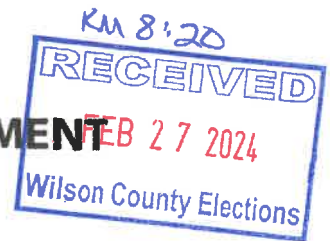




**CAMPAIGN FINANCIAL DISCLOSURE STATEMENT**  
**For State and Local Candidates**  
**For Single-Candidate Committees**



1. Date: 2-26-24 2.a. Candidate or Committee Name: Heather Sadler Gallahur  
2.b. If Committee, Name of Candidate: \_\_\_\_\_ 3. Election Date: 3-5-24  
4. Campaign Address: 1423 Shenandoah Trail  
City: Lebanon State: TN Zip Code: 37087 Phone: 731-234-3734  
5. Candidate Home Address: 1423 Shenandoah Trail  
City: Lebanon State: TN Zip Code: 37087 Phone: 731-234-3734  
Candidate Email Address: sadlergallahur@gmail.com  
6. Office Sought: (include district number, if applicable) Lebanon Special School District School Board  
7. Name of Political Treasurer (may be candidate): Kirsten McDonald-Harris  
Political Treasurer Email Address: \_\_\_\_\_

8. Category or Report: (check one)

☐ First Quarter ☐ Second Quarter ☐ Third Quarter ☐ Fourth Quarter ☒ Pre-Primary ☐ Pre-General  
☐ Mid-Year Supplemental ☐ Year-End Supplemental

9. Reporting Period: Start Date: 1-16-24 End Date: 2-24-24

10. Detailed Disclosure: (Check one)

☐ This campaign is exempt from detailed disclosures because contributions (including in-kind) received total \$1,000 or less AND expenditures total \$1,000 or less for this reporting period. (Complete items 12.d., 12.e., and 12.f.)  
☒ This campaign is required to file a detailed financial disclosure because contributions (including in-kind) received total more than \$1,000 and/or expenditures total more than \$1,000 for this reporting period.

11. I/we do solemnly swear or affirm that the information contained in this campaign financial disclosure report is true and that this report is an accurate accounting of campaign contributions and expenditures required to be reported by the candidate committee by the Campaign Financial Disclosure Act. Additionally, I/we swear or affirm that no campaign contributions have been expended for the personal financial benefit of the candidate or for any other nonpolitical purpose as defined by the federal internal revenue code.

Heather Sadler Gallahur 2-26-24 Kirsten McDonald-Harris 2-26-24  
Candidate Signature Date Political Treasurer Signature Date

[Signature] 2-26-24 [Signature] 2-26-24  
Witness Signature Date Witness Signature Date

12. Summary:

a. Balance On Hand Last Report ..... \$ \$790.61  
b. Total Receipts This Period ..... \$ 3,100  
c. Total Disbursements This Period ..... \$ 1,840.68  
d. Balance On Hand (12.a. plus 12.b. minus 12.c.) ..... \$ 2,049.93  
e. Total Loans Outstanding ..... \$ 993.47  
f. Total Obligations Outstanding ..... \$ 0

# SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: Heather Sadler Gallaher

14. Reporting Period: Start Date: 1-16-24 End Date: 2-24-24

15. Receipts:

- a. Unitemized Contributions (\$100 or less from each source this period) ..... \$ 550  
(Note: Effective January 16, 2023, Unitemized Contributions are capped at \$2,000. See *Instructions* for more information.)
- b. Itemized Contributions (over \$100 from each source this period) ..... \$ 2,550
- c. Loans Received This Reporting Period..... \$ 0
- d. Interest Received This Reporting Period..... \$ 0
- e. Total Receipts (add 15.a., 15.b., 15.c., and 15.d.) (must be shown in item 12.b.) ..... \$ 3,100

16. Disbursements:

- a. Total Expenditures (other than loan payments)..... \$ 1,840.68  
(Note: Effective January 16, 2023, all expenditures must be itemized.)
- b. Loan Repayments Made This Period ..... \$ 0
- c. Total Obligation Payments Made This Period..... \$ 0
- d. Total Disbursements (add 16.a. and 16.b.) (must be shown in item 12.c.)..... \$ 1,840.68

17. In-Kind Contributions:

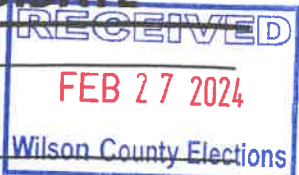
- a. Unitemized In-Kind Contributions Received This Period ..... \$ 0
- b. Itemized In-Kind Contributions Received This Period ..... \$ 0
- c. Total In-Kind Contributions Received This Period ..... \$ 0

18. Obligations:

- a. Total Obligations Outstanding (must be shown in item 12.f.) ..... \$ 0

# ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Heather Sadler Gallaher  
2. Reporting Period: Start Date: 1-16-24 End Date: 2-24-24  
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ 0



COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: \_\_\_\_\_ OR  
First Name: Albert Middle Name: \_\_\_\_\_ Last Name: McCall  
Address: 1024 West Main St City: Lebanon State: TN Zip Code: 37087  
Occupation: \_\_\_\_\_ Employer: D.T. McCall and Sons  
Contribution Received For: ☒ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)  
Amount of Contribution: \$ 1,000 Date of Contribution: 2-7-24 Aggregate This Election: \$ 1,000

Business or Organization Name: \_\_\_\_\_ OR  
First Name: Michael Middle Name: \_\_\_\_\_ Last Name: McAdoo  
Address: 7104 Oakhill Dr City: Milan State: TN Zip Code: 38358  
Occupation: Retired Employer: \_\_\_\_\_  
Contribution Received For: ☒ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)  
Amount of Contribution: \$ 250 Date of Contribution: 2-18-24 Aggregate This Election: \$ 250

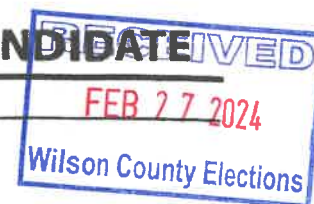
Business or Organization Name: \_\_\_\_\_ OR  
First Name: Larry Middle Name: \_\_\_\_\_ Last Name: Nicholson  
Address: 19870 Main St East City: Huntingdon State: TN Zip Code: 38344  
Occupation: Optometrist Employer: Self  
Contribution Received For: ☐ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)  
Amount of Contribution: \$ 500 Date of Contribution: 2-18-24 Aggregate This Election: \$ 1,000

Business or Organization Name: \_\_\_\_\_ OR  
First Name: Steve Middle Name: \_\_\_\_\_ Last Name: Griffith  
Address: P.O. Box 1455 City: Mt Juliet State: TN Zip Code: 37121  
Occupation: \_\_\_\_\_ Employer: Self  
Contribution Received For: ☒ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)  
Amount of Contribution: \$ 800 Date of Contribution: 2-23-24 Aggregate This Election: \$ 800

Total Contributions: \$ 2,550

(Carry forward to the next page if additional pages of this form are used. If this is the last page of contributions, this amount must be shown in the summary on first page.)

# ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE



1. Candidate or Committee Name: \_\_\_\_\_
2. Reporting Period: Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_
3. Total in-kind contributions from preceding page (enter \$0 if first page) \$ \_\_\_\_\_

COMPLETE THE APPROPRIATE ITEMS FOR EACH IN-KIND CONTRIBUTION. In-kind contributions totaling more than one hundred dollars (\$100) from any contributor during the period must be reported.

Business or Organization Name: \_\_\_\_\_ OR

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

In-Kind Contribution Received For: ☐ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)

In-Kind Contribution Value: \$ \_\_\_\_\_ In-Kind Contribution Date: \_\_\_\_\_ Aggregate This Election: \$ \_\_\_\_\_

Description of In-Kind Contribution: \_\_\_\_\_

Business or Organization Name: \_\_\_\_\_ OR

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

In-Kind Contribution Received For: ☐ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)

In-Kind Contribution Value: \$ \_\_\_\_\_ In-Kind Contribution Date: \_\_\_\_\_ Aggregate This Election: \$ \_\_\_\_\_

Description of In-Kind Contribution: \_\_\_\_\_

Business or Organization Name: \_\_\_\_\_ OR

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

In-Kind Contribution Received For: ☐ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)

In-Kind Contribution Value: \$ \_\_\_\_\_ In-Kind Contribution Date: \_\_\_\_\_ Aggregate This Election: \$ \_\_\_\_\_

Description of In-Kind Contribution: \_\_\_\_\_

Business or Organization Name: \_\_\_\_\_ OR

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

In-Kind Contribution Received For: ☐ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)

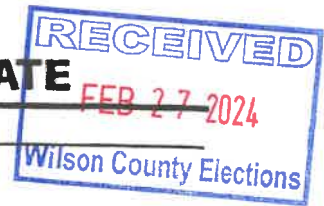
In-Kind Contribution Value: \$ \_\_\_\_\_ In-Kind Contribution Date: \_\_\_\_\_ Aggregate This Election: \$ \_\_\_\_\_

Description of In-Kind Contribution: \_\_\_\_\_

Total In-Kind Contributions: \$ \_\_\_\_\_

(Carry forward to the next page if additional pages of this form are used. If this is the last page of in-kind contributions, this amount must be shown in the summary on first page.)

# ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE



1. Candidate or Committee Name: Heather Sadler Gallaher
2. Reporting Period: Start Date: 1-16-24 End Date: 2-24-24
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ 0

COMPLETE THE APPROPRIATE ITEMS FOR EACH EXPENDITURE. All expenditures must be itemized. If the expenditure is an in-kind contribution to a candidate, please remember to include the purpose of the expenditure (e.g., postage, printing, etc.) along with the candidate's name in the purpose of the expenditure section.

Business or Organization Name: Campaign Partner OR  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Purpose of Expenditure: Website (Monthly Payment)  
Amount of Expenditure: \$ 29 Date of Expenditure: 1-16-24

Business or Organization Name: Votiv OR  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Purpose of Expenditure: Canvassing Software (Monthly Payment)  
Amount of Expenditure: \$ 99 Date of Expenditure: 1-16-24

Business or Organization Name: Regions OR  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Purpose of Expenditure: Monthly Fee  
Amount of Expenditure: \$ 7 Date of Expenditure: 1-31-24

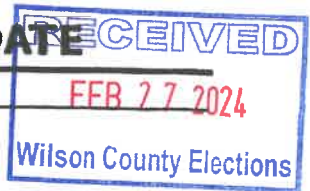
Business or Organization Name: Facebook OR  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Purpose of Expenditure: Campaign Ads  
Amount of Expenditure: \$ 61.52 Date of Expenditure: 2-1-24

Business or Organization Name: WANT FM OR  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Purpose of Expenditure: Radio Ads  
Amount of Expenditure: \$ 475 Date of Expenditure: 2-12-24

Total Expenditures: \$ 671.52

(Carry forward to the next page if additional pages of this form are used. If this is the last page of expenditures, this amount must be shown in the summary on first page.)

# ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE



1. Candidate or Committee Name: Heather Sadler Gallaher
2. Reporting Period: Start Date: 1-16-24 End Date: 2-24-24
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ 671.52

COMPLETE THE APPROPRIATE ITEMS FOR EACH EXPENDITURE. All expenditures must be itemized. If the expenditure is an in-kind contribution to a candidate, please remember to include the purpose of the expenditure (e.g., postage, printing, etc.) along with the candidate's name in the purpose of the expenditure section.

Business or Organization Name: Capitol Theatre OR  
 First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Purpose of Expenditure: Ad Sign  
 Amount of Expenditure: \$ 50 Date of Expenditure: 2-12-24

Business or Organization Name: Campaign Partner OR  
 First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Purpose of Expenditure: Website (Monthly Payment)  
 Amount of Expenditure: \$ 29 Date of Expenditure: 2-13-24

Business or Organization Name: Vottiv OR  
 First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Purpose of Expenditure: Canvassing Software  
 Amount of Expenditure: \$ 99 Date of Expenditure: 2-13-24

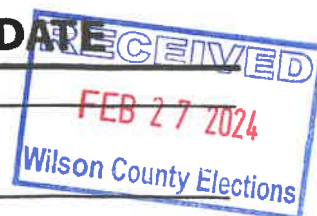
Business or Organization Name: Facebook OR  
 First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Purpose of Expenditure: Campaign Ads  
 Amount of Expenditure: \$ 250 Date of Expenditure: 2-16-24

Business or Organization Name: WANT FM OR  
 First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Purpose of Expenditure: Radio Ads  
 Amount of Expenditure: \$ 325 Date of Expenditure: 2-20-24

Total Expenditures: \$ ~~15~~ 1424.52

(Carry forward to the next page if additional pages of this form are used. If this is the last page of expenditures, this amount must be shown in the summary on first page.)

# ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE



1. Candidate or Committee Name: Heather Sadler Gallaher  
2. Reporting Period: Start Date: 1-16-24 End Date: 2-24-24  
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \_\_\_\_\_

COMPLETE THE APPROPRIATE ITEMS FOR EACH EXPENDITURE. All expenditures must be itemized. If the expenditure is an in-kind contribution to a candidate, please remember to include the purpose of the expenditure (e.g., postage, printing, etc.) along with the candidate's name in the purpose of the expenditure section.

Business or Organization Name: Amazon OR  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Purpose of Expenditure: Yard Sign Stakes  
Amount of Expenditure: \$ 93.28 Date of Expenditure: 2-23-24

Business or Organization Name: Southeast Impressions OR  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Purpose of Expenditure: T-Shirts  
Amount of Expenditure: \$ 232.67 Date of Expenditure: 2-23-24

Business or Organization Name: Signs Now Lebanon OR  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Purpose of Expenditure: Election Day Signs  
Amount of Expenditure: \$ 90.21 Date of Expenditure: 2-23-24

Business or Organization Name: \_\_\_\_\_ OR  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Purpose of Expenditure: \_\_\_\_\_  
Amount of Expenditure: \$ \_\_\_\_\_ Date of Expenditure: \_\_\_\_\_

Business or Organization Name: \_\_\_\_\_ OR  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Purpose of Expenditure: \_\_\_\_\_  
Amount of Expenditure: \$ \_\_\_\_\_ Date of Expenditure: \_\_\_\_\_

Total Expenditures: \$ 1,840.68

(Carry forward to the next page if additional pages of this form are used. If this is the last page of expenditures, this amount must be shown in the summary on first page.)

# ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. Candidate or Committee Name: \_\_\_\_\_  
2. Reporting Period: Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
3. Complete the appropriate items for each loan totaling more than one hundred dollars (\$100).



Complete the following for the source of each loan received and/or outstanding during the period.

Business or Organization Name: \_\_\_\_\_ OR

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Outstanding Loan Balance (Beginning) ..... \$ \_\_\_\_\_

Loans Received ..... \$ \_\_\_\_\_

Loan Payments ..... \$ \_\_\_\_\_

Outstanding Loan (End)..... \$ \_\_\_\_\_

Loan Received For: ☐ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)

Date of Loan: \_\_\_\_\_

List all endorsers or guarantors for above loan (If more space is needed, please attach additional pages.)

Business or Organization Name: \_\_\_\_\_ OR

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Amount Guaranteed Outstanding: \$ \_\_\_\_\_

Business or Organization Name: \_\_\_\_\_ OR

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Amount Guaranteed Outstanding: \$ \_\_\_\_\_

Business or Organization Name: \_\_\_\_\_ OR

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Amount Guaranteed Outstanding: \$ \_\_\_\_\_

Business or Organization Name: \_\_\_\_\_ OR

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Amount Guaranteed Outstanding: \$ \_\_\_\_\_

**Totals for all loans** (Complete this page for each outstanding loan during the period. Complete this section only on last page of loans. Total loans received and loan payments should be shown on summary page. Outstanding loan balance should be shown on front page.)

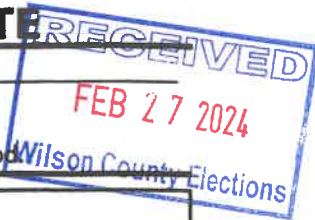
Balance (Beginning) ..... \$ \_\_\_\_\_

Loans Received ..... \$ \_\_\_\_\_

Loan Payments ..... \$ \_\_\_\_\_

Outstanding Loan (End)..... \$ \_\_\_\_\_

# 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 owed to a person/vendor at the end of the reporting period.

Business Name: \_\_\_\_\_  
 First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_  
 Last Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Description of Obligation:			
Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)
\$	\$	\$	\$

Business Name: \_\_\_\_\_  
 First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_  
 Last Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Description of Obligation:			
Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)
\$	\$	\$	\$

Business Name: \_\_\_\_\_  
 First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_  
 Last Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Description of Obligation:			
Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)
\$	\$	\$	\$

Business Name: \_\_\_\_\_  
 First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_  
 Last Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Description of Obligation:			
Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)
\$	\$	\$	\$

## TOTALS

(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)
\$	\$	\$	\$