

Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification Number	Report Filed F	By Candida	ite V	Committee		Lobbyist
Name of Filing Committee, Candidate or Lobbyist	 	BRIAN H				<u> </u>
Street Address 80 LORD RD		LORD				
CHARVIEN FAIRVIEN		State	PA	Zjp Çode	16415	· · · · · · · · · · · · · · · · · · ·
Type of Report (Place x under report type)				((
1- 6 th Tuesday 2- 2 nd Friday 3- 30 Day Post Pre-Primary Pre-Primary Primary	4- 6 th Tuesday Pre- Election	5- 2 nd Friday Pre- Election	6- 30 Day Post Election	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
Date Of Election (MM/DD/YYYY) 5/18/2021	Year	2021	Amendment Report		Termination Report	
Summary of Receipts and From Date	To Date			For	Office Use Only	
Expenditures	5/3	3/21				
A. Amount Brought Forward From Last Report	: \$	3		·		<u></u> ,
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	Λ			property Was a	.
C. Total Funds Available	\$ \$	<u>ノ</u> メ				2
(Sum of Lines A and B)	<u> </u>	<u> </u>	•			ori Na.
D. Total Expenditures (From Schedule III)	^{\$1} \$3,	105.96			PIT I	4
E. Ending Cash Balance	\$ 1	<u> </u>			ES o	1
(Subtract Line D from Line C) F. Value of In-Kind Contributions Received	\$ 9				energy array	!
(From Schedule II)	9	5			<u> </u>	•
G. Unpaid Debts and Obligations (From Schedule IV)	\$ 6	5			Ö	
(From Schedule (4)	7	Affidavit Sec	tion		4iliau -	
Part 1- If this is a Committee report, treasurer sign he	ere. If this is a Can	didate report@ca	ndidate sign here.	41.5.4		
I swear (or affirm) that this report, including the attack Sworn to and subscribed before me this	ned schedules on	2 N N Z	best of my knowled	ge and belief tr	ue, correct and complet	e.
day of March 20 21	Ž	ary Publi pril 3, 20 1288912 tipn of No	4/4	AN	T	
Ma Cleman			Signature of	f Person Subm	itting report	_
Signature		ounty ounty pires / mber Associe	<u>/</u> d.	Printed Name		
My Commission expires 4-3-13	Per Per	Erie C Frie C Ion nu Vania	814	44	a -79 5-7	
MO. DAY YR.	alth of Pe	SS SS A	rea Code	Day	time Telephone Numbe	_ ·
Part II- If this is a report of a Candidate's Authorized	100 ~		re.		· .	
I swear (or affirm) that to the best of my knowledge a amended.	nd belief this poli	tical go Annagtee h		provisions of the	he Act of June 3, 1937 (f	.L. 1333, NO.320) as
Sworn to and subscribed before me this	S	Mem	00	1	1/2	
day of 20	4 9		4Ba	المسيك	ast !	
	·		Sign	ature of Candid	ate	_
Signature	- []		_/_5_6	Printed Name	Law,	_
_	. •	,	R14)	/ 4	60 - 79C'	7
My Commission expires MO. DAY YR.		A	rea Code	Dayti	me 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) \$		Φ	
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)	_ I		<u> </u>	
Contributions Received from Political Committees (Part A)	\$			
All Other Contributions (Part B)	\$		1	
Total for the reporting period (2) \$			
3. Contributions Over \$250.00 (From Part C and Part D)				· .
Contributions Received from Political Committees (Part C)	\$			· · · · · · · · · · · · · · · · · · ·
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)	\$		1	
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)	\$	1	V ,	

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and the state of the state of the exercise decreases where the state of the state o

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.

File identification is					
					Amount
Full Name of Cont Committee	ributing			Date [MM/DD/YYYY]	\$ do
House #	Street Address	-		Date [MM/DD/YYYY]	\$ 7
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Cont Committee	ributing	<u> </u>		Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Cont Committee	ributing	<u>, , l , , , , , , , , , , , , , , , , ,</u>		Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contr Committee	ributing		· · · · · · · · · · · · · · · · · · ·	Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contr Committee	ibuting	<u> </u>		Date [MM/DD/YYYY]	\$
House #	Street Address	-	<u>.</u>	Date [MM/DD/YYYY]	\$
City	<u> </u>	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contr Committee	ibuting		Intervious.	Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$ 1
City	1.	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:

Full Name of Co	ontributor		·	Date [MM/DD/YYYY]	\$	
				The second of th		
House #	Street Address			Date [MM/DD/YYYY]	\$	
livus				Date Introduction	131	1 .
e i ele e	The state of the s	**************************************	Company to the second s	The same from happens		
City		State	Zip Code	Date [MM/DD/YYYY]	\$	1
Full Name of Co	and an American	4 Sq. 4 GA.	The state of the s	Test (no house)	\$300 ***********************************	
	intributor			Date [MM/DD/YYYY]	_ \$	
House #	Street Address	S		Date [MM/DD/YYYY]	s	
City	<u> </u>	State	Zip Code	Date [MM/DD/YYYY]	\$	i
Full Name of Co	antributor	s Property and	New Section	Date [MM/DD/YYYY]	\$	
House #	Street Address	SS S		Date [MM/DD/YYYY]	S	
		* N		·!		
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Co	intributor	Province of	WW. W. G. W.	Date [MM/DD/YYYY]	s	
House #	Street Address	\$		Date [MM/DD/YYYY]	S	
City	The state of	State	Zip Code	Date [MM/DD/YYYY]	S	
Full Name of Co	ntributor	<u> </u>		Date [MM/DD/YYYY]	S	
House #	Street Address	5		Date [MM/DD/YYYY]	\$	
City	<u>Property on a</u>	State	Zip Code	Date [MM/DD/YYYY]	.\$	
Full Name of Co	ntributor		Date [MM/DD/YYYY]	\$		
House #	Street Address			Date [MM/DD/YYYY]	\$	
City	<u> </u>	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	n Number:			
Full Name of Contributing Co				Date [MM/DD/YYYY] \$
House #	Street Address	is		Date [MM/DD/YYYY] \$
			<u> </u>	
City		State	Zip Code	Date [MM/DD/YYYY] \$
Full Name of Contributing Co	ommittee	Territoria.	Programme of	Date [MM/DD/YYYY] \$
House #	Street Address	S		Date [MM/DD/YYYY] \$
City	· 一种实现。如果	State	Zip Code	Date [MM/DD/YYYY] \$
Full Name of Contributing Co	ommittee	1000000		Date [MM/DD/YYYY] \$
House #	Street Address	S		Date [MM/DD/YYYY] \$
City	<u>Fabble 1999.</u>	State	Zip Code	Date [MM/DD/YYYY] \$
Full Name of Contributing Co	mmittee			Date [MM/DD/YYYY] \$
House #	Street Address	, , , , , , , , , , , , , , , , , , ,		Date [MM/DD/YYYY] \$
City	The cast one are	State	Zip Code	Date [MM/DD/YYYY] \$
Full Name of Contributing Cor	mmittee		The second	Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
City	The state of the s	State	Zip Code	Date [MM/DD/YYYY] \$
Full Name of Contributing Cor	mmittee			Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
City	<u></u>	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	on Number:	······		
				-
Full Name of C	ontributor			Date [MM/DD/YYYY] \$
House #	Street Address	-		Date [MM/DD/YYYY] \$
City		State	Zip Code	Date [MM/DD/YYYY] \$
C				
Employer Nam				Occupation
Employer Mail Principal Place				The first strategical
Full Name of Co	ontributor		·····	Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
City	<u></u>	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Nam			hit is a second	Occupation
Employer Maili Principal Place	ing Address / of Business		·	[A.007864 100 4]
Full Name of Co			·	Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
City		State	Zip Code	Date [MM/DD/YYYY] \$
				The second state of the se
Employer Name			Terror variables	Occupation
Employer Maili	ng Address /			
Principal Place				
Full Name of Co	ntributor			Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
			·	
City		State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name				Occupation
Employer Mailir				Literature sect
Principal Place o	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 Nul	RIDET:				
Full Name			/ ^		
House #	Street Address		$-\mathcal{V}/\mathcal{A}$		
	Street Address		· ,		
City	A. 75. 3 A. 75. 3 A. 75. 4 A. 75. 4 A. 75. 4	State	Zip Code	Date [MM/DD/YYYY] \$	7
Receipt Description				- And C	·
Full Name					
House #	Street Address	-			
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Receipt Description	0 - 3 <u> </u>				
Full Name					
House #	Street Address				
City		State	Zip Code	Date [MM/DD/YYYY] \$	·
Receipt Description					
Full Name	(1) (3) (1) (2) (3) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	"			
House #	Street Address				
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Receipt Description	(11 년 년) 원화 (12 년) 2. 전화	3, 334,			
Full Name					
House #	Street Address				
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Receipt Description			1960 (200		
Full Name		····			一
House #	Street Address			1	
City		State	Zĺp Code	Date [MM/DD/YYYY] \$	
Receipt Description	100 mg 1 m	1 ,8 %€, -89 1	1 200 204	[F 52]	

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:				
1. UNITEMIZED IN-KIND CONTR	IBUTIONS RECEIVED-VA	LUE OF \$50.00 OR LESS	PER CONTRIBUTOR	
TOTAL for the reporting period	(1)	\$	0	
2. IN-KIND CONTRIBUTIONS REC	CEIVED-VALUE OF \$50.0	1 TO \$250.00 (FROM P	ART F)	
TOTAL for the reporting period	(2)	\$	0	
3. IN-KIND CONTRIBUTION RECE	IVED-VALUE OVER \$250	0.00 (FROM PART G)		
TOTAL for the reporting period	(3)	\$	0	en en men men en e
TOTAL VALUE OF IN-KIND CONTRIBUTION PERIOD (Add and enter amount totals from Page 1, Report Cover Page, Item F)			0	

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Number:				
Full Name of Contributor	······································		Date [MM/DD/YYYY]	
House # Street A	ddress		Date [MM/DD/YYYY]	's ,
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contribution				
Full Name of Contributor	-		Date [MM/DD/YYYY]	· S
House # Street A	ddress		Date [MM/DD/YYYY]	
				# # # # # # # # # # # # # # # # # # #
City (State	Zîp Code	Date [MM/DD/YYYY]	(\$
Description of Contribution				3分 第
Full Name of Contributor	- 1, fa - 144		Date [MM/DD/YYYY]	\$)
House # Street A	ddress	· · · · · · · · · · · · · · · · · · ·	Date [MM/DD/YYYY]	\$
	930 930			
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contribution		[4842.47.484]		(877)
Full Name of Contributor	<u> </u>	·	Date [MM/DD/YYYY]	\$
House # Street A	ddress		Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	
Description of Contribution		[V Q + 4 T Q + 4 T		(A. (A.)
Full Name of Contributor	<u> </u>		Date [MM/DD/YYYY]	\$
House # Street Ac	ldress		Date [MM/DD/YYYY]	\$
				90°4 200
City	State	Zip Code	Date [MM/DD/YYYY]	\$ L
Description of Contribution	Little of a little	[1.3 Mg + 274] [W1 - 1]	I	NO.4

SCHEDULE II

Part G

In-Kind Contributions Received

VALUE OVER \$250

Full Name of Co	ontributor			Date [MM/DD/YYYY] 💢 💲
House #	Street Address			Date [MM/DD/YYYY] \$
City		ate	Zip Code	Date [MM/DD/YYYY] \$
mployer Name	e	<u> </u>	<u>.</u>	Occupation
	ing Address / Principal	-		Description
Place of Busine	\$5 (1971)			of Contribution
Full Name of Co	ontributor			Contribution
				Date Initial Contraction
House #	Street Address			Date [MM/DD/YYYY] \$
1990 c.	Street Authors			Date (min) Sep 11.13
City	St:	ate	Zip Code	Date [MM/DD/YYYY] \$
	以 2.			Control of the Contro
mployer Name				Occupation
	ng Address / Principal			Description
Place of Busines				of
	그는 한 회사가 하면 하나요요를 하다.			4. # ### SYNESYNES 36 # 12
I siame of Co				Contribution
ull Name of Co	intributor			4. # ### SYNESYNES 36 # 12
				Contribution Date [MM/DD/YYYY] \$
	Street Address			Contribution
iouse#	Street Address		login fodo (Centribution Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$
iouse#	Street Address	ate	Zip Code	Contribution Date [MM/DD/YYYY] \$
House #	Street Address	Ite	Zip Code	Centribution Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$
House # City Employer Name	Street Address Sta	ite	Zip Code	Centribution Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$
House # City Employer Name	Street Address Sta Sta ng Address / Principal	itė	Zip Code	Centribution Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$
House # City Employer Name Employer Mailin Place of Busines	Street Address Sta Sta graph of the state	ite	Zip Code	Centribution Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Occupation Description of Contribution
City Employer Name Employer Mailin Place of Busines	Street Address Sta Sta graph of the state	1 tê	Zip Code	Centribution Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Occupation Description of
City Employer Name Employer Mailin Place of Busines Full Name of Con	Street Address Sta Sta graph of the state	ate	Zip Code	Centribution Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Occupation Description of Contribution Date [MM/DD/YYYY] \$
City Employer Name Employer Mailin Place of Busines Full Name of Con	Street Address Sta Sta graph of the state	itė	Zip Code	Centribution Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Occupation Description of Contribution
House # City Employer Name Employer Mailir Place of Busines Full Name of Cor	Street Address Sta Ang Address / Principal SS Street Address			Centribution Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Occupation Description of Contribution Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$
House # City Employer Name Employer Mailin Place of Busines Full Name of Cor House #	Street Address Sta Sta graph of the state		Zip Code	Centribution Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Occupation Description of Contribution Date [MM/DD/YYYY] \$
City Employer Name Employer Mailin Place of Busines Full Name of Col	Street Address Sta Sta Sta Street Address Street Address Street Address			Centribution Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Occupation Of Contribution Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$
City Employer Name Employer Mailin Place of Busines Full Name of Con House #	Street Address Sta ng Address / Principal ss ntributor Street Address Sta			Centribution Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Occupation Of Contribution Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Occupation Occupation
Place of Busines Full Name of Cor House # City Employer Name	Street Address Sta ng Address / Principal Street Address Street Address			Centribution Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Occupation Of Contribution Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$

SCHEDULE III Statement of Expenditures

	 Juicine	it of Expella	I CAI CO
Filer Identification Number:	· · · · · · · · · · · · · · · · · · ·		

To Whom Paid	DESANT	IS SIGN	ls	Date [MM/DD/YYYY] \$ 4/13/2821	1252.08
House # 540	Street Address	1.18th St	•	Description of Expenditure	
city ER	15	tate PA	zip (6502	SIGNS	en in de la <u>Lande Berger</u> de la transporte de la ca
To Whom Paid	DESAN	T.C. C.		Date [MM/DD/YYYY] \$	2 3 66
	DESAN			5/1/2021	212.85
540	Street Address W	, 18th St		Description of Expenditure	
city ER	اف ا	tate PA	zip Code (6502	Sticky No	TES
To Whom Paid	FIRST AM	NAMENT	TEES	Date [MM/DD/YYYY] \$	690 =
House # 1507	Stroot Address	TATE STR		Description of Expenditure	
City ER	l ca	ate PA	Zip. (6501	T- SHIRT	
To Whom Paid	LOND	11.000	2 1 20	Date [MM/DD/YYYY] \$	(()
	KRAFT	LUMISER	INC	4/9/2013	651.03
1707	Street Address	ENINSULA	DRIVE	Description of Expenditure	
City	St	ate PA	Zip Code (6505	SIGN LUM	BER
To Whom Paid	TO - 0		36	Date [MM/DD/YYYY] \$	49
	FRIE COU	NTY ELEC	771112	4120/2021	300_
House # 140	Street Address W.	6th 5+		Description of Expenditure	
city ER	رد (st	ate PA-	Zip (650/	ELECTION DATA	+ 3 LABELS
To Whom Paid		e Assertation (Assertation and Assertation and	en de la lac	Date [MM/DD/YYYY] \$,
House #	Street Address	· · · · · · · · · · · · · · · · · · ·		Description of Expenditure	svassi i 2 v - 2 attitoni 6, i i Se
4					10.00
City	St	ate /	Zip Code		
To Whom Paid			The second secon	Date [MM/DD/YYYY] \$	
	· · · · · · · · · · · · · · · · · · ·		en de la companya de Martina. La companya de la co		
House #	Street Address			Description of Expenditure	
City	Sta	ate:	Zip Code	ASSESSED FOR THE PERSON OF THE	在1000年(1914年)。 1914年(1914年)
To Whom Paid		eivi I	COUC AND A	Date [MM/DD/YYYY] \$	
	e e e e e e e e e e e e e e e e e e e	and the second second	the second		
House #	Street Address			Description of Expenditure	
City	Sta	ate	Zip		<u>以下文本的代表的基本。由於</u>
18 a		w.C.	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	(2) 4 (4) (4) (4) (4) (4) (4) (4) (4) (4)			
		· · · · · · · · · · · · · · · · · · ·	en e	
Name of Credit	or	<u> </u>	· ·	Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED	
		ļ	[MM/dd/yyyy]	
City		State	ZP	
Description of D)ebt	(1) (1) (2) (2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	Code	
Name of Credito				
House #				Outstanding Balance of Debt
NUUSE #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	(\$
City		05.45		
		State	Zip Code	
Description of D	ebt		1 mark 1	
Name of Credito	# 14			
House #		- Ls		Outstanding Balance of Debt
NUUSE #	Street Address) id . 3. . 4.	DATE DEBT INCURRED [MM/DD/YYYY]	
City		State	Zip Code	
Description of De	ebt		Couc	
Name of Credito				Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED	\$
		17	[MM/DD/YYYY]	
City		State	Zip	
Description of De	ebt		Code	100 A 10
Name of Creditor				Outstanding Balance of Debt
House #	Street Address	*	DATE DEBT INCURRED [MM/DD/YYYY]	\$
			(IMIMANDO) 11111	
City		State	Zip	(2) (2) (4)
Description of De	ibt -		Code	
Name of Creditor	Control of the second of the s			Outstanding Balance of Debt
louse#	Street Address		DATE DEBT INCURRED	\$
			[MM/DD/YYYY]	
lity		State	Zip	
			Code	<u></u>
Description of De	btsseld			