

RECEIPTS AND EXPENDITURES QUARTERLY REPORT

NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION
 P O Box 185, Trenton, NJ 08625-0185
 (609) 292-8700 or Toll Free Within NJ 1-888-313-ELEC (3532)
 Web site: <http://www.elec.state.nj.us/>

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RECEIVED
 2006 OCT 16
 N.J. ELECTION LAW ENFORCEMENT COMMISSION

COMMITTEE NAME OR APPROVED ACRONYM

Bergen County Young Democrats

ADDRESS (number and street) CHECK IF DIFFERENT THAN PREVIOUSLY REPORTED

14 Brinkerhoff Ave

CITY, STATE and ZIP CODE

Teaneck NJ 07666

ELEC IDENTIFICATION NUMBER

JO20000021

COMMITTEE TYPE

CPC PPC LLC

CHECK IF

AMENDMENT
 FIRST REPORT FILED

REPORT QUARTER

APR 15 JUL 15 OCT 15 JAN 15

YEAR *2006*


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
1. CASH ON HAND, JANUARY 1, <i>2006</i>	<i>July 1 2006</i>	<i>Sept 30 2006</i>		<i>27605.28</i>
2. CASH ON HAND, BEGINNING OF REPORTING PERIOD			<i>4416.28</i>	
3. MONETARY RECEIPTS (+)			<i>11,400</i>	<i>49,900</i>
4. SUBTOTAL			<i>15,816.28</i>	<i>77,505.28</i>
5. MONETARY EXPENDITURES (-)			<i>6,431.64</i>	<i>68,120.64</i>
6. CASH ON HAND, CLOSE OF REPORTING PERIOD			<i>9,384.64</i>	<i>9,384.64</i>

NET FINANCIAL SUMMARY	
7. CASH ON HAND, CLOSE OF REPORTING PERIOD	<i>9384.64</i>
8. DEBT OWED TO COMMITTEE (+)	<i>-</i>
9. SUBTOTAL	<i>9384.64</i>
10. DEBT OWED BY COMMITTEE (-)	<i>5000</i>
11. TOTAL (Net Worth)	<i>4384.64</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.

<i>10/16/06</i>	<i>Edgar Freeman</i>	
DATE	PRINT NAME	SIGNATURE
	<i>14 Brinkerhoff Ave</i>	<i>201 803-2649</i>
	ADDRESS	*(AREA CODE) DAY TELEPHONE NUMBER
	<i>Teaneck NJ 07666</i>	<i>201 357-5463</i>
		*(AREA CODE) EVENING TELEPHONE NUMBER

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, \$300 OR LESS	-	100
2.	CONTRIBUTIONS, MORE THAN \$300	11,400	44800
2a.	CURRENCY CONTRIBUTIONS	-	-
3.	TOTAL (Add lines 1, 2 and 2a)	11,400	44900
4	REFUND OF EXCESSIVE CONTRIBUTIONS (ADJUSTMENT SCHEDULE) (-)	-	-
5.	SUBTOTAL (Subtract line 4 from line 3)	11,400	44900
OTHER RECEIPTS			
6	REIMBURSEMENTS/REFUNDS	-	-
7.	DIVIDENDS/INTEREST	-	-
8.	LOANS RECEIVED BY COMMITTEE, \$300 OR LESS	-	-
9	LOANS RECEIVED BY COMMITTEE MORE THAN \$300 AND ALL CURRENCY LOANS	-	-
10	TOTAL MONETARY RECEIPTS (Add lines 5 through 9)	11,400	44900
11	IN-KIND CONTRIBUTIONS, \$300 OR LESS	-	-
12	IN-KIND CONTRIBUTIONS, MORE THAN \$300	-	-
13.	GROSS RECEIPTS (Add lines 10, 11 and 12)	11,400	44900
TABLE II EXPENDITURES			
14.	OPERATING DISBURSEMENTS	1431 64	2105 59
	CONTRIBUTIONS (FROM THIS COMMITTEE) TO:		
15a.	NJ GUBERNATORIAL CANDIDATES/COMMITTEES	-	-
15b.	NJ LEGISLATIVE CANDIDATES/COMMITTEES	-	-
15c.	ALL OTHER CANDIDATES/COMMITTEES	5000	66639
	EXPENDITURES MADE ON BEHALF OF:		
16a.	NJ GUBERNATORIAL CANDIDATES/COMMITTEES	-	-
16b	NJ LEGISLATIVE CANDIDATES/COMMITTEES	-	-
16c	ALL OTHER CANDIDATES/COMMITTEES	-	-
17	LOAN PAYMENTS	-	-
18	TOTAL MONETARY EXPENDITURES (Add lines 14 through 17)	6431 64	68744 59
19	IN-KIND CONTRIBUTIONS, \$300 OR LESS	-	-
20	IN-KIND CONTRIBUTIONS, MORE THAN \$300	-	-
21	GROSS EXPENDITURES (Add lines 18 through 20)	6431.64	68744 59

DEPOSITORY SUMMARY

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

COMMITTEE NAME:

BANK ACCOUNT INFORMATION

1 NAME OF BANK <i>Commerce Bank</i>		(AREA CODE) TELEPHONE NUMBER <i>973-423-0011</i>	
MAILING ADDRESS <i>411 Lafayette Ave</i>			
CITY STATE, ZIP CODE <i>Hawthorne NJ 07606</i>			
ACCOUNT NAME <i>Bergen County young democrats</i>		ACCOUNT NUMBER <i>037 147 552</i>	
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

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):

- | | |
|--|--|
| <input type="checkbox"/> Investment Institution Money Market Account | <input type="checkbox"/> Bonds |
| <input type="checkbox"/> Certificate of Deposit (C.D.) | <input type="checkbox"/> Stocks |
| <input type="checkbox"/> Mutual Fund Account | <input type="checkbox"/> Real Property |
| <input type="checkbox"/> Other (please specify) _____ | |

For each item checked ("X") above (other than real property), please complete the following information. If real property is held, a Real Property Schedule must be filed as part of the Form R-3. Contact the Commission for a Real Property Schedule and instructions.

1 NAME OF DEPOSITORY OR ISSUER		(AREA CODE) TELEPHONE NUMBER	
MAILING ADDRESS			
CITY STATE, ZIP CODE			
ACCOUNT NAME		ACCOUNT NUMBER	
TYPE OF ASSET <input type="checkbox"/> MONEY MARKET <input type="checkbox"/> C D <input type="checkbox"/> MUTUAL FUND <input type="checkbox"/> BONDS <input type="checkbox"/> STOCKS <input type="checkbox"/> 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

ITEMIZED RECEIPTS (Other than Loans) SCHEDULE A 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)

CURRENCY
 ALL OTHER MONETARY CONTRIBUTIONS
 IN-KIND CONTRIBUTIONS- EXPENDITURES MADE BY OTHERS
 REIMBURSEMENTS/ REFUNDS OF DISBURSEMENTS
 DIVIDENDS/ INTEREST

COMMITTEE NAME:

ACCOUNT NAME and NUMBER:

CONTRIBUTOR NAME <i>Alan P Hilla</i>	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) <i>612 Cherokee Ln</i>
OCCUPATION	STATE USE ONLY	(CITY STATE AND ZIP CODE) <i>Rielle NJ 08730</i>
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		AMOUNT(S) RECEIVED THIS PERIOD
(CITY, STATE AND ZIP CODE)		
RECEIPT DESCRIPTION (if to-kind)	AGGREGATE YEAR-TO-DATE	
		<i>7/10/06 \$300</i>

CONTRIBUTOR NAME <i>Thomas Rosas</i>	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) <i>6 Inlet Terrace</i>
OCCUPATION	STATE USE ONLY	(CITY STATE AND ZIP CODE) <i>Belmar NJ 07719</i>
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		AMOUNT(S) RECEIVED THIS PERIOD
(CITY, STATE AND ZIP CODE)		
RECEIPT DESCRIPTION (if to-kind)	AGGREGATE YEAR-TO-DATE	
		<i>7/10/06 \$300</i>

CONTRIBUTOR NAME <i>Gerald Freda</i>	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) <i>47 Hilltop Circle</i>
OCCUPATION	STATE USE ONLY	(CITY STATE AND ZIP CODE) <i>Lincroft NJ 07735</i>
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		AMOUNT(S) RECEIVED THIS PERIOD
(CITY, STATE AND ZIP CODE)		
RECEIPT DESCRIPTION (if to-kind)	AGGREGATE YEAR-TO-DATE	
		<i>7/10/06 \$300</i>

CONTRIBUTOR NAME <i>Robert Collias</i>	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) <i>718 Bridlemere Ave</i>
OCCUPATION	STATE USE ONLY	(CITY STATE AND ZIP CODE) <i>Interlaken NJ 07712</i>
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		AMOUNT(S) RECEIVED THIS PERIOD
(CITY, STATE AND ZIP CODE)		
RECEIPT DESCRIPTION (if to-kind)	AGGREGATE YEAR-TO-DATE	
		<i>7/10/06 \$300</i>

1. SUBTOTAL (Add all receipts listed on this page.) *\$1200*

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.)

ITEMIZED RECEIPTS (Other than Loans)

SCHEDULE A

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)

CURRENCY
 ALL OTHER MONETARY CONTRIBUTIONS
 IN-KIND CONTRIBUTIONS-EXPENDITURES MADE BY OTHERS
 REIMBURSEMENTS/REFUNDS OF DISBURSEMENTS
 DIVIDENDS/INTEREST

COMMITTEE NAME:

ACCOUNT NAME and NUMBER:

CONTRIBUTOR NAME <i>Howard Birdsall</i>	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) <i>2100 Hwy 35-Old Mill Plaza</i>		
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) <i>Sea Girt NJ 08750</i>		
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	<i>7/10/06</i>	<i>\$300</i> <i>7A6106</i>

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) <i>Birdsall Engineering Inc</i>				
(CITY, STATE AND ZIP CODE) <i>611 Industrial Way west Eatontown NJ 07724</i>				
RECEIPT DESCRIPTION (if in-kind)		AGGREGATE YEAR-TO-DATE	<i>7/10/06</i>	<i>\$300</i>

CONTRIBUTOR NAME	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET)		
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE)		
EMPLOYER NAME <i>Hatch Mott MacDonald</i>			DATE(S) RECEIVED THIS PERIOD	AMOUNT(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET) <i>27 Bleeker St</i>				
(CITY, STATE AND ZIP CODE) <i>Millburn NJ 07041</i>				
RECEIPT DESCRIPTION (if in-kind)		AGGREGATE YEAR-TO-DATE	<i>9/20/06</i>	<i>\$2,200</i>

CONTRIBUTOR NAME	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET)		
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE)		
EMPLOYER NAME <i>T&M associates</i>			DATE(S) RECEIVED THIS PERIOD	AMOUNT(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET) <i>PO Box 828</i>				
(CITY, STATE AND ZIP CODE) <i>Red Bank NJ 07701</i>				
RECEIPT DESCRIPTION (if in-kind)		AGGREGATE YEAR-TO-DATE	<i>9/20/06</i>	<i>\$1,500</i>

1. SUBTOTAL (Add all receipts listed on this page.)				<i>\$4,300</i>
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.)				

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 <i>Bergen County Democrats 50 main St Hackensack NJ 07601</i>	ORIGINAL LOAN AMOUNT <i>\$5000</i>	NEW LOANS THIS PERIOD —	TOTAL AMOUNT OF LOAN PLUS INTEREST —	OUTSTANDING BALANCE THIS PERIOD <i>\$5000</i>
	PAYMENTS THIS PERIOD —	AMOUNT	CHECK NO(S)	DATE(S)

OCCUPATION	TERMS	DATE INCURRED	DATE DUE	ANNUAL INTEREST RATE
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EMPLOYER NAME AND ADDRESS (NUMBER, STREET CITY STATE AND ZIP CODE) <i>Jackie Grella 50 main St Hackensack NJ 07601</i>	AGGREGATE YEAR-TO-DATE <i>\$5000</i>
1) NAME AND ADDRESS OF GUARANTOR	AMOUNT OUTSTANDING

OCCUPATION	EMPLOYER NAME AND ADDRESS (NUMBER, STREET CITY STATE AND ZIP CODE)	AGGREGATE YEAR-TO-DATE
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2) NAME AND ADDRESS OF GUARANTOR	AMOUNT OUTSTANDING
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OCCUPATION	EMPLOYER NAME AND ADDRESS (NUMBER, STREET CITY STATE AND ZIP CODE)	AGGREGATE YEAR-TO-DATE
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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
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EMPLOYER NAME AND ADDRESS (NUMBER, STREET CITY STATE AND ZIP CODE)	AGGREGATE YEAR-TO-DATE
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1) NAME AND ADDRESS OF GUARANTOR	AMOUNT OUTSTANDING
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OCCUPATION	EMPLOYER NAME AND ADDRESS (NUMBER, STREET CITY STATE AND ZIP CODE)	AGGREGATE YEAR-TO-DATE
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2) NAME AND ADDRESS OF GUARANTOR	AMOUNT OUTSTANDING
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OCCUPATION	EMPLOYER NAME AND ADDRESS (NUMBER, STREET CITY STATE AND ZIP CODE)	AGGREGATE YEAR-TO-DATE
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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.)	

ITEMIZED EXPENDITURES MADE AND INCURRED ON BEHALF OF CANDIDATES AND COMMITTEES	SCHEDULE E	Page No. of
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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

<input type="checkbox"/> NEW JERSEY GUBERNATORIAL CANDIDATES/COMMITTEES	<input type="checkbox"/> NEW JERSEY LEGISLATIVE CANDIDATES/COMMITTEES	<input type="checkbox"/> 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.)		

DEBTS AND OBLIGATIONS OWED BY COMMITTEE

SCHEDULE F

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.					
<small>USE A SEPARATE "SCHEDULE G" FOR EACH SEPARATE ACCOUNT</small>					
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
<small>DATE DEBT INCURRED</small>	<small>DEBT DESCRIPTION</small>				
<small>DATE DEBT INCURRED</small>	<small>DEBT DESCRIPTION</small>				
<small>DATE DEBT INCURRED</small>	<small>DEBT DESCRIPTION</small>				
<small>DATE DEBT INCURRED</small>	<small>DEBT DESCRIPTION</small>				
<small>DATE DEBT INCURRED</small>	<small>DEBT DESCRIPTION</small>				
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.)					