

Commonwealth of Pennsylvania
CAMPAIGN FINANCE REPORT

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

Filer Identification Number: 23-2992515	Report Filed By: CANDIDATE	1. <input type="checkbox"/> CANDIDATE	2. <input checked="" type="checkbox"/> COMMITTEE	3. <input type="checkbox"/> LOBBYIST
Name of Filing Committee, Candidate or Lobbyist: Committee to Elect Makowski and Pizano				
Street Address: 575 Pierce Street, Suite 203				
City: Kingston		State: PA	Zip Code: 18704	
TYPE OF REPORT (place X to the right of report type)	1. 1 ST TUESDAY PRE-PRIMARY	2. 2 ND FRIDAY PRE-PRIMARY	3. 3 RD DAY POST-PRIMARY	AMENDMENT REPORT
	4. 5 TH TUESDAY PRE-ELECTION	5. 2 ND FRIDAY PRE-ELECTION	6. 3 RD DAY POST-ELECTION	TERMINATION REPORT
	7. ANNUAL REPORT	YEAR: 2005	BILING METHOD: <input checked="" type="checkbox"/> CHECK ONE	<input checked="" type="checkbox"/> PAPER <input type="checkbox"/> DISKETTE

Name of Office Sought by Candidate:	DATE OF ELECTION	District Number	Office Code	Party Code	County Code
	MO. DAY YEAR 5 17 2005		OTH	DEM	40
(SEE INSTRUCTIONS FOR CODES)					

Summary of Receipts and Expenditures from:	MO.	DAY	YEAR	To	MO.	DAY	YEAR	
		1	1	2005		5	2	2005
A. Amount Brought Forward From Last Report								\$ 18,557.27
B. Total Monetary Contributions and Receipts (From Schedule I)								\$ 15,000.00
C. Total Funds Available (Sum of Lines A and B)								\$ 33,557.27
D. Total Expenditures (From Schedule III)								\$ 15,006.00
E. Ending Cash Balance (Subtract Line D from Line C)								\$ 18,551.27
F. Value of In-Kind Contributions Received (From Schedule II)								\$.00
G. Unpaid Debts and Obligations (From Schedule IV)								\$.00

RECEIVED
 7-6 PM 12:42
 DEPT. OF ELECTIONS
 NE COUNTY, PA.

AFFIDAVIT SECTION

PART I - If this is a Committee report, treasurer signs here. If this is a Candidate report, candidate signs here.

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

Sworn to and subscribed before me this 3rd day of May 2005

Mary Pamela Amos
 COMMONWEALTH OF PENNSYLVANIA
 NOTARY PUBLIC
 MARY PAMELA AMOS, Notary Public
 Kingston Boro, Luzerne County
 My commission expires June 27 2008

Daniel P. McCormick
 Signature of Person Submitting Report
Daniel P. McCormick
 Printed Name
 570 824-3543
 Area Code Daytime Telephone Number

PART II - If this is a report of 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 5th day of May 2005

Susan J. Stain
 Signature
 My commission expires 3-29-09
 MO. DAY YR.

Thomas A. Makowski
 Signature of Candidate
Thomas A. Makowski
 Printed Name
 570 821-6581
 Area Code Daytime Telephone Number

COMMONWEALTH OF PENNSYLVANIA
 Department of State
 NOTARY PUBLIC
 SUSAN J. STAIR, NOTARY PUBLIC
 KINGSTON, LUZERNE COUNTY
 MY COMMISSION EXPIRES MAR. 29, 2009

Bureau of Commissions, Elections and Legislation
 Harrisburg, PA 17120-0029 • (717) 787-5280

CAMPAIGN FINANCE REPORT

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

Filer Identification Number: 23-2992515	Report Filed By: CANDIDATE	1. CANDIDATE	2. COMMITTEE	3. LOBBYIST
Name of Filing Committee, Candidate or Lobbyist: Committee to Elect Makowski and Pizano				
Street Address: 575 Pierce Street, Suite 203				
City: Kingston		State: PA	Zip Code: 18704	
TYPE OF REPORT (place X to the right of report type)	1. 1 ST THURSDAY PRE-PRIMARY	2. 2 ND FRIDAY PRE-PRIMARY	3. 30 DAY POST-PRIMARY	AMENDMENT REPORT
	4. 6 TH THURSDAY PRE-ELECTION	5. 2 ND FRIDAY PRE-ELECTION	6. 30 DAY POST-ELECTION	TERMINATION REPORT
	7. ANNUAL REPORT	YEAR: 2005	FILING METHOD: CHECK ONE	PAPER: X DISKETTE

Name of Office Sought by Candidate:	DATE OF ELECTION	District Number	Office Code	Party Code	County Code
	MO. DAY YEAR 5 17 2005		OTH	DEM	40
			(SEE INSTRUCTIONS FOR CODES)		

Summary of Receipts and Expenditures from:	MO. DAY YEAR 1 1 2005	To	MO. DAY YEAR 5 2 2005	FOR OFFICE USE ONLY															
	<table border="1"> <tr><td>A. Amount Brought Forward From Last Report</td><td>\$ 18,557.27</td></tr> <tr><td>B. Total Monetary Contributions and Receipts (From Schedule I)</td><td>\$ 15,000.00</td></tr> <tr><td>C. Total Funds Available (Sum of Lines A and B)</td><td>\$ 33,557.27</td></tr> <tr><td>D. Total Expenditures (From Schedule III)</td><td>\$ 15,006.00</td></tr> <tr><td>E. Ending Cash Balance (Subtract Line D from Line C)</td><td>\$ 18,551.27</td></tr> <tr><td>F. Value of In-Kind Contributions Received (From Schedule II)</td><td>\$.00</td></tr> <tr><td>G. Unpaid Debts and Obligations (From Schedule IV)</td><td>\$.00</td></tr> </table>				A. Amount Brought Forward From Last Report	\$ 18,557.27	B. Total Monetary Contributions and Receipts (From Schedule I)	\$ 15,000.00	C. Total Funds Available (Sum of Lines A and B)	\$ 33,557.27	D. Total Expenditures (From Schedule III)	\$ 15,006.00	E. Ending Cash Balance (Subtract Line D from Line C)	\$ 18,551.27	F. Value of In-Kind Contributions Received (From Schedule II)	\$.00	G. Unpaid Debts and Obligations (From Schedule IV)	\$.00	
A. Amount Brought Forward From Last Report	\$ 18,557.27																		
B. Total Monetary Contributions and Receipts (From Schedule I)	\$ 15,000.00																		
C. Total Funds Available (Sum of Lines A and B)	\$ 33,557.27																		
D. Total Expenditures (From Schedule III)	\$ 15,006.00																		
E. Ending Cash Balance (Subtract Line D from Line C)	\$ 18,551.27																		
F. Value of In-Kind Contributions Received (From Schedule II)	\$.00																		
G. Unpaid Debts and Obligations (From Schedule IV)	\$.00																		

AFFIDAVIT SECTION

PART I - If this is a Committee report, measure signatory; if this is a Candidate report, candidate, sign here.

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

Sworn to and subscribed before me this 3rd day of May, 2005

[Signature]
Signature of Person Submitting Report
Daniel P. McCormick
Printed Name

Area Code: 570 Daytime Telephone Number: 824-3543

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 6th day of May, 2005

[Signature]
Signature of Candidate
Thomas P. Pizano
Printed Name

Area Code: 570 Daytime Telephone Number: 693-3762

COMMONWEALTH OF PENNSYLVANIA
NOTARIAL SEAL
SUSAN J. STAIR, NOTARY PUBLIC
KINGSTON, LUZERNE COUNTY
MY COMMISSION EXPIRES MAR. 29, 2009

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

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate Committee to Elect Makowski and Pizano	Reporting Period From 1/1/05 To 5/2/05
---	---

1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period	(1) \$

2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)	
Contributions Received from Political Committees (Part A)	\$
All Other Contributions (Part B)	\$
TOTAL for the Reporting Period	(2) \$

3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)	
Contributions Received from Political Committees (Part C)	\$
All Other Contributions (Part D)	\$
TOTAL for the Reporting Period	(3) \$

4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)	
TOTAL for the Reporting Period	(4) \$ 15,000.00

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 Cover Page, Item B.)	\$ 15,000.00
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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 Committee to Elect Makowski and Pizano	Reporting Period From <u>01/01/05</u> To <u>05/02/05</u>
--	---

Full Name of Contributing Committee	DATE			AMOUNT
	MO.	DAY	YEAR	
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				\$
Zip Code (Plus 4)				\$

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

PAGE TOTAL	
\$.00

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 Committee to Elect Makowski and Pizano	Reporting Period From 01/01/05 To 05/02/05
--	---

Full Name of Contributing Committee	DATE			AMOUNT
	MO.	DAY	YEAR	
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				\$
Zip Code (Plus 4)				\$

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.	PAGE TOTAL
	\$.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.)

Name of Filing Committee or Candidate Committee to Elect Makowski and Pizano	Reporting Period From <u>01/01/05</u> To <u>05/02/05</u>
--	---

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				
Zip Code (Plus 4)				
Employer Name	Occupation			
Employer Mailing Address/Principal Place of Business				

Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				
Zip Code (Plus 4)				
Employer Name	Occupation			
Employer Mailing Address/Principal Place of Business				

Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				
Zip Code (Plus 4)				
Employer Name	Occupation			
Employer Mailing Address/Principal Place of Business				

Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				
Zip Code (Plus 4)				
Employer Name	Occupation			
Employer Mailing Address/Principal Place of Business				

Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				
Zip Code (Plus 4)				
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	
\$.00

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.

Name of Filing Committee or Candidate Committee to Elect Makowski and Pizano	Reporting Period From <u>1/1/05</u> To <u>5/2/05</u>
--	---

Full Name Judge Mark Ciavarella Retention Committee						
---	--	--	--	--	--	--

Mailing Address 13 Lee Park Ave						
---	--	--	--	--	--	--

City Hanover Township	State PA	Zip Code (Plus 4) 18706 -	MO 5	DAY 2	YEAR 05	Amount \$ 15,000.00
---------------------------------	--------------------	-------------------------------------	----------------	-----------------	-------------------	-------------------------------

Receipt Description Returned Check						
--	--	--	--	--	--	--

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						
---------------------	--	--	--	--	--	--

PAGE TOTAL
\$ 15,000.00

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

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 Committee to Elect Makowski and Pizano	Reporting Period From 01/01/05 To 05/02/05
---	---

1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period	(1) \$

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.)	\$.00
--	----	-----

SCHEDULE II
PART F

IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate Committee to Elect Makowski and Pizano	Reporting Period From <u>01/01/05</u> To <u>05/02/05</u>
--	---

Full Name of Contributor	Mailing Address	City	State	Zip Code (Plus 4)	DATE			AMOUNT
					MO.	DAY	YEAR	\$
								\$
Description of Contribution:								\$
								\$
Description of Contribution:								\$
								\$
Description of Contribution:								\$
								\$
Description of Contribution:								\$
								\$
Description of Contribution:								\$
								\$
Description of Contribution:								\$
								\$
Description of Contribution:								\$
								\$
Description of Contribution:								\$

Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.

PAGE TOTAL	\$.00
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IN-KIND CONTRIBUTIONS RECEIVED
VALUE OVER \$250.00

Name of Filing Committee or Candidate Committee to Elect Makowski and Pizano	Reporting Period From <u>01/01/05</u> To <u>05/02/05</u>
--	---

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				
Zip Code (Plus 4)				
Employer of Contributor	Occupation			
Employer Mailing Address/Principal Place of Business	Description of Contribution			
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				
Zip Code (Plus 4)				
Employer of Contributor	Occupation			
Employer Mailing Address/Principal Place of Business	Description of Contribution			
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				
Zip Code (Plus 4)				
Employer of Contributor	Occupation			
Employer Mailing Address/Principal Place of Business	Description of Contribution			
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				
Zip Code (Plus 4)				
Employer of Contributor	Occupation			
Employer Mailing Address/Principal Place of Business	Description of Contribution			
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
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	\$.00
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SCHEDULE III

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate Committee to Elect Makowski and Pizano	Reporting Period From 01/01/05 To 05/02/05
--	---

To Whom Paid	MO.	DAY	YEAR	Amount
Judge Mark Ciavarella Retention Committee	4	10	05	\$ 15,000.00
Mailing Address 13 Lee Park Avenue	Description of Expenditure Contribution			
City Hanover Twp.	State PA	Zip Code (Plus 4) 18706 -		010
To Whom Paid PNC Bank				\$ 6.00
Mailing Address	Description of Expenditure Bank Service Charge			
City	State	Zip Code (Plus 4)		-
To Whom Paid				\$
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4)		-
To Whom Paid				\$
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4)		-
To Whom Paid				\$
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4)		-
To Whom Paid				\$
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4)		-
To Whom Paid				\$
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4)		-
To Whom Paid				\$
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4)		-

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

PAGE TOTAL
\$ 15,006.00

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 Committee to Elect Makowski and Pizano	Reporting Period From 01/01/05 To 05/02/05
--	---

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
	\$.00