ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. Candidate or Committee Name:				
2. Reporting Period: Start Date:	End Date:			
3. Complete the appropriate items for each obligation	n owed to a person/vendor at th	ne end of the re	eporting period	
Business Name:	Description of Obligation:			
First Name: Middle Name:				
Last Name:				
Address:		Debt	Payments	Outstanding
City:	Balance (Period Beginning)	Incurred This Period	This Period	Balance (Period End)
State: Zip Code:	¢	\$	\$	\$
Business Name:	Description of Obligation:			
First Name: Middle Name:				
Last Name:				
Address:	Outstanding	Debt	Payments	Outstanding Balance
City:	Balance (Period Beginning)	Incurred This Period	This Period	(Period End)
State: Zip Code:	\$	\$	\$	\$
		ŕ		
Business Name:	Description of Obligation:			
First Name: Middle Name:				
Last Name:				
Address:	Outstanding Balance (Period	Debt Incurred	Payments This Period	Outstanding Balance
City:	Beginning)	This Period	This Period	(Period End)
State: Zip Code:	\$	\$	\$	\$
		1		
Business Name:	Description of Obligation:			
First Name: Middle Name:	-			
Last Name:				
Address:	Outstanding Balance (Period	Debt Incurred	Payments This Period	Outstanding Balance
City:	Beginning)	This Period		(Period End)
State: Zip Code:	\$	\$	\$	\$
TOTALS		1		

(Carry forward to the next page if additional pages of this form are used. If this is the last page of obligations, the Total from "Outstanding Balance - (Period End)" column must also be shown on the summary on first page.)

Outstanding Balance (Period Beginning)	Debt Incurred	Payments This Period	Outstanding Balance (Period End)
\$	\$	\$	\$