

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 ¹	COMMITTEE ² <input checked="" type="checkbox"/>	LOBBYIST ³
Name of Filing Committee, Candidate or Lobbyist: <u>Friends of Joe Gale</u>				
Street Address: <u>628 Linnfall Rd.</u>				
City: <u>Plymouth Meeting</u>		State: <u>PA</u>	Zip Code: <u>19462-</u>	

TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY ¹	2ND FRIDAY PRE-PRIMARY ²	30 DAY POST PRIMARY ³	AMENDMENT REPORT? YES <input type="checkbox"/> NO <input type="checkbox"/>
	6TH TUESDAY PRE-ELECTION ⁴	2ND FRIDAY PRE-ELECTION ⁵	30 DAY POST ELECTION ⁶	TERMINATION REPORT? YES <input type="checkbox"/> NO <input type="checkbox"/>
	ANNUAL REPORT ⁷ <input checked="" type="checkbox"/>	YEAR <u>2016</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 Commissioner</u>	DATE OF ELECTION MO. DAY YEAR <u>2019</u>	District Number	Office Code <u>ORN</u>	Party Code <u>Rep</u>	County Code <u>46</u>
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(SEE INSTRUCTIONS FOR CODES)

Summary of Receipts and Expenditures from:	MO. DAY YEAR <u>11 28 2016</u>	To	MO. DAY YEAR <u>12 31 2016</u>	FOR OFFICE USE ONLY RECEIVED 2017 JAN 30 AM 11:39 DEPT. OF VOTER SERVICES MONTGOMERY CO. PA
	A. Amount Brought Forward From Last Report	\$	<u>27144.19</u>	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	<u>2500.00</u>		
C. Total Funds Available (Sum of Lines A and B)	\$	<u>29644.19</u>		
D. Total Expenditures (From Schedule III)	\$	<u>1194.18</u>		
E. Ending Cash Balance (Subtract Line D from Line C)	\$	<u>28450.01</u>		
F. Value of In-Kind Contributions Received (From Schedule II)	\$	<u>00.00</u>		
G. Unpaid Debts and Obligations (From Schedule IV)	\$	<u>00.00</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 30 day of January 2017

Jennifer M Nelson Signature

Charles Gehret Signature of Person Submitting Report
Charles Gehret Printed Name
267 Area Code 249-9176 Daytime Telephone Number

COMMONWEALTH OF PENNSYLVANIA
 NOTARIAL SEAL
 JENNIFER M NELSON
 Notary Public
 MO. DAY YR. 10 2019

PART II - If this is a Candidate report, 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.S. 1937, No. 320) as amended.

Sworn to and subscribed before me this 30 day of January 2017

Jennifer M Nelson Signature

Joseph C. Gale Signature of Candidate
Joseph C. Gale Printed Name
484 Area Code 941-1202 Daytime Telephone Number

COMMONWEALTH OF PENNSYLVANIA
 NOTARIAL SEAL
 JENNIFER M NELSON
 Notary Public
 MO. DAY YR. 10 2019

of State • Bureau of Commissions, Elections and Legislation
 Office Building • Harrisburg, PA 17120-0029 • (717) 787-5280

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate <i>Friends of Joe Gale</i>	Reporting Period From <i>11/28/2016</i> To <i>12/31/2016</i>
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1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period	(1) \$ <i>00.00</i>

2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)	
Contributions Received from Political Committees (Part A)	\$ <i>00.00</i>
All Other Contributions (Part B)	\$
TOTAL for the Reporting Period	(2) \$ <i>00.00</i>

3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)	
Contributions Received from Political Committees (Part C)	\$ <i>2500.00</i>
All Other Contributions (Part D)	\$
TOTAL for the Reporting Period	(3) \$ <i>2500.00</i>

4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)	
TOTAL for the Reporting Period	(4) \$ <i>00.00</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>2500.00</i>
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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 Joe Gale</i>	Reporting Period From <i>11/28/2016</i> To <i>12/31/2016</i>
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Full Name of Contributing Committee	DATE			AMOUNT
	MO.	DAY	YEAR	
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				\$
Zip Code (Plus 4)				\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				\$
Zip Code (Plus 4)				\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				\$
Zip Code (Plus 4)				\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				\$
Zip Code (Plus 4)				\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				\$
Zip Code (Plus 4)				\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				\$
Zip Code (Plus 4)				\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				\$
Zip Code (Plus 4)				\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				\$
Zip Code (Plus 4)				\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				\$
Zip Code (Plus 4)				\$
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
\$ <i>00.00</i>

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 <i>Friends of Joe Gale</i>	Reporting Period From <i>11/28/2016</i> To <i>12/31/2016</i>
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Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				\$
Zip Code (Plus 4)				\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				\$
Zip Code (Plus 4)				\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				\$
Zip Code (Plus 4)				\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				\$
Zip Code (Plus 4)				\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				\$
Zip Code (Plus 4)				\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				\$
Zip Code (Plus 4)				\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				\$
Zip Code (Plus 4)				\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				\$
Zip Code (Plus 4)				\$
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
\$ *00.00*

**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 <i>Friends of Joe Gall</i>	Reporting Period From <i>11/29/2016</i> To <i>12/31/2016</i>
---	---

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				\$
Zip Code (Plus 4)				\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				\$
Zip Code (Plus 4)				\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				\$
Zip Code (Plus 4)				\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				\$
Zip Code (Plus 4)				\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				\$
Zip Code (Plus 4)				\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				\$
Zip Code (Plus 4)				\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				\$
Zip Code (Plus 4)				\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				\$
Zip Code (Plus 4)				\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				\$
Zip Code (Plus 4)				\$
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 \$ <i>00.00</i>

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 Joe Gale</i>	Reporting Period From <i>11/28/2016</i> To <i>Dec. 31, 2016</i>
---	--

Full Name of Contributing Committee	DATE			AMOUNT
	MO.	DAY	YEAR	
<i>Lewis Gould for Commissioner Committee</i>	<i>12</i>	<i>23</i>	<i>2016</i>	<i>\$ 2500.⁰⁰</i>
Mailing Address <i>935 Crestmont Rd.</i>				\$
City <i>Bryn Mawr</i>				\$
State <i>PA</i>				\$
Zip Code (Plus 4) <i>190 10 -</i>				\$
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)				\$

PAGE TOTAL
\$ 2500.⁰⁰

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 <i>Friends of Joe Gale</i>	Reporting Period From <i>11/28/2015</i> To <i>12/31/2016</i>
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				DATE			AMOUNT
				MO.	DAY	YEAR	
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							
Full Name of Contributor							\$
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

\$ *00.00*

**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 <i>Friends of Joe Gale</i>	Reporting Period From <u>11/22/2016</u> To <u>12/31/2016</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						

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>00.⁰⁰</u>
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STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate <i>Friends of Vre Gable</i>	Reporting Period From <i>11/28/2016</i> To <i>12/31/2016</i>
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To Whom Paid <i>CBS Radio</i>	MO.	DAY	YEAR	Amount
	<i>12</i>	<i>22</i>	<i>2016</i>	\$ <i>600.00</i>
Mailing Address <i>400 Market St.</i>				
Description of Expenditure				
City <i>Phila.</i> State <i>PA</i> Zip Code (Plus 4) <i>19106 -</i>				

To Whom Paid <i>WAPI</i>	MO.	DAY	YEAR	Amount
	<i>12</i>	<i>06</i>	<i>2016</i>	\$ <i>264.00</i>
Mailing Address <i>PO Box 1440</i>				
Description of Expenditure				
City <i>Lansdale</i> State <i>PA</i> Zip Code (Plus 4) <i>19446 -</i>				

To Whom Paid <i>The Old Guard House Inn</i>	MO.	DAY	YEAR	Amount
				\$ <i>330.18</i>
Mailing Address				
Description of Expenditure				
City <i>Gladwyne</i> State <i>PA</i> Zip Code (Plus 4) <i>-</i>				

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 \$ <i>1194.18</i>
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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 <i>Friends of Joe Gale</i>	Reporting Period From <i>11/28/2016</i> To <i>12/31/2016</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)	\$

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

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

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>00.00</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 Joe Gale</i>	Reporting Period From <i>11/28/2016</i> To <i>12/31/2016</i>
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Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Description of Contribution:				

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

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

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

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

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

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

PAGE TOTAL
\$ *00.00*

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

Name of Filing Committee or Candidate <i>Friends of Joe Gale</i>	Reporting Period From <u>11/28/2016</u> To <u>12/31/2016</u>
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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	\$
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.	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.	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.	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.	DAY	YEAR	\$
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>00.00</u>
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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 <i>Friends of Joe Gale</i>	Reporting Period From <i>11/28/2016</i> To <i>12/31/2016</i>
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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						

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

PAGE TOTAL
\$ *50.00*