

SCHEDULE OF UNPAID OBLIGATIONS

(Date of Election)

Name of Candidate/Party Treasurer:

Post Office Address of Candidate/Party Treasurer:

Period Covered:

From _____ to _____

CREDITORS (State full name and exact Address)	NATURE OF OBLIGATIONS	AMOUNT

Total

P/ _____

CERTIFIED CORRECT:

(Date)

(Signature of Candidate/Treasurer)

INSTRUCTIONS: THE FOREGOING ITEMS MUST BE SUPPORTED BY VOUCHERS, RECEIPTS AND OTHER DOCUMENTS WHICH MUST BE PRESERVED FOR INSPECTION BY THE COMMISSION ON ELECTIONS FOR THREE (3) YEARS AFTER THE DAY OF THE ELECTION TO WHICH THEY PERTAIN. USE ADDITIONAL SHEETS IF NECESSARY BUT THE FILER MUST SIGN EVERY SHEET.