

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: <b>82-1085212</b>		Report Filed By: <b>CANDIDATE</b> <sup>1.</sup>		<input type="checkbox"/> COMMITTEE		<input checked="" type="checkbox"/> LOBBYIST <sup>3.</sup>	
Name of Filing Committee, Candidate or Lobbyist: <b>Building Colonial's Future</b>							
Street Address: <b>120 Hollyhock Dr.</b>							
City: <b>Lafayette Hill</b>				State: <b>PA</b>		Zip Code: <b>19444 -</b>	
TYPE OF REPORT  (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY <sup>1.</sup>		2ND FRIDAY PRE-PRIMARY <sup>2.</sup>		30 DAY POST PRIMARY <sup>3.</sup>		AMENDMENT REPORT? YES <input type="checkbox"/> NO <input type="checkbox"/>
	6TH TUESDAY PRE-ELECTION <sup>4.</sup>		2ND FRIDAY PRE-ELECTION <sup>5.</sup>		30 DAY POST ELECTION <sup>6.</sup> <input checked="" type="checkbox"/>		TERMINATION REPORT? YES <input type="checkbox"/> NO <input type="checkbox"/>
	ANNUAL REPORT <sup>7.</sup>		YEAR <input type="checkbox"/>		FILING METHOD ( ) CHECK ONE <input type="checkbox"/>		PAPER <input checked="" type="checkbox"/> DISKETTE <input type="checkbox"/>
Name of Office Sought by Candidate: <b>Colonial School Board Director</b>				DATE OF ELECTION		District Number	Office Code
				MO. DAY YEAR <b>11 07 2017</b>		<b>AL</b>	<b>OTH</b>
						Party Code	County Code
						<b>DEM</b>	<b>46</b>
(SEE INSTRUCTIONS FOR CODES)							
Summary of Receipts and Expenditures from:		MO. DAY YEAR <b>10 24 2017</b>		To		MO. DAY YEAR <b>11 27 2017</b>	
A. Amount Brought Forward From Last Report		\$		<b>4,393.50</b>		FOR OFFICE USE ONLY	
B. Total Monetary Contributions and Receipts (From Schedule I)		\$		<b>2,525.-</b>			
C. Total Funds Available (Sum of Lines A and B)		\$		<b>6,918.50</b>			
D. Total Expenditures (From Schedule III)		\$		<b>4,128.14</b>			
E. Ending Cash Balance (Subtract Line D from Line C)		\$		<b>2,790.36</b>			
F. Value of In-Kind Contributions Received (From Schedule II)		\$		<b>0</b>			
G. Unpaid Debts and Obligations (From Schedule IV)		\$		<b>0</b>			

**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 29 day of November 2017

*Christina Jakubaszek*  
 Signature  
 My commission expires 5/25/21

**COMMONWEALTH OF PENNSYLVANIA**  
 MO. NOTARIAL SEAL  
 Christina Jakubaszek, Notary Public

*Laura C. Carpey*  
 Signature of Person Submitting Report  
**Laura C. Carpey**  
 Printed Name  
 215 Area Code  
 738-1792 Daytime Telephone Number

**PART II - If this is a report of a Candidate's Authorized Campaign Committee, candidate shall sign here.**

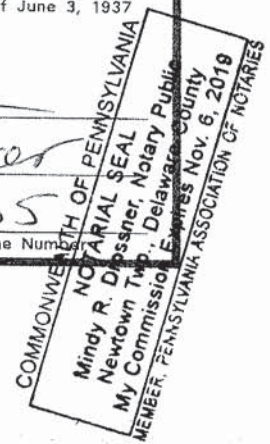
I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, No. 320) as amended.

Sworn to and subscribed before me this 30th day of November 2017

*Mindy R. Drosen*  
 Signature  
 My commission expires 11 06 2019

**MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES**  
 MO. DAY YR.

*Eunice Franklin-Becker*  
 Signature of Candidate  
**Eunice Franklin-Becker**  
 Printed Name  
 484 Area Code  
 432-4735 Daytime Telephone Number



# CONTRIBUTIONS AND RECEIPTS

## Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period From _____ To _____
---------------------------------------	---

<b>1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR</b>		
TOTAL for the Reporting Period	(1)	\$ 25.—

<b>2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)</b>		
Contributions Received from Political Committees (Part A)	\$	<del>0</del>
All Other Contributions (Part B)	\$	<del>0</del>
TOTAL for the Reporting Period	(2)	\$ <del>0</del>

<b>3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)</b>		
Contributions Received from Political Committees (Part C)	\$	<del>0</del>
All Other Contributions (Part D)	\$	2500.—
TOTAL for the Reporting Period	(3)	\$ 2,500.—

<b>4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)</b>		
TOTAL for the Reporting Period	(4)	\$ <del>0</del>

<b>TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD</b> <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>	\$ 2,525.—
---	------------

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 <i>Building Colonial's Future</i>	Reporting Period From <i>10-24-17</i> To <i>11-27-17</i>
--	---

Full Name of Contributing Committee	DATE			AMOUNT
	MO.	DAY	YEAR	
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 \$ <span style="font-size: 2em; vertical-align: middle;">0</span>
---

# 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 <i>Building Colonial's Future</i>	Reporting Period From <i>10-24-17</i> To <i>11-27-17</i>
--	---

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)				\$

PAGE TOTAL \$ <i>Ø</i>
---------------------------

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

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 <u>Building Colonial's Future</u>	Reporting Period From <u>10-24-17</u> To <u>11-27-17</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 C on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL	\$ <u>0</u>
------------	-------------

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>Building Colonial's Future</b>	Reporting Period From <b>10-24-17</b> To <b>11-27-17</b>
--	---

				DATE			AMOUNT
Full Name of Contributor	MO.	DAY	YEAR				\$
<b>Douglas Muller</b>	<b>10</b>	<b>30</b>	<b>17</b>				<b>\$ 2500.-</b>
Mailing Address <b>800 Layfield Rd</b>	MO.	DAY	YEAR				\$
City <b>Perkiomenville</b>	MO.	DAY	YEAR	State <b>PA</b>	Zip Code (Plus 4) <b>18074</b>		\$
Employer Name <b>Eastern Environmental Contractors, Inc</b>				Occupation <b>Engineer/owner</b>			
Employer Mailing Address/Principal Place of Business <b>PO Box 278, 6304 5th St., Green Lane, PA 18054</b>							
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  
**\$ 2500.-**

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 <u>Building Colonial's Future</u>	Reporting Period From <u>10-24-17</u> To <u>11-27-17</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>Ø</u>

**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 <i>Building Colonial's Future</i>	Reporting Period From <i>10.24.17</i> To <i>11.27.17</i>
--	---

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

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

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

<b>TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD</b> <i>(Add and enter amount totals from Boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F.)</i>	\$ <i>Ø</i>
--	-------------



**SCHEDULE II  
PART F  
IN-KIND CONTRIBUTIONS RECEIVED**

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate <b>Building Colonial's future</b>	Reporting Period From <b>10-24-17</b> To <b>11-27-17</b>
--	---

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State		Zip Code (Plus 4)		\$
Description of Contribution:				
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State		Zip Code (Plus 4)		\$
Description of Contribution:				
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State		Zip Code (Plus 4)		\$
Description of Contribution:				
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State		Zip Code (Plus 4)		\$
Description of Contribution:				
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State		Zip Code (Plus 4)		\$
Description of Contribution:				
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State		Zip Code (Plus 4)		\$
Description of Contribution:				
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
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 \$ <span style="font-size: 2em;">0</span>
---

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

Name of Filing Committee or Candidate <i>Building Colonial's Future</i>	Reporting Period From <i>10-24-17</i> To <i>11-27-17</i>
--	---

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

\$

0

SCHEDULE III  
STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate <b>Building Colonial's future</b>	Reporting Period From <b>10-24-17</b> To <b>11-27-17</b>
--	---

To Whom Paid <b>A. Trice Photographics, Inc.</b>	MO. <b>11</b>	DAY <b>13</b>	YEAR <b>17</b>	Amount \$ <b>450.-</b>
Mailing Address <b>351 Eagle Rd.</b>				
Description of Expenditure <b>candidate photos</b>				
City <b>Newtown</b>	State <b>PA</b>	Zip Code (Plus 4) <b>18940-</b>		

To Whom Paid <b>The Sexton Group</b>	MO. <b>11</b>	DAY <b>13</b>	YEAR <b>17</b>	Amount \$ <b>3,420.85</b>
Mailing Address <b>405 W. Superior, #503</b>				
Description of Expenditure <b>GOTV phone calling</b>				
City <b>Chicago</b>	State <b>IL</b>	Zip Code (Plus 4) <b>60654-</b>		

To Whom Paid <b>Eunice Franklin-Becker</b>	MO. <b>11</b>	DAY <b>14</b>	YEAR <b>17</b>	Amount \$ <b>117.75</b>
Mailing Address <b>311 Anthony Drive</b>				
Description of Expenditure <b>reimburse for Wix.com domain for BCF</b>				
City <b>Plymouth Meeting</b>	State <b>PA</b>	Zip Code (Plus 4) <b>19462-</b>		

To Whom Paid <b>Eunice Franklin-Becker</b>	MO. <b>11</b>	DAY <b>14</b>	YEAR <b>17</b>	Amount \$ <b>72.19</b>
Mailing Address <b>311 Anthony Drive</b>				
Description of Expenditure <b>reimburse for printing envelopes &amp; mailing labels for fundraising letters</b>				
City <b>Plymouth Meeting</b>	State <b>PA</b>	Zip Code (Plus 4) <b>19462-</b>		

To Whom Paid <b>Tompkins Vist Bank</b>	MO. <b>10</b>	DAY <b>29</b>	YEAR <b>17</b>	Amount \$ <b>67.35</b>
Mailing Address <b>Tompkins Vist Bank</b>				
Description of Expenditure <b>bank fees 10-24-17 to 11-27-17</b>				
City <b>Conshohocken</b>	State <b>PA</b>	Zip Code (Plus 4) <b>19428-</b>		

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

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

To Whom Paid	MO.	DAY	YEAR	Amount \$
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 \$ <b>4,128.14</b>
----------------------------------

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 <span style="font-size: 1.2em; font-family: cursive;">Building Colonial's Future</span>	Reporting Period From <u>10-24-17</u> To <u>11-27-17</u>
--	---

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 \$ <span style="font-size: 1.5em; font-family: cursive;">0</span>
---	---