

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:		Report Filed By:	CANDIDATE <sup>1.</sup>	COMMITTEE <sup>2.</sup> <input checked="" type="checkbox"/>	LOBBYIST <sup>3.</sup>					
Name of Filing Committee, Candidate or Lobbyist: <b>FRIENDS OF HAGGERTY</b>										
Street Address: <b>52 W. WALNUT ST.</b>										
City: <b>KINGSTON</b>		State: <b>PA</b>	Zip Code: <b>18704</b>							
TYPE OF REPORT  (place X to the right of report type)	8TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST PRIMARY	3.	AMENDMENT REPORT?	YES	NO	<input checked="" type="checkbox"/>
	8TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST ELECTION	6.	TERMINATION REPORT?	YES	NO	<input checked="" type="checkbox"/>
	ANNUAL REPORT	7.	YEAR		FILING METHOD <input checked="" type="checkbox"/> CHECK ONE		PAPER	<input checked="" type="checkbox"/>	DISKETTE	

Name of Office Sought by Candidate:	DATE OF ELECTION			District Number	Office Code	Party Code	County Code
	MO.	DAY	YEAR				
	11	8	2011		OTH	REP	40
(SEE INSTRUCTIONS FOR CODES)							

Summary of Receipts and Expenditures from:	MO.	DAY	YEAR	To	MO.	DAY	YEAR
	A. Amount Brought Forward From Last Report	1	1	11		10	24
B. Total Monetary Contributions and Receipts (From Schedule I)							
C. Total Funds Available (Sum of Lines A and B)							
D. Total Expenditures (From Schedule III)							
E. Ending Cash Balance (Subtract Line D from Line C)							
F. Value of In-Kind Contributions Received (From Schedule II)							
G. Unpaid Debts and Obligations (From Schedule IV)							

**FOR OFFICE USE ONLY**

RECEIVED

2011 OCT 26 PM 2:22

BOARD OF ELECTIONS  
 LUZERNE COUNTY, PA.

**AFFIDAVIT SECTION**

**PART I - 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 or computer diskette, are to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this 16th day of October 19 2011

Shelby Watchilla  
 Signature  
 NOTARIAL SEAL  
 SHELBY WATCHILLA  
 Notary Public  
 KINGSTON BOROUGH, LUZERNE COUNTY  
 My Commission Expires Mar 19, 2012

Nancy J. Cooper  
 Signature of Person Submitting Report  
NANCY J. COOPER  
 Printed Name  
570  
 Area Code  
287-2002  
 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 26th day of October 19 2011

Shelby Watchilla  
 Signature  
 NOTARIAL SEAL  
 SHELBY WATCHILLA  
 Notary Public  
 KINGSTON BOROUGH, LUZERNE COUNTY  
 My Commission Expires Mar 19, 2012

JAMES HAGGERTY  
 Signature of Candidate  
JAMES HAGGERTY  
 Printed Name  
570  
 Area Code  
288-3631  
 Daytime Telephone Number

# CONTRIBUTIONS AND RECEIPTS

## Detailed Summary Page

Name of Filing Committee or Candidate <b>FRIENDS OF HAGGERTY</b>	Reporting Period From <u>1-1-11</u> To <u>10-24-11</u>
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<b>1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR</b>	
TOTAL for the Reporting Period	(1) \$ <u>.00</u>

<b>2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)</b>	
Contributions Received from Political Committees (Part A)	\$ <u>.00</u>
All Other Contributions (Part B)	\$ <u>.00</u>
TOTAL for the Reporting Period	(2) \$ <u>.00</u>

<b>3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)</b>	
Contributions Received from Political Committees (Part C)	\$ <u>.00</u>
All Other Contributions (Part D)	\$ <u>.00</u>
TOTAL for the Reporting Period	(3) \$ <u>.00</u>

<b>4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)</b>	
TOTAL for the Reporting Period	(4) \$ <u>.00</u>

<b>TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD</b> (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B.)	\$ <u>.00</u>
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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 <span style="font-size: 1.2em; font-family: cursive;">FRIENDS OF HAGGERTY</span>	Reporting Period From <u>1-1-11</u> To <u>10-31-11</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)				\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				\$
Zip Code (Plus 4)				\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				\$
Zip Code (Plus 4)				\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				\$
Zip Code (Plus 4)				\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				\$
Zip Code (Plus 4)				\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				\$
Zip Code (Plus 4)				\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				\$
Zip Code (Plus 4)				\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				\$
Zip Code (Plus 4)				\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				\$
Zip Code (Plus 4)				\$
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
\$ <span style="font-size: 1.5em; font-family: cursive;">00</span>

# 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 <b>FRIENDS OF HAGGERDY</b>	Reporting Period From <b>1-1-11</b> To <b>10-24-11</b>
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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
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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 <b>FRIENDS OF HAGGERTY</b>	Reporting Period From <u>1-1-11</u> To <u>10-31-11</u>
---	---

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

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

PAGE TOTAL \$ <u>00</u>
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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 <b>FRIENDS OF HAGGERTY</b>	Reporting Period From <u>1-11</u> To <u>10-31-11</u>
---	---

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
Mailing Address				\$
City				\$
Employer Name				\$
Employer Mailing Address/Principal Place of Business				

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
Mailing Address				\$
City				\$
Employer Name				\$
Employer Mailing Address/Principal Place of Business				

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
Mailing Address				\$
City				\$
Employer Name				\$
Employer Mailing Address/Principal Place of Business				

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
Mailing Address				\$
City				\$
Employer Name				\$
Employer Mailing Address/Principal Place of Business				

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
Mailing Address				\$
City				\$
Employer Name				\$
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 <b>FRIENDS OF HAGGERTY</b>	Reporting Period From <u>1-1-11</u> To <u>10-31-11</u>
---	---

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						

Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount
		-				\$
Receipt Description						

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.	PAGE TOTAL \$ <u>00</u>
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**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
FRIENDS OF HAGGETTY	From <u>1-1-11</u> To <u>10-31-11</u>

<b>1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR</b>	
TOTAL for the Reporting Period	(1) \$ <u>.00</u>

<b>2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)</b>	
TOTAL for the Reporting Period	(2) \$ <u>.00</u>

<b>3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)</b>	
TOTAL for the Reporting Period	(3) \$ <u>.00</u>

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.)	\$ <u>.00</u>
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**SCHEDULE II  
PART F  
IN-KIND CONTRIBUTIONS RECEIVED**

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate <b>FRIENDS OF HAGBERTY</b>	Reporting Period From <u>1-1-11</u> To <u>10-24-11</u>
---	---

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

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

PAGE TOTAL  
\$ 00

PAGE 10 OF 12

SCHEDULE II  
PART G  
**IN-KIND CONTRIBUTIONS RECEIVED**  
VALUE OVER \$250.00

Name of Filing Committee or Candidate <b>FRIENDS OF HAGGERTY</b>	Reporting Period From <b>1-1-11</b> To <b>10-24-11</b>
---	---

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			
Full Name of Contributor	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			
Full Name of Contributor	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			
Full Name of Contributor	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			
Full Name of Contributor	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			

Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.

PAGE TOTAL \$ <b>00</b>
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SCHEDULE III  
**STATEMENT OF EXPENDITURES**

Name of Filing Committee or Candidate <b>FRIENDS OF HAGGERTY</b>	Reporting Period From <u>1-1-11</u> To <u>10-24-11</u>
---	---

To Whom Paid <b>KBSE</b>	MO. <b>3</b>	DAY <b>15</b>	YEAR <b>11</b>	Amount <b>\$ 150.00</b>
Mailing Address <b>P O BOX 1292</b>				
Description of Expenditure <b>SIGN SPONSOR</b>				
City <b>KINGSTON</b>	State <b>PA</b>	Zip Code (Plus 4) <b>18904-</b>		

To Whom Paid <b>HAGGERTY FOR JUDGE</b>	MO. <b>8</b>	DAY <b>11</b>	YEAR <b>11</b>	Amount <b>\$ 400.00</b>
Mailing Address <b>840 MARKET ST.</b>				
Description of Expenditure <b>DONATION</b>				
City <b>KINGSTON</b>	State <b>PA</b>	Zip Code (Plus 4) <b>18904-</b>		

To Whom Paid	MO.	DAY	YEAR	Amount <b>\$</b>
Mailing Address				
Description of Expenditure				
City	State	Zip Code (Plus 4)		

To Whom Paid	MO.	DAY	YEAR	Amount <b>\$</b>
Mailing Address				
Description of Expenditure				
City	State	Zip Code (Plus 4)		

To Whom Paid	MO.	DAY	YEAR	Amount <b>\$</b>
Mailing Address				
Description of Expenditure				
City	State	Zip Code (Plus 4)		

To Whom Paid	MO.	DAY	YEAR	Amount <b>\$</b>
Mailing Address				
Description of Expenditure				
City	State	Zip Code (Plus 4)		

To Whom Paid	MO.	DAY	YEAR	Amount <b>\$</b>
Mailing Address				
Description of Expenditure				
City	State	Zip Code (Plus 4)		

To Whom Paid	MO.	DAY	YEAR	Amount <b>\$</b>
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**  
**\$ 550.00**

# 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 <b>FRIENDS OF HAGGERTY</b>	Reporting Period From <u>1-1-11</u> To <u>10-31-11</u>
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Name of Creditor <b>MIKE + CANDACE MARTINEZ</b>					Outstanding Balance of Debt <b>\$ 10,000.00</b>	
Mailing Address <b>234 BLUESTONE AVE</b>			DATE DEBT INCURRED		MO. DAY YEAR <b>10 26 05</b>	
City <b>MOUNTAIN TOP</b>			State <b>PA</b>		Zip Code (Plus 4) <b>18707</b>	
Description of Debt <b>LOAN</b>						

Name of Creditor <b>PATRICIA + TIMOTHY LYLE</b>					Outstanding Balance of Debt <b>\$ 5,000.00</b>	
Mailing Address <b>73 CHILD ST.</b>			DATE DEBT INCURRED		MO. DAY YEAR <b>10 14 05</b>	
City <b>BOSTON</b>			State <b>MA</b>		Zip Code (Plus 4) <b>02130</b>	
Description of Debt <b>LOAN</b>						

Name of Creditor <b>JAMES J. HAGGERTY</b>					Outstanding Balance of Debt <b>\$ 14,865.00</b>	
Mailing Address <b>18 CHURCH ST.</b>			DATE DEBT INCURRED		MO. DAY YEAR <b>10 19 05</b>	
City <b>KINGSTON</b>			State <b>PA</b>		Zip Code (Plus 4) <b>18704</b>	
Description of Debt <b>LOAN</b>						

Name of Creditor					Outstanding Balance of Debt <b>\$</b>	
Mailing Address			DATE DEBT INCURRED		MO. DAY YEAR	
City			State		Zip Code (Plus 4)	
Description of Debt						

Name of Creditor					Outstanding Balance of Debt <b>\$</b>	
Mailing Address			DATE DEBT INCURRED		MO. DAY YEAR	
City			State		Zip Code (Plus 4)	
Description of Debt						

Name of Creditor					Outstanding Balance of Debt <b>\$</b>	
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  
**\$ 29,865.00**