Reset Form | Print Form

Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

Filer Identification Number	20230014	**Report Filed By (Mark X)**	**Candidate**	X	**Committee**		**Lobbyist**	
Name of Filing Committee, Candidate or Lobbyist	Tyler Titus						
Street Address	840 East 40th						
City	Erie	**State**	PA	**Zip Code**	16504		

Type of Report (Place x under report type)

1- 6th Tuesday Pre-Primary	2- 2nd Friday Pre-Primary	3- 30 Day Post Primary	4- 6th Tuesday Pre- Election	5- 2nd Friday Pre- Election	6- 30 Day Post Election	7- Annual	Special 2nd Friday Pre-Election	Special 30 Day Post-Election
				X				
Date Of Election (MM/DD/YYYY)		11/07	**Year**	2023	**Amendment Report**		**Termination Report**	

Summary of Receipts and Expenditures	**From Date** 05/02/2023	**To Date** 10/23/23
A. Amount Brought Forward From Last Report	$	11,507.12
B. Total Monetary Contributions and Receipts (From Schedule I)	$	6,860.28
C. Total Funds Available (Sum of Lines A and B)	$	18,367.40
D. Total Expenditures (From Schedule III)	$	14,532.38
E. Ending Cash Balance (Subtract Line D from Line C)	$	3,835.02
F. Value of In-Kind Contributions Received (From Schedule II)	$	
G. Unpaid Debts and Obligations (From Schedule IV)	$	0

For Office Use Only

2023 OCT 27 AM 8:20
ERIE COUNTY VOTER REGISTRATION

Affidavit Section

Part 1- If this is a **Committee** report, treasurer sign here. If this is a **Candidate** report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules on paper, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

27 day of October 2023

Angela L. Watson
Signature

My Commission expires 12-02-2026
MO. DAY YR.

Commonwealth of Pennsylvania - Notary Seal
Angela L. Watson, Notary Public
Erie County
My Commission Expires December 2, 2026
Commission number 1425803
Member, Pennsylvania Association of Notaries

Tyler Titus
Signature of Person Submitting report

Tyler Titus
Printed Name

814 431-4553
Area Code Daytime Telephone Number

Part II- If this is a report of a **Candidate's Authorized Committee** candidate shall sign here.

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, NO.320) as amended.

Sworn to and subscribed before me this

_____day of_____20_____

_____
Signature

My Commission expires_____
MO. DAY YR.

_____
Signature of Candidate

_____
Printed Name

_____ _____
Area Code Daytime Telephone Number

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

Filer Identification Number	20230014

1.Unitemized Contributions and Receipts-$50.00 or Less per Contributor			
Total for the reporting period	(1)	$	1335.28
2. Contributions of $50.01 to $250.00 (From Part A and Part B)			
Contributions Received from Political Committees (Part A)		$	250.00
All Other Contributions (Part B)		$	2775.00
Total for the reporting period	(2)	$	3025.00
3. Contributions Over $250.00 (From Part C and Part D)			
Contributions Received from Political Committees (Part C)		$	1000.00
All Other Contributions (Part D)		$	1500.00
Total for the reporting period	(3)	$	2500.00
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)			
Total for the reporting period	(4)	$	0
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, Report Cover Page, Item B)*		$	6,860.28

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.

Filer Identification Number	20230014

							Amount
Full Name of Contributing Committee	LGBTQ Fed PAC					Date [MM/DD/YYYY] 05/12/2023	$ 250.00
House # 1225	Street Address	EYE St NW, ste 525				Date [MM/DD/YYYY]	$
City	Washington	State	DC	Zip Code	20005	Date [MM/DD/YYYY]	$
Full Name of Contributing Committee						Date [MM/DD/YYYY]	$
House #	Street Address					Date [MM/DD/YYYY]	$
City		State		Zip Code		Date [MM/DD/YYYY]	$
Full Name of Contributing Committee						Date [MM/DD/YYYY]	$
House #	Street Address					Date [MM/DD/YYYY]	$
City		State		Zip Code		Date [MM/DD/YYYY]	$
Full Name of Contributing Committee						Date [MM/DD/YYYY]	$
House #	Street Address					Date [MM/DD/YYYY]	$
City		State		Zip Code		Date [MM/DD/YYYY]	$
Full Name of Contributing Committee						Date [MM/DD/YYYY]	$
House #	Street Address					Date [MM/DD/YYYY]	$
City		State		Zip Code		Date [MM/DD/YYYY]	$
Full Name of Contributing Committee						Date [MM/DD/YYYY]	$
House #	Street Address					Date [MM/DD/YYYY]	$
City		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 Identification Number:	20230014

Full Name of Contributor	House #	Street Address	City	State	Zip Code	Date [MM/DD/YYYY]	$
Howard Pulchin	300	North End Avenue 11C	New York	NY	10282	05/07/2023	100.00
Bean Whiteman	1350	Levis St NE	Washington	DC	20009	05/19/2023	100.00
Alexandra Townsend	3500	13th St NW #104	Washington	DC	20010	06/15/2023	100.00
						06/30/2023	50.00
Carlos Guillermo Smith	2237	Stonington Avenue	Orlando	FL	32817	06/15/2023	100.00
Laine Alexander	433	North Greenway Dr.	Trinity	AL	35673	06/15/2023	100.00
Hollie Chadwick	1141	Emanuel Street	Henderson	NV	89002	06/15/2023	100.00

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 Identification Number:	20230014

Full Name of Contributor	House #	Street Address	City	State	Zip Code	Date [MM/DD/YYYY]	$
Drew Wiburne	3149	N Pine Grove Circle	Wichita	KS	67205	06/15/2023	100.00
Maurin McBroom	1711	Lake Washington Blvd S	Seattle	WA	98144	06/15/2023	100.00
Eva Mancuso	194	Pine Glen Drive	East Greenwich	RI	02818	06/15/2023	100.00
Ebony Washington	16	Roman Ave	Staten Island	NY	10314	06/28/2023	100.00
Michael Canfield	7124	Oregano Way	Gilroy	CA	95020	06/28/2023	100.00
						06/15/2023	25.00
Laith Wardi	330	Greenhurst Drive	Erie	PA	10509	06/28/2023	100.00

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 Identification Number:	20230014

Full Name of Contributor	House #	Street Address	City	State	Zip Code	Date [MM/DD/YYYY]	$
Jayanti Addkeman	12835	Corte Cordillera	Salinas	CA	93908	06/29/2023	100.00
Crestina Martinez		P.O. Box 66	San Luis	CO	81152	06/27/2023	100.00
Darlene Ryan	11654	Martin Road	Waterford	PA	16441	05/06/2023	100.00
Chelsea Oliver	611 ½	S Center St	Corry	PA	16407	08/27/2023	160.00
Jana Thompson	1352	West 44th St	Erie	PA	16509	09/03/2023	100.00
						09/20/2023	5.00
						08/20/2023	5.00
Jana Thompson	1352	West 44th St	Erie	PA	16509	07/20/2023	5.00
						06/20/2023	5.00
						05/20/2023	5.00

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 Identification Number:	20230014

Full Name of Contributor	House #	Street Address	City	State	Zip Code	Date [MM/DD/YYYY]	$
Jana Thompson	1352	West 44th	Erie	PA	16509	10/20/2023	5.00
Christina Salvia	3603	Schaper Ave	Erie	PA	16508	05/05/2023	25.00
						05/17/2023	10.00
						06/17/2023	10.00
Christina Salvia	3603	Schaper Ave	Erie	PA	16508	07/17/2023	10.00
						08/17/2023	10.00
						09/17/2023	10.00
Christina Salvia	3603	Schaper Ave	Erie	PA	16508	10/17/2023	10.00
Alexander Reber	277	Union St	Millersburg	PA	17061	09/30/2023	100.00
Ethan Smith	1924	8th St NW W-407	Washington	DC	20001	10/01/2023	100.00

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 Identification Number:	20230014

Full Name of Contributor	House #	Street Address	City	State	Zip Code	Date [MM/DD/YYYY]	$
Ian Price	210	Gross St.	Pittsburgh	PA	15224	10/04/2023	125.00
Cecilia Roche	2703	East 44th	Erie	PA	16510	10/16/2023	100.00
Kim Clear	4855	Asbury Road	Erie	PA	16506	08/10/2023	100.00
Marlo Torrelli	4243	Fargo Street	Erie	PA	16510	05/05/2023	100.00
C Ross	5110	3rd St NW	Washington	DC	20011	05/02/2023	100.00
Kara Crannell	8706	Mayfair Drive	McKean	PA	16426	05/02/2023	100.00

PART C

Contributions Received From Political Committees

Over $250.00

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

Filer Identification Number:	20230014

Full Name of Contributing Committee	Greater PA Carpenters Pec					Date [MM/DD/YYYY] 08/14/2023	$ 1,000.00
House #	1803	Street Address	Spring Garden St.			Date [MM/DD/YYYY]	$
City	Philadelphia	State	PA	Zip Code	19130	Date [MM/DD/YYYY]	$

Full Name of Contributing Committee						Date [MM/DD/YYYY]	$
House #		Street Address				Date [MM/DD/YYYY]	$
City		State		Zip Code		Date [MM/DD/YYYY]	$

Full Name of Contributing Committee						Date [MM/DD/YYYY]	$
House #		Street Address				Date [MM/DD/YYYY]	$
City		State		Zip Code		Date [MM/DD/YYYY]	$

Full Name of Contributing Committee						Date [MM/DD/YYYY]	$
House #		Street Address				Date [MM/DD/YYYY]	$
City		State		Zip Code		Date [MM/DD/YYYY]	$

Full Name of Contributing Committee						Date [MM/DD/YYYY]	$
House #		Street Address				Date [MM/DD/YYYY]	$
City		State		Zip Code		Date [MM/DD/YYYY]	$

Full Name of Contributing Committee						Date [MM/DD/YYYY]	$
House #		Street Address				Date [MM/DD/YYYY]	$
City		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:	20230014

Full Name of Contributor	David Bohnett						Date [MM/DD/YYYY]	$	1,000.00
House #	245	Street Address	Beverly Drive				Date [MM/DD/YYYY]	$	
City	Beverly Hills	State	CA	Zip Code	90212		Date [MM/DD/YYYY]	$	
Employer Name	Baroda Ventures LLC						Occupation	Investor	
Employer Mailing Address / Principal Place of Business	245 South Beverly Drive, Beverly Hills, CA 90212								

Full Name of Contributor	Stephanie Sedor						Date [MM/DD/YYYY]	$	100.00
House #	373	Street Address	Mingo Road				Date [MM/DD/YYYY]	$	100.00
City	Wexford	State	PA	Zip Code	15090		Date [MM/DD/YYYY]	$	100.00
Employer Name	Highmark Health						Occupation	Actuary	
Employer Mailing Address / Principal Place of Business	120 Fifth Avenue, Pittsburgh, PA 15222								

Full Name of Contributor	Stephanie Sedor						Date [MM/DD/YYYY]	$	100.00
House #	373	Street Address	Mingo Road				Date [MM/DD/YYYY]	$	100.00
City	Wexford	State	PA	Zip Code	15090		Date [MM/DD/YYYY]	$	
Employer Name	Highmark Health						Occupation	Actuary	
Employer Mailing Address / Principal Place of Business	120 Fifth Avenue, Pittsburgh, PA 15222								

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									

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:	20230014

Full Name								
House #		Street Address						
City		State		Zip Code		Date [MM/DD/YYYY]	$	
Receipt Description								
Full Name								
House #		Street Address						
City		State		Zip Code		Date [MM/DD/YYYY]	$	
Receipt Description								
Full Name								
House #		Street Address						
City		State		Zip Code		Date [MM/DD/YYYY]	$	
Receipt Description								
Full Name								
House #		Street Address						
City		State		Zip Code		Date [MM/DD/YYYY]	$	
Receipt Description								
Full Name								
House #		Street Address						
City		State		Zip Code		Date [MM/DD/YYYY]	$	
Receipt Description								
Full Name								
House #		Street Address						
City		State		Zip Code		Date [MM/DD/YYYY]	$	
Receipt Description								

SCHEDULE II

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:	20230014

1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF $50.00 OR LESS PER CONTRIBUTOR			
TOTAL for the reporting period	(1)	$	

2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF $50.01 TO $250.00 (FROM PART F)			
TOTAL for the reporting period	(2)	$	

3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER $250.00 (FROM PART G)			
TOTAL for the reporting period	(3)	$	

TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F)	$	

SCHEDULE II

PART F

In-Kind Contributions Received

VALUE OF $50.01 TO $250

Filer Identification Number:	20230014

Full Name of Contributor						Date [MM/DD/YYYY]	$
House #		Street Address				Date [MM/DD/YYYY]	$
City		State		Zip Code		Date [MM/DD/YYYY]	$
Description of Contribution							
Full Name of Contributor						Date [MM/DD/YYYY]	$
House #		Street Address				Date [MM/DD/YYYY]	$
City		State		Zip Code		Date [MM/DD/YYYY]	$
Description of Contribution							
Full Name of Contributor						Date [MM/DD/YYYY]	$
House #		Street Address				Date [MM/DD/YYYY]	$
City		State		Zip Code		Date [MM/DD/YYYY]	$
Description of Contribution							
Full Name of Contributor						Date [MM/DD/YYYY]	$
House #		Street Address				Date [MM/DD/YYYY]	$
City		State		Zip Code		Date [MM/DD/YYYY]	$
Description of Contribution							
Full Name of Contributor						Date [MM/DD/YYYY]	$
House #		Street Address				Date [MM/DD/YYYY]	$
City		State		Zip Code		Date [MM/DD/YYYY]	$
Description of Contribution							

SCHEDULE II

Part G

In-Kind Contributions Received

VALUE OVER $250

Filer Identification Number:	20230014

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	

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	

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	

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	

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 Number:	20230014

Name of Creditor							Outstanding Balance of Debt
House #		Street Address		DATE DEBT INCURRED [MM/DD/YYYY]			$
City			State		Zip Code		
Description of Debt							

Name of Creditor							Outstanding Balance of Debt
House #		Street Address		DATE DEBT INCURRED [MM/DD/YYYY]			$
City			State		Zip Code		
Description of Debt							

Name of Creditor							Outstanding Balance of Debt
House #		Street Address		DATE DEBT INCURRED [MM/DD/YYYY]			$
City			State		Zip Code		
Description of Debt							

Name of Creditor							Outstanding Balance of Debt
House #		Street Address		DATE DEBT INCURRED [MM/DD/YYYY]			$
City			State		Zip Code		
Description of Debt							

Name of Creditor							Outstanding Balance of Debt
House #		Street Address		DATE DEBT INCURRED [MM/DD/YYYY]			$
City			State		Zip Code		
Description of Debt							

Name of Creditor							Outstanding Balance of Debt
House #		Street Address		DATE DEBT INCURRED [MM/DD/YYYY]			$
City			State		Zip Code		
Description of Debt							

SCHEDULE III

Statement of Expenditures

Filer Identification Number:	20230014

To Whom Paid	Erie County Democratic Party	Date [MM/DD/YYYY]	$
		10/13/2023	375.00
House # 1305	Street Address State Street	Description of Expenditure	
City Erie	State PA	Zip Code 16501	Fall Fundraiser - Host Table

To Whom Paid	USPS	Date [MM/DD/YYYY]	$
		09/20/2023	51.00
House # 2108	Street Address East 38th	Description of Expenditure	
City Erie	State PA	Zip Code 16515	P.O. Box Fees

To Whom Paid	Lavery's Brewing Co.	Date [MM/DD/YYYY]	$
		09/18/2023	123.00
House # 128	Street Address West 12th	Description of Expenditure	
City Erie	State PA	Zip Code 16501	Space Rental

To Whom Paid	Your Daily Serving	Date [MM/DD/YYYY]	$
		09/15/2023	280.00
House # 51	Street Address W Congress St	Description of Expenditure	
City Corry	State PA	Zip Code 16407	Catering for fundraiser

To Whom Paid	Safe Net	Date [MM/DD/YYYY]	$
		08/07/2023	125.00
House # 1702	Street Address French St	Description of Expenditure	
City Erie	State PA	Zip Code 16501	Fundraiser

To Whom Paid	Erie County Democratic Party	Date [MM/DD/YYYY]	$
		07/17/2023	40.00
House # 1305	Street Address State Street	Description of Expenditure	
City Erie	State PA	Zip Code 16501	Summer Fundraiser

To Whom Paid	Deliver Strategies	Date [MM/DD/YYYY]	$
		07/03/2023	629.75
House # 100970	Street Address P.O. Box	Description of Expenditure	
City Arlington	State VA	Zip Code 22210	Mailers

To Whom Paid	USPS	Date [MM/DD/YYYY]	$
		07/03/2023	51.00
House # 2108	Street Address East 38th	Description of Expenditure	
City Erie	State PA	Zip Code 16515	P.O. Box fees

SCHEDULE III

Statement of Expenditures

Filer Identification Number:	20230014

To Whom Paid	House #	Street Address	City	State	Zip Code	Date [MM/DD/YYYY]	$	Description of Expenditure
Deliver Strategies	100970	P.O. Box	Arlington	VA	22210	06/05/2023	6,500.00	Mailers
PNC Bank			Erie	PA		05/26/2023	7.50	PNC Bank Fee
Deliver Strategies	100970	P.O. Box	Arlington	VA	22210	05/03/2023	6,151.94	Mailers
Erie Crawford CLC	32	W 8th Ste 502	Erie	PA	16501	05/12/2023	125.00	Spring Fundraiser Sponsor

SCHEDULE III

Statement of Expenditures

Filer Identification Number:	20230014

To Whom Paid	Act Blue					Date [MM/DD/YYYY]	$	6.23
House #		Street Address	PO Box 441146			Description of Expenditure		
City	Sommerville	State	MA	Zip Code	02144-0031	Service fee		

To Whom Paid	Act Blue					Date [MM/DD/YYYY]	$	8.94
House #		Street Address	PO Box 441146			Description of Expenditure		
City	Sommerville	State	MA	Zip Code	02144-0031	Service fee		

To Whom Paid	Act Blue					Date [MM/DD/YYYY]	$	17.26
House #		Street Address	PO Box 441146			Description of Expenditure		
City	Sommerville	State	MA	Zip Code	02144-0031	Service fee		

To Whom Paid	Act Blue					Date [MM/DD/YYYY]	$	26.15
House #		Street Address	PO Box 441146			Description of Expenditure		
City	Sommerville	State	MA	Zip Code	02144-0031	Service Fee		

To Whom Paid	Act Blue					Date [MM/DD/YYYY]	$	14.36
House #		Street Address	PO Box 441146			Description of Expenditure		
City	Sommerville	State	MA	Zip Code	02144-0031	Service Fee		

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		
City		State		Zip Code				

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 Number:	20230014

Name of Creditor							Outstanding Balance of Debt
House #		Street Address		DATE DEBT INCURRED [MM/DD/YYYY]			$
City		State		Zip Code			
Description of Debt							

Name of Creditor							Outstanding Balance of Debt
House #		Street Address		DATE DEBT INCURRED [MM/DD/YYYY]			$
City		State		Zip Code			
Description of Debt							

Name of Creditor							Outstanding Balance of Debt
House #		Street Address		DATE DEBT INCURRED [MM/DD/YYYY]			$
City		State		Zip Code			
Description of Debt							

Name of Creditor							Outstanding Balance of Debt
House #		Street Address		DATE DEBT INCURRED [MM/DD/YYYY]			$
City		State		Zip Code			
Description of Debt							

Name of Creditor							Outstanding Balance of Debt
House #		Street Address		DATE DEBT INCURRED [MM/DD/YYYY]			$
City		State		Zip Code			
Description of Debt							

Name of Creditor							Outstanding Balance of Debt
House #		Street Address		DATE DEBT INCURRED [MM/DD/YYYY]			$
City		State		Zip Code			
Description of Debt							