

# Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification Number	- C. (A.1.2)		Report Filed By Candidate ( Mark X)			Committee   Lobbyist				
Name of Filing Comr Lobbyist	mittee, Ca	ndidate or	Foust	for Contro	oller					
Street Address	1 (5 %) 5 4 5 1 (7 %) 5 3 %		4331 1	Neptune I	Drive					
Chy	Erie	ent de la composition de la compositio			State	PA	Zip Code	16506		
Type of Report (Place	e x under i	eport type)								
	2 <sup>nd</sup> Friday -Primary	3-30 Day Post Primary	200	uesday ection	5- 2 <sup>nd</sup> Friday Pre- Election		7- Annual	Special 2 <sup>nd</sup> Friday Pre-Election	Special 30 Day Post-Election	
Date Of Election (MM/DD/YYYY)		11/07/2023	Year		2023	Amendment Report		Termination Report		
Summary of Receipt	s and	From Date		To Date			For	Office Use Only		
Expenditures		10/24/2023		11.	/27/2023					
A. Amount Brought I	Forward F	rom Last Report	\$	8	3550.11		<u> 24. 2000 - 1 - 45. 5 11 15. 5</u>			
B. Total Monetary Co (From Schedule I)	ontributio	ns and Receipts	\$	;	875.00					
C. Total Funds Availa (Sum of Lines A and			\$	\$ 9425.11						
D. Total Expenditure (From Schedule III)	is.		5 /   **A <b>S</b>		5213.78	1			2023 DEC	
E. Ending Cash Balan (Subtract Line D from	and the second of the second				3211.33	1	)EC			
F. Value of In-Kind C	ontributio	ns Received	\$		0.00				6	
(From Schedule II) G. Unpaid Debts and	l Ohligatio	me .	\$		0.00					
(From Schedule IV)				<u>e</u> 9	<u>6.00</u>			enter de la companya	and the same of th	
			16 16	2 00	Affidavit S			(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	Ň	
Part 1- If this is a Comm	this report.	t, treasurer sign ne including the attac	re. If the	nedutes or	rader as to th	e best of my knowle	dge and belief t	rue, correct and comple	ete.	
Sworn to and subscribe	d before m	e this		스 마 D	ation at the			,		
I swear (or affirm) that Sworn to and subscribe  day of	Promh	ar 20 23		a tar	Soci	Su Ellan	, Para	alo		
day 0112		10/20	-	<b>E 3</b> 0	ires a As	Signature	e of Person Subn	nitting report		
	21.VV NJ.	reea	_	Erije Erije	Sale Sale Sale Sale Sale Sale Sale Sale	Sue Ellen Pasqual	-			
Signa	ature $UU$			Sheffi Fr	issi issi		Printed Nam	ne		
My Commission expires	s 12-	02-26	_	onwealth of P Sue Sheffie Erie	mmission ex Commission er, Pennsylvar	B14 	440	-0343		
	MO.	DAY YR.		S	Commission ex Commission nber, Pennsylvan	Area Code	Da	ytime Telephone Numb	per .	
Part II- If this is a report	t of a Candle	date's Authorized	Commi	tee cand	state et all sign	here.		<u> </u>		
I swear (or affirm) that amended.  Sworn to and subscribe	to the best	of my knowledge a	nd beli	ef this po	<del>ițical c</del> ommitte	e has not violated a	ny provisions of	the Act of June 3, 1937	(P.L. 1333, NO.320) as	
Sworn to and subscribe	ed before m	e this		otary S	72, 20 43 Notal	$\bigcirc$	1 20			
6 day of De	cember	20 23	_	Public	expires December 2 on number 1424443 vania Association of No	Mu	J-1"			
Sw:	Shex	Held		ylvan Intv	Dec 1 Ber 1 Socia	√ Si <sub>l</sub> Kyle Foust	gnature of Candi	idate		
Signa	ature 0	- 1	-	ST S	num ia As		Printed Name			
My Commission expires	<u>. 12 -</u>	<u>17-26</u>	_	of P. Erie	sion fran	814	218-	3407		
	MO.	DAY YR.	_	onwealth Sue She	commission expires December 2, 2020 Commission number 1424443 mber. Pennsylvania Association of Notaries	Area Code	Day	time Telephone Numbe	er	
				io U	EQ P			···		
				Сотт	My co Memb					

#### SCHEDULE I

# **Contributions and Receipts**

**Detailed Summary Page** 

Filer Identification Number			
	Foust for Controller		
	<del></del>	 Control and the control of the contr	

1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor		
Total for the reporting period	(1)	\$ 75.00
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		
Contributions Received from Political Committees (Part A)		\$ 
All Other Contributions (Part B)		\$ 300.00
Total for the reporting period	(2)	\$
3. Contributions Over \$250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)		\$ 500.00
All Other Contributions (Part D)		\$
Total for the reporting period	(3)	\$ 
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		
Total for the reporting period	(4)	\$
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	\$ 875.00

#### 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	n Number Foust for t	Controller			
	- Subtribution of the subt				Amount
Full Name of Co	intributing			Date [MM/DD/YYYY]	Amount
Committee					
House #	Street Address			Date [MM/DD/YYYY]	- <b>S</b>
City		State	Zip Code	Date [MM/DD/YYYY]	
		Little Skepe			de viet.
Full Name of Co Committee	ntributing			Date [MM/DD/YYYY]	<b>45</b> 2
House#	Street Address			Date [MM/DD/YYYY]	(1) (1) (1)
	- Valuess			See Taled DOLLIATE	
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co	이 가는 가장도 생각하는 학생님	<u></u>		Date [MM/DD/YYYY]	\$
Committee					<b>以</b> (1)
House #	Street Address			Date [MM/DD/YYYY]	<b>\$</b>
		_	_		
City	Parameter State St	State	Zip Code	Date [MM/DD/YYYY]	
	Management of the control of		ere redet folke folke Coloregue va folker	P	(A)
Full Name of Co Committee	ncrouting	_ <del></del>		Date [MM/DD/YYYY]	
House #	Street Address			Date [MM/DD/YYYY]	
City		State	Zip Code	Date [MM/DD/YYYY]	
					- 120년 
Full Name of Co	ntributing	general second 3	post of the time field	Date [MM/DD/YYYY]	
Committee	ACTING CONTROL OF STATE OF STA				\$ 4 5 5 5 6
House #	Street Address			Date [MM/DD/YYYY]	4 <b>\$</b>
City		State	Zip Code	Date [MM/DD/YYYY]	\$
		から、場合なった。 と、音楽が変更に表現 では、これであり、			
Full Name of Co Committee	ntributing			Date [MM/DD/YYYY]	
House #	Street Address			Date [MM/DD/YYYY]	
City		State	Zip Code	Date [MM/DD/YYYY]	
<u> </u>				I .	and the second s

#### 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:			i
Luci inclinication landine.			
The state of the s	Envelope Controller		7
The first of the control of the second secon	Foust for Controller		i i
A second of the control of the contr			

Full Name of Contributors			Date [MM/DD/YYYY]	
	d Paula Reade		11/03/2023	100.00
House# Street Address			Date [MM/DD/YYYY]	
	hestnut Hill Drive		Date (WIN) DD/ Tra	
			Date [MM/DD/YYYY]	5
City Erie	State PA	<b>Zip Code</b> 16509	Date (MIW/DD/11)(1)	
Full Name of Contributor			Date [MM/DD/YYYY]	
Thomas Carr	ney		11/10/2023	100.00
House # Street Address			Date [MM/DD/YYYY]	
1012 S	ichenley Drive			
City Erie	State PA	Zip Code 16505-4738	Date [MM/DD/YYYY]	
Full Name of Contributor			Date [MIM/DD/XYYY]	**! <b>*</b>
Kevin Ireson			11/15/2023	100.00
House # Street Address	, <u>s</u>	***		
Jucer Address	lartiey Road			
City.	State	Zip Code	Date [MM/DD/YYYY]	\$   \$
Fairview	PA	16145	7	
Full Name of Contributor	Baccesodesca-	THE SAME AND THE CONTROL OF THE CONT	Date [MM/DD/YYYY]	
House # Street Address			Date [MM/DD/YYYY]	201
City	State	Zip Code	Date [MM/DD/YYYY]	<b>X</b>
Full Name of Contributor		,	Date [MM/DD/YYYY]	
House# Street Address			Date [MM/DD/YYYY]	5
Gity	State	Zip Code	Date [MM/DD/YYYY]	
	A line with	A. F. Carlotte		
Full Name of Contributor			Date [MM/DD/YYYY] :	
House # Street Address		· · · · · · · · · · · · · · · · · · ·	Date [MM/DD/YYYY]	<b>S</b>
City	State	Zip Code	Date [MM/DD/YYYY]	\$

#### 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: Foust for Co	ontroller				
*					
Full Name of	•	<u>'</u>	Date [MM/DD/XXYY]	\$	
Contributing Committee Greater PA	Carpenters PEC		10/27/2023		500.00
House # Street Address			Date [MM/DD/YYYY]	, <b>\$</b>	
1803	Spring Street		A month with selection of them are the selection of the s		
City	State	Zip Code	Date [MM/DD/YYYY]	\$	
Philadelphia	PA	19130			
Full Name of	N. S.	Table Control of the same	Date [MM/DD/YYYY]	\$	
Contributing Committee	,				
House # Street Address			Date [MM/DD/YYYY]	\$	
			A STATE OF THE STA		
City	State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of	10000000000	Editor Anna Marie and Million (1)	Date [MM/DD/YYYY]	\$	
Contributing Committee					
House # Street Address			Date [MM/DD/YYYY]	\$	
City	State	Zip Code	Date [MM/DD/YYYY]	\$	
25.6					
Full Name of			Date [MM/DD/YYYY]	\$.	
Contributing Committee					
Service Servic				2.8	
House # Street Address			Date [MM/DD/YYYY]	\$	
City	State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of	•		Date [MM/DD/YYYY]	\$	
Contributing Committee					
				\$.	
House # Street Address			Date [MM/DD/YYYY]	ادوا	
City	State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of	Test to the entri-species of the second	Described in a Commercial and Application of	Date [MM/DD/YYYY]	\$	
Contributing Committee			Filtration man to the state of the cold of the state of the state of state of the s		
	<del></del>				
House # Street Address			Date [MM/DD/YYYY]	'n	
CIN	State	Zin Code	Date [MM/DD/YYYY]	S	

#### 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: Foust for Controller	 	 	
	 	-: ···	

Full Name of Contribu	tor			Date [MM/DD/YYYY]	\$
House#	Street Address			Date [MM/DD/YYYY]	\$
					100 m
City		State	Zip Code	Date [MM/DD/YYYY]	\$
	mentale data entanta companya (1976-1974) (1974-1974)			Care 20 September (State), edgest, doc. doc.	
Employer Name				Occupation	
Employer Mailing Add Principal Place of Busi					
Full Name of Contribu	tor*			Date [MM/DD/YYYY]	\$
House #	Street Address	<del>,</del>		Date [MM/DD/YYYY]	\$
City	190-00-00-00-00-00-00-00-00-00-00-00-00-0	State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name				Occupation	
Employer Mailing Add Principal Place of Busi					
Full Name of Contribu	tor			Date [MM/DD/YYYY]	<b>\$</b>
House #	Street Address			Date [MM/DD/YYYY]	\$
City	(America and a sufficiency of the sufficiency)	State /	Zip Code	Date [MM/DD/YYYY]	\$
		N. 1877-6			
Employer Name				Occupation	
Employer Mailing Add Principal Place of Busi					
Full Name of Contribu	tor			Date [MM/DD/YYYY]	<b>`</b> \$_i
Campan, Su					
House #	Street Address		<u> </u>	Date [MM/DD/YYYY]	\$
City	<ul><li>* - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 -</li></ul>	State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name				Occupation	
Employer Mailing Add					1
Principal Place of Busi	ness				

#### **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 Nu	umber: Foust for Controlle	er.		
· · · · · ·			*	
Full Name				
House #	Street Address			
City	Market Section (1997) Section (1997) And the	State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Descriptio				
	N.			
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Descriptio				
Full Name				
House#	Street Address	·		
City		State	Zip Code	Date [MM/DD/YYYY] \$
			1.5	
Receipt Description				
Full Name				
House #	Street Address		· <del></del>	
City		State	Zip	Date [MM/DD/YYYY] \$
			Code	
Receipt Description	Ŏ.			
Full Name				
House #	Street Address			
City		State	Zip	Date [MM/DD/YYYY] \$
		14.5% (\$7.5%) 15.6% (\$7.5%)	Code	
Receipt Description	n			•
Full Name			,	
House #	Street Address			
City		State	Zip	Date [MM/DD/YYYY] \$
			Code	
Receipt Description	n.			

#### **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: Foust f	for Controller		
1.' UNITEMIZED IN-KIND CONTI	RIBUTIONS RECEIVED-VAI	LUE/OF \$50:00 (	OR LESS PER CONTRIBUTOR
TOTAL for the reporting period	(1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RE	CEIVED-VALUE OF \$50.0	1 TO \$250.00 (F	FROM PARTE)
TOTAL for the reporting period	(2)	\$	0.00
3. IN-KIND CONTRIBUTION REG	:EIVED-VALUE OVER \$250	).00 (FROM PAF	RT(G)
TOTAL for the reporting period	(3)	\$	0.00
TOTAL VALUE OF IN-KIND CONTRIBUT	IONS DURING THIS REPO	RTING (\$	
PERIOD (Add and enter amount totals on Page 1, Report Cover Page, Item F)	from boxes 1, 2, and 3; a	I '	0.00

# SCHEDULE II PART F

# **In-Kind Contributions Received**

VALUE OF \$50.01 TO \$250

STATE OF THE STATE		····		A41.=051
Full Name of Contributor			Date [MM/DD/YYYY]	<b>5</b>
House # Street Address			Date [MM/DD/YYYY]	<b>\$</b>
Gity	State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contribution		· · · · · · · · · · · · · · · · · · ·		- XCRY
Full Name of Contributor	99		SECRETAL AND SECURITY OF THE S	39 April
Full Hame of Controllor			Date (MM/DD/XXXX)	
House # Street Address			Date [MM/DD/YYYY]	**
City	State	Zip Gode	Date [MM/DD/YYYY]	\$
Description of Contribution				
Full Name of Contributor			Date [MM/DD/YWY]	\$
House:# Street Address			Date [MM/DD/YYYY]	\$ 1
Sity	State	.Zip.Code	Date [MM/DD/YYYY]	<b>.</b>
Description of Contribution				
##UII Name of contributor			Date [MM/DD/YYYY]	
House.# Street Address			Date [MM/DD/YYYY]	<b>\$</b>
	The Telescoperor	De the city of the		A CONTRACTOR OF THE CONTRACTOR
City.	State	Zip Code	Date [MM/DD/YYYY]	<b>.</b>
Description of Contribution		N. S.	<u></u>	SP4NU
Full Name of Contributor	est.		Date [MM/DD/YYYY]	\$
			The state of the s	
House # Street Address			Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contribution				827.71

# SCHEDULE II Part G

# **In-Kind Contributions Received**

VALUE OVER \$250

Filer Identification Number: Foust for Controller	Poust for Controller	

Full Name of Contrib	Hote:			Date [MM/DD/YYYY]	\$
House #	Street Address		•	Date [MM/DD/YYYY]	
		Inny or Occ. Park	P. Chick		
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name				Occupation	
Employer Mailing Ad	dress / Principal		. "	Description	
Place of Business				of Cantribution	
Full Name of Contrib	utor	·····		Date [MM/DD/YYYY]	\$
e State of the second s					
House #	Street Address			Date [MM/DD/YYYY]	\$
	land of the state				
City		State	Zip Code	Date [MM/DD/YYYY]	
	ก				
Employer Name			•	Occupation	
Employer Mailing Ad Place of Business	dress / Principal			Description of	
				Contribution	
Full Name of Contrib	utor			Date [MM/DD/YYYY]	
House#	Street Address			Date [MM/DD/YYYY]	
City	Tally and Valle transport of the 1-17 or	State	Zip Code	Date [MM/DD/YYYY]	
Employer Name				Occupation	
Employer Mailing Ad	dress / Principal			Description of	
Place of Business				Contribution :	
Full Name of Contrib	utor			- Date [MM/DD/YYYY]	\$
HI SANS					
House #	Street Address		W-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	Date [MM/DD/YYYY]	
	and the same				
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name		50mm	Free Agent Mark State	Occupation	[648.0°]
Employer Mailing Ad	dress / Principal	· · · · · · · · · · · · · · · · · · ·		Description	
Place of Business	and the second second			of	
但的學術的主要為於這個的推進。智慧	CONTROL OF GROOM STATES				

# SCHEDULE III Statement of Expenditures

Filer Identification Number: Foust for Cont	roller		

To Whom Paid			•		Date [MM/DD/YYY)	]_ \$	#
ing a supplement of the supple	Kyle Foust				10/26/2023	94.15	895,79
House # 4376	Street Address D	No. 100 CONTROL OF			Description of Expe	nditure	
City Erie		<b>State</b> PA		Zip Code 16510	reimburse various outi	ngs	
To Whom Paid	Biroscak Printing Co	ompany Incoporat	ted		Date [MM/DD/YYYY 10/31/2023	j \$	119.25
House # 1919	Street Address	each Street			Description of Exper	nditure	
City Erie		State PA		<b>Zip</b> 16502	handouts	<u> </u>	
To Whom Paid		Extra Applicatives a		3 (8) A (8) (8) (10) (10)	Date [MM/DD/YYY)	]   \$	
	MenjaErie Studio				10/31/2023		3000.00
House # 1909	Street Address CI	nestnut Street			Description of Exper	diture	
<b>City</b> Erie		State PA		Zip Code 16502	advertising		
To Whom Paid		1	•	. 22 3.2 2 3.	Date [MM/DD/YYYY	] <b>S</b>	
	Kevin Foust				11/09/2023	200	300.00
House # 1036	Street Address W	est 10th Street			Description of Exper	diture	er et en
City Erie State PA Zip Code 16502				construction and put u	p and ta	ake down signs	
To Whom Pald	Keith Foust				Date [MM/DD/YYYY	1 \$	150.00
	Keini Fousi				11/09/2023	245	
House # 8677	Street Address Ea	est Lake Road			Description of Exper	iditure	Charles Company
<b>City</b> Erie		State PA		Zip Code 16511	construction and put u	p and ta	ake down signs
To Whom Paid	Ken Foust				Date [MM/DD/YYYY 11/09/2023	<b>]</b> ,\$	100.00
House # 8467	Street Address	ast Lake Road			Description of Exper	diture	
City Erie		State PA		Zip Code 16511	construction and put u	p and ta	ake down of signs
To Whom Paid	Paul Foust	(1000年)	Į:	na es grante en	Date [MM/DD/YYYY	] \$	50.00
10 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -		<del></del>		·	11/09/2023 Description of Exper		
House # 1036	Street Address V	Vest 10th Street			Description of exper	luiture	
<b>City</b> Erie		State PA		Zip Code 16502	construction and put u	p and ta	ake down signs
To Whom Paid Kylo Fourt			Date [MM/DD/YYYY	] \$			
Kyle Foust			11/09/2023	50 (7) 50 (7)	1054.47		
House # 4376	Street Address Depot Road			Description of Expenditure			
City Erie	Tar (2005/2019-12019-12019-12019-13	State PA		<b>Zip</b> 16510	election night party ex	oenses	un egyen a seem noormeele register kan eer register 2. Septemblijk heeld.

# Statement of Expenditures

Filer Identification Number:	oust for Controller	•	

To Whom Paid	James Thompson				Date [MM/DD/YYYY] \$	90.00
		** ****			11/26/2023	
House # 833	Street Address Ran	nkine Avenue			Description of Expenditure	
City Erie	Park Control of the C	State PA	Zip Code	16510	lumber for signs	
To Whom Paid	Gatehouse Media Pe	nnsylvania Holdings Inc			Date [MM/DD/YYYY] \$ 11/27/2023	454.27
House #	Street Address	· · · · · · · · · · · · · · · · · · ·			Description of Expenditure	
	PO	Box 630531				
Cincinnati		State OH	Zip Code	45263-0531	advertising	
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			1
To Whom Paid					Date [MM/DD/\\Y\Y\] \$	
House #	Street Address	Downwest Wall	Province of the contract of th		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			
To Whom Paid					Date [MM/DD/YYYY] 5	
House #	Street Address				Description of Expenditure	and the second second second second
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 Num	Foust for Controller		
Name of Creditor			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED	
		[MM/DD/YYYY]	
City	Paris	State Zip Code	-
Description of Debt		[(0.52)048455] [(0.52)04845]	[沙苑潭]
Name of Creditor			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	
City.		State Zip Code	
Description of Debt	2001.00 \$4.00 \$2.0		
Name of Creditor	Base 1 2 2 2 4 2 4		Outstanding Balance of Debt
House #	Street: Address	DATE DEBT INCURRED [MM/DD/YYYY]	<b>\$</b>
City		State Zip Code	
Description of Debt			
Name of Creditor House #	Street Address	DATE DEBT INCURRED	Outstanding Balance of Debt
	J. 1	[MM/DD/YYYY]	
City		State Zip Gode	
Description of Debt			
Name of Creditor			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	<b>\$</b>
City		State Zip Code	
Description of Debt			
Name of Creditor			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	<b>\$</b>
City :		State Zip Code	
Description of Debt			