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

	(Note: In	•	ust be clear a		. it sno					
Filer Identification Number	F	Report Filed ( Mark X)	l By Cand	idate		Committee			Lobbyis	it
Name of Filing Committee, Ca Lobbyist	ndidate or	LAWRENCE B	IGGIE	-	1	•		<u> </u>	•	.,,
Street Address		6928 W LAKE	RD		. •			· · · · · ·		
City FAIRVIE	<i>N</i>		State	PA		Zip Code	16415			,
Type of Report (Place x under	report type)		·							
1-6 <sup>th</sup> Tuesday 2- 2 <sup>nd</sup> Friday	3- 30 Day Post 4	4- 6 <sup>th</sup> Tuesda	y 5- 2 <sup>nd</sup> Frida	y 6-30 D	ay Post	7- Annual	Special 2 <sup>n</sup>	<sup>d</sup> Friday	Special	30 Day
Pre-Primary Pre-Primary	!	Pre- Election	·	·	-		Pre-Electi	-	Post-Ele	
										7
Date Of Election	5-21-2019	Year	2019	Amend	ment		Terminati	on		<u> </u>
(MM/DD/YYYY)				Report	* *.		Report		<u> </u>	
Summary of Receipts and	From Date	To Da	te			For	Office Use (	Only 🛌	3	
Expenditures	2-19-2019	1	5-9-2019				<u> </u>	Only Co	5. 5.	
A. Amount Brought Forward F	rom Last Report	\$	0			· · ·			€.	
B. Total Monetary Contributio	ns and Receipts	\$	200.00				177 127	is d		
(From Schedule I) C. Total Funds Available		\$	200.00	_			(/		P	
(Sum of Lines A and B)			200.00				22 ع بالمواد ماراد			
D. Total Expenditures		\$	463.08					-l	ニン	
(From Schedule III)							اب پنه داع	<u></u>	л 🔨	
E. Ending Cash Balance (Subtract Line D from Line C)		\$	-263.08							•
F. Value of In-Kind Contribution	ns Received	\$	0	_						
(From Schedule II)										
G. Unpaid Debts and Obligation	ns	\$	0			• •				
(From Schedule IV)										
Part 1- If this is a <b>Committee</b> repor	t treasurer sign her	o lfathic ic a C	Affidavit		n horo					
I swear (or affirm) that this report,						ge and belief in	ue, correct ar	id complet	te.	
Sworn to and subscribed before me				- The state of the			ر المحرِّ	· •		
9th day of May	20 19	y commi Commi	nonweatt Tonia Fe						_	
			9 S	Si		of Person Subm	itting report		<del></del> .	
Signatur	0 01010		E P	DAVINENCE	DIGGIL	Printed Name	 e		_	
Signatura Signatura	-2 3 3	\$ 5 E	S T S	814		860	-1881			
My Commission expires MO.	DAY YR.	1625	a s	Area Code	<del></del> .	Dav	time Telepho	ne Numbe	 er	
		3 8 3	7					_		
Part II- If this is a report of a Candid I swear (or affirm) that to the best			edete shall,sigr		latad an	provisions of t	A-4 -£ l	2 4027 (	D.1. 1222	NO 2201 ==
amended.	of thy knowledge an		S S	e nas not vio	iateu any	provisions or t	ne Act of June	: 3, 1937 (	r.L. 1333, 1	VO.520/ as
Sworn to and subscribed before me	e this	A 181 KB				· · · · · · · · · · · · · · · · · · ·			7	
day of	20		•		C:	ature of Canalida				
		<u>_</u>			Sign	ature of Candid	are			•
Signature		. 1				Printed Name				
My Commission expires		17							<del></del>	
MO.	DAY YR.			Area Code		Dayti	me Telephon	e Number		

# SCHEDULE I

# **Contributions and Receipts**

**Detailed Summary Page** 

Filer Identification Number	_	
rici idellulication idelloer		
		,
1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor		
		$\frac{1}{2} \left( \frac{1}{2} \right) $
T-0.16	T	
Total for the reporting period (1)	\$	0
	$\bot$	
2. Contributions of \$50.01 to \$250.00 (From		
Part A and Part B)	7	
	<del></del>	
Contributions Received from Political Committees (Part A)	\$	.0
All Other Contributions (Part B)	\$	200.00
	1	1
Total for the reporting period (2)	\$	200.00
(2)		200,00
2 Contributions Over 6270 to IT. D. 15 15 15	<del></del>	<del></del>
3. Contributions Over \$250.00 (From Part C and Part D)		
	-	
Contributions Received from Political Committees (Part C)	\$	0
	~	,
All Other Contributions (Part D)	\$	<u> </u>
All other continuations (rate o)	3	0
	+_	
Total for the reporting period (3)	\$	0 .
<u> </u>	1	
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		· · · · · · · · · · · · · · · · · · ·
neconpres mercanas, interest carnets, neturnets (neces) ETC. (FFUIII Part E)		and the control of th
Total for the reporting period (4)	\$	0
	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	1	200.00
- · ·	1 .	
Cover Page, Item B)	Ι.	

#### **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.

rilei lui	enuncation Number			٠				
		'.						Amount
	me of Contributing					Date [MM/DD/YYYY]	\$	
Comm	ittee					,		
House	# Street	Address				Date [MM/DD/YYYY]	\$	
	]	1			*			
City			State	Zip Code	· · · · ·	Date [MM/DD/YYYY]	\$	
		•						
Full Na	me of Contributing		<u> </u>	-1		Date [MM/DD/YYYY]	\$	
Commi	ttee						1	
House	# Street	Address				Date [MM/DD/YYYY]	\$	
:							`	•
City	<u> </u>		State	Zip Code		Date [MM/DD/YYYY]	\$	
- <b>-</b>								
Full Na	me of Contributing					Date [MM/DD/YYYY]	\$	
Commi							1	
House		Address		<u> </u>		Date [MM/DD/YYYY]	\$	
							1	
City			tate	Zip Code	1	Date [MM/DD/YYYY]	\$	
0.0,				Lip code		Date (WHA) DD/ 1111)		
Full Na	me of Contributing					Date [MM/DD/YYYY]	\$	
Commi								
House !	Street	Address				Date [MM/DD/YYYY]	\$	
							] .	
City			tate	Zip Code	<u> </u>	Date [MM/DD/YYYY]	\$	
Full Na	me of Contributing	<u></u>				Date [MM/DD/YYYY]	\$	<u> </u>
Commi	tee							
House #	Street	l Address				Date [MM/DD/YYYY]	\$	
City		.     St	tate	Zip Code	<del></del> -	Date [MM/DD/YYYY]	\$	
		.						
Full Nar	ne of Contributing	<u> </u>				Date [MM/DD/YYYY]	\$	
Commit		,						
House #	Street /	Address				Date [MM/DD/YYYY]	\$	·
City		St	tate	Zip Code		Date [MM/DD/YYYY]	\$	·
. =				-				
		] "					ŀΙ	

#### 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 C	Ontributor STEVE HABUS	ΔΤ2	<u> </u>	Date [MM/DD/YYYY]	\$	200.00
			4-22-2019		200.00	
House # 530	O1 Street Address	BEARCREEK RD		Date [MM/DD/YYYY]	\$	
					Conservation of the conser	
City FAIRVI		State PA	Zip Code 16415	Date [MM/DD/YYYY]	\$	
FAIIVI	FAÁ	State MA	Zip Code   16415	nate fanahanl 1 (1.11)	-	
Full Name of C	ontributor	[ATTENDED]	1,739, 47, 17, 17, 17, 1	Date [MM/DD/YYYY]	\$	
				And the second of the second	-	
House #	Street Address			Date [MM/DD/YYYY]	\$	
			•		1	
City	<u></u>	State	Zip Code	Date [MM/DD/YYYY]	\$	
				Carrie France State Control		
Full Name of C	ontributor		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Date [MM/DD/YYYY]	\$	<del></del>
				<u> </u>		
ing di ing di ing. Se ang di ang di				The sale land framed		
House #	Street Address			Date [MM/DD/YYYY]	\$	· · · · · · · · · · · · · · · · · · ·
			· 			
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Co	ontributor			Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$	
				And Imid and it is it		
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Co	ontributor			Date [MM/DD/YYYY]	\$	
	전화 이 교회 및 1 제 공항기				941 00	
House #	Street Address			Date [MM/DD/YYYY]	\$	
				The state of the s		
eta.		l' cana	long and a	5 - 12424 (55 (1990)		<u></u>
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
	- 1- AE	Marie III.			20	,
Full Name of Co	Intributor			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

Filer Identification Number:

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

Full Name of	to the second			Date [MM/DD/YYYY]	\$	
Contributing Com	ımittee			· · · · · · · · · · · · · · · · · · ·		
House #	Street Addre	ess		Date [MM/DD/YYYY]	\$	
City		State	Zip Code -	Date [MM/DD/YYYY]	\$	
Full Name of	A A Marin	leti		Date [MM/DD/YYYY]	\$	
Contributing Com	mittee					
House #	Street Addre	ess		Date [MM/DD/YYYY]	ş	
		A STATE OF THE STA				
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of				Date [MM/DD/YYYY]	\$	
Contributing Com	mittee					
House #	Street Addre	ess		Date [MM/DD/YYYY]	\$	<u> </u>
						Í
Citý	10000 000 000	State	Zip Code	Date [MM/DD/YYYY]	\$	
	·	in the second				· · · <u> </u>
Full Name of				Date [MM/DD/YYYY]	\$	
Contributing Com	mittee				Was an	
House #	Street Addres	:55		Date [MM/DD/YYYY]	\$	
					N/A	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
					No. 2 N	
Full Name of				Date [MM/DD/YYYY]	\$	
Contributing Com	mittee					
House #	Street Addres	SS		Date [MM/DD/YYYY]	\$	
City	<u></u>	State	Zip Code	Date [MM/DD/YYYY]	<b>.</b> \$	
Full Name of				Date [MM/DD/YYYY]	\$	
Contributing Com	mittee				Spinore 1 2 2 2	
House #	Street Addres	55		Date [MM/DD/YYYY]	\$	
And the state of t	en de la companya de	. [			Ov. P	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
FirA : I		152.22.2				

#### 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:			
			<u> </u>	
Full Name of Con	itributor			Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
FIUGSC #	Street Audress			Date flaunthon terrif
City		State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name				Occupation
Employer Mailing	≥ Address /			Maria de la companione
Principal Place of				
Full Name of Con	tributor		, , , , , , , , , , , , , , , , , , ,	Date [MM/DD/YYYY] \$
	The second of			The second secon
House #	Street Address			Date [MM/DD/YYYY] \$
City		State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name		<u> </u>	<u> </u>	Occupation
- ANNITA			· 	
Employer Mailing Principal Place of		•		
Full Name of Cont				Date [MM/DD/YYYY] \$
Full Hame	Mouto			pare Initial/polytical (3)
	433 <u></u>			
House #	Street Address			Date [MM/DD/YYYY] \$
AND PROPERTY OF STREET	est magnetic actions			受ける できま
City		State	Zip Code	Date [MM/DD/YYYY] \$
		State	210 0000	Dare handrol
Employer Name		The state of the s	The second secon	Occupation
			<u></u>	Cocopagion
Employer Mailing Principal Place of				
Full Name of Cont	cributor			Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
NUUSC π				Date [MiM/DD/1111]
			•	
City		State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name		State of the state of	Internal control of the second	Occupation
Employer Mailing Principal Place of I			•	

#### 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	Der:			•
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		[87, 38 5,5]	<u> Alich Oglan</u>	<u> </u>
Full Name			<u>.                                      </u>	· · · · · · · · · · · · · · · · · · ·
House #	Street Address		·	
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description	19 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)		The second secon	
Full Name				
House #	Street Address		-	
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description	04 /4   Viviget 7   1		<u></u>	
Full Name				<del></del>
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			<del> </del>	
Full Name			·	
House #	Street Address			
City			Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				

#### **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:		
UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$	SEG GO OR LESS DEP CONTRIBUTOR	v 1954 at
TOTAL for the reporting period (1)	\$	
2: IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$25	!50.00 (FROM PART F)	
TOTAL for the reporting period (2)	\$	
3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FRO	ROM PART G)	が 3 今 5 人 3
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)	er   \$	

# SCHEDULE II PART F

# **In-Kind Contributions Received**

VALUE OF \$50.01 TO \$250

riiei identiiitatio					
Full Name of Co	· · · · · · · · · · · · · · · · · · ·			in the Manager hound	
Full Name of Co	ONER DUKOF.			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	
	Street Address			Date [Islin/DD/1111]	
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of (	Contribution	Section (Section )	Promote of New West (Millor)		<u> </u>
Full Name of Co	ontributor	9.7		Date [MM/DD/YYYY]	\$
	Ar on Section 1, 1 to 1				
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
		3500.5			
Description of C	Contribution				
Full Name of Co	ntributor			Date [MM/DD/YYYY]	<b>.</b>
					#4009   (4)   10   10   10   10   10   10   10   1
House #	Street Address			Date [MM/DD/YYYY]	\$
		To#k% : "T			Mining
City		State	Zip Code	Date [MM/DD/YYYY]	- <b>\$</b>
Description of C	ontribution		a contract of the		######################################
Full Name of Co	ntributor			Date [MM/DD/YYYY]	
				<u> </u>	
House #	Street Address		,	Date [MM/DD/YYYY]	
photos (196					50 (1.46) 5 Miles 5 Miles 5 (1.50)
City	1, 1, 1, 1, 1, 2, 4	State	Zip Code	Date [MM/DD/YYYY]	\$
		\$6389K			
Description of C					
Full Name of Co	ntributor			Date [MM/DD/YYYY]	\$
					<u> </u>
House #	Street Address			Date [MM/DD/YYYY]	<b>\$</b>
		<b>                                    </b>	1 71 - 6 - 4 - 7 - 1	Day famaine bace	**************************************
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of C	ontribution			· · · · · · · · · · · · · · · · · · ·	4.44 <u> </u>

# SCHEDULE II

#### Part G

# **In-Kind Contributions Received**

VALUE OVER \$250

Filer Identification	on Number:			
			· · ·	
-constant sto	en elektrik antar de zerte de elektrik		<del> </del>	La contraction thanks
Full Name of Co	ontributor			Date [MM/DD/YYYY] \$
House #	Land Addition			Date [MM/DD/YYYY] \$
House #	Street Address		,	Date [min/DD/ 1111]
City		State	Zip Code	Date [MM/DD/YYYY] \$
				# <del>T \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \</del>
Employer Nam		Mark   Sun   Mark   M		Occupation
Employer Maili Place of Busine	ling Address / Principal ess			Description of Contribution
Full Name of Co	ontributor	<u>(6.1</u>		Date [MM/DD/YYYY] \$
				1 7777
House#	Street Address			Date [MM/DD/YYYY] \$
			•	
City	<u></u>	State	Zip Code	Date [MM/DD/YYYY] \$
	· · · · · · · · · · · · · · · · · · ·			
Employer Name		7.00 -2.00 M <sub>1-2</sub> ,		Occupation
	ing Address / Principal			Description
Place of Busine	<b>55</b> 17	. 20. 700 9 2. 1. 0 2. 1. 0		of Contribution
Full Name of Co	antributor	) * **		Date [MM/DD/YYYY] \$
				N 200 102 10 103 103 103 103 103 103 103 103 103 103
House #	Street Address			Date [MM/DD/YYYY] \$
City		State	Zip Code	Date [MM/DD/YYYY] \$
\$ 746 TO 100 TO				
Employer Name				Occupation
	ing Address / Principal	ing Sind		Description
Place of Busine:	<b>SS</b>			of Contribution
Full Name of Co	Intributor			Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
City		State	Zip Code	Date [MM/DD/YYYY] \$
	a an			100 (100 (100 (100 (100 (100 (100 (100
Employer Name	현기 나는 말하고 있는 일이 있다.		· 	Occupation
Employer Mailir Place of Busines	ng Address / Principal			Description of
Figer or passive.				Contribution

# Statement of Expenditures

<ul><li>(1) 二五章 アン・ルングラフィー・ハング (1) (1) (1) (2) (2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4</li></ul>	 		
Filer Identification Number:			
rier ideliurication wulliber - 1			
NA 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
[188] [188] [187] [18] [18] [18] [18] [18] [18] [18] [18			

To Whom Paid SIGNS ON THE CH	EAP	Date [MM/DD/YYYY] \$	254.59	
			2-19-2019	
House # 11525A Street Address	E PLANO PKWY SUITE A		Description of Expenditure	
City PLANO	State TX	<b>Zip</b> 78758 <b>Code</b>	YARD SIGNS	
To Whom Paid BUTTON SMITH IN	IC		Date [MM/DD/YYYY] \$ 4-13-2019	24.99
House # 31722 Street Address	E EUGENE ST #9	÷	Description of Expenditure	
City CARNATION	State WA	Zip 98014 Code	BUTTONS	
To Whom Paid SIGNAZON			Date [MM/DD/YYYY] \$	182.00
			4-22-2019	
House # 4000 Street Address	E PLANO PKWY SUITE A		Description of Expenditure	
City PLANO	State TX	<b>Zip</b> 75074 <b>Code</b>	BANNER SIGNS	
To Whom Paid	A Section Associated Control	The state of the s	Date [MM/DD/YYYY] \$	
		•		
House # Street Address			Description of Expenditure	
City	State	Zip Code	From Early Street From Control of	ng pangaha <u>n kacamatan dan 1862-1863 kacamatan</u>
To Whom Paid	The state of the s		Date [MM/DD/YYYY] \$	
House # Street Address			Description of Expenditure	
City	State	Zip Code		
To Whom Paid			Date [MM/DD/YYYY] \$	
House # Street Address		<u> </u>	Description of Expenditure	
City	State	Zip Code		<u>a kan ang talah talah dalah d</u>
To Whom Paid			Date [MM/DD/YYYY] \$	
House # Street Address		<u>.</u>	Description of Expenditure	
City	State	Zip Code		<u>na et president. El et 1460 beetd</u>
To Whom Paid	DAPPEJ	Research and the second	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	n Number:			
Name of Credito				Outstanding Balance of Debt
House #	Street Address	D/	ATE DEBT INCURRED	
			[MM/DD/YYYY]	
City		State	Zip	
Description of D	ebt		Code	
Breit, Folk of the Color		· .		
Name of Credito	V 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4			Outstanding Balance of Debt
House #	Street Address	DA	ATE DEBT INCURRED [MM/DD/YYYY]	<b>(\$.</b>
		102.00000	Committee of the particular of the committee of the commi	
Gity		State	Zip Code	
Description of D	ebt	To to an u	Date on the small	
Name of Credito	A Control of Control o	· .		
Name of Credito	Fire Set Set Set Set Set Set Set Set Set Se	- Landing Company	TE DEBT INCURRED	Outstanding Balance of Debt
nouse #	Street Address		[MM/DD/YYYY]	\$
		· · · · · · · · · · · · · · · · · · ·		
City		State	Zip Code	
Description of D	ebt	<u></u>	Table and was a ser	525 - vI
Name of Credito			Outstanding Balance of Debt	
House #	Street Address	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	TE DEBT INCURRED	
			[MM/DD/YYYY]	
City		State	Zip	
Description of De	ebt	[889] A.S.	Code	
			-	
Name of Credito		lget % gr		Outstanding Balance of Debt
House #	Street Address		TE DEBT INCURRED [MM/DD/YYYY]	\$
		W: 22 to 2 to 2	7.7. 70. 110. 110. 110. 110. 110. 110. 1	
City		State	Zip Code	
Description of De	abt		Pagangar tal	<u></u>
Name of Creditor		·		Outstanding Balance of Debt
House#	Street Address		TE DEBT INCURRED	\$
	ou eet Audiess		[MM/DD/YYYY]	
City		1 canage		
		State	Zip Code	
Description of De	bt			