CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates
For Single-Candidate Committees

1. Date: 7/6/2026 2.a. Candidate or Committee Name: Chanitta Nealy

2.b. If Committee, Name of Candidate: _____ 3. Election Date: 8/6/2026

4. Campaign Address: 1079 Dorset Drive
City: Hendersonville State: TN Zip Code: 37075 Phone: 252-578-4602

5. Candidate Home Address: 1079 Dorset Drive
City: Hendersonville State: TN Zip Code: 37075 Phone: 252-578-4602
Candidate Email Address: Chanittanealycompaign@gmail.com

6. Office Sought: (include district number, if applicable) Sumner County School Board, District 3

7. Name of Political Treasurer (may be candidate): Adrienne Benton
Political Treasurer Email Address: Adrienne.n.morgan@gmail.com

8. Category or Report: (check one)

☐ First Quarter ☑ Second Quarter ☐ Third Quarter ☐ Fourth Quarter ☐ Pre-Primary ☐ Pre-General
☐ Mid-Year Supplemental ☐ Year-End Supplemental ☐ Runoff Election

9. Reporting Period: Start Date: 4/26/2026 End Date: 6/30/2026

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.

Chanitta Nealy 7/6/2026 — Candidate Signature / Date
Adrienne M. Benton 7/6/2026 — Political Treasurer Signature / Date
Penny Berthaal 7-6-26 — Witness Signature / Date
Penny Berthaal 7-6-26 — Witness Signature / Date

12. Summary:

a.	Balance On Hand Last Report	$ 1754.94
b.	Total Receipts This Period	$ 585.00
c.	Total Disbursements This Period	$ 2118.45
d.	Balance On Hand (12.a. plus 12.b. minus 12.c.)	$ 221.49
e.	Total Loans Outstanding	$ 0
f.	Total Obligations Outstanding	$ 0

FILED AM PM JUL 09 2026 SUMNER COUNTY ELECTION COMMISSION

SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: Chanitha Nealy

14. Reporting Period: Start Date: 4/26/2026 End Date: 6/30/2026

15. Receipts:

a. Unitemized Contributions ($100 or less from each source this period) ..... $ 285
(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) ..... $ 300

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.) ..... $ 585

16. Disbursements:

a. Total Expenditures (other than loan payments) ..... $ 2118.45
(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.) ..... $ 2118.45

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: Chanitta Nealy
2. Reporting Period: Start Date: 4/26/2026 End Date: 6/30/2026
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: Adrienne Middle Name: Morgan Last Name: Benton

Address: 145 Finchley Dr. City: Roswell State: GA Zip Code: 30076

Occupation: Adjuster Employer: Gallagher Bassett

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

Amount of Contribution: $ 100 Date of Contribution: 4/27/2026 Aggregate This Election: $ _____

Business or Organization Name: _____ OR

First Name: Lynn Middle Name: _____ Last Name: Takacs

Address: 1531 Anderson Road City: Hendersonville State: TN Zip Code: 37075

Occupation: Not employed Employer: _____

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

Amount of Contribution: $ 100 Date of Contribution: 5/20/2026 Aggregate This Election: $ _____

Business or Organization Name: _____ OR

First Name: Dale Middle Name: _____ Last Name: Stubblefield

Address: 959 Luxborough Dr. City: Hendersonville State: TN Zip Code: 37075

Occupation: Sales Employer: Service Now

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

Amount of Contribution: $ 100 Date of Contribution: 6/10/2026 Aggregate This Election: $ _____

Business or Organization Name: _____ OR

First Name: _____ Middle Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Occupation: Sales (TN) Employer: Service Now (TN)

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

Amount of Contribution: $ _____ Date of Contribution: _____ Aggregate This Election: $ _____

Total Contributions: $ 300

(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: Chanitta Nealy
2. Reporting Period: Start Date: 4/26/2026 End Date: 6/30/2026
3. Total in-kind contributions from preceding page (enter $0 if first page) $ 0

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: $ 0
(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: Chanitta Nealy
2. Reporting Period: Start Date: 4/26/2026 End Date: 6/30/2026
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.

OR

Business or Organization Name: Lowe's
First Name: _____ Middle Name: _____ Last Name: _____
Address: 360 S. Main St. City: Hendersonville State: TN Zip Code: 37075
Purpose of Expenditure: Sign supplies
Amount of Expenditure: $ 14.79 Date of Expenditure: $ 5/4/2026

OR

Business or Organization Name: Amazon
First Name: _____ Middle Name: _____ Last Name: _____
Address: 410 Terry Avenue N City: Seattle State: WA Zip Code: 98109-5210
Purpose of Expenditure: Supplies for campaign event
Amount of Expenditure: $ 17.47 Date of Expenditure: $ 5/14/2026

OR

Business or Organization Name: Sam's Club
First Name: _____ Middle Name: _____ Last Name: _____
Address: 301 Indian Lake Blvd City: Hendersonville State: TN Zip Code: 37075
Purpose of Expenditure: Supplies for campaign volunteers
Amount of Expenditure: $ 10.60 Date of Expenditure: $ 5/14/2026

OR

Business or Organization Name: Amazon
First Name: _____ Middle Name: _____ Last Name: _____
Address: 410 Terry Avenue N City: Seattle State: WA Zip Code: 98109-5210
Purpose of Expenditure: Supplies for campaign volunteers
Amount of Expenditure: $ 78.64 Date of Expenditure: $ 5/15/2026

OR

Business or Organization Name: Dollar General
First Name: _____ Middle Name: _____ Last Name: _____
Address: 104 Brittan Street. City: Hendersonville State: TN Zip Code: 37075
Purpose of Expenditure: Supplies for campaign volunteers
Amount of Expenditure: $ 7.63 Date of Expenditure: $ 5/18/2026

Total Expenditures: $ 129.13
(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: Chanitta Nealy
2. Reporting Period: Start Date: 4/26/2026 End Date: 10/30/2026
3. Total campaign expenditures from preceding page (enter $0 if first page) $ 129.13

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: Dollar Tree OR
First Name: Middle Name: Last Name:
Address: 291 New Shackle Island City: Hendersonville State: TN Zip Code: 37075
Purpose of Expenditure: Campaign materials
Amount of Expenditure: $ 5.49 Date of Expenditure: $ 5/16/2026

Business or Organization Name: Walgreens OR
First Name: Middle Name: Last Name:
Address: 365 New Shackle Island City: Hendersonville State: TN Zip Code: 37075
Purpose of Expenditure: Campaign event supplies
Amount of Expenditure: $ 13.04 Date of Expenditure: $ 5/16/2026

Business or Organization Name: Costco OR
First Name: Middle Name: Last Name:
Address: 1101 Forest Retreat Rd City: Hendersonville State: TN Zip Code: 37075
Purpose of Expenditure: Campaign event supplies
Amount of Expenditure: $ 17.54 Date of Expenditure: $ 5/16/2026

Business or Organization Name: Amazon OR
First Name: Middle Name: Last Name:
Address: 410 Terry Avenue N City: Seattle State: WA Zip Code: 98109-5210
Purpose of Expenditure: Canvass materials
Amount of Expenditure: $ 27.26 Date of Expenditure: $ 5/26/2026

Business or Organization Name: Amazon OR
First Name: Middle Name: Last Name:
Address: 410 Terry Avenue N City: Seattle State: WA Zip Code: 98109-5210
Purpose of Expenditure: Canvass materials
Amount of Expenditure: $ 21.84 Date of Expenditure: $ 5/26/2026

Total Expenditures: $ 214.30
(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: Chanita Nealy
2. Reporting Period: Start Date: 4/26/2026 End Date: 6/30/2026
3. Total campaign expenditures from preceding page (enter $0 if first page) $ 214.30

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: Middle Tennessee Laminating OR
First Name: Middle Name: Last Name:
Address: 152 Evergreen Cir City: Hendersonville State: TN Zip Code: 37075
Purpose of Expenditure: Printing
Amount of Expenditure: $ 113.04 Date of Expenditure: $ 5/30/2026

Business or Organization Name: Dollar Tree OR
First Name: Middle Name: Last Name:
Address: 2161 Indian Lake Blvd City: Hendersonville State: TN Zip Code: 37075
Purpose of Expenditure: SYSN materials
Amount of Expenditure: $ 9.60 Date of Expenditure: $ 6/4/2026

Business or Organization Name: Middle Tennessee Laminating OR
First Name: Middle Name: Last Name:
Address: 152 Evergreen Cir City: Hendersonville State: TN Zip Code: 37075
Purpose of Expenditure: Printing
Amount of Expenditure: $ 621.74 Date of Expenditure: $ 6/8/2026

Business or Organization Name: Middle Tennessee Laminating OR
First Name: Middle Name: Last Name:
Address: 152 Evergreen Cir City: Hendersonville State: TN Zip Code: 37075
Purpose of Expenditure: Printing
Amount of Expenditure: $ 296.73 Date of Expenditure: $ 6/15/2026

Business or Organization Name: Lowe's OR
First Name: Middle Name: Last Name:
Address: 300 E. Main Street City: Hendersonville State: TN Zip Code: 37075
Purpose of Expenditure: SYSN materials
Amount of Expenditure: $ 165.28 Date of Expenditure: $ 6/19/2026

Total Expenditures: $ 1420.69
(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: Chanita Nealy
2. Reporting Period: Start Date: 4/26/2026 End Date: 6/30/2026 1420.69
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: Middle Tennessee Communications OR
First Name: Middle Name: Last Name:
Address: 152 Evergreen Cir City: Hendersonville State: TN Zip Code: 37075
Purpose of Expenditure: Printing
Amount of Expenditure: $ 624.44 Date of Expenditure: $ 6/24/2026

Business or Organization Name: Actblue OR
First Name: Middle Name: Last Name:
Address: PO Box 962017 City: Boston State: MA Zip Code: 02196
Purpose of Expenditure: digital processing fee
Amount of Expenditure: $ 3.48 Date of Expenditure: $ 4/27/2026

Business or Organization Name: actblue OR
First Name: Middle Name: Last Name:
Address: PO Box 962017 City: Boston State: MA Zip Code: 02196
Purpose of Expenditure: digital processing fee
Amount of Expenditure: $ .56 Date of Expenditure: $ 4/28/2026

Business or Organization Name: Actblue OR
First Name: Middle Name: Last Name:
Address: PO Box 962017 City: Boston State: MA Zip Code: 02196
Purpose of Expenditure: digital processing fee
Amount of Expenditure: $ 1.86 Date of Expenditure: $ 4/29/2026

Business or Organization Name: Actblue OR
First Name: Middle Name: Last Name:
Address: PO Box 962017 City: Boston State: MA Zip Code: 02196
Purpose of Expenditure: digital processing fee
Amount of Expenditure: $ .88 Date of Expenditure: $ 5/11/2026

Total Expenditures: $ 2051.91
(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: Cranitha Neal
2. Reporting Period: Start Date: 7/26/26 End Date: 6/30/2026
3. Total campaign expenditures from preceding page (enter $0 if first page) $ 2051.91

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: Actblue
First Name: Middle Name: Last Name: OR
Address: PO Box 962017 City: Boston State: MA Zip Code: 02196
Purpose of Expenditure: digital processing fee
Amount of Expenditure: $ 1.86 Date of Expenditure: $ 5/14/2026

Business or Organization Name: Actblue
First Name: Middle Name: Last Name: OR
Address: PO Box 962017 City: Boston State: MA Zip Code: 02196
Purpose of Expenditure: digital processing fee
Amount of Expenditure: $ 3.48 Date of Expenditure: $ 5/30/2026

Business or Organization Name: Actblue
First Name: Middle Name: Last Name: OR
Address: PO Box 962017 City: Boston State: MA Zip Code: 02196
Purpose of Expenditure: digital processing fee
Amount of Expenditure: $ .56 Date of Expenditure: $ 6/2/2026

Business or Organization Name: Actblue
First Name: Middle Name: Last Name: OR
Address: PO Box 962017 City: Boston State: MA Zip Code: 02196
Purpose of Expenditure: digital processing fee
Amount of Expenditure: $ 6.22 Date of Expenditure: $ 6/10/2026

Business or Organization Name: Actblue
First Name: Middle Name: Last Name: OR
Address: PO Box 962017 City: Boston State: MA Zip Code: 02196
Purpose of Expenditure: digital processing fee
Amount of Expenditure: $ 1.86 Date of Expenditure: $ 6/18/2026

Total Expenditures: $ 2065.89
(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: Chanitta Neal
2. Reporting Period: Start Date: 4/26/2026 End Date: 6/30/2026
3. Total campaign expenditures from preceding page (enter $0 if first page) $ 2065.89

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: Actblue OR
First Name: ____ Middle Name: ____ Last Name: ____
Address: PO Box 962017 City: Boston State: MA Zip Code: 02196
Purpose of Expenditure: digital processing fee
Amount of Expenditure: $ 1.05 Date of Expenditure: $ 6/30/2026

Business or Organization Name: Staples OR
First Name: ____ Middle Name: ____ Last Name: ____
Address: 1012 Glenbrook Way City: Hendersonville State: TN Zip Code: 37075
Purpose of Expenditure: Printing
Amount of Expenditure: $ 26.33 Date of Expenditure: $ 4/27/2026

Business or Organization Name: USPS OR
First Name: ____ Middle Name: ____ Last Name: ____
Address: 301 Northcreek Blvd City: Goodlettsville State: TN Zip Code: 37072
Purpose of Expenditure: Postage
Amount of Expenditure: $ 25.18 Date of Expenditure: $ 4/27/2026

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: $ 2118.45
(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: Chanitta Nealy
2. Reporting Period: Start Date: 4/26/2026 End Date: 6/30/2026
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: ________

N/A

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) .... $ ________

SS-1132 (Rev. 1/2023)

ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. Candidate or Committee Name: Chanitta Nealy
2. Reporting Period: Start Date: 4/26/2026 End Date: 6/30/2026
3. Complete the appropriate items for each obligation owed to a person/vendor at the end of the reporting period.

N/A

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)
$	$	$	$