

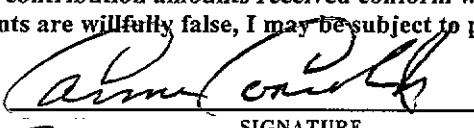
## FORM R-3

<b>RECEIPTS AND EXPENDITURES QUARTERLY REPORT</b> NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION P.O. BOX 185, TRENTON, NJ 08625-0185 PLEASE TYPE OR PRINT.		FOR STATE USE ONLY  ELEC RECEIVED OCT 22 2002
COMMITTEE NAME OR APPROVED ACRONYM <i>Voorhees Twp Democrat Club</i>		
ADDRESS (number and street) <input type="checkbox"/> CHECK IF DIFFERENT THAN PREVIOUSLY REPORTED <i>PO BOX 751</i>		
CITY, STATE and ZIP CODE <i>Voorhees NJ 08043</i>		ELEC IDENTIFICATION NUMBER <i>J043400111Q2000</i>
COMMITTEE TYPE <input checked="" type="checkbox"/> CPC <input type="checkbox"/> PPC <input type="checkbox"/> LLC	CHECK IF: <input type="checkbox"/> AMENDMENT <input checked="" type="checkbox"/> FIRST REPORT FILED	REPORT QUARTER <input type="checkbox"/> APR 15 <input type="checkbox"/> JUL 15 <input checked="" type="checkbox"/> OCT 15 <input type="checkbox"/> JAN 15 YEAR _____

Do not attempt to complete the "Depository Information" or the "Net Financial Summary" until the appropriate schedules have been completed.

DEPOSITORY INFORMATION			COLUMN A	COLUMN B
PERIOD COVERED	FROM	THROUGH	THIS REPORT	CALENDAR YEAR-TO-DATE
	<i>7-10-2000</i>	<i>10-15-2002</i>		
1. CASH ON HAND, JANUARY 1, _____				<i>149.35</i>
2. CASH ON HAND, BEGINNING OF REPORTING PERIOD			<i>1411.84</i>	
3. MONETARY RECEIPTS (+)			<i>1095.00</i>	<i>4623.39</i>
4. SUBTOTAL			<i>2506.85</i>	<i>4623.39</i>
5. MONETARY EXPENDITURES (-)			<i>1635.00</i>	<i>3751.50</i>
6. CASH ON HAND, CLOSE OF REPORTING PERIOD			<i>871.85</i>	<i>871.85</i>

NET FINANCIAL SUMMARY		
7. CASH ON HAND, CLOSE OF REPORTING PERIOD		<i>871.85</i>
8. DEBT OWED TO COMMITTEE (+)		<i>0</i>
9. SUBTOTAL		<i>871.85</i>
10. DEBT OWED BY COMMITTEE (-)		<i>0</i>
11. TOTAL (Net Worth)		<i>871.85</i>

TREASURER'S CERTIFICATION		
I certify that the statements on this document are true, and that the contribution amounts received conform with the limitations designated by law. I am aware that if any of the statements are willfully false, I may be subject to punishment.		
10-12-02 DATE	<i>Charmen Console</i> PRINT NAME	 SIGNATURE
	<i>8 Gettysburg Dr</i> ADDRESS	<i>856-424-8735</i> *(AREA CODE) DAY TELEPHONE NUMBER
	<i>Voorhees NJ 08043</i>	<i>Same</i> *(AREA CODE) EVENING TELEPHONE NUMBER

New Jersey Election Law Enforcement Commission, January, 2002

\*Leave this field blank if your telephone number is unlisted. Pursuant to N.J.S.A. 47:1A-1.1, an unlisted telephone number is not a public record and must not be provided on this form.

FORM R-3

Do not attempt to complete Tables I and II until the appropriate schedules have been completed.

TABLE I RECEIPTS			COLUMN A	COLUMN B
		MONETARY RECEIPTS	THIS REPORT	CALENDAR YEAR-TO-DATE
1.		CONTRIBUTIONS, \$400 OR LESS	95.00	1960.37
2.		CONTRIBUTIONS, MORE THAN \$400	1,000.00	1613.62
3.		TOTAL (Add lines 1 and 2)	1,095.00	4473.99
4.		REFUND OF EXCESSIVE CONTRIBUTIONS (ADJUSTMENT SCHEDULE) (-)	0	0
5.		SUBTOTAL (Subtract line 4 from line 3)	1,095.00	4473.99
		OTHER RECEIPTS		
6.		REIMBURSEMENTS/REFUNDS	0	0
7.		DIVIDENDS/INTEREST	0	0
8.		LOANS RECEIVED BY COMMITTEE, \$400 OR LESS	0	0
9.		LOANS RECEIVED BY COMMITTEE, MORE THAN \$400	0	0
10.		TOTAL MONETARY RECEIPTS (Add lines 5 through 9)	0	0
11.		IN-KIND CONTRIBUTIONS, \$400 OR LESS	0	0
12.		IN-KIND CONTRIBUTIONS, MORE THAN \$400	0	0
13.		GROSS RECEIPTS (Add lines 10, 11 and 12)	1,098.00	4473.99
TABLE II EXPENDITURES				
14.		OPERATING DISBURSEMENTS	1635.00	3751.50
		CONTRIBUTIONS (FROM THIS COMMITTEE) TO:		
15.	a.	NJ GUBERNATORIAL CANDIDATES/COMMITTEES	0	0
	b.	NJ LEGISLATIVE CANDIDATES/COMMITTEES	0	0
	c.	ALL OTHER CANDIDATES/COMMITTEES	0	0
		EXPENDITURES MADE ON BEHALF OF:		
16.	a.	NJ GUBERNATORIAL CANDIDATES/COMMITTEES	0	0
	b.	NJ LEGISLATIVE CANDIDATES/COMMITTEES	0	0
	c.	ALL OTHER CANDIDATES/COMMITTEES	0	0
17.		LOAN PAYMENTS	0	0
18.		TOTAL MONETARY EXPENDITURES (Add lines 14 through 17)	1638.00	3751.50
19.		IN-KIND CONTRIBUTIONS, \$400 OR LESS	0	0
20.		IN-KIND CONTRIBUTIONS, MORE THAN \$400	0	0
21.		GROSS EXPENDITURES (Add lines 18 through 20)	1635.00	3751.50

# DEPOSITORY SUMMARY

PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED.

COMMITTEE NAME: Voorhees Twp Democrat Club

## BANK ACCOUNT INFORMATION

1. NAME OF BANK Commerce Bank

(AREA CODE) TELEPHONE NUMBER 856-751-9000

MAILING ADDRESS 101 Route 70 EAST

CITY, STATE, ZIP CODE Cherry Hill NJ 08034

ACCOUNT NAME Voorhees Twp Demo Club

ACCOUNT NUMBER 00498423

OPENING BALANCE THIS PERIOD

1411.84

DEPOSITS THIS PERIOD

1095.00

DISBURSEMENTS THIS PERIOD

1385.00

CLOSING BALANCE THIS PERIOD

1121.84

If the committee has more than one bank account within the same bank, the name(s) and account number(s) of the additional account(s) must be provided.

ACCOUNT NAME

ACCOUNT NUMBER

OPENING BALANCE THIS PERIOD

DEPOSITS THIS PERIOD

DISBURSEMENTS THIS PERIOD

CLOSING BALANCE THIS PERIOD

2. NAME OF BANK

(AREA CODE) TELEPHONE NUMBER

MAILING ADDRESS

CITY, STATE, ZIP CODE

ACCOUNT NAME

ACCOUNT NUMBER

OPENING BALANCE THIS PERIOD

DEPOSITS THIS PERIOD

DISBURSEMENTS THIS PERIOD

CLOSING BALANCE THIS PERIOD

If the committee has more than one bank account within the same bank, the name(s) and account number(s) of the additional account(s) must be provided.

ACCOUNT NAME

ACCOUNT NUMBER

OPENING BALANCE THIS PERIOD

DEPOSITS THIS PERIOD

DISBURSEMENTS THIS PERIOD

CLOSING BALANCE THIS PERIOD

## OTHER ASSETS

Other than the bank account(s) listed above, does this committee hold any of the following (please X):

☐  
☐  
☐  
☐

Investment Institution Money Market Account  
Certificate of Deposit (C.D.)  
Mutual Fund Account  
Other (please specify) \_\_\_\_\_

☐  
☐  
☐

Bonds  
Stocks  
Real Property

For each item checked ("X") above (other than real property), please complete the following information. If real property is held, contact the Commission.

1. NAME OF DEPOSITORY OR ISSUER

(AREA CODE) TELEPHONE NUMBER

MAILING ADDRESS

CITY, STATE, ZIP CODE

ACCOUNT NAME

ACCOUNT NUMBER

## TYPE OF ASSET

☐

MONEY MARKET

☐

C.D.

☐

MUTUAL FUND

☐

BONDS

☐

STOCKS

☐

OTHER (specify) \_\_\_\_\_

VALUE OF ASSET AT PURCHASE IF APPLICABLE.

DATE OF MATURITY, IF APPLICABLE

OPENING BALANCE THIS PERIOD

DEPOSITS THIS PERIOD

DISBURSEMENTS THIS PERIOD

CLOSING BALANCE THIS PERIOD

<b>ITEMIZED RECEIPTS (Other than Loans)</b>		<b>SCHEDULE A</b>		Page No. _____ of _____
PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED.				
RECEIPT TYPE (USE A SEPARATE "SCHEDULE A" FOR EACH TYPE AND FOR EACH SEPARATE ACCOUNT.)				
<input checked="" type="checkbox"/> MONETARY CONTRIBUTIONS	<input type="checkbox"/> IN-KIND CONTRIBUTIONS-EXPENDITURES MADE BY OTHERS	<input type="checkbox"/> REIMBURSEMENTS/REFUNDS OF DISBURSEMENTS	<input type="checkbox"/> DIVIDENDS/INTEREST	
COMMITTEE NAME: <u>Voonkees Twp Democrat Club</u>				
ACCOUNT NAME and NUMBER: <u>5043400110200</u>				
CONTRIBUTOR NAME <u>Membership Dues</u>		STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET)	
OCCUPATION		STATE USE ONLY	(CITY, STATE AND ZIP CODE)	
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD		AMOUNT(S) RECEIVED THIS PERIOD  <u>\$95.00</u>
EMPLOYER ADDRESS (NUMBER AND STREET)				
(CITY, STATE AND ZIP CODE)				
RECEIPT DESCRIPTION (If In-kind)		AGGREGATE YEAR-TO-DATE		
CONTRIBUTOR NAME <u>Howard &amp; Amy LONG</u>		STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) <u>23 PROMENADE PL.</u>	
OCCUPATION <u>LAWYER</u>		STATE USE ONLY	(CITY, STATE AND ZIP CODE) <u>Voonkees NJ 08043</u>	
EMPLOYER NAME <u>HIGGINS LONG &amp; BONFIGLIO</u>		DATE(S) RECEIVED THIS PERIOD		AMOUNT(S) RECEIVED THIS PERIOD  <u>\$1000.00</u>
EMPLOYER ADDRESS (NUMBER AND STREET) <u>1027 CHews Landing RD.</u>				
(CITY, STATE AND ZIP CODE) <u>LAUREL SPRINGS NJ 08021</u>				
RECEIPT DESCRIPTION (If In-kind) <u>CHECK</u>		AGGREGATE YEAR-TO-DATE		
CONTRIBUTOR NAME		STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET)	
OCCUPATION		STATE USE ONLY	(CITY, STATE AND ZIP CODE)	
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD		AMOUNT(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)				
(CITY, STATE AND ZIP CODE)				
RECEIPT DESCRIPTION (If In-kind)		AGGREGATE YEAR-TO-DATE		
CONTRIBUTOR NAME		STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET)	
OCCUPATION		STATE USE ONLY	(CITY, STATE AND ZIP CODE)	
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD		AMOUNT(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)				
(CITY, STATE AND ZIP CODE)				
RECEIPT DESCRIPTION (If In-kind)		AGGREGATE YEAR-TO-DATE		
1. SUBTOTAL (Add all receipts listed on this page.)				<u>\$1095.00</u>
2. TOTAL RECEIPTS, THIS PERIOD (Complete this line on the last page used for each receipt type. Carry forward to applicable line on Page 2, Column A.)				<u>1095.00</u>

**LOANS RECEIVED****SCHEDULE B**

Page No. of

PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED.  
USE A SEPARATE "SCHEDULE B" FOR EACH SEPARATE ACCOUNT

COMMITTEE NAME:

ACCOUNT NAME and NUMBER:

NAME AND ADDRESS OF LENDER	ORIGINAL LOAN AMOUNT	NEW LOANS THIS PERIOD	TOTAL AMOUNT OF LOAN PLUS INTEREST	OUTSTANDING BALANCE THIS PERIOD
	PAYMENTS THIS PERIOD: AMOUNT		CHECK NO(S).	DATE(S)
OCCUPATION	TERMS:	DATE INCURRED	DATE DUE	ANNUAL INTEREST RATE
EMPLOYER NAME AND ADDRESS (NUMBER, STREET, CITY, STATE AND ZIP CODE)				AGGREGATE YEAR-TO-DATE
1) NAME AND ADDRESS OF GUARANTOR				AMOUNT OUTSTANDING
OCCUPATION	EMPLOYER NAME AND ADDRESS (NUMBER, STREET, CITY, STATE AND ZIP CODE)			AGGREGATE YEAR-TO-DATE
2) NAME AND ADDRESS OF GUARANTOR				AMOUNT OUTSTANDING
OCCUPATION	EMPLOYER NAME AND ADDRESS (NUMBER, STREET, CITY, STATE AND ZIP CODE)			AGGREGATE YEAR-TO-DATE

NAME AND ADDRESS OF LENDER	ORIGINAL LOAN AMOUNT	NEW LOANS THIS PERIOD	TOTAL AMOUNT OF LOAN PLUS INTEREST	OUTSTANDING BALANCE THIS PERIOD
	PAYMENTS THIS PERIOD: AMOUNT		CHECK NO(S).	DATE(S)
OCCUPATION	TERMS:	DATE INCURRED	DATE DUE	ANNUAL INTEREST RATE
EMPLOYER NAME AND ADDRESS (NUMBER, STREET, CITY, STATE AND ZIP CODE)				AGGREGATE YEAR-TO-DATE
1) NAME AND ADDRESS OF GUARANTOR				AMOUNT OUTSTANDING
OCCUPATION	EMPLOYER NAME AND ADDRESS (NUMBER, STREET, CITY, STATE AND ZIP CODE)			AGGREGATE YEAR-TO-DATE
2) NAME AND ADDRESS OF GUARANTOR				AMOUNT OUTSTANDING
OCCUPATION	EMPLOYER NAME AND ADDRESS (NUMBER, STREET, CITY, STATE AND ZIP CODE)			AGGREGATE YEAR-TO-DATE

1. TOTAL NEW LOANS, THIS PERIOD (Complete this line on the last page used. Carry forward to Page 2, Line 9, Column A.)	
2. TOTAL AMOUNT OF LOANS PLUS INTEREST, THIS PERIOD	
3. TOTAL LOAN PAYMENTS, THIS PERIOD (Complete this line on the last page used. Carry forward to Page 2, Line 17, Column A.)	
4. TOTAL OF ALL OUTSTANDING LOANS PLUS INTEREST (Complete this line on the last page used. Carry back to Page 10, "Schedule F," Line 1.)	

**ADJUSTMENT SCHEDULE****REFUND OF EXCESSIVE CONTRIBUTIONS**

Page No.      of

PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED.

USE A SEPARATE "ADJUSTMENT SCHEDULE" FOR EACH SEPARATE ACCOUNT

COMMITTEE NAME:

ACCOUNT NAME and NUMBER:

**IF A MONETARY CONTRIBUTION IN EXCESS OF THE CONTRIBUTION  
LIMIT IS DEPOSITED, PLEASE REPORT THE REFUND OF THE  
EXCESS AMOUNT ON THIS ADJUSTMENT SCHEDULE.**

PAYMENT DATE	CHECK NO.	PAYEE NAME AND ADDRESS	REFUNDED AMOUNT
1. TOTAL REFUND OF EXCESSIVE CONTRIBUTIONS, THIS PERIOD (Complete this line on the last page used. Carry forward to Page 2, Line 4, Column A.)			

## ITEMIZED OPERATING DISBURSEMENTS

SCHEDULE C

Page No. of

PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED.

USE A SEPARATE "SCHEDULE C" FOR EACH SEPARATE ACCOUNT

COMMITTEE NAME: *Voorhees Town Democrat Club*

ACCOUNT NAME and NUMBER:

PAYEE OR CREDITOR NAME, ADDRESS (Number and Street, City, State, Zip Code)	PURPOSE*	AMOUNT(S) DISBURSED THIS PERIOD	TRANS- ACTION DATE(S)	CHECK NO(S)
* Legislative Leadership Committees - See Instructions concerning permissible uses of funds.				
<i>Staples</i>	<i>Envelopes</i>	<i>48.65</i>	<i>8-02</i>	<i>1085</i>
<i>Verizon</i>	<i>Phone Bill</i>	<i>20.91</i>	<i>7-10</i>	<i>1081</i>
<i>Jos Lavallo CAKE</i>	<i>Cake for mktg</i>	<i>34.99</i>	<i>7-29</i>	<i>1083</i>
<i>Voorhees Senior Citizen</i>	<i>Cake for Party</i>	<i>74.97</i>	<i>7-29</i>	<i>1084</i>
<i>Verizon</i>	<i>Phone Bill</i>	<i>20.87</i>	<i>8-12</i>	<i>1086</i>
<i>Remax Preferred Cmn Benefit</i>	<i>Childrens Merile Network</i>	<i>100.00</i>	<i>8-12</i>	<i>1087</i>
<i>Jacqueline's Flowers</i>	<i>Flowers</i>	<i>50.00</i>	<i>8/15</i>	<i>1088</i>
<i>GVAA Voorhees Athletic Ass</i>	<i>Baseball league</i>	<i>250.00</i>	<i>7/08</i>	<i>1082</i>
<i>Jos Lovello</i>	<i>Cake for Seniors</i>	<i>34.99</i>	<i>8/15</i>	<i>1089</i>
<i>Post Office</i>	<i>Postage</i>	<i>50.00</i>	<i>8/26</i>	<i>1090</i>
<i>Foursome Assoc</i>	<i>CAMPAIN Headquarters Rent</i>	<i>1000.00</i>	<i>8/27</i>	<i>1091</i>
<i>Voorhees Post Office</i>	<i>Walk Cond Postage</i>	<i>50.00</i>	<i>8/29</i>	<i>1092</i>
1. SUBTOTAL (Add all disbursements listed on this page.)		<i>1635.00</i>		
2. TOTAL DISBURSEMENTS, THIS PERIOD (Complete this line on the last page used. Carry forward to Page 2, Line 14, Column A.)		<i>1635.00</i>		

*1635**1385**250*

## Page No. of

USE A SEPARATE "SCHEDULE D" FOR EACH SEPARATE ACCOUNT AND EACH SEPARATE RECIPIENT TYPE

NEW JERSEY GUBERNATORIAL  
CANDIDATES/COMMITTEESNEW JERSEY LEGISLATIVE  
CANDIDATES/COMMITTEES

ALL OTHER CANDIDATES/COMMITTEES

COMMITTEE NAME:

ACCOUNT NAME and NUMBER:

FORM R-3



# ITEMIZED EXPENDITURES MADE AND INCURRED ON BEHALF OF CANDIDATES AND COMMITTEES

SCHEDULE E Page No. of

PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED.

USE A SEPARATE "SCHEDULE E" FOR EACH SEPARATE ACCOUNT AND EACH SEPARATE RECIPIENT TYPE

☐

NEW JERSEY GUBERNATORIAL  
CANDIDATES/COMMITTEES

☐

NEW JERSEY LEGISLATIVE  
CANDIDATES/COMMITTEES

☐

ALL OTHER CANDIDATES/COMMITTEES

COMMITTEE NAME:

ACCOUNT NAME and NUMBER:

PAYEE NAME, ADDRESS (Number, Street, City, State and Zip Code)	PURPOSE	AMOUNT(S) THIS PERIOD		TRANSACTION DATE(S)	CHECK NO(S).
		INCURRED/NOT PAID	DISBURSED		

ALLOCATION OF EXPENDITURES BENEFITING CANDIDATE(S)/COMMITTEES(S)

CANDIDATE/COMMITTEE NAME	ELECTION DATE	DISTRICT OR COUNTY OR MUNICIPALITY	PRO-RATED AMOUNT

PAYEE NAME, ADDRESS (Number, Street, City, State and Zip Code)	PURPOSE	AMOUNT(S) THIS PERIOD		TRANSACTION DATE(S)	CHECK NO(S).
		INCURRED/NOT PAID	DISBURSED		

ALLOCATION OF EXPENDITURES BENEFITING CANDIDATE(S)/COMMITTEES(S)

CANDIDATE/COMMITTEE NAME	ELECTION DATE	DISTRICT OR COUNTY OR MUNICIPALITY	PRO-RATED AMOUNT

1. SUBTOTAL (Add all disbursements made to each recipient type listed on this page.)		
2. TOTAL DISBURSEMENTS, THIS PERIOD (Complete this line on the last page used for each recipient type. Carry forward to Page 2, either Line 16a, Line 16b, or Line 16c, Column A.)		
3. SUBTOTAL (Add all outstanding obligations incurred/not paid, listed on this page.)		
4. TOTAL OUTSTANDING OBLIGATIONS INCURRED/NOT PAID (Complete this line on the last page used. Carry back to Page 10, "Schedule F," Line 2.)		

<b>DEBTS AND OBLIGATIONS OWED BY COMMITTEE</b>		<b>SCHEDULE F</b>	PAGE No.    of	
PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED.				
USE A SEPARATE "SCHEDULE F" FOR EACH SEPARATE ACCOUNT				
COMMITTEE NAME:				
ACCOUNT NAME and NUMBER:				
CREDITOR NAME AND ADDRESS (Number, Street, City, State and Zip Code)	OUTSTANDING BEGINNING BAL- ANCE THIS PERIOD	AMOUNT INCURRED THIS PERIOD	PAYMENTS THIS PERIOD	OUTSTANDING BALANCE THIS PERIOD
DEBT PURPOSE				
DEBT PURPOSE				
DEBT PURPOSE				
DEBT PURPOSE				
SUMMARY OF DEBTS AND OBLIGATIONS:				
1. TOTAL OUTSTANDING LOANS PLUS INTEREST FROM SCHEDULE B, PAGE 5, LINE 4				
2. TOTAL OUTSTANDING OBLIGATIONS INCURRED/NOT PAID ON BEHALF OF CANDIDATES/COMMITTEES FROM SCHEDULE E, PAGE 9, LINE 4				
3. TOTAL OUTSTANDING OBLIGATIONS, SCHEDULE F (Complete this line on the last page used.)				
4. TOTAL OUTSTANDING DEBTS/OBLIGATIONS OWED BY COMMITTEE (Add lines 1, 2 and 3. Carry forward to front page, Line 10.)				

DEBTS AND OBLIGATIONS OWED TO COMMITTEE (Accounts Receivable)			SCHEDULE G	Page No.    of
PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED. USE A SEPARATE "SCHEDULE G" FOR EACH SEPARATE ACCOUNT				
COMMITTEE NAME: _____				
ACCOUNT NAME and NUMBER: _____				
DEBTOR NAME AND ADDRESS (Number, Street, City, State and Zip Code)	BALANCE DUE AT BEGINNING OF THIS PERIOD	NEW AMOUNT THIS PERIOD	TOTAL AMOUNT RECEIVED THIS PERIOD	BALANCE DUE AT CLOSE OF THIS PERIOD
DATE DEBT INCURRED	DEBT DESCRIPTION			
DATE DEBT INCURRED	DEBT DESCRIPTION			
DATE DEBT INCURRED	DEBT DESCRIPTION			
DATE DEBT INCURRED	DEBT DESCRIPTION			
DATE DEBT INCURRED	DEBT DESCRIPTION			
1. SUBTOTAL (Add all debts and obligations owed to committee listed on this page.)				
2. TOTAL DEBTS AND OBLIGATIONS OWED TO COMMITTEE (Complete this line on the last page used. Carry forward to front page, Line 8.)				