

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	CANDIDATE <input checked="" type="checkbox"/>	COMMITTEE <input type="checkbox"/>	LOBBYIST <input type="checkbox"/>		
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST JOHN KACHMAR						
STREET ADDRESS 1612 BOST PLACE						
CITY BETHLEHEM	STATE PA	ZIP CODE 18017				
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE MAYOR	DISTRICT NO.	PARTY R	DATE OF ELECTION		
				MO.	DAY	YEAR
6TH TUESDAY PRE-PRIMARY				11	02	2021
2ND FRIDAY PRE-PRIMARY						
30 DAY POST-PRIMARY						
6TH TUESDAY PRE-ELECTION						
2ND FRIDAY PRE-ELECTION						
30 DAY POST-ELECTION						
ANNUAL REPORT						

DATES OF REPORTING PERIOD	MO.	DAY	YEAR	TO	MO.	DAY	YEAR
	10	19	2021		11	02	2021

CASH BALANCE AT END OF REPORTING PERIOD:	\$ -13.66
TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:	\$ 0

AMENDMENT REPORT?	YES	NO
TERMINATION REPORT?	YES	NO

AFFIDAVIT SECTION

PART I -

If statement is filed on behalf of a Political Committee or Candidates's Committee, the Treasurer must sign here.
 If statement is filed on behalf of a Candidate, the Candidate must sign here.
 If statement is filed on behalf of a Contributing Lobbyist, the Lobbyist must sign here.

MY 888 RR
 No
 10/19/21

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)	Candidate	Committee	Lobbyist
Name of Filing Committee, Candidate or Lobbyist		Friends of John Ralston		
Street Address		1612 Boy Place		
City	State	Zip Code		
Bethlehem	PA	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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)		Year		Amendment Report		Termination Report		
11/02/2021								

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
A: Amount Brought Forward From Last Report	10/19/2021	11/22/2021	
B: Total Monetary Contributions and Receipts (From Schedule I)		9,772.29	
C: Total Funds Available (Sum of Lines A and B)		18,380.00	
D: Total Expenditures (From Schedule III)		28,152.29	
E: Ending Cash Balance (Subtract Line D from Line C)		28,165.95	
F: Value of In-Kind Contributions Received (From Schedule II)		-13.66	
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.

I swear (or affirm) that this report, including the attached schedules on paper, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this _____

12th November 2021

SCHEDULE I
Contributions and Receipts
Detailed Summary Page

Filer Identification Number	
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1. Unitemized Contributions and Receipts \$50.00 or Less per Contributor	
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Total for the reporting period	(1)	\$	130.00
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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)		\$	
All Other Contributions (Part B)		\$	550.00
Total for the reporting period	(2)	\$	550.00

3. Contributions Over \$250.00 (From Part C and Part D)	
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Contributions Received from Political Committees (Part C)		\$	1,000.00
All Other Contributions (Part D)		\$	16,700.00
Total for the reporting period	(3)	\$	17,700.00

4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)	
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Total for the reporting period	(4)	\$	18,380
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>			\$

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												
										Amount		
Full Name of Contributing Committee										Date [MM/DD/YYYY]	\$	0
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]	\$				
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.)

File Identification Number	
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Full Name of Contributor	SCOTT LAWRENCE	Date [MM/DD/YYYY]	10/26/2021	100.00	
House #	39	Street Address	E. Union Blvd	Date [MM/DD/YYYY]	
City	Buttinton	State	IA	Zip Code	18018

Full Name of Contributor	FREDRICK KMITA	Date [MM/DD/YYYY]	10/26/2021	100.00	
House #	3225	Street Address	De Long Ave	Date [MM/DD/YYYY]	
City	Buttinton	State	PA	Zip Code	18020

Full Name of Contributor	ROVINO O'LEARY	Date [MM/DD/YYYY]	10/29/2021	100.00	
House #		Street Address	PAY PAL	Date [MM/DD/YYYY]	
City		State		Zip Code	

Full Name of Contributor	RAYMOND ALPITA	Date [MM/DD/YYYY]	10/31/2021	250.00	
House #	1928	Street Address	Woodbury Rd	Date [MM/DD/YYYY]	
City	Buttinton	State	PA	Zip Code	18017

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

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

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	GOVERN PAC	Date [MM/DD/YYYY]	\$	11/02/2021	\$	1,000.00
House #	610	Street Address	SOUTH BLVD	Date [MM/DD/YYYY]	\$	
City	TAMPA	State	FL	Zip Code	33603	
Full Name of Contributing Committee		Date [MM/DD/YYYY]	\$			
House #		Street Address		Date [MM/DD/YYYY]	\$	
City		State		Zip Code		
Full Name of Contributing Committee		Date [MM/DD/YYYY]	\$			
House #		Street Address		Date [MM/DD/YYYY]	\$	
City		State		Zip Code		
Full Name of Contributing Committee		Date [MM/DD/YYYY]	\$			
House #		Street Address		Date [MM/DD/YYYY]	\$	
City		State		Zip Code		
Full Name of Contributing Committee		Date [MM/DD/YYYY]	\$			
House #		Street Address		Date [MM/DD/YYYY]	\$	
City		State		Zip Code		
Full Name of Contributing Committee		Date [MM/DD/YYYY]	\$			
House #		Street Address		Date [MM/DD/YYYY]	\$	
City		State		Zip Code		

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					Date [MM/DD/YYYY]		\$
JOHN Mc GEETHAN					10/29/2021		500.00
House #	Street Address		Date [MM/DD/YYYY]		\$		
375	THIRTEENTH AVE				\$		
City	State	Zip Code	Date [MM/DD/YYYY]		\$		
BETHLEHEM	PA	18018			\$		
Employer Name					Occupation		
Retired					SELF EMPLOYED		
Employer Mailing Address / Principal Place of Business							

Full Name of Contributor					Date [MM/DD/YYYY]		\$
ANTHONY SCARCIA					10/31/2021		5,000.00
House #	Street Address		Date [MM/DD/YYYY]		\$		
2253	Honey Suckle RD.				\$		
City	State	Zip Code	Date [MM/DD/YYYY]		\$		
Bethlehem	PA	18015			\$		
Employer Name					Occupation		
					SELF EMPLOYED		
Employer Mailing Address / Principal Place of Business							

Full Name of Contributor					Date [MM/DD/YYYY]		\$
GLORIA SMOVOTZ					10/30/2021		300.00
House #	Street Address		Date [MM/DD/YYYY]		\$		
2571	BAGLOYS Circle				\$		
City	State	Zip Code	Date [MM/DD/YYYY]		\$		
BETHLEHEM	PA	18020			\$		
Employer Name					Occupation		
					CHAIR REPUBLICAN PARTY		
Employer Mailing Address / Principal Place of Business							

Full Name of Contributor					Date [MM/DD/YYYY]		\$
ALFRED VASTA					11/23/2021		500.00
House #	Street Address		Date [MM/DD/YYYY]		\$		
4025	SUBITOSI DR.				\$		
City	State	Zip Code	Date [MM/DD/YYYY]		\$		
COOPERSBURG	PA	18036			\$		
Employer Name					Occupation		
Employer Mailing Address / Principal Place of Business							

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:									
Full Name of Contributor					Date [MM/DD/YYYY]		\$		
OLIVIA RONCA					10/26/2021		500.00		
House #	Street Address				Date [MM/DD/YYYY]		\$		
276	EAST MACADA RD.								
City	State			Zip Code		Date [MM/DD/YYYY]		\$	
Bothell	PA			18017					
Employer Name					Occupation				
RETIRED									
Employer Mailing Address / Principal Place of Business									
Full Name of Contributor					Date [MM/DD/YYYY]		\$		
DOMINIO VILLARI					10/26/2021		1,000.00		
House #	Street Address				Date [MM/DD/YYYY]		\$		
209	JENNIGS PLACE								
City	State			Zip Code		Date [MM/DD/YYYY]		\$	
Bothell	PA			18017					
Employer Name					Occupation				
CONTRACTOR - CONCRETE					SELF EMPLOYED				
Employer Mailing Address / Principal Place of Business									
Full Name of Contributor					Date [MM/DD/YYYY]		\$		
PLAMON AYVAZOV					10/26/2021		400.00		
House #	Street Address				Date [MM/DD/YYYY]		\$		
3126	BEAUFORT DR.								
City	State			Zip Code		Date [MM/DD/YYYY]		\$	
Bothell	PA			18017					
Employer Name					Occupation				
Developer					SELF EMPLOYED				
Employer Mailing Address / Principal Place of Business									
Full Name of Contributor					Date [MM/DD/YYYY]		\$		
BROCK HAINES					10/28/2021		1,000.00		
House #	Street Address				Date [MM/DD/YYYY]		\$		
1527	BARNSDALE RD								
City	State			Zip Code		Date [MM/DD/YYYY]		\$	
Bothell	PA			18017					
Employer Name					Occupation				
HOTEL Bothell					HOTEL OWNER				
Employer Mailing Address / Principal Place of Business									

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					Date [MM/DD/YYYY]	\$
RONALD MASETLITZ					10/21/2021	5,000.00
House #	Street Address			Date [MM/DD/YYYY]	\$	
40	GRANDVIEW RD					
City	State	Zip Code		Date [MM/DD/YYYY]	\$	
EASTON	PA	18042				
Employer Name					Occupation	
MASETLITZ EXCAVATION						
Employer Mailing Address / Principal Place of Business						

Full Name of Contributor					Date [MM/DD/YYYY]	\$
JOHN SCHWALL					10/25/2021	2,000.00
House #	Street Address			Date [MM/DD/YYYY]	\$	
328	S. FORK DR.					
City	State	Zip Code		Date [MM/DD/YYYY]	\$	
EASTON	PA	18040				
Employer Name					Occupation	
SELF EMPLOYED					CONTRACTOR	
Employer Mailing Address / Principal Place of Business						

Full Name of Contributor					Date [MM/DD/YYYY]	\$
DEVIN KNOBL					10/26/2021	500.00
House #	Street Address			Date [MM/DD/YYYY]	\$	
108	MILLDALE RD.					
City	State	Zip Code		Date [MM/DD/YYYY]	\$	
MONTAUXTON	PA	18067				
Employer Name					Occupation	
CITY OF BETHLEHEM					FIRE FIGHTER	
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							

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

SCHEDULE II

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

File 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)	\$ 0

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 (Add and enter amount totals from boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F)		\$
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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]		\$	
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							

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 III
Statement of Expenditures**

Filer Identification Number	
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To Whom Paid	ADAMS OUTDOOR ADVERTISING	Date (MM/DD/YYYY)	10/19/2021	\$	1,000.00
House #	Street Address	Description of Expenditure			
City	BETHLEHEM	State	PA	Zip Code	
Billboard					

To Whom Paid	CAPITAL PROMOTIONS	Date (MM/DD/YYYY)	10/19/2021	\$	959.30
House #	Street Address	Description of Expenditure			
City	HARRISBURG	State		Zip Code	

To Whom Paid	VIA MEDIA	Date (MM/DD/YYYY)	10/19/2021	\$	2,010.00
House #	Street Address	Description of Expenditure			
City	BETHLEHEM	State	PA	Zip Code	
Digital Ads					

To Whom Paid	TITO CREATIVE SERVICE COMPANY	Date (MM/DD/YYYY)	10/20/2021	\$	250.00
House #	Street Address	Description of Expenditure			
City	BETHLEHEM	State		Zip Code	
Video Production					

To Whom Paid	FUSION MARKETING SERVICE	Date (MM/DD/YYYY)	10/21/2021	\$	5,000.00
House #	Street Address	Description of Expenditure			
City	BETHLEHEM	State		Zip Code	
TV Ads					

To Whom Paid	ASAP MAILING	Date (MM/DD/YYYY)	10/26/2021	\$	3,673.62
House #	Street Address	Description of Expenditure			
City	BETHLEHEM	State	PA	Zip Code	
Mails					

To Whom Paid	ADAMS OUTDOOR ADVERTISING	Date (MM/DD/YYYY)	10/26/2021	\$	1,000.00
House #	Street Address	Description of Expenditure			
City		State		Zip Code	
Billboards					

To Whom Paid	ROMBLE UP	Date (MM/DD/YYYY)	10/28/2021	\$	650.00
House #	Street Address	Description of Expenditure			
City		State		Zip Code	
Texts Messaging					

SCHEDULE III
Statement of Expenditures

Filer Identification Number:	
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To Whom Paid	Fusion Marketing Services	Date [MM/DD/YYYY]	10/29/2021	\$	3,000.00
House #	Street Address	Description of Expenditure			
City	Bethlehem	State	PA	Zip Code	TV ADS
To Whom Paid	ADAMS OUTDOOR ADVERTISING	Date [MM/DD/YYYY]	10/29/2021	\$	390.65
House #	Street Address	Description of Expenditure			
City	BETHLEHEM	State	PA	Zip Code	BILLBOARDS
To Whom Paid	FUSION MARKETING SERVICES	Date [MM/DD/YYYY]	10/29/2021	\$	3500.00
House #	Street Address	Description of Expenditure			
City	BETHLEHEM	State	PA	Zip Code	TV ADS
To Whom Paid	STAPLOS	Date [MM/DD/YYYY]	11/01/2021	\$	100.94
House #	Street Address	Description of Expenditure			
City	BETHLEHEM	State	PA	Zip Code	ELECTION DAY CARDS
To Whom Paid	CASH	Date [MM/DD/YYYY]	11/01/2021	\$	300.00
House #	Street Address	Description of Expenditure			
City		State		Zip Code	ELECTION NIGHT FOOD + DRINK
To Whom Paid	EXPRESS BUSINESS CENTER	Date [MM/DD/YYYY]	11/01/2021	\$	312.70
House #	Street Address	Description of Expenditure			
City		State		Zip Code	ELECTION DAY CARDS
To Whom Paid	WEISS SUPER MARKET	Date [MM/DD/YYYY]	11/01/2021	\$	202.23
House #	Street Address	Description of Expenditure			
City	BETHLEHEM	State		Zip Code	ELECTION NIGHT FOOD
To Whom Paid	STAPLOS	Date [MM/DD/YYYY]	11/04/2021	\$	92.16
House #	Street Address	Description of Expenditure			
City	BETHLEHEM	State		Zip Code	POST ELECTION CARDS

**SCHEDULE III
Statement of Expenditures**

Filer Identification Number:	
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To Whom Paid:	BUD HACKETT	Date [MM/DD/YYYY]	11/05/2021	\$	724.03
House #:	201	Street Address:	E MACADA RD.	Description of Expenditure	
City:	Bethlehem	State:	PA	Zip Code:	18017
Campaign Reimbursement					

To Whom Paid:	JOHN SCHWALL	Date [MM/DD/YYYY]	11/05/2021	\$	1,250.00
House #:		Street Address:		Description of Expenditure	
City:		State:		Zip Code:	
TRUCK/DRIVER SIGNS					

To Whom Paid:	AMERICAN VEN	Date [MM/DD/YYYY]	11/10/2021	\$	2650.00
House #:		Street Address:		Description of Expenditure	
City:		State:		Zip Code:	
Video Production					

To Whom Paid:	SANTIAGO'S	Date [MM/DD/YYYY]	11/02/2021	\$	374.92
House #:	17	Street Address:	E THIRD ST.	Description of Expenditure	
City:	Bethlehem	State:	PA	Zip Code:	18015
Merchandise					

To Whom Paid:	ADAMS OUTDOOR	Date [MM/DD/YYYY]	11/02/2021	\$	725.40
House #:		Street Address:		Description of Expenditure	
City:		State:		Zip Code:	

To Whom Paid:		Date [MM/DD/YYYY]		\$	
House #:		Street Address:		Description of Expenditure	
City:		State:		Zip Code:	

To Whom Paid:		Date [MM/DD/YYYY]		\$	
House #:		Street Address:		Description of Expenditure	
City:		State:		Zip Code:	

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)		0
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				