

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: HANES FOR REGISTER OF WILLS | | Report Filed by: CANDIDATE | | COMMITTEE <input checked="" type="checkbox"/> | | LOBBYIST <input type="checkbox"/> | |
| Street Address: 313 MARVIN ROAD | | | | | | | |
| City: ELKINS PARK | | | | State: PA | | Zip Code: 19027 | |
| TYPE OF REPORT (place X to the right of report type) | 6TH TUESDAY PRE-PRIMARY | 1. | 2ND FRIDAY PRE-PRIMARY | 2. | 30-DAY POST PRIMARY | 3. | AMENDMENT REPORT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| | 6TH TUESDAY PRE-ELECTION | 4. | 2ND FRIDAY PRE-ELECTION | 5. | 30-DAY POST ELECTION | 6. <input checked="" type="checkbox"/> | TERMINATION REPORT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| | ANNUAL REPORT | 7. | YEAR | FILING METHOD (<input checked="" type="checkbox"/>) CHECK ONE | | PAPER <input checked="" type="checkbox"/> DISKETTE <input type="checkbox"/> | |
| Name of Office Sought by Candidate: MONTGOMERY COUNTY REGISTER OF WILLS/CLERK OF ORPHANS' COURT | | | | DATE OF ELECTION | | District Number | Office Code |
| | | | | MO. DAY YEAR | | | Party Code |
| | | | | 11 2 2010 | | | DEM 46 |
| (SEE INSTRUCTIONS FOR CODES) | | | | | | | |
| Summary of Receipts and Expenditures from: | | MO. DAY YEAR | To | MO. DAY YEAR | FOR OFFICIAL USE ONLY | | |
| | | 10 18 2010 | | 11 22 2010 | RECEIVED NOV 31 A 9 03 OFFICE OF VOTER SERVICES MONTG. CO. PA. 2010 | | |
| A. Amount Brought Forward From Last Report | | | | \$ 1986.87 | | | |
| B. Total Monetary Contributions and Receipts (From Schedule I) | | | | \$ 00.00 | | | |
| C. Total Funds Available (Sum of Lines A and B) | | | | \$ 1986.87 | | | |
| D. Total Expenditures (From Schedule III) | | | | \$ 350.00 | | | |
| E. Ending Cash Balance (Subtract Line D from Line C) | | | | \$ 1636.87 | | | |
| F. Value of In-Kind Contributions Received (From Schedule II) | | | | \$ 00.00 | | | |
| G. Unpaid Debts and Obligations (From Schedule IV) | | | | \$ 00.00 | | | |

AFFADAVIT 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

COMMONWEALTH OF PENNSYLVANIA

NOTARIAL SEAL

DONNA L. MURPHY, Notary Public
Jenkintown Boro., Montgomery County
My Commission Expires May 9, 2011

Signature

My commission expires

MO.

DAY

YR.

Edward Lichstein
Signature of Person Submitting ReportEDWARD LICHSTEIN
Printed Name

215

Area Code

635-3154
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, 1977 (P.L. 1333, No. 320) as amended.

Sworn to and subscribed before me this

COMMONWEALTH OF PENNSYLVANIA

NOTARIAL SEAL

DONNA L. MURPHY, Notary Public
Jenkintown Boro., Montgomery County
My Commission Expires May 9, 2011

Signature

My commission expires

MO.

DAY

YR.

Edward Lichstein
Signature of CandidateD. BRUCE HANES
Printed Name

215

Area Code

813-1400
Daytime Telephone Number

SCHEDULE I
Contributions and Receipts

Detailed Summary Page

| | |
|---|---|
| Name of Filing Committee or Candidate HANES FOR REGISTER OF WILLS | Reporting Period From 10-18-2010 to 11-22-2010 |
|---|---|

| | |
|---|-----------------|
| 1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR | |
| TOTAL for the Reporting Period (1) | \$ 00.00 |

| | |
|--|-----------------|
| 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) | \$ 00.00 |

| | |
|--|-----------------|
| 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) | \$ 00.00 |

| | |
|--|-----------------|
| 4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E) | |
| TOTAL for the Reporting Period (4) | \$ 00.00 |

| | |
|--|-----------------|
| 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.) | \$ 00.00 |
|--|-----------------|

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 HANES FOR REGISTER OF WILLS | Reporting Period From 10-18-2010 To 11-22-2010 |
|---|---|

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

| | |
|--|-------------------------------|
| Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2. | PAGE TOTAL \$ 00.00 |
|--|-------------------------------|

PART B
All Other Contributions

\$50.01 TO \$250.00

4 of 12

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 HANES FOR REGISTER OF WILLS | Reporting Period From 10-18-2010 To 11-22-2010 |
|---|---|

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

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

| |
|-------------------------------|
| PAGE TOTAL \$ 00.00 |
|-------------------------------|

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 HANES FOR REGISTER OF WILLS | Reporting Period From 10-18-2010 To 11-22-2010 |
|---|---|

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

PAGE TOTAL
 \$ **00.00**

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

**PART D
All Other Contributions**

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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 HANES FOR REGISTER OF WILLS | Reporting Period From 10-18-2010 To 11-22-2010 |
|---|---|

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

\$ **00.00**

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 HANES FOR REGISTER OF WILLS | Reporting Period From 10-18-2010 to 11-22-2010 |
|---|---|

| | | | | | | |
|---------------------|-------|-------------------|-----|-----|------|--------------|
| 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 |
| \$ 00.00 |

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

| | |
|---|---|
| Name of filing committee or Candidate HANES FOR REGISTER OF WILLS | Reporting Period From 10-18-2010 to 11-22-2010 |
|---|---|

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 CONTRIBUTIONS 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.) | \$ | 00.00 |
|---|----|--------------|

SCHEDULE II
PART F
IN-KIND CONTRIBUTIONS RECEIVED

9 of 12

VALUE OF \$50.01 TO \$ 250.00

| | |
|---|---|
| Name of filing committee or Candidate HANES FOR REGISTER OF WILLS | Reporting Period From 10-12-2010 To 11-22-2010 |
|---|---|

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

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

| |
|-------------------------------|
| PAGE TOTAL \$ 00.00 |
|-------------------------------|

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

| | |
|---|---|
| Name of filing committee or Candidate HANES FOR REGISTER OF WILLS | Reporting Period From 10-18-2010 To 11-22-2010 |
|---|---|

| | | | DATE | AMOUNT |
|--|-------|-------------------|-----------------------------|--------|
| Full Name of Contributor | | | | \$ |
| Mailing Address | | | | \$ |
| City | State | Zip Code (Plus 4) | | \$ |
| Employer of Contributor | | | Occupation | |
| Employer Mailing Address/Principal Piece of Business | | | Description of Contribution | |
| Full Name of Contributor | | | | \$ |
| Mailing Address | | | | \$ |
| City | State | Zip Code (Plus 4) | | \$ |
| Employer of Contributor | | | Occupation | |
| Employer Mailing Address/Principal Piece of Business | | | Description of Contribution | |
| Full Name of Contributor | | | | \$ |
| Mailing Address | | | | \$ |
| City | State | Zip Code (Plus 4) | | \$ |
| Employer of Contributor | | | Occupation | |
| Employer Mailing Address/Principal Piece of Business | | | Description of Contribution | |
| Full Name of Contributor | | | | \$ |
| Mailing Address | | | | \$ |
| City | State | Zip Code (Plus 4) | | \$ |
| Employer of Contributor | | | Occupation | |
| Employer Mailing Address/Principal Piece of Business | | | Description of Contribution | |
| Full Name of Contributor | | | | \$ |
| Mailing Address | | | | \$ |
| City | State | Zip Code (Plus 4) | | \$ |
| Employer of Contributor | | | Occupation | |
| Employer Mailing Address/Principal Piece of Business | | | Description of Contribution | |

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

PAGE TOTAL
\$ **00.00**

SCHEDULE III

STATEMENT OF EXPENDITURES

| | |
|---|---|
| Name of filing committee or Candidate HANES FOR REGISTER OF WILLS | Reporting Period From 10-18-2010 To 11-22-2010 |
|---|---|

| | | | | |
|---|--------------------|---|-------------|----------------------------|
| To Whom Paid CHELTENHAM DEM. COMMITTEE | 11 | 15 | 2010 | Amount \$ 150.00 |
| Mailing Address 209 FERNBROOK AVE. | | Description of Contribution FINANCIAL | | |
| City WYNCOTE | State PA | Zip Code (Plus 4) 19095 | | |
| To Whom Paid FRIENDS OF LESLIE RICHARDS | 11 | 15 | 2010 | Amount \$ 200.00 |
| Mailing Address PO BOX 3 | | Description of Contribution FINANCIAL | | |
| City LAFAYETTE HILL | State PA | Zip Code (Plus 4) 19444 | | |
| To Whom Paid | | | | Amount \$ |
| Mailing Address | | Description of Contribution | | |
| City | State | Zip Code (Plus 4) | | |
| To Whom Paid | | | | Amount \$ |
| Mailing Address | | Description of Contribution | | |
| City | State | Zip Code (Plus 4) | | |
| To Whom Paid | | | | Amount \$ |
| Mailing Address | | Description of Contribution | | |
| City | State | Zip Code (Plus 4) | | |
| To Whom Paid | | | | Amount \$ / / |
| Mailing Address | | Description of Contribution | | |
| City | State | Zip Code (Plus 4) | | |
| To Whom Paid | | | | Amount \$ |
| Mailing Address | | Description of Contribution | | |
| City | State | Zip Code (Plus 4) | | |
| To Whom Paid | | | | Amount \$ |
| Mailing Address | | Description of Contribution | | |
| City | State | Zip Code (Plus 4) | | |

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

PAGE TOTAL
\$ 350.00

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 HANES FOR REGISTER OF WILLS | Reporting Period From 10-18-2010 To 11-22-2010 |
|---|---|

| | | | |
|---------------------|-------|-------------------|-----------------------------|
| Name of Creditor | | | Outstanding Balance of Debt |
| Mailing Address | | | \$ |
| City | State | Zip Code (Plus 4) | |
| Description of Debt | | | |

| | | | |
|---------------------|-------|-------------------|-----------------------------|
| Name of Creditor | | | Outstanding Balance of Debt |
| Mailing Address | | | \$ |
| City | State | Zip Code (Plus 4) | |
| Description of Debt | | | |

| | | | |
|---------------------|-------|-------------------|-----------------------------|
| Name of Creditor | | | Outstanding Balance of Debt |
| Mailing Address | | | \$ |
| City | State | Zip Code (Plus 4) | |
| Description of Debt | | | |

| | | | |
|---------------------|-------|-------------------|-----------------------------|
| Name of Creditor | | | Outstanding Balance of Debt |
| Mailing Address | | | \$ |
| City | State | Zip Code (Plus 4) | |
| Description of Debt | | | |

| | | | |
|---------------------|-------|-------------------|-----------------------------|
| Name of Creditor | | | Outstanding Balance of Debt |
| Mailing Address | | | \$ |
| City | State | Zip Code (Plus 4) | |
| Description of Debt | | | |

| | | | |
|---------------------|-------|-------------------|-----------------------------|
| Name of Creditor | | | Outstanding Balance of Debt |
| Mailing Address | | | \$ |
| 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
\$ **00.00**