REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R9 /11-99)
Indiana Election Commission (IC 3-9-5-14)
Approved by State Board of Accounts 1999

(CFA-4)
Summary Sheet

FILE NUMBER
TOTAL PAGES IN ENTIRE CFA-4 REPORT
10 pgs

*NSTRUCTIONS: Please type or print legibly **IN BLACK INK** all information on his form. For assistance in completing this form, see instructions on the reverse ide.*

S THIS AN AMENDMENT? ☐ Yes ☑ No

COMMITTEE INFORMATION

1. Full name of committee (as on *Statement of Organization*) ☐ Check if this is a new name
JOE GRIFFITHS FOR CARMEL CITY COUNCIL

2. Acronym or abbreviated name, if any

3. Committee telephone number
(317) 541-0000

4. Mailing address (*address where all campaign finance correspondence is received*) ☐ Check if this is a new address
4138 NORTH KEYSTONE AVE.

5. City, state, ZIP code
INDPLS, IN 46205

6. Party affiliation (*if applicable*)
REPUBLICAN

CANDIDATE INFORMATION (*For Candidate's Committees Only*)

7. Full name of candidate (*include any nickname*)
JOSEPH C GRIFFITHS

8. Party affiliation or if independent
REPUBLICAN

9. Office sought (*include district number, if any. Not required for exploratory committee.*)
CARMEL CITY COUNCIL - DISTRICT 4

10. County of residence
HAMILTON

TYPE OF REPORT

11. Check one:
☑ Pre-Primary ☐ Pre-Election ☐ Annual ☐ Final / Disbands Committee (*lines 18, 19, and 20 must be "0"*)
☐ Outgoing Treasurer (*within 10 days amend Statement of Organization*)

CONVENTION CANDIDATES ONLY
Check one:
☐ Pre-Convention
☐ Post-Convention

12. Reporting period: From: JAN 01, 03 Through: Apr 11, 03

		COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.		-0-	
14. Cash on hand and investments January 1, current year.			-0-
CONTRIBUTIONS AND RECEIPTS			
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)			
15a. Itemized (use Schedule A)		2,500	2,500
15b. Unitemized		100	100
15c. Add lines 15a, and 15b in both columns	SUBTOTAL	2,600	2,600
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B	TOTAL	2,600	2,600
EXPENDITURES			
(Note: These amounts include in-kind expenditures and loan repayments.)			
17a. Itemized (use Schedule B) (Public Question: use Schedule C)		2,391.62	2,391.62
17b. Unitemized		122.50	122.50
17c. Add lines 17a and 17b in both columns	SUBTOTAL	2,514.12	2,514.12
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)	TOTAL	85.88	85.88
19. Debts OWED BY the committee (use Schedule D)		2,250	
20. Debts OWED TO the committee (use Schedule E)			

CERTIFICATION

I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.

Signature on File

FOR OFFICE USE ONLY

FILED
2003 APR 17 PM 4:25
CLERK, HAMILTON COUNTY COURTS

WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly files a fraudulent report commits a Class D Felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B Misdemeanor (IC 3-14-1-14) and may be subject to civil penalties (IC 3-9-4-16, 3-9-4-17, 3-9-4-18.)

REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE
State Form 4806 (R9 / 11-99)
Indiana Election Commission (IC 3-9-5-14)
Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE A-1)
CONTRIBUTIONS BY INDIVIDUALS
Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. *Please type or print legibly in BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side.* This schedule is used to document contributions and receipts totaled on ITEM15a of the Summary Sheet. All cumulative contributions from individuals **OVER $100** per contributor, within a calendar year **MUST** be itemized on this schedule (*over $200, if regular party committee*). All cumulative receipts, (*such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income*) **OVER** $100 per contributor, within a calendar year, **MUST** be itemized on this schedule (over $200 if regular party committee). A contributor's occupation is required if an individual makes at least $1,000 in contributions during the calendar year. Otherwise, this is optional.

FILE NUMBER
Page _____ of _____

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED / RECEIVED BY
ALLAN SUTHERLIN PO BOX 20897 6500 Westfield BLVD, STE 100 INDPLS, IN 46220 Contributor's Occupation (if required) PUBLIC AFFAIRS	Contributions: ☐ Direct ☐ In-Kind (describe) Other Receipts: ☐ Interest ☒ Loan ☐ Misc (specify)	$2,250	$2,250	4.04.03 Jim Luehr
Contributor's Occupation (if required)	Contributions: ☐ Direct ☐ In-Kind (describe) Other Receipts: ☐ Interest ☐ Loan ☐ Misc (specify)			
Contributor's Occupation (if required)	Contributions: ☐ Direct ☐ In-Kind (describe) Other Receipts: ☐ Interest ☐ Loan ☐ Misc (specify)			
Contributor's Occupation (if required)	Contributions: ☐ Direct ☐ In-Kind (describe) Other Receipts: ☐ Interest ☐ Loan ☐ Misc (specify)			
Contributor's Occupation (if required)	Contributions: ☐ Direct ☐ In-Kind (describe) Other Receipts: ☐ Interest ☐ Loan ☐ Misc (specify)			
	SUB TOTAL THIS PAGE OF SCHEDULE A	$ 2,250		
	TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (*Enter total on ITEM 15a of the Summary Sheet*)	$		

REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE
State Form 4606 (R9 / 11-88)
Indiana Election Commission (IC 3-9-5-14)
Approved by State Board of Accounts 1989

(CFA-4 SCHEDULE A-2)
CONTRIBUTIONS BY CORPORATIONS
Itemized Contributions and Other Receipts

STRUCTIONS: *LIST ONLY CONTRIBUTIONS BY CORPORATIONS ON THIS SCHEDULE. Please type or print legibly BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse* a. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary eet. All cumulative contributions from corporations **OVER $100** per contributor, within a calendar year **MUST** itemized on this schedule (*over $200, if regular party committee*). All cumulative receipts, (*such as loan oceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income*) VER $100 per contributor, within a calendar year, **MUST** be itemized on this schedule (over $200 if regular rty committee).

FILE NUMBER
Page _____ of _____

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED / RECEIVED BY
Barnes + Thornburg 11 South Meridian St. Indianapolis, IN 46204	Contributions: ☑ Direct ☐ In-Kind (describe) Other Receipts: ☐ Interest ☐ Loan ☐ Misc (specify)	$250	$250	3.31.03 Tim Loehr
	Contributions: ☐ Direct ☐ In-Kind (describe) Other Receipts: ☐ Interest ☐ Loan ☐ Misc (specify)			
	Contributions: ☐ Direct ☐ In-Kind (describe) Other Receipts: ☐ Interest ☐ Loan ☐ Misc (specify)			
	Contributions: ☐ Direct ☐ In-Kind (describe) Other Receipts: ☐ Interest ☐ Loan ☐ Misc (specify)			
	Contributions: ☐ Direct ☐ In-Kind (describe) Other Receipts: ☐ Interest ☐ Loan ☐ Misc (specify)			
	SUB TOTAL THIS PAGE OF SCHEDULE A	$ 250		
	TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet)	$ 2,500		

REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE
State Form 4606 (R9 / 11-99)
Indiana Election Commission (IC 3-9-5-14)
Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE A-3) CONTRIBUTIONS BY LABOR ORGANIZATIONS

Itemized Contributions and Other Receipts

ISTRUCTIONS: LIST ONLY CONTRIBUTIONS BY LABOR ORGANIZATIONS ON THIS SCHEDULE. Please type or rint legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on e *reverse side.* This schedule is used to document contributions and receipts totaled on ITEM 15a of the ummary Sheet. All cumulative contributions from labor organizations **OVER $100** per contributor, within a alendar year **MUST** be itemized on this schedule (*over $200, if regular party committee*). All cumulative eceipts. (*such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, terest or other income*) **OVER** $100 per contributor, within a calendar year, **MUST** be itemized on this schedule ver $200 if regular party committee).

FILE NUMBER
Page _____ of _____

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (*street, number, city, state, ZIP code*)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED / RECEIVED BY
	Contributions: ☐ Direct ☐ In-Kind (*describe*) _____ Other Receipts: ☐ Interest ☐ Loan ☐ Misc (*specify*) _____			
	Contributions: ☐ Direct ☐ In-Kind (*describe*) _____ Other Receipts: ☐ Interest ☐ Loan ☐ Misc (*specify*) _____			
	Contributions: ☐ Direct ☐ In-Kind (*describe*) _____ Other Receipts: ☐ Interest ☐ Loan ☐ Misc (*specify*) _____			
	Contributions: ☐ Direct ☐ In-Kind (*describe*) _____ Other Receipts: ☐ Interest ☐ Loan ☐ Misc (*specify*) _____			
	Contributions: ☐ Direct ☐ In-Kind (*describe*) _____ Other Receipts: ☐ Interest ☐ Loan ☐ Misc (*specify*) _____			
	SUB TOTAL THIS PAGE OF SCHEDULE A	$		
	TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (*Enter total on ITEM 15a of the Summary Sheet*)	$		

REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE
State Form 4606 (R9 / 11-99)
Indiana Election Commission (IC 3-9-5-14)
Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE A-4) CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES

Itemized Contributions and Other Receipts

STRUCTIONS: LIST ONLY CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES ON THIS SCHEDULE. *Please e or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions the reverse side.* This schedule is used to document contributions and receipts totaled on ITEM 15a of the ummary Sheet. All cumulative contributions from political action committees OVER $100 per contributor, hin a calendar year MUST be itemized on this schedule (*over $200, if regular party committee*). All transfers- and in-kind contributions regardless of the amount from political action committees MUST be itemized on s schedule. All cumulative receipts, (*such as loan proceeds and repayments, refunds, rebates, returns of posit, proceeds from sales, interest or other income*) OVER $100 per contributor, within a calendar year, JST be itemized on this schedule (over $200 if regular party committee).

FILE NUMBER
Page _____ of _____

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (*street, number, city, state, ZIP code*)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED / RECEIVED BY
	Contributions: ☐ Direct ☐ In-Kind (*describe*) _____ Other Receipts: ☐ Interest ☐ Loan ☐ Misc (*specify*) _____			
	Contributions: ☐ Direct ☐ In-Kind (*describe*) _____ Other Receipts: ☐ Interest ☐ Loan ☐ Misc (*specify*) _____			
	Contributions: ☐ Direct ☐ In-Kind (*describe*) _____ Other Receipts: ☐ Interest ☐ Loan ☐ Misc (*specify*) _____			
	Contributions: ☐ Direct ☐ In-Kind (*describe*) _____ Other Receipts: ☐ Interest ☐ Loan ☐ Misc (*specify*) _____			
	Contributions: ☐ Direct ☐ In-Kind (*describe*) _____ Other Receipts: ☐ Interest ☐ Loan ☐ Misc (*specify*) _____			
	SUB TOTAL THIS PAGE OF SCHEDULE A	$		
	TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (*Enter total on ITEM 15a of the Summary Sheet*)	$		

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REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE
State Form 4606 (R9 / 11-99)
Indiana Election Commission (IC 3-9-5-14)
Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE A-5) CONTRIBUTIONS BY OTHER ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: *LIST ONLY CONTRIBUTIONS BY ORGANIZATIONS OTHER THAN CORPORATIONS, LABOR ORGANIZATIONS, POLITICAL ACTION COMMITTEES AND INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side.* This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from other entities OVER $100 per contributor, within a calendar year MUST be itemized on this schedule (*over $200, if regular party committee*). All transfers-in and in-kind contributions regardless of the amount from candidate's, legislative caucus, and regular party committees MUST be itemized on this schedule. All cumulative receipts, (*such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income*) OVER $100 per contributor, within a calendar year, MUST be itemized on this schedule (over $200 if regular party committee).

FILE NUMBER
Page _____ of _____

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (*street, number, city, state, ZIP code*)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED / RECEIVED BY
1.	Contributions: ☐ Direct ☐ In-Kind (*describe*) _____ Other Receipts: ☐ Interest ☐ Loan ☐ Misc (*specify*) _____			
2.	Contributions: ☐ Direct ☐ In-Kind (*describe*) _____ Other Receipts: ☐ Interest ☐ Loan ☐ Misc (*specify*) _____			
3.	Contributions: ☐ Direct ☐ In-Kind (*describe*) _____ Other Receipts: ☐ Interest ☐ Loan ☐ Misc (*specify*) _____			
4.	Contributions: ☐ Direct ☐ In-Kind (*describe*) _____ Other Receipts: ☐ Interest ☐ Loan ☐ Misc (*specify*) _____			
5.	Contributions: ☐ Direct ☐ In-Kind (*describe*) _____ Other Receipts: ☐ Interest ☐ Loan ☐ Misc (*specify*) _____			
	SUB TOTAL THIS PAGE OF SCHEDULE A	$		
	TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (*Enter total on ITEM 15a of the Summary Sheet*)	$		

REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R9 / 11-99)
Indiana Election Commission (IC 3-9-5-14)
Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE B)
Itemized Expenditures

FILE NUMBER

Page _____ of _____

STRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this hedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM e of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and her entities OVER $100 per recipient, within a calendar year MUST be itemized on this schedule (over $200, egular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political mmittees (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) JST be itemized on this schedule.

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION / OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
ode ___ BOLD IMPRESSIONS 839 Conner St. Noblesville, IN 46060	—	☑ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other ___ Purpose: YARD SIGNS	$2,247.20	$2,247.20	4.03.03
ode ___ Faris MAILING 5517 W. Minnesota St Indpls, IN 46241	—	☑ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other ___ Purpose: mailing	$144.42	$144.42	4.09.03
ode ___		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other ___ Purpose:			
ode ___		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other ___ Purpose:			
ode ___		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other ___ Purpose:			
ode ___		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other ___ Purpose:			
ode ___		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other ___ Purpose:			
		SUB TOTAL THIS PAGE OF SCHEDULE B	$2,391.62		
		TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet)	$2,391.62		

REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE
State Form 4606 (R9 / 11-89)
Indiana Election Commission (IC 3-9-5-14)
Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE C) ITEMIZED EXPENDITURES For Public Questions

FILE NUMBER
Page _____ of _____

ISTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this chedule, see instructions on the reverse side. All cumulative expenses or transfers-out, regardless of amount paid political committees supporting or opposing a public question, **MUST** be itemized on this schedule.

PUBLIC QUESTION INFORMATION

Enter Text of Public Question

Type of Question: ☐ **Statewide** ☐ **Local**
Position: ☐ **Supported** ☐ **Opposed**

RECIPIENT'S NAME AND MAILING ADDRESS *(street, number, city, state, ZIP code)*	TYPE OF EXPENDITURE	PURPOSE OF EXPENDITURE *(be specific)*	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
	☐ Direct ☐ In-Kind				
	☐ Direct ☐ In-Kind				
	☐ Direct ☐ In-Kind				
	☐ Direct ☐ In-Kind				
	☐ Direct ☐ In-Kind				
	☐ Direct ☐ In-Kind				
		SUB TOTAL THIS PAGE OF SCHEDULE C	$		
		TOTAL OF ALL PAGES OF SCHEDULE C ON THE LAST PAGE ONLY ***(Enter total on ITEM 17a of the Summary Sheet)***	$		

REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R9 / 11-99)
Indiana Election Commission (IC 3-9-5-14)
Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE D)
Debts Owed by This Committee

FILE NUMBER

Page _____ of _____

INSTRUCTIONS: *Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this schedule, see instructions on the reverse side.* List all debts and loans, regardless of the amount, OWED BY the committee during the reporting period. Include all amounts owed for or to lending institutions, individuals, credit purchases, committee credit card accounts, etc. *List each vendor paid by credit card issued in the name of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes loans of at least $1,000 during the calendar year. Otherwise, this is optional.*

CREDITOR'S OR LENDER'S NAME & MAILING ADDRESS (street, number, city, state, ZIP code)	ENDORSER'S OR VENDOR'S NAME & MAILING ADDRESS (if any) (street, number, city, state, ZIP code)	AMOUNT / NATURE OF DEBT	DATE DEBT INCURRED	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD
ALLAN SUTHERLIN PO BOX 20897 6500 Westfield BLVD SUITE 100 46220 INDPLS IN LENDERS OCCUPATION: PUBLIC AFFAIRS		$2,250 campaign loan	4.04.03	-0-	$2,250
LENDERS OCCUPATION:					—
LENDERS OCCUPATION:					
LENDERS OCCUPATION:					
LENDERS OCCUPATION:					
LENDERS OCCUPATION:					
		SUB TOTAL THIS PAGE OF SCHEDULE D			$ 2,250
		TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY (Enter total on ITEM 19 of the Summary Sheet)			$ 2,250

REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R9 / 11-99)
Indiana Election Commission (IC 3-9-5-14)
Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE E)
DEBTS OWED TO THIS COMMITTEE

FILE NUMBER
Page _____ of _____

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this schedule, see instructions on the reverse side. List all debts, loans, regardless of amount, OWED TO the committee *during the reporting period. Include all amounts the committee has loaned to others.*

BORROWER'S NAME AND MAILING ADDRESS (*street, number, city, state, ZIP code*)	CO-SIGNER'S NAME AND MAILING ADDRESS (*if any*) (street, number, city state, ZIP code)	ORIGINAL AMOUNT / NATURE OF DEBT	DATE DEBT INCURRED	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD