

CAMPAIGN FINANCE REPORT

PAGE 1 OF

12

(COVER PAGE)

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identification Number:		Report Filed By:		1. CANDIDATE		2. COMMITTEE <input checked="" type="checkbox"/>		3. LOBBYIST		
Name of Filing Committee, Candidate or Lobbyist: HIGGINS CALG FEARSON for UPPER PROV (HCP-PC UPPER PROV)										
Street Address: 300 WILLOW BROOKE LANE										
City: ROYERSFORD					State: PA		Zip Code: 19468-			
TYPE OF REPORT (place X to the right of report type)	1. 6TH TUESDAY PRE-PRIMARY	2. 2ND FRIDAY PRE-PRIMARY	3. 30 DAY POST-PRIMARY	4. AMENDMENT REPORT?		YES	NO <input checked="" type="checkbox"/>			
	4. 6TH TUESDAY PRE-ELECTION	5. 2ND FRIDAY PRE-ELECTION	6. 30 DAY POST-ELECTION	7. TERMINATION REPORT?		YES	NO			
	ANNUAL REPORT <input checked="" type="checkbox"/>		YEAR 2017		FILING METHOD <input checked="" type="checkbox"/> CHECK ONE		PAPER <input checked="" type="checkbox"/> DISKETTE			
Name of Office Sought by Candidate: OTH - UPPER PROVIDENCE TOWNSHIP SUPERVISOR					DATE OF ELECTION		District Number	Office Code	Party Code	
					MO. DAY YEAR 11 07 2017			OTH	DEM	
									County Code 46	
							(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:			MO. DAY YEAR 11 27 2017		To		MO. DAY YEAR 12 31 2017		RECEIVED 2018 APR -4 PM 3:41 OFFICE OF VOTER SERVICES MONTG. CO. PA	
			A. Amount Brought Forward From Last Report		\$ 237.34					
B. Total Monetary Contributions and Receipts (From Schedule I)		\$ 921.80								
C. Total Funds Available (Sum of Lines A and B)		\$ 1159.14								
D. Total Expenditures (From Schedule III)		\$ 350.00								
E. Ending Cash Balance (Subtract Line D from Line C)		\$ 809.14								
F. Value of In-Kind Contributions Received (From Schedule II)		\$ 2500.00								
G. Unpaid Debts and Obligations (From Schedule IV)		\$ 0.00								

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

APRIL 4, 2018
day of

COMMONWEALTH OF PENNSYLVANIA

NOTARIAL SEAL

David Whitner, Notary Public

Norristown Boro, Montgomery County

My commission expires Dec. 29, 2020

MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

My commission expires

MO. DAY YR.

Signature of Person Submitting Report

Printed Name

610
Area Code745 5017
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

day of 20

Signature

My commission expires

MO. DAY YR.

Signature of Candidate

Printed Name

610
Area Code745 5017
Daytime Telephone Number

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate <i>HCP for Upper Troy</i>	Reporting Period From <i>11/27/17</i> To <i>12/31/17</i>
--	---

1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period	(1) \$ <i>96.80</i>

2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)	
Contributions Received from Political Committees (Part A)	\$ <i>250.00</i>
All Other Contributions (Part B)	\$ <i>575.00</i>
TOTAL for the Reporting Period	(2) \$ <i>825.00</i>

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

4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)	
TOTAL for the Reporting Period	(4) \$ <i>0.00</i>

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.)	\$ <i>921.80</i>
---	------------------

\$50.01 TO \$250.00

Name of Filing Committee or Candidate

HCP FOR UPPER PROV

Reporting Period

From 11/27/17 To 12/31/17

Full Name of Contributing Committee						DATE			AMOUNT	
FRIENDS OF JOE GRESI						MO.	DAY	YEAR	\$	
Mailing Address 411 ASHBROOK DRIVE						MO.	DAY	YEAR	\$	250.00
City ROYERSFORD						MO.	DAY	YEAR	\$	
State PA						MO.	DAY	YEAR	\$	
Zip Code (Plus 4) 19468						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	\$	
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 A on Schedule I, Detailed Summary Page, Section 2.

PAGE TOTAL

PRICE TOTAL
\$ 250.00

PART B ALL OTHER CONTRIBUTIONS

PAGE 4 OF 14

\$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

HCP for upper trox

Reporting Period

From 11/27/17 To 12/31/17

Full Name of Contributor				DATE			AMOUNT
Mailing Address				MO.	DAY	YEAR	
<u>MATTHEW MULLIN</u>				<u>11</u>	<u>29</u>	<u>2017</u>	\$ <u>250.00</u>
<u>117 MEADOWLAND DR</u>				MO.	DAY	YEAR	\$
<u>COLLEGEVILLE</u>	State <u>PA</u>	Zip Code (Plus 4) <u>19426 -</u>		MO.	DAY	YEAR	\$
<u>GABRIELLE MULLIN</u>				<u>11</u>	<u>29</u>	<u>2017</u>	\$ <u>250.00</u>
<u>117 MEADOWLAND DR</u>				MO.	DAY	YEAR	\$
<u>COLLEGEVILLE</u>	State <u>PA</u>	Zip Code (Plus 4) <u>19426 -</u>		MO.	DAY	YEAR	\$
<u>ROBERT STAERK ANGELA GELZINE</u>				<u>11</u>	<u>29</u>	<u>2017</u>	\$ <u>25.00</u>
<u>4 SPARROW COURT</u>				MO.	DAY	YEAR	\$
<u>PHENIXVILLE</u>	State <u>PA</u>	Zip Code (Plus 4) <u>19460 -</u>		MO.	DAY	YEAR	\$
<u>LYDIA KRUS EDWARD DRESSLER</u>				<u>11</u>	<u>29</u>	<u>2017</u>	\$ <u>50.00</u>
<u>184 PETERS WAY</u>				MO.	DAY	YEAR	\$
<u>PHENIXVILLE</u>	State <u>PA</u>	Zip Code (Plus 4) <u>19460 -</u>		MO.	DAY	YEAR	\$
				MO.	DAY	YEAR	\$
				MO.	DAY	YEAR	\$
	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
				MO.	DAY	YEAR	\$
				MO.	DAY	YEAR	\$
	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
				MO.	DAY	YEAR	\$
				MO.	DAY	YEAR	\$
	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
				MO.	DAY	YEAR	\$
				MO.	DAY	YEAR	\$
	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$

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

PAGE TOTAL
\$ 575.00

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		
HCP for upper floor				From 11/27/77 To 12/31/77		
Full Name of Contributing Committee				MO	DAY	YEAR
Mailing Address				MO	DAY	YEAR
City				MO	DAY	YEAR
State 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 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 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 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 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 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 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 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 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 Zip Code (Plus 4)				MO	DAY	YEAR
						\$

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

PAGE TOTAL

\$ 0

PART D
ALL OTHER CONTRIBUTIONS

PAGE 4 OF 12

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

HCP for Usher Levy

Reporting Period

From 11/27/17 To 12/31/17

Full Name of Contributor

DATE

AMOUNT

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

\$ 0

PART E OTHER RECEIPTS

PAGE 1 OF 1

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>HCP for Upper Prov</i>					Reporting Period From <i>11/27/17</i> To <i>12/31/17</i>				
--	--	--	--	--	---	--	--	--	--

Full Name											
Mailing Address											
City				State		Zip Code (Plus 4)		<div style="display: flex; justify-content: space-between;"> <div>MO.</div> <div>DAY</div> <div>YEAR</div> </div>		Amount	
Receipt Description										\$	

Full Name											
Mailing Address											
City				State		Zip Code (Plus 4)		<div style="display: flex; justify-content: space-between;"> <div>MO.</div> <div>DAY</div> <div>YEAR</div> </div>		Amount	
Receipt Description										\$	

Full Name											
Mailing Address											
City				State		Zip Code (Plus 4)		<div style="display: flex; justify-content: space-between;"> <div>MO.</div> <div>DAY</div> <div>YEAR</div> </div>		Amount	
Receipt Description										\$	

Full Name											
Mailing Address											
City				State		Zip Code (Plus 4)		<div style="display: flex; justify-content: space-between;"> <div>MO.</div> <div>DAY</div> <div>YEAR</div> </div>		Amount	
Receipt Description										\$	

Full Name											
Mailing Address											
City				State		Zip Code (Plus 4)		<div style="display: flex; justify-content: space-between;"> <div>MO.</div> <div>DAY</div> <div>YEAR</div> </div>		Amount	
Receipt Description										\$	

Full Name											
Mailing Address											
City				State		Zip Code (Plus 4)		<div style="display: flex; justify-content: space-between;"> <div>MO.</div> <div>DAY</div> <div>YEAR</div> </div>		Amount	
Receipt Description										\$	

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

PAGE TOTAL
\$ *0*

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>HCP for UPPER PROV</i>	Reporting Period From <i>11/27/17</i> To <i>12/31/17</i>
--	---

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

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

3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)	
TOTAL for the Reporting Period	(3) \$ <i>2500.00</i>

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.)	\$ <i>2500.00</i>
--	-------------------

**SCHEDULE II
PART F**

PAGE 7 OF 12

IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate

HCP for Upper Prov

Reporting Period

From *11/27/17* To *12/31/17*

Full Name of Contributor				DATE			AMOUNT
				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

\$ *0.00*

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

PAGE 10 OF 12

Name of Filing Committee or Candidate HCP for upper Penn				Reporting Period From 11/27/17 To 12/31/17			
--	--	--	--	---	--	--	--

Full Name of Contributor				DATE			AMOUNT	
	MO.	DAY	YEAR		MO.	DAY	YEAR	
HELENE CALCI Mailing Address 300 WILLOWBROOKE LANE City ROYERSFORD <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 15%;">State PA</div> <div style="width: 45%;">Zip Code (Plus 4) 19468-</div> </div> Employer of Contributor THE PUBLICS GROUP	11	30	2017		11	30	2017	\$ 2500.00
	MO.	DAY	YEAR		MO.	DAY	YEAR	\$
	MO.	DAY	YEAR		MO.	DAY	YEAR	\$
	MO.	DAY	YEAR		MO.	DAY	YEAR	\$
Employer Mailing Address/Principal Place of Business				Occupation SENIOR ACT DIRECTOR Description of Contribution WEB, PRINTED MATERIAL DESIGN				

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

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

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

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

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

Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.

PAGE TOTAL
\$ 2500.00

SCHEDULE III
STATEMENT OF EXPENDITURES

PAGE 11/2 OF 12

Name of Filing Committee or Candidate

HCP for UPPER PROY

Reporting Period

From 11/27/17 To 12/31/17

To Whom Paid

MAJOR JOHNSON

Mailing Address

101 ACOMA LANE

City

COLLEGEVILLE

State

PA

Zip Code (Plus 4)

19426

MO. DAY YEAR
12 23 2017

Amount

\$ 350.00

Description of Expenditure

I.O.T. SUPPORT SERVICES

To Whom Paid

Mailing Address

City

State

Zip Code (Plus 4)

MO. DAY YEAR

Amount

\$

Description of Expenditure

To Whom Paid

Mailing Address

City

State

Zip Code (Plus 4)

MO. DAY YEAR

Amount

\$

Description of Expenditure

To Whom Paid

Mailing Address

City

State

Zip Code (Plus 4)

MO. DAY YEAR

Amount

\$

Description of Expenditure

To Whom Paid

Mailing Address

City

State

Zip Code (Plus 4)

MO. DAY YEAR

Amount

\$

Description of Expenditure

To Whom Paid

Mailing Address

City

State

Zip Code (Plus 4)

MO. DAY YEAR

Amount

\$

Description of Expenditure

To Whom Paid

Mailing Address

City

State

Zip Code (Plus 4)

MO. DAY YEAR

Amount

\$

Description of Expenditure

To Whom Paid

Mailing Address

City

State

Zip Code (Plus 4)

MO. DAY YEAR

Amount

\$

Description of Expenditure

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

PAGE TOTAL

\$ 350.00

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

Reporting Period

From 11/27/17 To 12/31/17

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

\$ 0.00