ITEMIZED STATEMENT OF OBLIGATIONS - SMC

1. NAME OF COMMITTEE					2. REPORT COVERING THE PERIOD	
			FROM:	TO:		
3. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED OBLIGATION (obligations totaling more than \$100 owed to any person/vendor at the end of the reporting period)			Outstanding Balance (Beginning of Period)	Debt Incurred This Period	Payments This Period	Outstanding Balance (End of Period)
First Name	Middle Name					
Last Name/Business Name			-			
Address						
City	State	Zip Code				
Description of Obligation	<u>I</u>	1				
First Name	ame Middle Name					
Last Name/Business Name			-			
Address			-			
City	State	Zip Code	1			
Description of Obligation	1	I	1	<u> </u>	1	
First Name	Name Middle Name					
Last Name/Business Name			_			
Address			-			
City	State	Zip Code	-			
Description of Obligation						
First Name Middle Name			ı			
Last Name/Business Name						
Address						
City	State	Zip Code				
Description of Obligation	•	•	•		•	•
First Name	Middle Name					
Last Name/Business Name			-			
Address			1			
City	State	Zip Code	1			
Description of Obligation		1				
4 707410			1			ı
4. TOTALS (Total from "Outstanding Balance - (End of Period)"						
in item 22.b on summary page.)						

