



Reset Form

Print Form

## Commonwealth of Pennsylvania - Campaign Finance Report

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

File Identification Number		Report Filed By (Mark X)	Candidate	<input type="checkbox"/>	Committee	<input checked="" type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist	Friends to Elect Leatra Tate							
Street Address	503 West 10th St							
City	Erie	State	PA	Zip Code	16502			

Type of Report (Place x under report type)

1- 6 <sup>th</sup> Tuesday Pre-Primary	2- 2 <sup>nd</sup> Friday Pre-Primary	3- 30 Day Post Primary	4- 6 <sup>th</sup> Tuesday Pre- Election	5- 2 <sup>nd</sup> Friday Pre- Election	6- 30 Day Post Election	7- Annual	Special 2 <sup>nd</sup> Friday Pre-Election	Special 30 Day Post-Election
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)	05/18/2021	Year	2021	Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>	

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	01/01/21	05/03/2021	
A. Amount Brought Forward From Last Report	\$	0	2021 MAY - 7 AM 10:22 ERIE COUNTY VOTER REGISTRATION
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	2715.16	
C. Total Funds Available (Sum of Lines A and B)	\$	2715.16	
D. Total Expenditures (From Schedule III)	\$	0	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	2715.16	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	1353.82	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	50	

## Affidavit Section

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

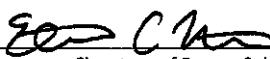
I swear (or affirm) that this report, including the attached schedules on paper, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

\_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

Signature

My Commission expires \_\_\_\_\_ MO. \_\_\_\_\_ DAY \_\_\_\_\_ YR.

  
Signature of Person Submitting report  
Elizabeth C Nawrocki

Printed Name

814

Area Code

528-1726

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  
Leatra Tate

Printed Name

814

Area Code

746-1472

Daytime Telephone Number

SCHEDULE I  
**Contributions and Receipts**  
Detailed Summary Page

<b>Filer Identification Number</b>		
<b>1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor</b>		
Total for the reporting period	(1)	\$ 512.73
<b>2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)</b>		
Contributions Received from Political Committees (Part A)		\$ 0
All Other Contributions (Part B)		\$ 1702.43
Total for the reporting period	(2)	\$ 1702.43
<b>3. Contributions Over \$250.00 (From Part C and Part D)</b>		
Contributions Received from Political Committees (Part C)		\$ 500
All Other Contributions (Part D)		\$ 0
Total for the reporting period	(3)	\$ 500
<b>4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)</b>		
Total for the reporting period	(4)	\$ 0
Total Monetary Contributions and Receipts during this reporting period <i>(Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)</i>		\$ 2715.16



**Pennsylvania Department of State**

Bureau of Campaign Finance & Civic Engagement

210 North Office Building, Harrisburg, PA 17120 • 717.787.5280 (Option 4)

[www.dos.pa.gov/campaignfinance](http://www.dos.pa.gov/campaignfinance) • [ra-stcampaignfinance@pa.gov](mailto:ra-stcampaignfinance@pa.gov)

2021 MAY -7 AM 10:22

## Unsworn Declaration in Lieu of Sworn Statement for Campaign Finance Reports

**Note:** Per Act 2020-15, which was signed into law on April 20, 2020 and allows for unsworn declarations, Campaign Finance Reports (form DSEB-502), Campaign Finance Statements in lieu of full reports (form DSEB-503), Non-Bid Contract Reporting Form (DSEB-504) and Independent Expenditure Reports (form DSEB-505) need not be notarized. Instead, the filer may file with each report or statement the corresponding version of this form signed by the required individual(s). **This particular form is to be used only for Campaign Finance Reports. This form must be signed by hand where a signature is required.**

Name of Filing Committee, Candidate, or Lobbyist				
Friends to Elect Leatra Tate				
Reporting Cycle Name				
<input type="checkbox"/> <b>Cycle 1</b> 6 <sup>th</sup> Tuesday Pre-Primary	<input checked="" type="checkbox"/> <b>Cycle 2</b> 2 <sup>nd</sup> Friday Pre-Primary	<input type="checkbox"/> <b>Cycle 3</b> 30 Day Post Primary	<input type="checkbox"/> <b>Cycle 4</b> 6 <sup>th</sup> Tuesday Pre-Election	<input type="checkbox"/> <b>Cycle 5</b> 2 <sup>nd</sup> Friday Pre-Election
<input type="checkbox"/> <b>Cycle 6</b> 30 Day Post-Election	<input type="checkbox"/> <b>Cycle 7</b> Annual Report	<input type="checkbox"/> <b>Cycle 8</b> 2 <sup>nd</sup> Friday Pre-Special Election	<input type="checkbox"/> <b>Cycle 9</b> 30 Day Post-Special Election	

**Part I** - If this form is submitted with a Committee report, the treasurer must sign here. If this form is submitted with a Candidate report, the candidate must sign here. If this report is submitted with a report by a contributing lobbyist, the lobbyist must sign here.

**I declare under penalty of perjury under the law of the Commonwealth of Pennsylvania that the accompanying Campaign Finance Report is true and correct.**

  
\_\_\_\_\_  
Signature of Treasurer, Candidate, or Lobbyist

Elizabeth C Nawrocki  
\_\_\_\_\_  
Printed Name

5/6/21  
\_\_\_\_\_  
Date (DD/MM/YYYY)

Eric PA  
\_\_\_\_\_  
Location (City/State/Country)



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[www.dos.pa.gov/campaignfinance](http://www.dos.pa.gov/campaignfinance) • [ra-stcampaignfinance@pa.gov](mailto:ra-stcampaignfinance@pa.gov)

**Part II** - If this form is submitted with a report by a Candidate's Authorized Committee, the candidate must sign here.

**I declare under penalty of perjury under the law of the Commonwealth of Pennsylvania that the accompanying Campaign Finance Report is true and correct.**

Signature of Treasurer, Candidate, or Lobbyist

07/05/2021

Date (DD/MM/YYYY)

Leatra Tate

Printed Name

Erie, PA, USA

Location (City/State/Country)

**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																			
-----------------------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

										Amount								
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]		\$		
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.)

*See  
attachment*

Filer Identification Number:	
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Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code	Date [MM/DD/YYYY]	\$	

# Part B

Strategies, Racial Engagement	105 Fall Run Rd	Pittsburgh	PA	15221	4/18/2021	\$206.70
Smith, Daniel	246 Broadstone Dr	Mars	PA	16046	4/23/2021	\$155.08
Hoffman, Dakota	101 10th St E	Saint Paul	MN	55101	4/24/2021	\$103.45
Tate, Brenda	503 W 10th St Apt 1	Erie	PA	16502	3/24/2021	\$100.00
Viera, Allisandra	1009 Nuttman Ave	Fort Wayne	IN	46807	3/24/2021	\$77.64
Steele, Cheryl	4516 Stanley Ave	Erie	PA	16504	4/4/2021	\$77.64
Beasley, Dr. Sheila	22 Watson Blvd	Pittsburgh	PA	15214	4/7/2021	\$77.64
Dowds, Erin	223 Rosebriar Dr	Glenshaw	PA	15116	4/21/2021	\$75.00
Ptaschinski, Andrew	100 Race St	Pittsburgh	PA	15218	3/9/2021	\$51.83
Beasley, Dr. Sheila	22 Watson Blvd	Pittsburgh	PA	15214	3/12/2021	\$51.83
Jordan, Morgan	201 Edmond St	Pittsburgh	PA	15224	3/12/2021	\$51.83
Crowell, Christine	1826 Wilkins Rd	Erie	PA	16505	3/12/2021	\$51.83
Lake, Jack	4343 Oregon St	San Diego	CA	92104	3/12/2021	\$51.83
Breneman, Jay	4118 State St	Erie	PA	16508	3/13/2021	\$51.83
Titus, Tyler	840 E 40th St	Erie	PA	16504	3/14/2021	\$51.83
Tate, Leroy	1114 W 10th St	Erie	PA	16502	3/14/2021	\$51.83
Prabhu, Shraddha	840 E 40th St	Erie	PA	16504	3/27/2021	\$51.83
Oliver, Teresa	PO Box 3792	Erie	PA	16508	3/29/2021	\$51.83
ohlund, laura	414 Lenox Ct	Gibsonia	PA	15044	3/30/2021	\$51.83
Tate Jr, Esset	2838 Orchard Dr	Palm Harbor	FL	34684	4/3/2021	\$51.83
Brandt, Patrick	215 Locust St	Avalon	PA	15202	4/13/2021	\$51.83
Ross, Kendra	1815 Woodcove Pl	Pittsburgh	PA	15216	4/21/2021	\$51.83
Abdelmalik, Atiya	7331 Beach Haven	Jacksonville	FL	32256	4/26/2021	\$51.83
Wiley, Darryl	528 W Burgess St	Pittsburgh	PA	15214	5/2/2021	\$51.83





PART C  
**Contributions Received From Political Committees**  
 Over \$250.00

*See  
attachment*

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											
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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]		\$

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:	
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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							
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							
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							
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 C

PA United PAC	523 Hastings St	Pittsburgh	PA	15206	4/7/2021	\$500.00
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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							
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	
-----------------------------	--

<b>1 UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.00 OR LESS PER CONTRIBUTOR</b>		
TOTAL for the reporting period (1)	\$	268.38

<b>2 IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.00 (FROM PART F)</b>		
TOTAL for the reporting period (2)	\$	0

<b>3 IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART G)</b>		
TOTAL for the reporting period (3)	\$	1085.44

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)	\$	1353.82
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SCHEDULE II  
PART F  
**In-Kind Contributions Received**  
VALUE OF \$50.01 TO \$250

Filer Identification Number:	
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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

*See  
Attachment*

Filer/Identification Number:	
------------------------------	--

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		
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		



Part G

Full name of Contributor	Mailing Address	Date	Amount	Description
Pennsylvania United	841 California Ave, 3rd Floor Pittsburgh, PA 15212	5/3/2021	\$1,085.44	Staff time spent c



SCHEDULE III  
Statement of Expenditures

Filer Identification Number:	
------------------------------	--

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		

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		

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.

<b>Filer Identification Number:</b>	
-------------------------------------	--

<b>Name of Creditor</b>		Leatra Tate				<b>Outstanding Balance of Debt</b>	
<b>House #</b>	503	<b>Street Address</b>	West 10th St		<b>DATE DEBT INCURRED [MM/DD/YYYY]</b>		\$ 50.00
				04/16/2021			
<b>City</b>	Erie	<b>State</b>	PA	<b>Zip Code</b>	16502		
<b>Description of Debt</b>		Donation for Candidate Interview Paid with Personal Money					

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

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

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

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

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