

# Commonwealth of Pennsylvania - Campaign Finance Report

112

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

Filer Identification Number	Report Filed By (Mark X)	Candidate	<input type="checkbox"/>	Committee	<input checked="" type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist		Elect Scott Zelov					
Street Address		220 Rose Lane					
City	Haverford	State	PA	Zip Code	19041		

Type of Report (Place x under report type)

1- 6 <sup>th</sup> Tuesday Pre-Primary	2- 2 <sup>nd</sup> Friday Pre-Primary	3- 30 Day Post Primary	4- 6 <sup>th</sup> Tuesday Pre-Election	5- 2 <sup>nd</sup> Friday Pre-Election	6- 30 Day Post Election	7- Annual	Special 2 <sup>nd</sup> Friday Pre-Election	Special 30 Day Post-Election
<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"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)		11/03/2015	Year	46, REP, Oth	Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	06/09/2015	10/19/2015	
A. Amount Brought Forward From Last Report	\$	64,223.4	OCT 26 PM 3:24 2015
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	1,000	
C. Total Funds Available (Sum of Lines A and B)	\$	65,223.4	
D. Total Expenditures (From Schedule III)	\$	4,850	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	60,373.4	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0	
G. Repaid Debts and Obligations (From Schedule IV)	\$	0	

Affidavit Section

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.

to and subscribed before me this \_\_\_\_\_ day of October 20 15

Joel Cooperman Signature  
 Joel Cooperman, Treasurer  
 Signature of Person Submitting report

484 Area Code      437-7777 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 October 20 15

Joel S. Kelley Signature  
 My Commission expires 01-15-2017  
 MO. DAY YR.

V. Scott Zelov Signature of Candidate  
 V. Scott Zelov  
 Printed Name  
 610 Area Code      256-4120 Daytime Telephone Number

COMMONWEALTH OF PENNSYLVANIA

NOTARIAL SEAL  
 JOEY L. KELLEY, Notary Public  
 Township of Lower Merion, Montgomery County  
 My Commission Expires January 15, 2017

**COMMONWEALTH OF PENNSYLVANIA**  
 NOTARIAL SEAL  
 JOEY L. KELLEY, Notary Public  
 Township of Lower Merion, Montgomery County  
 My Commission Expires January 15, 2017

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SCHEDULE I  
**Contributions and Receipts**  
Detailed Summary Page

<b>Filer Identification Number</b>	Elect Scott Zelov
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**1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor**

Total for the reporting period (1)	\$	0
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**2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)**

Contributions Received from Political Committees (Part A)	\$	0
All Other Contributions (Part B)	\$	0
Total for the reporting period (2)	\$	0

**3. Contributions Over \$250.00 (From Part C and Part D)**

Contributions Received from Political Committees (Part C)	\$	0
All Other Contributions (Part D)	\$	500
Total for the reporting period (3)	\$	500

**4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)**

Total for the reporting period (4)	\$	500
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>	\$	1,000

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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.

<b>Filer Identification Number</b>	Elect Scott Zelov
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							Amount	
<b>Full Name of Contributing Committee</b>						<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>	<b>Street Address</b>					<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>			<b>State</b>		<b>Zip Code</b>	<b>Date [MM/DD/YYYY]</b>	\$	
<b>Full Name of Contributing Committee</b>						<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>	<b>Street Address</b>					<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>			<b>State</b>		<b>Zip Code</b>	<b>Date [MM/DD/YYYY]</b>	\$	
<b>Full Name of Contributing Committee</b>						<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>	<b>Street Address</b>					<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>			<b>State</b>		<b>Zip Code</b>	<b>Date [MM/DD/YYYY]</b>	\$	
<b>Full Name of Contributing Committee</b>						<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>	<b>Street Address</b>					<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>			<b>State</b>		<b>Zip Code</b>	<b>Date [MM/DD/YYYY]</b>	\$	
<b>Full Name of Contributing Committee</b>						<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>	<b>Street Address</b>					<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>			<b>State</b>		<b>Zip Code</b>	<b>Date [MM/DD/YYYY]</b>	\$	
<b>Full Name of Contributing Committee</b>						<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>	<b>Street Address</b>					<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>			<b>State</b>		<b>Zip Code</b>	<b>Date [MM/DD/YYYY]</b>	\$	
<b>Full Name of Contributing Committee</b>						<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>	<b>Street Address</b>					<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>			<b>State</b>		<b>Zip Code</b>	<b>Date [MM/DD/YYYY]</b>	\$	

PART B

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**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.)

<b>Filer Identification Number:</b>	Elect Scott Zelov
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<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>	\$
<b>House #</b>	<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>	\$
<b>City</b>		<b>State</b>		<b>Zip Code</b>	<b>Date [MM/DD/YYYY]</b>	\$
<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>	\$
<b>House #</b>	<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>	\$
<b>City</b>		<b>State</b>		<b>Zip Code</b>	<b>Date [MM/DD/YYYY]</b>	\$
<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>	\$
<b>House #</b>	<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>	\$
<b>City</b>		<b>State</b>		<b>Zip Code</b>	<b>Date [MM/DD/YYYY]</b>	\$
<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>	\$
<b>House #</b>	<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>	\$
<b>City</b>		<b>State</b>		<b>Zip Code</b>	<b>Date [MM/DD/YYYY]</b>	\$
<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>	\$
<b>House #</b>	<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>	\$
<b>City</b>		<b>State</b>		<b>Zip Code</b>	<b>Date [MM/DD/YYYY]</b>	\$
<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>	\$
<b>House #</b>	<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>	\$
<b>City</b>		<b>State</b>		<b>Zip Code</b>	<b>Date [MM/DD/YYYY]</b>	\$
<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>	\$
<b>House #</b>	<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>	\$
<b>City</b>		<b>State</b>		<b>Zip Code</b>	<b>Date [MM/DD/YYYY]</b>	\$

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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:	Elect Scott Zelov
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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]	\$	
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

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**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)

<b>Filer Identification Number:</b>	Elect Scott Zelov
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<b>Full Name of Contributor</b>		Robert Burch			<b>Date [MM/DD/YYYY]</b>	\$	500
					06/26/15		
<b>House #</b>	840	<b>Street Address</b>	First Avenue, Suite 200			<b>Date [MM/DD/YYYY]</b>	\$
<b>City</b>	King of Prussia	<b>State</b>	PA	<b>Zip Code</b>	19406	<b>Date [MM/DD/YYYY]</b>	\$
<b>Employer Name</b>		Red Badge, Inc.			<b>Occupation</b>	CEO	
<b>Employer Mailing Address / Principal Place of Business</b>		840 First Avenue, Suite 200, King of Prussia, PA 19406					
<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>		<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>	\$
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$
<b>Employer Name</b>					<b>Occupation</b>		
<b>Employer Mailing Address / Principal Place of Business</b>							
<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>		<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>	\$
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$
<b>Employer Name</b>					<b>Occupation</b>		
<b>Employer Mailing Address / Principal Place of Business</b>							
<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>		<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>	\$
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$
<b>Employer Name</b>					<b>Occupation</b>		
<b>Employer Mailing Address / Principal Place of Business</b>							

# Other Receipts

REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

<b>Filer Identification Number:</b>	Elect Scott Zelov
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<b>Full Name</b>		Friends of Cary McClain							
<b>House #</b>	90	<b>Street Address</b>		Cricket Avenue					
<b>City</b>		Ardmore	<b>State</b>	PA	<b>Zip Code</b>	19003	<b>Date [MM/DD/YYYY]</b>	\$	500
						07/19/2015			
<b>Receipt Description</b>		Return of "Elect Scott Zelov" donation check							

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

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

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

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

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

# 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:	Elect Scott Zelov
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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)	\$ 0

<b>2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.00 (FROM PART F)</b>		
TOTAL for the reporting period	(2)	\$ 0

<b>3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART G)</b>		
TOTAL for the reporting period	(3)	\$ 0

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)		\$ 0
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SCHEDULE II  
PART F

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**In-Kind Contributions Received**

VALUE OF \$50.01 TO \$250

<b>Filer Identification Number:</b>	Elect Scott Zelov
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<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>	\$
<b>House #</b>		<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>	\$
<b>City</b>		<b>State</b>		<b>Zip Code</b>	<b>Date [MM/DD/YYYY]</b>	\$
<b>Description of Contribution</b>						
<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>	\$
<b>House #</b>		<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>	\$
<b>City</b>		<b>State</b>		<b>Zip Code</b>	<b>Date [MM/DD/YYYY]</b>	\$
<b>Description of Contribution</b>						
<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>	\$
<b>House #</b>		<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>	\$
<b>City</b>		<b>State</b>		<b>Zip Code</b>	<b>Date [MM/DD/YYYY]</b>	\$
<b>Description of Contribution</b>						
<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>	\$
<b>House #</b>		<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>	\$
<b>City</b>		<b>State</b>		<b>Zip Code</b>	<b>Date [MM/DD/YYYY]</b>	\$
<b>Description of Contribution</b>						

SCHEDULE II

Part G

10/17

**In-Kind Contributions Received**

VALUE OVER \$250

<b>Filer Identification Number:</b>	Elect Scott Zelov
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<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>	<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>	<b>Date [MM/DD/YYYY]</b>	\$	
<b>Employer Name</b>					<b>Occupation</b>		
<b>Employer Mailing Address / Principal Place of Business</b>					<b>Description of Contribution</b>		
<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>	<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>	<b>Date [MM/DD/YYYY]</b>	\$	
<b>Employer Name</b>					<b>Occupation</b>		
<b>Employer Mailing Address / Principal Place of Business</b>					<b>Description of Contribution</b>		
<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>	<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>	<b>Date [MM/DD/YYYY]</b>	\$	
<b>Employer Name</b>					<b>Occupation</b>		
<b>Employer Mailing Address / Principal Place of Business</b>					<b>Description of Contribution</b>		
<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>	<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>	<b>Date [MM/DD/YYYY]</b>	\$	
<b>Employer Name</b>					<b>Occupation</b>		
<b>Employer Mailing Address / Principal Place of Business</b>					<b>Description of Contribution</b>		

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**SCHEDULE III  
Statement of Expenditures**

<b>Filer Identification Number:</b>	Elect Scott Zelov
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<b>To Whom Paid</b>		Friends of Lower Merion			<b>Date [MM/DD/YYYY]</b>	\$	100
					06/16/2015		
<b>House #</b>	90	<b>Street Address</b>	Cricket Avenue		<b>Description of Expenditure</b>		
<b>City</b>	Ardmore	<b>State</b>	PA	<b>Zip Code</b>	19003	Fundraiser	
<b>To Whom Paid</b>		Cirillo for Judge			<b>Date [MM/DD/YYYY]</b>	\$	250
					07/02/2015		
<b>House #</b>	624	<b>Street Address</b>	Hazelhurst Road		<b>Description of Expenditure</b>		
<b>City</b>	Merion Station	<b>State</b>	PA	<b>Zip Code</b>	19066	Donation	
<b>To Whom Paid</b>		Friends of Tiffany O'Neill			<b>Date [MM/DD/YYYY]</b>	\$	500
					07/19/2015		
<b>House #</b>	504	<b>Street Address</b>	Harrinton Road		<b>Description of Expenditure</b>		
<b>City</b>	Bryn Mawr	<b>State</b>	PA	<b>Zip Code</b>	19010	Donation	
<b>To Whom Paid</b>		Friends of Cary McClain			<b>Date [MM/DD/YYYY]</b>	\$	500
					07/19/2015		
<b>House #</b>	90	<b>Street Address</b>	Cricket Avenue		<b>Description of Expenditure</b>		
<b>City</b>	Ardmore	<b>State</b>	PA	<b>Zip Code</b>	19003	Donation	
<b>To Whom Paid</b>		Friends of Bill Whiteside			<b>Date [MM/DD/YYYY]</b>	\$	250
					08/20/2015		
<b>House #</b>	624	<b>Street Address</b>	Hazelhurst Road		<b>Description of Expenditure</b>		
<b>City</b>	Merion Station	<b>State</b>	PA	<b>Zip Code</b>	19066	Donation	
<b>To Whom Paid</b>		Cirillo for Judge			<b>Date [MM/DD/YYYY]</b>	\$	500
					09/17/2015		
<b>House #</b>	624	<b>Street Address</b>	Hazelhurst Road		<b>Description of Expenditure</b>		
<b>City</b>	Merion Station	<b>State</b>	PA	<b>Zip Code</b>	19066	Donation	
<b>To Whom Paid</b>		Republican Committee of Lower Merion and Narberth			<b>Date [MM/DD/YYYY]</b>	\$	2,500
					09/24/2015		
<b>House #</b>	90	<b>Street Address</b>	Cricket Avenue		<b>Description of Expenditure</b>		
<b>City</b>	Ardmore	<b>State</b>	PA	<b>Zip Code</b>	19003	Donation	
<b>To Whom Paid</b>		Montgomery County Republican Committee			<b>Date [MM/DD/YYYY]</b>	\$	250
<b>House #</b>	860	<b>Street Address</b>	Penllyn Blue Bell Pike, Suite 240		<b>Description of Expenditure</b>		
<b>City</b>	Blue Bell	<b>State</b>	PA	<b>Zip Code</b>	19422	Donation	

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## Statement of Unpaid Debts

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

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