

Commonwealth of Pennsylvania  
**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.)

<b>Filer Identification Number:</b>			<b>Report Filed By:</b>			<b>CANDIDATE</b> <input checked="" type="checkbox"/>		<b>COMMITTEE</b> <input type="checkbox"/>		<b>LOBBYIST</b> <input type="checkbox"/>	
Name of Filing Committee, Candidate or Lobbyist: <b>JAMES GOODWIN</b>											
Street Address: <b>311 CASE AVE</b>											
City: <b>SHARON</b>						State: <b>PA</b>		Zip Code: <b>16146 - 3429</b>			
<b>TYPE OF REPORT</b>  (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. <input checked="" type="checkbox"/>	TERMINATION REPORT?	
									YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
ANNUAL REPORT		7.	YEAR				FILING METHOD ( ) CHECK ONE		PAPER		DISKETTE
Name of Office Sought by Candidate: <b>MERCER COUNTY DISTRICT ATTORNEY</b>						DATE OF ELECTION			District Number	Office Code	Party Code
						MO. DAY YEAR					
						<b>11 6 2007</b>				<b>OTH</b>	<b>REP</b>
									(SEE INSTRUCTIONS FOR CODES)		
Summary of Receipts and Expenditures from:						MO. DAY YEAR			MO. DAY YEAR		
						<b>10 22 2007</b>			<b>To 11 26 2007</b>		
A. Amount Brought Forward From Last Report						\$ 0.00					
B. Total Monetary Contributions and Receipts (From Schedule I)						\$ 0.00					
C. Total Funds Available (Sum of Lines A and B)						\$ 0.00					
D. Total Expenditures (From Schedule III)						\$ 9,703.87					
E. Ending Cash Balance (Subtract Line D from Line C)						\$ 0.00					
F. Value of In-Kind Contributions Received (From Schedule II)						\$ 0.00					
G. Unpaid Debts and Obligations (From Schedule IV)						\$ 0.00					

DEC-6 1 P 2:37  
 MERCER COUNTY  
 REGISTRATION AND  
 ELECTION COMMISSION

**CONTRIBUTIONS AND RECEIPTS**

## Detailed Summary Page

Name of Filing Committee or Candidate <b>JAMES GOODWIN</b>	Reporting Period From <u>10/02/2007</u> To <u>11/26/2007</u>
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**1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR**

TOTAL for the Reporting Period	(1)	\$	0.00
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**2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)**

Contributions Received from Political Committees (Part A)	\$	0.00
All Other Contributions (Part B)	\$	0.00
TOTAL for the Reporting Period	(2)	\$ 0.00

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

Contributions Received from Political Committees (Part C)	\$	0.00
All Other Contributions (Part D)	\$	0.00
TOTAL for the Reporting Period	(3)	\$ 0.00

**4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)**

TOTAL for the Reporting Period	(4)	\$	0.00
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<b>TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD</b> (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B.)	\$	0.00
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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 <div style="font-size: 1.2em; margin-top: 5px;">JAMES GOODWIN</div>	Reporting Period From 10/22/2007 To 11/26/2007
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Full Name of Contributing Committee			DATE			AMOUNT
	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

\$ 0.00

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

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**\$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>JAMES GOODWIN</u>	Reporting Period From <u>10/22/2017</u> To <u>11/26/2017</u>
---	---

			DATE			AMOUNT
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)						\$
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)						\$

PAGE TOTAL  
\$ 0.00

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>JAMES GOODWIN</b>	Reporting Period From <b>10/22/2007</b> To <b>11/26/2007</b>
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				DATE			AMOUNT
				MO.	DAY	YEAR	
Full Name of Contributing Committee							\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		—					
Full Name of Contributing Committee							\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		—					
Full Name of Contributing Committee							\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		—					
Full Name of Contributing Committee							\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		—					
Full Name of Contributing Committee							\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		—					
Full Name of Contributing Committee							\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		—					
Full Name of Contributing Committee							\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		—					
Full Name of Contributing Committee							\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		—					
Full Name of Contributing Committee							\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		—					

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

PAGE TOTAL

\$ 0.00

**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>JAMES GOODWIN</b>	Reporting Period From <u>10/22/2007</u> To <u>11/26/2007</u>
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				DATE			AMOUNT
				MO.	DAY	YEAR	
Full Name of Contributor							\$
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							\$
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							\$
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							\$
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

\$

0.00

**PART E  
OTHER RECEIPTS**

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**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 <div style="text-align: center; font-family: cursive; font-size: 1.2em;">JAMES GOODWIN</div>	Reporting Period From <u>10/01/2007</u> To <u>11/26/2007</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						

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

PAGE TOTAL	\$ <span style="font-family: cursive; font-size: 1.2em;">0.00</span>
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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 <u>JAMES GOODWIN</u>	Reporting Period From <u>10/22/2007</u> To <u>11/26/2007</u>
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<b>1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR</b>	
TOTAL for the Reporting Period (1)	\$ <u>0.00</u>

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

<b>3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)</b>	
TOTAL for the Reporting Period (3)	\$ <u>0.00</u>

<b>TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD</b> (Add and enter amount totals from Boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F.)	\$ <u>0.00</u>
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**SCHEDULE II  
PART F**

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**IN-KIND CONTRIBUTIONS RECEIVED**

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

Name of Filing Committee or Candidate <u>JAMES GOODWIN</u>	Reporting Period From <u>10/22/2007</u> To <u>11/26/2007</u>
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				DATE			AMOUNT
				MO.	DAY	YEAR	
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Description of Contribution:							
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Description of Contribution:							
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Description of Contribution:							
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Description of Contribution:							
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Description of Contribution:							
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Description of Contribution:							
Full Name of Contributor							\$
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.**

<b>PAGE TOTAL</b>
\$ <u>0.00</u>

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

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Name of Filing Committee or Candidate <p style="text-align: center; font-size: 1.2em;">JAMES GOODWIN</p>	Reporting Period From <u>10/03/2007</u> To <u>11/26/2007</u>
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				DATE			AMOUNT
				MO.	DAY	YEAR	
Full Name of Contributor							\$
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							\$
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							\$
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							\$
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							\$
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

\$ 0.00

## STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate <b>JAMES GOODWIN</b>	Reporting Period From <b>10/22/2007</b> To <b>11/26/2007</b>
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To Whom Paid <b>STAPLES</b>			MO. <b>10</b> DAY <b>25</b> YEAR <b>2007</b>	Amount <b>\$ 10.59</b>
Mailing Address <b>439 S. HERMITAGE ROAD</b>			Description of Expenditure <b>HAND - OUTS</b>	
City <b>HERMITAGE</b>	State <b>PA</b>	Zip Code (Plus 4) <b>16148 -</b>		
To Whom Paid <b>COMMITTEE TO ELECT JAMES GOODWIN</b>			MO. <b>10</b> DAY <b>26</b> YEAR <b>2007</b>	Amount <b>\$ 6,000.00</b>
Mailing Address <b>311 CASE AVE</b>			Description of Expenditure <b>DONATION TO CAMPAIGN</b>	
City <b>SHARON</b>	State <b>PA</b>	Zip Code (Plus 4) <b>16146 -3429</b>		
To Whom Paid <b>POLITICAL CALLING.COM</b>			MO. <b>11</b> DAY <b>1</b> YEAR <b>2007</b>	Amount <b>\$ 602.48</b>
Mailing Address <b>712 5TH ST SUITE E</b>			Description of Expenditure <b>TELEPHONE CALLS</b>	
City <b>DAVIS</b>	State <b>CA</b>	Zip Code (Plus 4) <b>95616 -</b>		
To Whom Paid <b>DOLLAR TREE STORES, INC</b>			MO. <b>11</b> DAY <b>2</b> YEAR <b>2007</b>	Amount <b>\$ 2.12</b>
Mailing Address <b>1950 E. STATE ST</b>			Description of Expenditure <b>MISC. SUPPLIES</b>	
City <b>HERMITAGE</b>	State <b>PA</b>	Zip Code (Plus 4) <b>16148 -</b>		
To Whom Paid <b>OFFICE DEPOT</b>			MO. <b>11</b> DAY <b>4</b> YEAR <b>2007</b>	Amount <b>\$ 100.04</b>
Mailing Address <b>3378 E. STATE ST</b>			Description of Expenditure <b>HAND - OUTS</b>	
City <b>HERMITAGE</b>	State <b>PA</b>	Zip Code (Plus 4) <b>16148 -</b>		
To Whom Paid <b>COMMITTEE TO ELECT JAMES GOODWIN</b>			MO. <b>11</b> DAY <b>16</b> YEAR <b>2007</b>	Amount <b>\$ 2,802.14</b>
Mailing Address <b>311 CASE AVE</b>			Description of Expenditure <b>DONATION TO CAMPAIGN</b>	
City <b>SHARON</b>	State <b>PA</b>	Zip Code (Plus 4) <b>16146 -3429</b>		
To Whom Paid <b>COMMITTEE TO ELECT JAMES GOODWIN</b>			MO. <b>11</b> DAY <b>21</b> YEAR <b>2007</b>	Amount <b>\$ 186.50</b>
Mailing Address <b>311 CASE AVE</b>			Description of Expenditure <b>DONATION TO CAMPAIGN</b>	
City <b>SHARON</b>	State <b>PA</b>	Zip Code (Plus 4) <b>16146 -3429</b>		
To Whom Paid			MO.	DAY
Mailing Address			YEAR	Amount
City			Description of Expenditure	
State			Amount	
Zip Code (Plus 4)			Description of Expenditure	

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

PAGE TOTAL

**\$ 9,703.87**

# 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>JAMES GOODWIN</b>	Reporting Period From <b>10/23/2007</b> To <b>11/26/2007</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						
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