

COMMONWEALTH OF PENNSYLVANIA
CAMPAIGN FINANCE STATEMENT

File this in lieu of a full report *only if aggregate receipts, expenditures, or liabilities incurred each did not exceed \$250.00 during the reporting period.*

FILER IDENTIFICATION NUMBER	REPORT FILED ON BEHALF OF	<input type="checkbox"/> CANDIDATE	<input checked="" type="checkbox"/> COMMITTEE	<input type="checkbox"/> LOBBYIST
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST CAROL Ritter				
STREET ADDRESS 419 Dewberry Ave				
CITY Bethlehem	STATE PA	ZIP CODE 18017		
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE Bethlehem City Council		DISTRICT NO.	PARTY Dem
	DATE OF ELECTION			
1. 1ST TUESDAY PRE-PRIMARY			MO. DAY YEAR 5 21 2019	
2. 2ND FRIDAY PRE-PRIMARY <input checked="" type="checkbox"/>	DATES OF REPORTING PERIOD		FOR OFFICE USE ONLY	
3. 30 DAY POST-PRIMARY	MO. DAY YEAR TO MO. DAY YEAR 1 1 2019 TO 5 6 2019			
4. 6TH TUESDAY PRE-ELECTION	CASH BALANCE AT END OF REPORTING PERIOD: \$ -50 TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ 0			
5. 2ND FRIDAY PRE-ELECTION				
6. 30 DAY POST-ELECTION	AMENDMENT REPORT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> TERMINATION REPORT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
7. ANNUAL REPORT				

AFFIDAVIT SECTION

Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

Filer Identification Number		Report Filed By (Mark X)		<input checked="" type="checkbox"/>	Committee	<input type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist		FRIENDS OF CAROL RITTER						
Street Address		419 DEWBERRY AVENUE						
City	BETHLEHEM	State	PA	Zip Code	18017			
Type of Report (Place x under report type)								
1- 6 th Tuesday Pre-Primary	2- 2 nd Friday Pre-Primary	3- 30 Day Post Primary	4- 6 th Tuesday Pre-Election	5- 2 nd Friday Pre-Election	6- 30 Day Post Election	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)		MAY 21	Year	2019	Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>
Summary of Receipts and Expenditures		From Date	To Date		For Office Use Only			
		2-2-19						
A. Amount Brought Forward From Last Report		\$	-0-					
B. Total Monetary Contributions and Receipts (From Schedule I)		\$	7050.00					
C. Total Funds Available (Sum of Lines A and B)		\$	7050.00					
D. Total Expenditures (From Schedule III)		\$	6405.55					
E. Ending Cash Balance (Subtract Line D from Line C)		\$	644.45					
F. Value of In-Kind Contributions Received (From Schedule II)		\$	700.00					
G. Unpaid Debts and Obligations (From Schedule IV)		\$	0					
Affidavit Section								
Part 1. If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.								

SCHEDULE I
Contributions and Receipts
 Detailed Summary Page

Filer Identification Number	
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1. Unitemized Contributions and Receipts \$50.00 or Lesser Contributor	
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Total for the reporting period	(1)	\$	900.00
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2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)	
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Contributions Received from Political Committees (Part A)	\$	100.00
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All Other Contributions (Part B)	\$	2250.00
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Total for the reporting period	(2)	\$	2350.00
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3. Contributions Over \$250.00 (From Part C and Part D)	
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Contributions Received from Political Committees (Part C)	\$	2500.00
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All Other Contributions (Part D)	\$	1300.00
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Total for the reporting period	(3)	\$	3800.00
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4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC (From Part E)	
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Total for the reporting period	(4)	\$	7050.00
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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>	\$	7050.00
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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.

Filer Identification Number	
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							Amount		
Full Name of Contributing Committee					MCNEILL FOR PA		Date [MM/DD/YYYY]	\$	100.00
							3-6-19		
House #	Street Address			Date [MM/DD/YYYY]			\$		
	3163 N. FRONT STREET								
City	WHITEHALL	State	PA	Zip Code	18052	Date [MM/DD/YYYY]	\$		
Full Name of Contributing Committee							Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]			\$		
City		State		Zip Code		Date [MM/DD/YYYY]	\$		
Full Name of Contributing Committee							Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]			\$		
City		State		Zip Code		Date [MM/DD/YYYY]	\$		
Full Name of Contributing Committee							Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]			\$		
City		State		Zip Code		Date [MM/DD/YYYY]	\$		
Full Name of Contributing Committee							Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]			\$		
City		State		Zip Code		Date [MM/DD/YYYY]	\$		
Full Name of Contributing Committee							Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]			\$		
City		State		Zip Code		Date [MM/DD/YYYY]	\$		

PART B
All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from
\$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Filer Identification Number:	
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Full Name of Contributor					Date [MM/DD/YYYY]	\$	
GAVIN MCGEEHAN					3-6-19		100.00
House #	Street Address			Date [MM/DD/YYYY]		\$	
	375 13TH AVENUE						
City	State		Zip Code	Date [MM/DD/YYYY]		\$	
BETHLEHEM	PA		18018				
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
MARK DILUZIO					3-6-19		100.00
House #	Street Address			Date [MM/DD/YYYY]		\$	
	2919 LARK SPUR LANE						
City	State		Zip Code	Date [MM/DD/YYYY]		\$	
EASTON	PA		18045				
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
JOANNE M. TOTT					3-6-19		100.00
House #	Street Address			Date [MM/DD/YYYY]		\$	
	624 HAMILTON AVENUE						
City	State		Zip Code	Date [MM/DD/YYYY]		\$	
BETHLEHEM	PA		18017				
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
DONNA PIEROG					3-6-19		100.00
House #	Street Address			Date [MM/DD/YYYY]		\$	
	1922 EASTHILL DRIVE						
City	State		Zip Code	Date [MM/DD/YYYY]		\$	
BETHLEHEM	PA		18017				
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
GRACINDA GLICK					3-5-19		100.00
House #	Street Address			Date [MM/DD/YYYY]		\$	
	226 FLAGSTONE DRIVE						
City	State		Zip Code	Date [MM/DD/YYYY]		\$	
BETHLEHEM	PA		18017				
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
JOHN FRUEND III					3-7-19		250.00
House #	Street Address			Date [MM/DD/YYYY]		\$	
	1 W. BROAD STREET SUTIE 700						
City	State		Zip Code	Date [MM/DD/YYYY]		\$	
BETHLEHEM	PA		18018				

PART B

All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Filer Identification Number:	
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Full Name of Contributor					Date [MM/DD/YYYY]	\$	
Evangelina Papadopoulou					3/6/19		100.00
House #	Street Address				Date [MM/DD/YYYY]	\$	
4379	Hilltop Cir						
City	State	Zip Code		Date [MM/DD/YYYY]		\$	
Bethlehem	PA	18020					
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
Janet Jackson					3/6/19		100.00
House #	Street Address				Date [MM/DD/YYYY]	\$	
938	Meadow Circle						
City	State	Zip Code		Date [MM/DD/YYYY]		\$	
Bethlehem	PA	18017					
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
Daniel Krasnick					3/6/19		250.00
House #	Street Address				Date [MM/DD/YYYY]	\$	
	Po. Box 4280						
City	State	Zip Code		Date [MM/DD/YYYY]		\$	
Bethlehem	PA	18018					
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
Dino + Joanna Cantelmi					3/5/19		250.00
House #	Street Address				Date [MM/DD/YYYY]	\$	
2854	Linden St						
City	State	Zip Code		Date [MM/DD/YYYY]		\$	
Bethlehem	PA	18017					
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
Thomas + Jama Barker					3/3/19		100.00
House #	Street Address				Date [MM/DD/YYYY]	\$	
1007	Prospect Ave						
City	State	Zip Code		Date [MM/DD/YYYY]		\$	
Bethlehem	PA	18017					
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
Marie Sterlein					4/27/19		100.00
House #	Street Address				Date [MM/DD/YYYY]	\$	
563	Riverwoods Way						
City	State	Zip Code		Date [MM/DD/YYYY]		\$	
Bethlehem	PA	18018					

PART B

All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Filer Identification Number:	
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Full Name of Contributor					Date [MM/DD/YYYY]	\$
Christian Perrucci					4/16/19	250.00
House #	Street Address				Date [MM/DD/YYYY]	\$
60	W. Broad St					
City	State	Zip Code			Date [MM/DD/YYYY]	\$
Bethlehem	PA	18018				
Full Name of Contributor					Date [MM/DD/YYYY]	\$
Mark Will Weber					3/18/19	100.00
House #	Street Address				Date [MM/DD/YYYY]	\$
66	W. Broad St					
City	State	Zip Code			Date [MM/DD/YYYY]	\$
Bethlehem	PA	18018				
Full Name of Contributor					Date [MM/DD/YYYY]	\$
Rodney + Diane Holt					250.00	250.00
House #	Street Address				Date [MM/DD/YYYY]	\$
519	11 th Ave				3/5/19	
City	State	Zip Code			Date [MM/DD/YYYY]	\$
Bethlehem	PA	18018				
Full Name of Contributor					Date [MM/DD/YYYY]	\$
House #	Street Address				Date [MM/DD/YYYY]	\$
City	State	Zip Code			Date [MM/DD/YYYY]	\$
Full Name of Contributor					Date [MM/DD/YYYY]	\$
House #	Street Address				Date [MM/DD/YYYY]	\$
City	State	Zip Code			Date [MM/DD/YYYY]	\$
Full Name of Contributor					Date [MM/DD/YYYY]	\$
House #	Street Address				Date [MM/DD/YYYY]	\$
City	State	Zip Code			Date [MM/DD/YYYY]	\$

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.

Filer Identification Number:	
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Full Name of Contributing Committee		FRIENDS OF KEVIN LOTT			Date [MM/DD/YYYY]	\$	500.00
House #		Street Address	621 DURHAM STREET		Date [MM/DD/YYYY]	\$	
City	HELLERTOWN	State	PA	Zip Code	18055	Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee		FRIENDS OF BRYAN CALLAHAN			Date [MM/DD/YYYY]	\$	500.00
House #	633	Street Address	MAIN STREET		Date [MM/DD/YYYY]	\$	
City	BETHLEHEM	State	PA	Zip Code	18018	Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee		ASBESTOS WORKERS PAC			Date [MM/DD/YYYY]	\$	500.00
House #	9602	Street Address	M. L. KING HIGHWAY		Date [MM/DD/YYYY]	\$	
City	LANHAM	State	MD	Zip Code	20706	Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee		IBEW LOCAL UNION 375			Date [MM/DD/YYYY]	\$	500.00
House #	1201	Street Address	W. LIBERTY STREET		Date [MM/DD/YYYY]	\$	
City	ALLENTOWN	State	PA	Zip Code	18102	Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$

PART D
All Other Contributions

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period.
(Exclude contributions from political committees reported in Part C)

Filer Identification Number:	
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Full Name of Contributor		DENNIS BENNER				Date [MM/DD/YYYY]	\$	1000.00
						3/7/19		
House #	2005	Street Address	CITY LINE ROAD			Date [MM/DD/YYYY]	\$	
City	BETHLEHEM	State	PA	Zip Code	18017	Date [MM/DD/YYYY]	\$	
Employer Name		BENNER, ATTORNEY AT LAW				Occupation	LAWYER	
Employer Mailing Address/ Principal Place of Business		2005 CITY LINE ROAD BETHLEHEM PA 18017						
Full Name of Contributor		DOMINIC VILLANI				Date [MM/DD/YYYY]	\$	300.00
						4/23/19		
House #	3926	Street Address	LINDEN STREET			Date [MM/DD/YYYY]	\$	
City	BETHLEHEM	State	PA	Zip Code	18020	Date [MM/DD/YYYY]	\$	
Employer Name		SELF EMPLOYED				Occupation	BUILDER	
Employer Mailing Address/ Principal Place of Business		2128 EAGLES LANDING DRIVE NAZARETH PA 18064						
Full Name of Contributor						Date [MM/DD/YYYY]	\$	
House #		Street Address				Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$	
Employer Name						Occupation		
Employer Mailing Address/ Principal Place of Business								
Full Name of Contributor						Date [MM/DD/YYYY]	\$	
House #		Street Address				Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$	
Employer Name						Occupation		
Employer Mailing Address/ Principal Place of Business								

**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.

Filer Identification Number:	
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Full Name								
House #		Street Address						
City			State		Zip Code		Date [MM/DD/YYYY]	\$
Receipt Description								
Full Name								
House #		Street Address						
City			State		Zip Code		Date [MM/DD/YYYY]	\$
Receipt Description								
Full Name								
House #		Street Address						
City			State		Zip Code		Date [MM/DD/YYYY]	\$
Receipt Description								
Full Name								
House #		Street Address						
City			State		Zip Code		Date [MM/DD/YYYY]	\$
Receipt Description								
Full Name								
House #		Street Address						
City			State		Zip Code		Date [MM/DD/YYYY]	\$
Receipt Description								

SCHEDULE H

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

Filer Identification Number:	
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1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.00 OR LESS PER CONTRIBUTOR

TOTAL for the reporting period	(1)	\$	
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2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.00 (FROM PART F)

TOTAL for the reporting period	(2)	\$	
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3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART G)

TOTAL for the reporting period	(3)	\$	700.00
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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)		\$	700.00
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SCHEDULE II
PART F
In-Kind Contributions Received
VALUE OF \$50.01 TO \$250

Filer Identification Number:	
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Full Name of Contributor					Date [MM/DD/YYYY]	\$	250.00
Chocolate Lab Bethlehem					3-6-19		
House #	Street Address			Date [MM/DD/YYYY]		\$	
	446 Main Street						
City	Bethlehem	State	PA	Zip Code	18018	Date [MM/DD/YYYY]	\$
Description of Contribution							

Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]		\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Description of Contribution							

Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]		\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Description of Contribution							

Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]		\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Description of Contribution							

Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]		\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Description of Contribution							

SCHEDULE II
Part G
In-Kind Contributions Received
VALUE OVER \$250

Filer Identification Number:	
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Full Name of Contributor					Edge Restaurant		Date [MM/DD/YYYY]		\$	450.00
							3-6-19			
House #	74	Street Address			W. Broad Street		Date [MM/DD/YYYY]		\$	
City	Bethlehem			State	PA	Zip Code	18018		Date [MM/DD/YYYY]	\$
Employer Name							Occupation			
Employer Mailing Address/ Principal Place of Business							Description of Contribution			
Full Name of Contributor							Date [MM/DD/YYYY]		\$	
House #		Street Address					Date [MM/DD/YYYY]		\$	
City				State		Zip Code			Date [MM/DD/YYYY]	\$
Employer Name							Occupation			
Employer Mailing Address/ Principal Place of Business							Description of Contribution			
Full Name of Contributor							Date [MM/DD/YYYY]		\$	
House #		Street Address					Date [MM/DD/YYYY]		\$	
City				State		Zip Code			Date [MM/DD/YYYY]	\$
Employer Name							Occupation			
Employer Mailing Address/ Principal Place of Business							Description of Contribution			
Full Name of Contributor							Date [MM/DD/YYYY]		\$	
House #		Street Address					Date [MM/DD/YYYY]		\$	
City				State		Zip Code			Date [MM/DD/YYYY]	\$
Employer Name							Occupation			
Employer Mailing Address/ Principal Place of Business							Description of Contribution			

**SCHEDULE III
Statement of Expenditures**

Filer Identification Number:	
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To Whom Paid		ESSA CHECK PRINTING			Date [MM/DD/YYYY]	\$	70.82
					2-7-19		
House #	418	Street Address	W. BROAD STREET		Description of Expenditure		
City	BETHLEHEM	State	PA	Zip Code	18018		
To Whom Paid		ADVANTAGE PEP			Date [MM/DD/YYYY]	\$	1600.00
					4-1-19		
House #		Street Address	647 W. UNION STREET		Description of Expenditure		
City	WHITEHALL	State	PA	Zip Code	18052		
To Whom Paid		LEHIGH VALLEY PRINT CENTER			Date [MM/DD/YYYY]	\$	1166.00
					4-1-19		
House #		Street Address	1701 UNION BLVD. SUITE 114		Description of Expenditure		
City	ALLENTOWN	State	PA	Zip Code	18109		
To Whom Paid		PA DEMOCRATIC PARY			Date [MM/DD/YYYY]	\$	350.00
					4-3-19		
House #	229	Street Address	State Street		Description of Expenditure		
City	Harrisburg	State	PA	Zip Code	17101		
To Whom Paid		LEHIGH VALLEY LABOR COUNCIL			Date [MM/DD/YYYY]	\$	50.00
					4-13-19		
House #		Street Address	PO BOX 20226		Description of Expenditure		
City	Lehigh Valley	State	PA	Zip Code	18002		
To Whom Paid		Lehigh Valley Print Center			Date [MM/DD/YYYY]	\$	584.06
					4-3-19		
House #	1701	Street Address	Union Blvd. Suite 114		Description of Expenditure		
City	Allentown	State	PA	Zip Code	18109		
To Whom Paid		Lehigh Valley Print Center			Date [MM/DD/YYYY]	\$	2584.67
					5-7-19		
House #	1701	Street Address	Union Blvd Suite 114		Description of Expenditure		
City	Allentown	State	PA	Zip Code	18109		
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #		Street Address			Description of Expenditure		
City		State		Zip Code			

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.

Filer Identification Number:	
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Name of Creditor						Outstanding Balance of Debt	
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]		\$		
City		State	Zip Code				
Description of Debt							
Name of Creditor						Outstanding Balance of Debt	
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]		\$		
City		State	Zip Code				
Description of Debt							
Name of Creditor						Outstanding Balance of Debt	
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]		\$		
City		State	Zip Code				
Description of Debt							
Name of Creditor						Outstanding Balance of Debt	
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]		\$		
City		State	Zip Code				
Description of Debt							
Name of Creditor						Outstanding Balance of Debt	
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]		\$		
City		State	Zip Code				
Description of Debt							
Name of Creditor						Outstanding Balance of Debt	
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]		\$		
City		State	Zip Code				
Description of Debt							