Commonwealth of Pennsylvania - Campaign Finance Report (Note: This report must be clear and legible. It should be typed)

| | (Mote: I | nis report mu | st be clear and | a legible. It snot | na pe rypea |) | |
|--|---|--|--|----------------------|---------------------------------|------------------------------------|------------------------|
| Filer Identification Number | - 2603162 | Report Filed (Mark X) | By Candida | ite 矣 | Committee | X | Lobbyist |
| Name of Filing Committe Lobbyist | | | with L | . Flort | Rober | Bish | > |
| Street Address | | 24 E | - ux | | 96 | net | |
| City | ALBION | | State | PA | Zip Code | 1640 1 | 1 |
| Type of Report (Place x ui | | | | | | | |
| 1-6 th Tuesday 2- 2 nd Fi | riday 3- 30 Day Post | 4- 6th Tuesday | 5- 2 nd Friday | 6- 30 Day Post | 7- Annual | Special 2 nd Friday | Special 30 Day |
| Pre-Primary Pre-Prim | nary Primary | Pre- Election | Pre- Election | Election | | Pre-Election | Post-Election |
| | X | | | | | | |
| Date Of Election (MM/DD/YYYY) | 5-18-4 | Year | | Amendment Report | | Termination Report | |
| Summary of Receipts and | f From Date | To Dat | e | | For | Office Use Only | |
| Expenditures | 5-4-2021 | 1 5-2 | 4-21 | | | | |
| A. Amount Brought Forw | ard From Last Repor | t = \$ 30 | 14-21 | | • | er green Verseelle Verseelle | |
| B. Total Monetary Contri (From Schedule I) | butions and Receipts | | | | | m m m | |
| C. Total Funds Available (Sum of Lines A and B) | | \$ | | | | | منائم سسم مسل |
| D. Total Expenditures \$ 01.7 1 | | | | | | | |
| (From Schedule III) E. Ending Cash Balance \$ | | | 1 | | | | |
| (Subtract Line D from Lin | the first of the first part of the first of | | | | | | <u></u> |
| F. Value of In-Kind Contri (From Schedule II) | butions Received | \$ | | | | هيئة وي | Appendix. |
| G. Unpaid Debts and Obli (From Schedule IV) | igations | \$ 26 | 36:72 | | | | |
| (From Schedule 14) | | | Affidavit Se | ction | | | |
| Part 1- If this is a Committee | | | | | | | |
| I swear (or affirm) that this re Sworn to and subscribed before | | cnea scheaules o | n paper, is to the | best of my knowled | ge and belief tr | ue, correct and comple | ete. Y |
| 16 day of Jun | 20 2 | | | Shell | Max | Shell | |
| Barbara S. H. | Commo | onwealth of Pennsy BARA S HERSH LAW | ylvania - Notaky Ze AN - Notary Public | Signature of | of Person Subm | itting report | , |
| Signature | My | Erie Cou Commission Regin | inty :es Nov 11, 2023 | nauce | Printed Nam | e l | |
| My Commission expires | 11 20 | Commission Num | ber 1290415 | <u>کا لا</u> | <u> 45</u> | 4-6208 | |
| M | O. DAY YR. | | Ā | rea Code | Day | time Telephone Numb | er |
| Part II- If this is a report of a | | | | | | | |
| I swear (or affirm) that to the amended. | best of my knowledge | and belief this pol | litical committee l | has not violated any | provisions of t | he Act of June 3, 1937 | (P.L. 1333, NO.320) as |
| Sworn to and subscribed before | ore me this | | | 11- | | 1// | |
| 14 day of June | 20_ _2 / | - '1 | _ 7 | Sules of | folia | | |
| Barbara S. H. Signature | eshelman | - , | <u></u> | FIFAF | ature of Cambio Printed Name | 3hy | _ |
| My Commission expires | 1 11 20 | , I 23 | | 814 | 84 | 31-96-79 | 7 |
| MO | | <u>-</u> | A | rea Code | Dayti | me Telephone Numbe | r |
| | | | | | | | |

Commonwealth of Pennsylvania - Notary Seal BARBARA S HERSHELMAN - Notary Public Erie County

My Commission Expires Nov 11, 2023 Commission Number 1290415

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

| Filer Identification Number | | • |
|---|-----------|-----|
| | | *** |
| 1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor | 4.15 | |
| | | |
| Total for the reporting period (| 1) | \$ |
| 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) | | \$ |
| Total for the reporting period (2 | 2) | \$ |
| 3. Contributions Over \$250.00 (From Part C and Part D) | | |
| Contributions Received from Political Committees (Part C) | | \$ |
| All Other Contributions (Part D) | \dagger | \$ |
| Total for the reporting period (3 | 3) | \$ |
| 4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E) | | |
| Total for the reporting period (4 | 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, Repor | | \$ |

Cover Page, Item B)

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 | | | | |
|-------------------------------------|--------------------------------|------------|--|--------------------------|-------------------------|
| Tarley of the American | go and a facilities of last of | | | · | Amount |
| Full Name of Co Committee | ontributing | | | Date [MM/DD/YYYY] | \$ |
| | | | | - francis house | 7 Dec |
| House # | Street Address | | | Date [MM/DD/YYYY] | \$ |
| City | Terminal constraints of | State | Zip Code | Date [MM/DD/YYYY] | \$ |
| Full Name of Co | ontributing | (pilotoja) | | Date [MM/DD/YYYY] | \$ |
| Committee | | | | (haire familiant in 145 | |
| House # | Street Address | | | Date [MM/DD/YYYY] | : |
| City. | <u> </u> | State | Zip Code | Date [MM/DD/YYYY] | |
| Full Name of Contributing Committee | | | Date [MM/DD/YYYY] | | |
| Committee | | | | | |
| House # | Street Address | | | Date [MM/DD/YYYY] | \$ |
| City | | State | Zip Code | Date [MM/DD/YYYY] | \$ |
| | | | | | |
| Full Name of Cor Committee | ntributing | | | Date [MM/DD/YYYY] | \$ |
| House # | Street Address | | | Date [MM/DD/YYYY] | S |
| City | <u> </u> | State | Zip Code | Date [MM/DD/YYYY] | |
| Full Name of Cor | ntributing | MetWa I | King Let Water | Date [MM/DD/YYYY] | |
| | | | | | |
| House # | Street Address | | | Date [MM/DD/YYYY] | \$ |
| City | | State | Zip Code | Date [MM/DD/YYYY] | |
| Full Name of Cor Committee | ntributing | 4500004 | Annual Control of the | Date [MM/DD/YYYY] | \$ \$ *** |
| House # | Street Address | | | Date [MM/DD/YYYY] | \$ |
| City | | State | Zip Code | Date [MM/DD/YYYY] | .\$. * |
| | <u> </u> | | | | In a Section 1. |

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 Identificatio | on Number: | | | | |
|---------------------|--------------------------------------|------------------------------|--|---|--|
| Full Name of C | ontributar | | | Date IMM/DD/YYYYI \$ | |
| | | | | | |
| House # | Street Address | | | Date [MM/DD/YYYY] \$. | |
| | | | | | |
| City | [1625]。1971年2020日,日本中央社会管理省社会管理省委任任会 | State | Zip Code | Date [MM/DD/YYYY] \$ | |
| Full Name of C | | 198.49 | | | |
| | Ontributor | | | Date [MM/DD/YYYY] \$ | |
| House # | Street Address | | | Date [MM/DD/YYYY] \$ | |
| | | | | | |
| City | | State | Zip Code | Date [MM/DD/YYYY] \$ | |
| | 0.5 | 14. 19. 32 3. 3. 3. 3. 3. | | | |
| Full Name of Co | ontributor | | | Date [MM/DD/YYYY] \$ | |
| | | | | | |
| House # | Street Address | | | Date [MM/DD/YYYY] \$ | |
| City | | State | Zip Code | Date [MM/DD/YYYY] \$ | |
| | | | | 124151WIII/1667711 1111 124 | |
| Full Name of Co | intributor | | | Date [MM/DD/YYYY] \$ | |
| | | | | STORY CONTROL OF THE PROPERTY | |
| House # | Street Address | | | Date [MM/DD/YYYY] \$ | |
| | | | | | |
| City | | State | Zip Code | Date [MM/DD/YYYY] \$ | |
| Full Name of Co | patributar | | (1) 10 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) | Date [MM/DD/XXXX] | |
| | | | | | |
| House # | Street Address | | | Date [MM/DD/YYYY] \$ | |
| | | | | | |
| City | | State | Zip Code | Date [MM/DD/YYYY] \$ | |
| | | | | \$200 \$200 \$400 \$400 \$400 \$400 \$400 \$400 | |
| Full Name of Co | intributor | | | Date [MM/DD/YYYY] \$ | |
| House # | | | | | |
| TIOUSE # | Street Address | | | Date [MM/DD/YYYY] \$ | |
| 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 Num | ber | | | | |
|---------------------------------------|--|-------|----------|---|-----------|
| | Storage, e. | | | | |
| Full Name of Contributing Commit | ###################################### | | | Date [MM/DD/YYYY] | |
| Physiographic and the Control | | | | | |
| House # | Street Address | | | Date [MM/DD/YYYY] | |
| City | | State | Zip Code | Date [MM/DD/YYYY] | |
| | | | | 1章 5000年1月8日 1月1日 1日 1 | |
| Full Name of Contributing Committ | tee | | | Date [MM/DD/YYYY] | _ \$1 |
| House # | Street Address | | | Date [MM/DD/YYYY] | \$ |
| Gity | Bildhiki Marapanan | State | Zip Godé | Date [MM/DD/YYYY] | . |
| Full Name of Contributing Committ | tee | | | Date [MM/DD/YYYY] | \$ |
| House# | Street Address | | | Date [MM/DD/YYYY] | S |
| City | (1995年) (1995年) (1995年) (1995年) (1995年) (1995年) | State | Zip Code | Date [MM/DD/XYYY] | * *** |
| Full Name of Contributing Committ | cee | | | Date [MM/DD/YYYY] | • |
| House# | Street Address | | | Date [MM/DD/YYYY] | \$ |
| Giby | Living and the control of the contro | State | Zip Code | Date [MM/DD/YYYY] | 5 |
| Füll Name of Contributing Committ | | | | Date [MM/DD/YYYY] | • |
| | Street Address | | | Date [MM/DD/YYYY] | \$ |
| City. | | State | Zip Code | Date [MM/DD/YYYY] | • |
| Full Name of Contributing Committe | | | | | |
| | Street Address | | | Date [MM/DD/YYYY] | \$ |
| Giv | | 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 Contributor | | | Date [MM/DD/YYYY] \$ | |
|---|---------------------------------------|----------|----------------------|--|
| House # Street Addres | | | Date [MM/DD/YYYY] \$ | |
| | | | | |
| City | State | Zip Code | Date [MM/DD/YYYY] \$ | |
| Employer Name | 44. | | Occupation | |
| Employer Mailing Address / Principal Place of Business | | | | |
| Full Name of Contributor | | *** | Date [MM/DD/YYYY] \$ | |
| House # Street Addres | S | | 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 Contributors | | | Date [MM/DD/YYYY] \$ | |
| House # Street Address | | | Date [MM/DD/YYYY] \$ | |
| City | State | Zip Code | Date [MM/DD/YYYY] \$ | |
| Employer Name | | 2 | Occupation | |
| Employer Mailing Address / Principal Place of Business | | , | | |
| Full Name of Contributor | | | Date [MM/DD/YYYY] \$ | |
| House # Street Address | | · | Date [MM/DD/YYYY] \$ | |
| Gity | State | Zip Code | Date [MM/DD/YYYY] \$ | |
| Employer Name | | | Occupation | |
| Employer Mailing Address / Principal Place of Business | | | | |

PART E

Other Receipts

REFUNDS, INTREST 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 Num | ber: | | | |
|--------------------------|--|------------------------|--|----------------------|
| Full Name | 科尔斯特特 | | | |
| . (821) 134 (85) 427 (1) | AND THE STATE OF T | | | |
| House # | Street Address | | | |
| Gity | | State | Zip Code | Date [MM/DD/YYYY] \$ |
| Receipt Description | | | | |
| Full Name | | | | |
| House # | Street Address | | | |
| City | | State | Zip Code | Date [MM/DD/YYYY] \$ |
| Receipt Description | | 其中3年5日次建設社公司。 3 | In the State of th | Epol |
| Full Name | | | | |
| House# | Street Address | | | |
| City | | State | Zip Code | Date [MM/DD/YYYY] \$ |
| Receipt Description | | 型 · 查看 | | |
| Full Name | | | <u>-</u> | |
| House # | Street Address | | | |
| City | | State | Zip Code | Date [MM/DD/YYYY] \$ |
| Receipt Description | | - Godfatterson | | [ASSET] |
| Full Name | | | | |
| House # | Street Address | | | |
| City | The first state of the state of | State | Zip Gode | Date [MM/DD/YYYY] \$ |
| Receipt Description | | | 開機: 14.50 (2.51) | Asset of |
| Full Name | | | | |
| | Street Address | | | |
| City | The state of the s | State | Zip Code | Date [MM/DD/YYYY] \$ |
| Receipt Description | 257,1539 | 于A的图象的最大的文字[| 是. 是. 地名西班牙森 | |

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECIEVED

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 CONTRIBUTIONS RECEIVED VALUE OF \$50 | 0:00 OR LESS PER CONTRIBUTOR |
| TOTAL for the reporting period (1) | \$ |
| 2. IN-KIND CONTRIBUTIONS RECEIVED VALUE OF \$50.01 TO \$250. | OD (FROM PART F) |
| TOTAL for the reporting period (2) | \$ |
| 3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250:00 (FROM | /iPART.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

| | 171202 01 900102 10 9230 |
|-----------------------------|--------------------------|
| Filer Identification Number | |
| Full Name of Contributor | Date [MM/DD/YYYY] \$ |

| Full Name of Contribu | utor | | | Date [MM/DD/YYYY] | |
|--|---|-----------------|--|---|------------|
| | Khing Khing Khing Khing | | | 為 <u>。至</u> 一時,不過一時,不過一日, | |
| House # | Street Address | | | Date [MM/DD/YYYY] | \$ |
| The Target of th | | | 25 | | |
| City | 1 | State | Zip Code | Date [MM/DD/YYYY] | \$ |
| Description of Contrib | aution | Children on mes | 1850SENTEDGENERAL I | | (医学)利 |
| Full Name of Contribu | Attor | | | Date [MM/DD/YYYY] | S |
| | | | | Stanta - | |
| House # | Street Address | | | Date [MM/DD/YYYY] | |
| | | V Condition of | the second secon | | |
| City | ļ | State | Zip Code | Date [MM/DD/YYYY] | 3 |
| Description of Contrib | Sielan (1995) | | | | |
| | | | | | |
| Full Name of Contribu | tor | | | Date [MM/DD/YYYY] | |
| House# | Street Address | | | Date [MM/DD/YYYY] | '\$ |
| | | | | বুলি ক্ষানিক্ষা ক্ষাৰ্থ কৰিব ক্ষাৰ্থক ক্ষাৰ্থকৰ হয় কৰিব ক্ষাৰ্থক ক্ষাৰ্থক ক্ষাৰ্থক ক্ষাৰ্থক ক্ষাৰ্থক ক্ষাৰ্থক বিশ্ববিদ্যালয়ৰ ক্ষাৰ্থক ক্ষাৰ |) |
| City | ALIPHAS STEERING SECTION REAL YORK . | State | Zip Code | //Date [MM/DD/YYYY)] | |
| Description of Contrib | | | | | |
| | | 4 | | | |
| Full Name of Contribut | COT | | | Date [MM/DD/YYYY) | S |
| House # | Street Address | | | Date [MM/DD/YYYY] | S |
| | | | | STATE CONTROL OF TWO AS A STATE AND ASSAULT | |
| City | 5 | State | Zip Code | Date [MM/DD/YYYY] | 8 |
| Description of Contrib | oution | | | | |
| Full Name of Contribut | itor | | | Date [MM/DD/YYYY] | * S |
| | | | ľ | SPACE IVINAL PROMISE | |
| House:# | Street Address | | | Date [MM/DD/YYYY] | \$ |
| | | · ——— | | 77.00 | |
| City: | 10 To | State | Zip Code | Date [MM/DD/YYYY] | \$ |
| Description of Contribu | ution | | 1 | | |

SCHEDULE II Part G

In-Kind Contributions Received

| | | VALUE OVER \$250 | <i>i</i> |
|---|----------------|-----------------------|-------------------------------|
| Filer Identification Numbe | | | |
| Full Name of Contribute | 1888 1 | | Date [MM/DD/YYYY] |
| | | | |
| House # | Street Address | | Date [MM/DD/YYYY] \$ |
| City). | State | Zip Code | Date [MM/DD/YYYY] \$ |
| Employer Name | | [15]N'ATSAN] had qoya | Occupation |
| Employer Mailing Addre Place of Business | ss.//Principal | | Description of Contribution |
| Full Name of Contributo | | | Date [MM/DD/YYYY] \$ |
| | treet Address | | Date [MM/DD/YYYY] \$ |
| City | State | Zip Code | Date [MM/DD/YYYY] \$ |
| Employer Name | | | Occupation |
| Employer Mailing Addre Place of Business | | | Description of Contribution |
| Full Name of Contributo | | | Date [MM/DD/YYYY] .\$ |
| | reet Address | | Date [MM/DD/YYYY] \$ |
| City | State | Zip Code. | Date [MM/DD/XXXX] \$ |
| Employer Name | | | Occupation |
| Employer Malling Addre Place of Business | | | Description of Contribution |
| Full Name of Contributo | | | Date [MM/DD/YYYY] \$ |
| | reet Address | | Date [MM/DD/YYYY] \$ |
| (City) | State State | Zip Code | Date [MM/DD/YYYY] \$ |
| Employer Name | | | Occupation |

Employer Mailing Address / Principal Place of Business

Description of

Contribution

SCHEDULE III

Statement of Expenditures

| To Addition (1997年) (Additional Section 2017年) (Addition 2017年) (Additio | | | |
|--|-------------|---------------------------------------|------|
| Filer Identification Number: | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | 10 U 31.0 Z | | |
| | - | | |
| A 40 CM TO INSTITUTE OF THE PROPERTY OF THE PR | | · · · · · · · · · · · · · · · · · · · | |

| To Whom Paid | Rifa | BUSHE | • | Date [MM/DD/YYYY] \$ 200 |
|------------------------|--|------------------------|---------------------------------------|---|
| House # /0/10 | Street Address | BISH PARK | ed. | 5-/7-21 Jackson Description: of Expenditure |
| 23012255 | Bion | State | | 1 11 CAN Labor |
| To Whom Paid | | 1/4 | Code 666 | VAQUENT to COANTAM (ARAMILE |
| 10 Wildin Faid | Roha | BiSL | | Date [MIM/DD/XXXX] \$ 76328 |
| House # /0 /78 | Street Address | BARNES & | el | Description of Expenditure |
| City A17 | 3100 | State PA | Zip Code /68/ | Payment Lo loan fum Canalate |
| To Whom Paid | | 数据 2000年1970年1 | · · · · · · · · · · · · · · · · · · · | Date [MM/DD/YYYY] \$ |
| House # | Street Address | | | Description of Expenditure |
| City | | | 100 14€ 12473 (22-2-10) | |
| | | State | Zip Code | |
| To Whom Paid | | | \ <u>-</u> | Date [MM/DD/YYYY] \$ |
| House # | Street Address | | <u> </u> | Description of Expenditure |
| Chy | | State | Zip | |
| To Whom Paid | | | Code | Date (MM/DD/YYYY) \$ |
| Transfer of the second | | To All Stands | til stage | |
| House # | Street Address | | | Description of Expenditure |
| City | | State | Zip Code | |
| To Whom Paid | | | | Date [MM/DD/YYYY] \$ |
| House # | Street Address | | | Description of Expenditure |
| City | IN FORMAL CONTRACTORS | State | Zip Code | TECHNOLOGICAL HIPTORIC TECHNOLOGICAL PROPERTY OF THE PROPERTY |
| To Whom Paid | | | | Date [MM/DD/YYYY] \$ |
| House # | Street Address | <u> </u> | | Description of Expenditure |
| City | (1) to the reason of contributions and | State | Zip Code | 表现。自由的原生体的,是是自然的原理,但是是不是自由的原理的。 |
| To Whom Paid | September 1998 | - matter that comme? (| In a construction of | Date [MM/DD/XYYY] \$ |
| House # | Street Address | **** | | Description of Expenditure |
| City | 1000年至2000年100万里 | State | Zip Code | |
| | | Research Schilled | property of the Carlot | |

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 Nu | mber: 86-260 316 | 2 | |
|-----------------------------|----------------------|--|-----------------------------|
| Name of Creditor | CAN, Laha R. FA | | Outstanding Balance of Debt |
| House # /0 172 | Street Address Amne | DATE DEBT INCURRED [MM/DD/YYYY] 5-3-202-[| * |
| City Description of Debt | Albin | [MM/DD/YYYY] 3-5-202/ State Zip Code /640/ Code /640/ | 203672 |
| Name of Creditor | Loan to CAMf | ting For Conditate | Outstanding Balance of Debt |
| House # | Street Address | DATE DEBT INCURRED [MM/DD/YYYY] | |
| City | | State Zip | |
| Description of Debt | | | |
| Name of Creditor | | Bacovice and Continued actions of the | Outstanding Balance of Debt |
| House # | Street Address | DATE DEBT INCURRED | * |
| City Description of Debt | | State Zip. Code | |
| Name of Creditor | | | Outstanding Balance of Debt |
| House # | Street Address | DATE DEBT INCURRED [MM/DD/YYYY] | |
| City | | State Zip Code | |
| Description of Debt | | Los Paraces (1987) Proceedings (1987) | (effect) |
| Name of Creditor House # | | DATE DEBT INCURRED | Outstanding Balance of Debt |
| | Street Address | [MM/DD/YYYY] | # \$ |
| City Description of Debt | | State Zip Code | |
| | A strippes | | |
| Name of Creditor House # | Street Address | DATE DEBT INCURRED | Outstanding Balance of Debt |
| | | [MM/DD/YYYY] | |
| City | | State Zip Code | |
| Description of Debt | | CARLES MAN AND AND AND AND AND AND AND AND AND A | |