VC2CTI OH	■ 1 484000 m S 13 863	STATEMENT OF STREET	/11/14/ 1997

Commonwealth of Pennsylvania - Campaign Finance Report

	(Note: Th	is report mu	st be clear an	d legible. It	: should	be typed	}			
Filer Identification Number		Report Filed ((Mark X)	By Candida	ate	X	ommittee			obbyist	
Name of Filing Committee, Cal Lobbyist	ndidate or	Brady I. Sager			1,000			1000		
Street Address		953 Spruce Tr	ee Drive							
City Girard	<u> </u>		State	PA	Ž	ip Code	16417	****		
Type of Report (Place x under r	report type)			<u> </u>						
1-6 th Tuesday 2-2 nd Friday Pre-Primary Pre-Primary	Compared Service Linears No. 1 Service A.	4- 6th Tuesday Pre- Election	5- 2 nd Friday Pre- Election	6-30 Day Election	Post 7	- Annual	Special 2 nd F Pre-Election	C/16 27 CENT	pecial 30 Da Post-Election	
										21 100 21 100
Date Of Election (MM/DD/YYYY)	05/16/2023	Year	2023	Amendme Report	ent		Termination Report	1		
Summary of Receipts and Expenditures	From Date 03/03/2023	To Dat	e 5/05/2023			For	Office Use On	ly		
A. Amount Brought Forward F			0							G NG
B. Total Monetary Contributio (From Schedule I)	ns and Receipts	\$	942.58					· •	2	
C. Total Funds Available (Sum of Lines A and B)		\$	942.58				G r		7000 E-F-V	
D: Total Expenditures (From Schedule III)		\$	517.58				i T		₹ 1	
E. Ending Cash Balance (Subtract Line D from Line C)		\$	-425.00				Š		•	
F. Value of In-Kind Contributio (From Schedule II)	ns Received	\$	425.00	PH 2: 20 STRATION						
G. Unpaid Debts and Obligatio (From Schedule IV)	ns	\$	0	10N 20						
Part 1- If this is a Committee report	t treasurer sign he	re If this is a Car	Affidavit Se		horo					
I swear (or affirm) that this report,	including the attac	hed schedule co	n paper, is to the	best of my kn	owledge :	and belief to	ue, correct and	complete.		
I swear (or affirm) that this report, Sworn to and subscribed before me day of May	e this	commissi Commissi ber, Pennsy	onia	D	_	11				
	20 23	mmiss mmiss Penns	Fer	- 27, 7 7, .	/	10-10			-	
Lonia chem	ander	<u> 회의</u>	떠꼭겁!	Signature of Person Submitting report Brady L. Sager						
Signature	~ ~ ~	expires numbe	nns)		P	rinted Nam	e			
My Commission expires	3-05 m		nty 8	440-1937						
MO.	DAY YR.	April 3 1288 lation	Ty P'z	Area Code		Day	rtime Telephone	Number		
Part II- If this is a report of a Candid		ommittee, cand			•					
I swear (or affirm) that to the best of amended.	of my knowledge a	nd beliesthis po	litical committee	has not violate	ed any pr	ovisions of 1	he Act of June 3	3, 193 7 (P.L	. 1333, NO.320	ປ) as
Sworn to and subscribed before me	this :									
day of	20	. 1	_		Signatu	re of Candid			•	
Signature				Signature of Candidate Printed Name						
Ū		, 1								
My Commission expiresMO.	DAY YR.	-	-	Area Code		Dayt	ime Telephone	Number	,	

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

Filer Identification Number				
1.Unitemized Contributions	and Receipts-\$50.00 or Less per Contributor			
	Total for the reporting period	(1)	\$	

1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor		
Total for the reporting period	(1)	\$
2. Contributions of \$50.01/to \$250.00 (From Part A and Part B)	2242 24343	
Contributions Received from Political Committees (Part A)		\$ 0
All Other Contributions (Part B)		\$ 425.00
Total for the reporting period	(2)	\$ 425.00
3. Contributions Over \$250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)		\$ o
All Other Contributions (Part D)		\$ o
Total for the reporting period	(3)	\$ 0
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)	
Total for the reporting period	(4)	\$ 517.58
Total Monetary Contributions and Receipts during this reporting period (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Re Cover Page, Item B)	port	\$ 942.58

PART A

Contributions Received From Political Committees

\$50.01 TO \$250.00

Use this Part to itemize only contributions received from Political Committees with an aggregate value from \$50.01 TO \$250.00 in the reporting period.

ranger of the Bases					<u> </u>
次理論と「管理が異論のかだった」	Section 1 of a statement			F	Amount
Full Name of Contr Committee	ributing			Date [MM/DD/YYYY]	.
House#	Street Address	****		Date [MM/DD/YYYY]	\$ 4
City		State	Zip Code	Date [MM/DD/YYYY]	\$
		y .			
Full Name of Conti Committee	ributing			Date [MM/DD/YYYY]	\$
House #	Street Address	,		Date [MM/DD/YYYY]	\$
City	16/19/30% \$25/60% 1983	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contr Committee	ributing			Date [MM/DD/YYYY]	5
House#	Street Address			Date [MM/DD/YYYY]	5
City	Participal (1997)	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contr Committee	ributing	personal edition has a	nove season through	Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	Š
City	10年以上,於東京的原理	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contr Committee	ibuting	governo statuta	per use microstem (2006)	Date [MM/DD/YYYY]	5
House #	Street Address			Date [MM/DD/YYYY]	\$
Gity		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contr Committee	ibuting	· 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 -	n unagen a ser como misel	Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	S
City	1500 G & TU-STY \$5155755	State	Zip Code	Date [MM/DD/YYYY]	\$

PART B

All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Filer ide	entification Num	nber:						
	··· · · · · · · · · · · · · · · · ·							
Fuli Na	me of Contrib	utor				Date [MM/DD/YYYY]	\$	
			Clyde L. Dav	vis, Jr. & Jennifer E	. Davis	04/24/2023		200.00
House	#	Stre	et Address			Date [MM/DD/YYYY]	\$	
	847			Greenfield Drive				
City	400		<u> </u>	State	Zip Code	Date [MM/DD/YYYY]	3	
	Girard			PA	16417			
Full Na	me of Contrib	utor				Date [MM/DD/YYYY]	\$	
			The Barrack	s Tavern		04/28/2023		75.00
House	W-9703	Stre	et Address	J.,	,	Date [MM/DD/YYYY]	\$	
	10100		I	Ridge Road				
City	Oins and	10 7755.559	SACTE SERVICE SERVICES RES	State	Zip Code	Date [MM/DD/YYYY]	\$	
	Girard			PA	16417			
Full Na	me of Contrib	utor				Date [MM/DD/YYYY]	\$	
			Andrea Johr	nson DBA Studio 81	18	05/05/2023		150,00
House	0667.	Stre	et Address			Date [MM/DD/YYYY]	\$	
	2222		١	W 8th Street			(65°)	
City	55534	ingerses.	Surfustional Streetweet	State	Zip Code	Date [MM/DD/YYYY]	\$	
	Erie			PA	16505			
Fuli Na	me of Contrib	utor				Date [MM/DD/YYYY]	\$	
House	#	Stre	et Address	······································		Date [MM/DD/YYYY]	\$	7
City				State/	Zip Code	Date [MM/DD/YYYY]	\$	
Full Na	me of Contrib	utor			•	Date [MM/DD/YYYY]	3	
House:	*	Stre	et Address		· · · · · · · · · · · · · · · · · · ·	Date [MM/DD/YYYY]	\$	
, rotus		gratia.						
City	253			State	Zip Code	Date [MM/DD/YYYY]	\$	
							(1) (1)	
Full Na	me of Contrib	utor				Date [MM/DD/YYYY]	\$	
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
House	Y	Stre	et Address			Date [MM/DD/YYYY]	\$	
60.02								
City	GEA.		AND STATE OF THE S	State	Zip Code	Date [MM/DD/YYYY]	\$	

PART C

Contributions Received From Political Committees

Over \$250.00

Filer Identification Number:

Use this Part to itemize only contributions received from Political Committees with an aggregate value over \$250.00 in the reporting period.

Full Name of				Date [MM/DD/YYYY]	\$
Contributing Committe	ie.				
House #	Street Address	A		Date [MM/DD/YYYY]	\$
Gity		State	Zip Code	Date [MM/DD/YYYY]	S
					•
Full Name of Contributing Committe	e	·		Date [MM/DD/YYYY]	\$
House #	Street Address	1964-1964-1964-1964-1964-1964-1964-1964-		Date [MM/DD/YYYY]	\$.
Gity		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Committe	e			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/XXXX]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Committe	e			Date [MM/DD/XYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
Etty	20 PM (PA) (MAC) (PM) (PA)	State	Zip Code	Date [MM//DD//YYYY]	\$
Full Name of Contributing Committe	E			Date [MM/DD/YYYY]	
	Street Address			Date [MM/DD/YYYY]	\$
Gity	Company (1995) (1995)	State	Zip Code	Date [MM/DD/YYYY]	Š
Full Name of Contributing Committe	6			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City	Washington Average Action of	State	Zip Code	Date [MM/DD/YYYY]	\$

PART D All Other Contributions

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period. (Exclude contributions from political committees reported in Part C)

Filer Identification	Number:				
Full Name of Co	ntributor			Date [MM/DD/YYYY] \$	
House #	Street Address	· · · · · ·		Date [MM/DD/YYYY] \$	
City	Here was a second of the secon	State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Name Employer Mailin Principal Place o	g Address /			Occupation	
Full Name of Co				Date [MM/DD/YYYY] \$	
House#	Street Address	No. of the last of	Property of the Control of the Contr	Date [MM/DD/YYYY] \$	
City Employer Name		State	Zip Code .	Date [MM/DD/YYYY] \$ Occupation	
Employer Mailin Principal Place o	g Address /				
Full Name of Co	CONTRACTOR AND SERVICE STREET,	<u> </u>	· ·	Date [MM/DD/YYYY] 5	
House #	Street Address			Date [MM/DD/YYYY] \$	
City Employer Name	-	State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Mailin Principal Place o	g Address /	,			
Full Name of Cor	the Block in the classic States of the second contract of the classic	·	· · · · · · · · · · · · · · · · · · ·	Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	· • · · · · · · · · · · · · · · · · · ·
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Name Employer Mailin	Sull francisco de de de d			Occupation	

Principal Place of Business

PART E

Other Receipts

REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Filer Identification Number:

Full Name		PostNet PA129			
House # 3330	Stre	eet Address West 6th	n Street Suit 4		
City	rest.		State	Zip	Date (MM/DD/YYYY) \$
		Erie	PA	Code 16506	03/09/2023 62.54
Receipt Description		Print-Color-8.5 X 11	Single 100		
Full Name	fortif Named	Walmart Supercente	er		
House # 1825	Stre	e et Address Downs D	Orive		
City (1)		Erie	State PA	Zip Code 16509	Date [MM/DD/YYYY] \$ 10.54
Receipt Description				Code	03/28/2023
S. We stone in	10 (E)	Business Cards			
Full Name	100 m	PromosbySandi.com			
House # 598	Stre	et Address Eagley R	Road		
City		Color Constitution Constitution	State	Zip Code 16411	Date [MM/DD/YYYY] \$
	10 m	E. Springfield	PA	16411	05/05/2023 444.50
Receipt Description	15 AP	12X24 White Chorop	olast, Red. White & Blu	ue Grey Shadow Sager fo	or school Board as per drawing, 10X30 Wire Stands.
Full Name					-
House#	Stre	et Address			
City		1	State	Zip	Date [MM/DD/YYYY] \$
	186 DA			Code	
Receipt Description	ndrefi Gusta Sylven				
Full Name	48 /20 18 /20 18 /20				
House #	Stre	et Address			
City	1501155		State	Zip	Date [MM/DD/YYYY] 5
				Code	
Receipt Description					
Full Name					
House #	Stre	et Address		**************************************	
City			State	Zip	Date [MM/DD/YYYY] 5
Receipt Description	and the second			Code	
Nexelpt description					

SCHEDULE !!

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD DETAILED SUMMARY PAGE

Filer Identification Number:			
1. UNITEMIZED IN-KIND CONTRI	IBUTIONS RECEIVED-VALUE OF \$	50.00 O	JR LESS PER CONTRIBUTOR
TOTAL for the reporting period	(1)	\$	
2. IN-KIND CONTRIBUTIONS REC	CEIVED-VALUE OF \$50.01 TO \$250	A OO IE	DOKA DADT C
Z. // IN-KNYD CENYANDO ACOIC ALC	EIVED-VALUE OF 300 DETO 92.5	J.OUAL.	(UNIPARTIF)
TOTAL for the reporting period	(2)	\$	425.00
3. IN-KIND CONTRIBUTION RECE	alved-value over \$250.00 (FRC	JIM PAR	(FG)
		SURGERY (
TOTAL for the reporting period	(3)	\$,
TOTAL VALUE OF IN-KIND CONTRIBUTIO	ONS DURING THIS REPORTING	\$	
PERIOD (Add and enter amount totals fr	rom boxes 1, 2, and 3; also enter	r 1	
on Page 1, Report Cover Page, Item F)			425.00

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Number:		
100000		
		· · · · · · · · · · · · · · · · · · ·

	TO SUPPLEMENT				95 4 5574 F	
Full Name of Contribu		Jr. & Jennifer E. D	avis	04/24/2023		00.00
House # 847	Street Address Gree	enfield Drive		Date (MM/DD/MYYY)	\$;
City Girard		State PA	Zip Code 16417	Date [MM/DD/YYYY]	\$	
Description of Contrib	ution	School Board Car	npaign			
Full Name of Contribu	tor			Date [MM/DD/YYYY]	\$	
	The Barracks T	avern		04/28/2023	**************************************	5.00
House # 10100	Street Address Ridg	e Road		Date [MM/DD/YYYY]	\$	
City Girard	pastasan tenggan yang salabas (s	State PA	Zip Code 16417	Date [MM/DD/YYYY]	\$	
Description of Contrib	ution	School Board Car	npaign		28.981	· ,
Full Name of Contribu	tor		······································	Date [MM/DD/YYYY]	\$	
		DBA Studio 818		05/05/2023	15	50.00
House # 2222	Street Address W 8	th Street		Date [MM/DD/YYYY]	5	_
City Erie		State PA	Zip Code 16505	Date [MM/DD/YYYY]	\$	
Description of Contrib	ution	School Board Car	npaign			
Full Name of Contribu	tor			Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	s	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
					997 1	
Description of Contrib	ution					
Full Name of Contribu	tor			Date [MM/DD/YYYY]	Š	
House #	Street Address			Date [MM/DD/YYYY]	Ś	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Description of Contrib	ution					
Peaching of contrib	u.iVII					

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

section in the second of the s		
Filer Identification Number		
· 医自己 有关证明 (1995年) 1995年 - 19		
THE RESIDENCE AND THE OWNER OF THE PARTY OF THE		
And the state of t	24(3)(4)	

Full Name of Contributor		Date [MM/DD/YYYY] \$
House # Street Address		Date [MM/DD/YYYY] \$
City	State Zip Code	Date [MM/DD/YYYY] \$
Employer Name		Occupation
Employer Mailing Address / Principal Place of Business		Description of Contribution
		\$11-00/1699/1609/2000-00/00/00 A-6-00/00-1
Full Name of Contributor		Date [MM/DD/XYYY] \$
House # Street Address		Date [MM/DD/YYYY] \$
City	State Zip Code	Date [MM/DD/YYYY] \$
Employer Name	Procedure Control of C	Occupation
Employer Mailing Address / Principal Place of Business		Description of Contribution
Full Name of Contributor		Opportung では、大学の大学の大学の大学の大学の大学の大学の大学の大学の大学の大学の大学の大学の大
Full Name of Contributor		Date [MM/DD/XYYY] \$
House # Street Address		Date [MM/DD/YYYY] \$
City	State Zip Code	Date [MM/DD/YYYY] \$
Employer Name	Programme Progra	Occupation
Employer Mailing Address / Principal Place of Business		Description of Contribution
Full Name of Contributor	d	Date [MM/DD/YYYY] \$
House # Street Address		Date [MM/DD/YYYY] \$
Sity	State Zip Code	Date [MM/DD/YYYY] \$
Employer Name	To an angent and the second and an angent and an	Occupation
Employer Mailing Address / Principal		Description 2
Place of Business		of Contribution

Statement of Expenditures

Filer Identification Number:	•		

To Whom Paid PostNet PA129			Date [MM/DD/YYYY] \$	60.54	
			03/09/2023	62.54	
House # 3330 Street Address W	est 26th Street Suite	4	Description of Expenditure		
City Erie State PA Zip Code 16506			Print-Color- 8.5X11 Single 100		
To Whom Paid Walmart Supercente	er		Date [MM/DD/YYYY] \$	10.54	
			03/28/2023		
House # 1825 Street Address Do	owns Drive		Description of Expenditure		
Gity Erie	State PA	Zip Code 16509	Business Cards		
To Whom Paid PromosbySandi.con	n, LLC.		Date [MM/DD/YYYY] S	444.50	
A STATE OF THE STA	,		05/05/2023 Description of Expenditure		
589 Ea	gley Road		Description of Expenditure		
E. Springfield	State PA	Zip Code 16411	Yard Signs		
To Whom Paid			Date [MM/DD/YYYY] \$		
House # Street Address			Description of Expenditure		
City.	State	Zip Code			
To Whom Paid			Date [MM/DD/YYYY] \$		
House # Street Address	***************************************		Description of Expenditure		
City :	State	Zip Code			
To Whom Paid			Date [MM/DD/YYYY] \$		
House # Street Address			Description of Expenditure		
Gity.	State	Zip Code			
To Whom Paid			Date [MM/DD/YYYY] S	T 100 100 100 100 100 100 100 100 100 10	
House # Street Address			Description of Expenditure		
City	State	Zip Code			
To Whom Paid			Date [MM/DD/YYYY] \$	Section (Section)	
House # Street Address			Description of Expenditure		
City	State	Zip Code		4. geographic (2004) (2004) (2004) (2004) (2004) (2004)	

SCHEDULE IV

Statement of Unpaid Debts

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Filer Identification N	umber:		
Name of Creditor			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED	 5
		[MM/DD/YYYY]	
City		State Zip	
		Code	
Description of Deb	rt.		•
Name of Creditor	ANTONEOUS CONTROL		Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED	\$
		[MM/DD/YYYY]	
City		State Zip	
Description of Deb	it i	Code	
70.02			
Name of Creditor			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED	\$
		[MM/DD/YYYY]	4
City		State Zip	
Description of Deb		Code	
Name of Creditor		Transfer day Planton - Develop Institut	Outstanding Balance of Debt
House#	Street Address	DATE DEBT INCURRED. [MM/DD/YYYY]	\$
City		State Zip Code	
Description of Debi	t.	TRANSPORTATION LANGUAGE CONTRACTOR CONTRACTO	
Name of Creditor			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED	S
NOBSE #	Street Address	[MM/OD/YYYY]	
City	Rest Control		
		State Zip Code	
Description of Debt			. Martine .
Name of Creditor			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED	S
		[MM/DD/YYYY]	
City		State Zip	
		State Zip Code	
Description of Debt			