	(1) \$ <i>200</i> —

2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)	
Contributions Received from Political Committees (Part A)	\$ <i>100</i> —
All Other Contributions (Part B)	\$ <i>850</i> —
TOTAL for the Reporting Period	(2) \$ <i>950</i> —

3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)	
Contributions Received from Political Committees (Part C)	\$ <i>1000</i> —
All Other Contributions (Part D)	\$ <i>500</i> —
TOTAL for the Reporting Period	(3) \$ <i>1500</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 <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>2,650</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 <i>Friends of Leslie Richards</i>	Reporting Period From <i>06-07-11</i> To <i>10-24-11</i>
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				DATE			AMOUNT	
				MO.	DAY	YEAR		
Full Name of Contributing Committee <i>Ruth Luse, Treasurer PA Demo Womens Caucus</i>				<i>08</i>	<i>30</i>	<i>2011</i>	\$ <i>100 —</i>	
Mailing Address <i>257 S. Main St</i>				MO.	DAY	YEAR	\$	
City <i>Pleasant Gap</i>		State <i>PA</i>	Zip Code (Plus 4) <i>16823</i>		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	\$

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.	PAGE TOTAL \$ <i>100 —</i>
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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>Friends of Leslie Richards</u>	Reporting Period From <u>06-07-11</u> To <u>10-24-11</u>
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Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
<u>John and Jamie Mitchell</u>	<u>06</u>	<u>10</u>	<u>2011</u>	\$ <u>100</u> —
Mailing Address <u>4037 Arbour Circle</u>	MO.	DAY	YEAR	\$
City <u>Lafayette Hill</u> State <u>PA</u> Zip Code (Plus 4) <u>19444</u>	MO.	DAY	YEAR	\$
<u>Hilda and Neal Cohen</u>	<u>06</u>	<u>13</u>	<u>2011</u>	\$ <u>250</u> —
Mailing Address <u>477 S. Sweet Gum Lane</u>	MO.	DAY	YEAR	\$
City <u>Lafayette Hill</u> State <u>PA</u> Zip Code (Plus 4) <u>19444</u>	MO.	DAY	YEAR	\$
<u>Richard and Meryl Gersli</u>	<u>07</u>	<u>14</u>	<u>2011</u>	\$ <u>250</u> —
Mailing Address <u>127 Gum Tree Lane</u>	MO.	DAY	YEAR	\$
City <u>Lafayette Hill</u> State <u>PA</u> Zip Code (Plus 4) <u>19444</u>	MO.	DAY	YEAR	\$
<u>Ruth Damske</u>	<u>07</u>	<u>19</u>	<u>2011</u>	\$ <u>250</u> —
Mailing Address <u>308 Primrose Dr.</u>	MO.	DAY	YEAR	\$
City <u>Upper Gwynedd</u> State <u>PA</u> Zip Code (Plus 4) <u>19446</u>	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
\$ 850—

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 <i>Friends of Leslie Richards</i>	Reporting Period From <i>06-07-11</i> To <i>10-24-11</i>
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				DATE			AMOUNT
				MO.	DAY	YEAR	
Full Name of Contributing Committee <i>Montgomery County Democratic Women</i>				9	30	2011	\$ 1000.00
Mailing Address <i>728 Stanbridge St</i>				MO.	DAY	YEAR	\$
City <i>Norristown</i>	State <i>PA</i>	Zip Code (Plus 4) <i>19401</i>		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
\$ 1,000.00

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 <u>Friends of Leslie Richards</u>	Reporting Period From <u>06-7-11</u> To _____
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				DATE			AMOUNT
Full Name of Contributor <u>Christopher and Lisa O'Brien</u>				MO.	DAY	YEAR	\$ <u>500.00</u>
Mailing Address <u>110 Chinaberry Dr.</u>				MO.	DAY	YEAR	\$
City <u>Lafayette Hill</u>	State <u>PA</u>	Zip Code (Plus 4) <u>19444</u>		MO.	DAY	YEAR	\$
Employer Name <u>Domicile</u>				Occupation			
Employer Mailing Address/Principal Place of Business <u>Wayne PA</u>							
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
\$ 500.00

**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>Friends of Leslie Richards</u>	Reporting Period From <u>06-07-11</u> To <u>10-24-11</u>
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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
\$ <u>0</u> -

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 Leslie Richards</i>	Reporting Period From <i>06-07-11</i> To <i>10-24-11</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>/</i>

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

3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)		
TOTAL for the Reporting Period	(3)	\$ <i>/</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 Leslie Richards</i>	Reporting Period From <i>06-7-11</i> To <i>10-24-11</i>
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				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 \$ <u>0</u>

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

Name of Filing Committee or Candidate <i>Friends of Leslie Richards</i>	Reporting Period From <i>06-07-11</i> To <i>10-24-11</i>
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				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 \$ <u> 0 </u>

SCHEDULE III
STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate Friends of Leslie Richards	Reporting Period From 06-07-11 To 10-24-11
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To Whom Paid	MO.	DAY	YEAR	Amount
Shapiro / Richards	10	15	11	\$ 25,000.00
Mailing Address 1917 Quernsey Ave	Description of Expenditure Contribution			
City Abington	State PA	Zip Code (Plus 4) 19001		
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)		
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
\$ 25,000.00

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 <u>Friends of Leslie Richards</u>	Reporting Period From <u>06-07-11</u> To <u>10-24-11</u>
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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							
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>
