CAMPAIGN FINANCE REPORT

PAGE	1	OF	11
			(COVER PAGE)

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

Filer Identification	Report		CANDID	SATE 1.	COMM		2.	LOBBYIS II
Number: Name of Filing Committee, Candidate or Lobbyist.	Filed By		CAN-	ATE X	<u> </u>		<u> </u>	
Stewart J. Greenleaf Tr.	- I - I - I - I - I - I - I - I - I - I							
Street Address: 417 Bartram Road								
City: Willow Grove			State:	A	Zip Code	de: ¹ 090		3120
TYPE OF STH-TUESDAY 1. 2NI	NO FRIDAY 2.	* * * *	DAY DST PRIMA	ARX	AMENDM	MENT	YES	*** ×
REPORT PRE-PRIMARY 4. 2NI	ND FRIDAY 5.	5. 30	DAY	6.	TERMINA REPORTS	LATION	ÝES	No X
(place X to the right of ANNUAL 7.	RE-ELECTION YEAR	FILI	OST ELECTI	HOD N	REPORT?	2112111214		DISKETTE
report type) REPORT		() CHECK	ONE	11			CILL BURGH
Name of Office Sought by Candidate:			DATE OF	ELECTION YEAR	District Number	Office Code	ء ار	Party County Code Code
Montgomery County Controller			11 02	,	'	OT H		EP 46
· · · · · · · · · · · · · · · · · · ·				#	-	OR OFF		ISE ONLY
Summary of Receipts and Expenditures from:			10. DAY		S S	STC.		品
A. Amount Brought Forward From Last Report		\$-216	.49		」		문 -	\bigcirc
B. Total Monetary Contributions and Receipts (Fro		\$ 300				없음	2	
C. Total Funds Available (Sum of Lines A and B)		\$ 94.	.49		j	ROP P	σ	\leq
D. Total Expenditures (From Schedule III)		\$ 300.			退	说	-:-	(-)
E. Ending Cash Balance (Subtract Line D from Lin		5-216	.49			و (_	Ü	
F. Value of In-Kind Contributions Received (From		\$ 0			1.,			
G. Unpaid Debts and Obligations (From Schedule I	(V)	\$ ()			<u> </u>			
PART I - If this is a Committee report, treasure		VIT SECTION		ata rebort, il	~sndidate	eian her	Mac III ik.	
I swear (or affirm) that this report, including the attache								
correct and complete. Sworn to end subscribed before me this				11	1	,		
2 day of December	20 10]		NI			-	
A Dia		_	<	Signsture of Stewart	of Person S	, ρ	g Repor	t
Signature		} —) 1 Ewa	Printed Na		Jr.	
My commission expires 04- 23- 29 MO. DAY	YR.	_	Area Co	-ade		<u>/77-/</u>	000 Telepho	ne Number
NO. DA								
PART II this Elles A Candidate A	Authorized Com					AFRICA		
P.L. 333 WIJ TBON TAND MONIGONERY CNTY ledge and P.L. 333 WIJ TBON TAND MONIGONERY CNTY ledge and Subscribed before Apr 23, 2013	nd belief this polit	tical comm	ittee has n	not violated a	iny provisio	ons of the	⊯a Act o	if June 3, 1937
day of	20] _		Sig	nature of Ci	**************************************		
	Parallelle in a sum and a market	} _	- 					
Signature My commission expires					Printed Na	ame		
My commission expires MO. DAY	YR.) —	Area Co	Jode		Daytime "	Telepho	ne Number

Department of State ● Bureau of Commissions, Elections and Legislation 210 North Office Building ● Harrisburg, PA 17120-0029 ● (717) 787-5280

PAGE	2	OF	11

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Detailed Summary Fage					
Name of Filing Committee or Candidate	Reporting Period				
Stewart J. Greenlanf Jr.	From <u>lol</u> (9/2010 TO 11/12/2010			
1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS	S PER CONT	RIBUTOR			
TOTAL for the Reporting Perio		1			
2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART	В)				
Contributions Received from Political Committees (Part A)		\$ 0			
All Other Contributions (Part B)	\$ 0				
TOTAL for the Reporting Perio	od (2)	\$ 0			
3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D) Contributions Received from Political Committees (Part C)		\$ 300.00			
All Other Contributions (Part D)		\$ 0			
TOTAL for the Reporting Period	od (3)				
4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED	CHECKS, ET	C. (FROM PART E)			
TOTAL for the Reporting Period	od (4)	\$ <i>O</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		\$ 300.00			

Cover Page, Item B.)

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	R	Reporting Period From (0/19/100 To 11/11/1010				
Stewart J. Greenleaf, Jr.		From (0	וואןשוני			
				DATE	٠. د سي	AMOUNT
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
		Zip Code (Plus 4)	1 122 = 1		VELC	*
City	State	Lip Code (Flus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee			. MO.	DAY	YEAR	
			, MO.	DAY	YEAR	\$
Mailing Address			, RAID.			\$
City	State	Zip Code (Plus 4)	Mo	DAY	YEAR	æ
		-	4		Uma +	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		DAY	YEAR	_
City	SISIC	_/p 0000 \F103 9/	<u>M0.</u>	T DAY	CAN	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	¢
Mailing Address			MO.	DAY	YEAR	\$
			<u>MQ.</u>	UAT!!	CRAR!	\$
City	State	Zip Code (Plus 4)	мо	DAY	YEAR	d.
		-			- Veri-	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
CIIV	State	Zip Code (Plus 4)		DAY	YEAR	—
City	9787¢	TIP DONG ILIUS 4)	MO.	LAY	, sak	\$
Full Name of Contributing Committee			Mo.	DAY	YEAR	\$
Mailing Address	****		MO.	DAY	YEAR	
			71.01		<u></u>	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
		_	+	DAY	VEAR	1
Full Name of Contributing Committee			MU.	J. S. DARES	I CARL	\$
Mailing Address			MQ.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	T
····		-				\$
Full Name of Contributing Committee			MO.	. DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	
						\$
City	State	Zip Code (Plus 4)	MO	DAY	YEAR	\$
	<u> </u>					PAGE TOTAL
Enter Grand Total of Part A on	Schedule I	, Detailed Summa	ary Page	ı, Sectio	on 2.	\$ ()
						_ · U

PART B **ALL OTHER CONTRIBUTIONS**

\$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	Reporting Period	
Stewart J. Greenleaf, Jr.	Fram 10/19/100	U TO 11/11/2010
Money or a transfer of the	DATE	AMOUNT

Hewart J. Wicenleat, Jr.				DATE		AMOUNT
Full Name of Contributor			Mó.	DAY	YEAR	\$
Mailing Address			MO.	DAÝ	YEAR	
Matthig Address						\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
						\$
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	
•						\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
						*
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			МО	DAY	YEAR	<u> </u>
·						\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	•
						\$
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	
•						\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
						\$
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	
						\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	•
						\$
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	
•						\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	*
						\$
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	A
						\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
			1100	7840	VEAD	
Full Name of Contributor			MO	DAY	YEAR	\$
Mailing Address	······································		MO.	DAY	YEAR	4
						\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
				<u></u>		PAGE TOTAL
			_		_	_
Enter Grand Total of Part B on	Schedule I,	Detailed Summar	y Page,	Sectio	n 2.	\$ <i>(</i>)

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					porting F		10 - 4/11/24
Stewart J. Greenleaf Jc					rom 16	117120	10 To 11/12/2010
					DATE		AMOUNT
Full Name of Contributing Committee Friends of Stewart Greenleaf Meiling Address				MO. 10		YEAR DULO	\$ 300.00
Mailing Address L+17 BartramBoad P.O.Box 155 City				MO.	DAY	YEAR	\$
Willow Grove	State PA	19096	(Plus 4) -0155	MO:	DAY	YEAR	\$
Full Name of Contributing Committee		W 070		Mo.	DAY	YEAR	\$
				MO.	DAY	YEAR	
Mailing Address				7,7,	-r11: '		\$
City	State	Zip Code	(Plus 4)	MQ.	DAY	YEAR	\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address	,,			MO.	DAY	YEAR	\$
City	State	Zip Code	(Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MÓ.	DAY	YEAR	\$
City	State	Zip Code	(Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	<u> </u>			MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code	(Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee			······································	MO.	DAY	YEAR	\$
Mailing Address	****	<u></u>		мо.	DAY	YEAR	\$
City	State	Zip Code	(Pius 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	L	<u></u>		MO	DAY	YEAR	\$
Mailing Address			- · · · · · · · · · · · · · · · · · · ·	MO.	DAY	YEAR	\$
Clty	State	Zip Code	(Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee				MO,	DAY	YEAR	\$
Mailing Address			***************************************	MO.	DAY	YEAR	\$
City	State	Žip Code	(Plus 4)	MO;	DAY	YEAR	\$
			C		<u> </u>		PAGE TOTAL
Enter Grand Total of Part C on Sch	redule	I, Detailed	Summar	y Page,	Section	n 3.	\$ 300.00

PART D **ALL OTHER CONTRIBUTIONS**

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.)

lame of Filing Committee or Candidate				porting F	riod	+ 1/11/24s
Stewart J. Greenleaf, Jr.				rom 10	و اسد ایرا)	To 11/12/2010
				DATE		AMOUNT
ull Name of Contributor			MQ.	DAY	YEAR	\$
ailing Address			MO.	DAY	YEAR	\$
îty	State	Zip Code (Plus 4)	MO.	DAY .	YEAR	•
mployer Name		_	Occupatio	n		\$
mployer Mailing Address/Principal P	lace of Business					
uli Name of Contributor			MQ.	DAY	YEAR	\$
ailing Address		W	MO.	DAY	YEAR	\$
ioning read the						.
İty	State	Zip Code (Plus 4)	MQ.	DAY	YEAR	\$
- Laver Name			Occupation	วก	<u> </u>	4
mployer Name						
mployer Mailing Address/Principal P	lace of Business					
ull Name of Contributor			MO.	DAY	YEAR	¢
					VELD	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer Name		· · · · · · · · · · · · · · · · · · ·	Occupation			
Employer Mailing Address/Principal F	Place of Business		1			Mond
full Name of Contributor			MO	DAY	YEAR	\$
Mailing Address			MO,	DAY	YEAR	\$
	la	7in Codo IBino Al	27.64		Vern	-
City	State	Zip Code (Pius 4)	MO.	DAY	YEAR	\$
Employer Name			Occupation			
Employer Mailing Address/Principal	Place of Business					
			MO.	DAY	YEAR	
Full Name of Contributor			1			\$
Mailing Address			MO.	DAY	YEAR	\$
City State Zip Code (Plus 4)				DAY	YEAR	\$
Employer Name			Occupation			
Employer Mailing Address/Principal	Place of Business					
			· · · · · · · · · · · · · · · · · · ·			PAGE TOTAL
Enter Grand Total of Par	t D on Schedule I.	Detailed Summa	ry Page,	Section	on 3.	

SCHEDULE II

PAGE ______ OF ______

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		Reporting Period					
Stewart J. arcenleaf Ji.		From <u>101</u>	19/2010 T	0 11/11/2010			
1. UNITEMIZED IN-KIND CONTRIBUTION	S RECEIVED - VALUE OF \$	50.00 OR L	ESS PER	CONTRIBUTOR			
тот	AL for the Reporting Period	d (1)	\$ 12				
2. IN-KIND CONTRIBUTIONS RECEIVED	- VALUE OF \$50.01 TO \$25	0.00 (FROM	A PART F)				
тот	AL for the Reporting Period	d (2)	\$ ()				
			1	4. (100)			
3. IN-KIND CONTRIBUTION RECEIVED -	VALUE OVER \$250.00 (FRC	M PART G					
тот	AL for the Reporting Period	ı (3)	\$ 0				
				11 10 11 10 11 11 11 11 11 11 11 11 11 1			
TOTAL VALUE OF IN-KIND CONTRIBUTION	ONS DURING THIS						
REPORTING PERIOD (Add and enter amount and 3; also enter on Page 1, Report Cove	t totals from Boxes 1, 2,		\$ 0				
	, , 						

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate	Reporting Period	
Stewart J. Greenleaf Tr.	From 10/19/1400	To 11/22/2010
) (eway J. Oleenear, VI.	l	

				DATE		AMOUNT
Full Name of Contributor			MO.	DAY:	YEAR	\$
			<u> </u>			Ψ
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY:	·YEAR.:	\$
Description of Contribution:	<u></u>		<u> </u>		<u></u> <u>J</u>	
			1 44	~AV I	V# 4 D	
Full Name of Contributor			MO.		YEAR	\$
Mailing Address			Mo.	DAY:	. YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Description of Contribution:	<u> </u>		11			Mark of Title
				NT 12 3 3 2 3 1 1	1.000	
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	Mo.	DAY	YEAR	\$
Description of Contribution				L	<u> </u>	
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Description of Contribution:		<u> </u>	<u></u>	<u></u>		
			40		TOPS 6	
Full Name of Contributor			MO.			\$
Mailing Address			MQ.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Description of Contribution:					l	
Full Name of Contributor			MO.	DAY	YEAR	
						\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	. MO.	DAY	YEAR	\$
Description of Contribution:	<u> </u>			<u> </u>		
						PAGE TOTAL
Enter Grand Total of Part F on Sche- Summary Page, Section 2.	dule li	i, In-Kind Contribu	tions De	tailed		\$ O
Summary Fage, Section 2.					,	

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate Stewart J. Greenleaf Jr.			^{R€}	porting f	reriod 5// a/sa	10 To (1/11/100		
					1 (7 (10)	10 To 11/11/10/0		
			7	DATE	VENO 1	AMOUNT		
Full Name of Contributor			MO.	DAY	YEAR	\$		
Mailing Address		· MO.	DAY	RASY	\$			
sity	State	Zip Code (Plus 4) —	MO.	DAY	YEAR	\$		
Employer of Contributor			Occupation	on				
Employer Mailing Address/Principal Place of Business			Descripti	on of Con	tribution			
Full Name of Contributor			MO.	DAY	YEAR	\$		
Mailing Address			MO.	DAY	YEAR	\$		
City	State	Zip Code (Plus 4)	MQ.	DAY	YEAR	\$		
Employer of Contributor			Occupation					
Employer Mailing Address/Principal Place of Business			Description of Contribution					
Full Name of Contributor			MO.	DAY	YEAR	\$		
Mailing Address		W	MO.	DAY	YEAR	\$		
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$		
Employer of Contributor	_1		Occupat	ion				
Employer Mailing Address/Principal Place of Busines	\$		Descript	ion of Cor	ntribution			
Full Name of Contributor		MÓ.	DAY	YEAR	\$			
Mailing Address		MO.	DAY	YEAR	\$			
City	State	Zip Code (Plus 4)	мо.	DAY	YEAR	\$		
Employer of Contributor			Occupation					
Employer Maifing Address/Principal Place of Busines	i S		Descrip	tion of Co	ntribution			
Full Name of Contributor	· · · · · · · · · · · · · · · · · · ·		MQ.	DAY	RABY	\$		
Mailing Address			MO.	DAY	YEAR	\$		
City	State	Zip Code (Plus 4)	Mo.	DAY	YEAR	\$		
Employer of Contributor			Occupa	tion				
Employer Mailing Address/Principal Place of Busines	55		Descrip	tion of Co	ontribution			
	الماسام ال	In Kind Contrib	uitione F)etailer		PAGE TOTAL		
Enter Grand Total of Part G on Sch Summary Page, Section 3.	recuie II	i, in-king Contrib	JULIONS L	CIGIIOL	•	\$ <i>D</i>		

OSEB-502 (7-99)

SCHEDULE III

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate				Reporting Period					
Stewart J. Greenleaf Jr.				From 10/19/2010 To 11/11/10/0					
J. Cover J. Orecated	7								
To Whom Paid				DAY	YEAR	Amount			
Montgomery County Rep	rublican Commit	tee	10)/ 	tol o	\$ 300.00			
Montgomery County Republican Committee Mailing Address 314 E. John Sun Highway, Suite 200 City State Zip Code (Plus 4)			Description of Expenditure						
514 L. JOHN 504 11194WW	State	Zip Code (Plus 4)	1144			The same same same same same same same sam			
Norristaun	PA	19401 -							
To Whom Paid			мо.	DAY	YEAR	Amount			
Mailing Address			Description	on of Expe	enditure	\$			
Mistilled wonless									
City	State	Zip Code (Plus 4)							
		-							
To Whom Paid			MO.	DAY	YEAR	Amount \$			
Mailing Address			Description	on of Exp	enditure				
City	State	Zip Code (Plus 4)							
				64V	l vest	Amount			
To Whom Paid			MO.	DAY	YEAR	\$			
Maiting Address			Descripti	on of Exp	enditure				
City	State	Zip Code (Plus 4)							
To Whom Paid			MO.	DAY	YEAR	Amount			
15 WIGHT FAIG					7.8 74,713.0	\$			
Mailing Address			Descripti	on of Exp	enditure				
City	State	Zip Code (Plus 4)							
		-							
To Whom Paid			MO.	DAY	YEAR	Amount			
				(-					
Mailing Address			Descripti	on of Exp	enditure				
City	State	Zip Code (Plus 4)	 						
		-							
To Whom Paid			MO.	DAY	YEAR	Amount			
			Descripti	ion of Exp	enditure.	<u></u>			
Mailing Address			Descripti						
City	State	Zip Code (Plus 4)							
	<u> </u>		<u> </u>	, , , , , , , , , , , , , , , , , , , ,					
To Whom Paid			MO.	DAY	YEAR	Amount \$			
Mailing Address			Descript	ion of Exp	penditura	<u> </u>			
City	State	Zip Code (Plus 4)							
			<u> </u>			PAGE TOTAL			
	ar	D) le	5					
Enter Grand Total of Exper	nditures on Page 1,	Heport Cover F	age, It	em D.		\$ 300.00			

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				
Stewart J. Greenleaf, Jr.			From 10/19/2010 To 1/11/2010				
7,000							
Name of Creditor					Outstanding Balance of Debt \$		
Mailing Address	DATE DEBT	MO.	DAY	YEAR			
City	INCURRED	State	Zip Code	(Plus 4)			
Description of Debt	to fall man a second se						
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		
	DATE		T BAY	L Vene	\$		
Mailing Address	DEBT INCURRED	MO.	DAY				
City		State	Zip Code —	(Plus 4)			
Description of Debt							
Name of Creditor					Outstanding Balance of Debt		
Mailing Address	DATE	MO.	DAY	YEAR			
City	DEBT INCURRED	State	Zip Code	(Plus 4)			
				·	The first of the state of the s		
Description of Debt							
Name of Creditor					Outstanding Balance of Deb		
Mailing Address	DATE DEBT	MO.	DAY	YEAR			
Сіту	INCURRED	State	Zip Code	(Plus 4)			
Description of Debt							
					Outstanding Balance of Deb		
Name of Creditor					\$		
Mailing Address	DATE DEBT INCURRED	MO	DAY	YEAR			
City		State	Zip Code	(Pius 4) -			
Description of Debt			<u> </u>		Bir Ciri iyanganda, dira sasada Ciri dir. sasa sasanga kini kirasa sasa sasafini		
					PAGE TOTAL		
Enter Grand Total of Unpaid Debts on	Page 1, Report Cover	Page,	Item G.		\$ <i>(</i>)		