

Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification Number 83-3710783 Name of Filing Committee, Candidate or Lobbyist Street Address		Report Filed B (Mark X) The Committee to	Candida to Elect Kim Clea	r to County Council		Committee Lobby		
City	Erie	5), 97 (E. 1780) S. N. 186, S. 150 (I	State	PA	Zip Code	16506	, , , , , , , , , , , , , , , , , , ,
Type of Report (Place	e x under i	eport type)	· , ·	The state of the Control of				
1-6 th Tuesday 2-: Pre-Primary Pre	2 nd Friday -Primary	3-30 Day Post Primary	4-6 th Tuesday Pre-Election	5- 2 nd Friday Pre- Election	生がにたみがはながらしとはいりは使すられる。	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
Date Of Election (MM/DD/YYYY)		05/21/2019	Year	2019	Amendment Report		Termination Report	
Summary of Receipt Expenditures	s and	From Date	To Date			For (Office Use Only	
	S. A S. A. A. M. S. A. A. A.	03/1/2019	l B	/09/2019	is design to the extra design of the extra			
A. Amount Brought	Forward F	rom Last Report	\$	0				
B. Total Monetary Co (From Schedule I)	ontributio	ns and Receipts	\$ 8	424.12				
C. Total Funds Availa	我们在这个人的特别 。		\$ 8	424.12				•
(Sum of Lines A and D. Total Expenditure	The second second second second second		\$					Q# ten
(From Schedule III) E. Ending Cash Balan	Ce		3835.70					· · · · · · · · · · · · · · · · · · ·
(Subtract Line D fron	n Line C)		4588.42					
F. Value of In-Kind Co (From Schedule II)	ontributio	ns Received	975					
G. Unpaid Debts and (From Schedule IV)	Obligatio	ns	\$ 0					
			ক্	Agfidavit Sec	tion			
Part 1- If this is a Comm I swear (or affirm) that t	ittee report his report, i	, treasurer sign he ncluding the attac	hed schedules of	peber is to the I	ndidate sign here. best of my knowledg	ge and belief tru	e, correct and comple	te.
Sworn to and subscriber day of Signat	hefore me Nou	this	Sylvania - No Sylvania - No Zylvania - No Ounty	ber 12889	Alsignature of	luger	tting report	
My Commission expires	Ц- мо.	3-23 DAY YR.	nwealt nia Fe	5 6 G	3 1 \(\frac{1}{4} \)	_8	82-495 ime Telephone Numbe	<u>]</u>
Part II- If this is a report I swear (or affirm) that to amended.	of a Candid o the best o	ate's Authorized (f my knowledge a	nd belie bis polit	ate spall sign he cal committee h	re. las not violated any	provisions of th	e Act of June 3, 1937 (P.L. 1333, NO.320) as
Sworn to and subscribed day of Signat My Commission expires_	lay fermo	this 20 19 13-23 DAY YR.	monwealth of Pennsylvania - Notary Seal Tonia Fernandez, Notary Public Erie County Y commission expires April 3, 2023 Commission number 1288912	ber, Pennsylvenia Association of Notaries	Signa K, Mg P Pea Code	bely furner of gandida errinted Name Daytin	Ckar F Ckar 2-927 C ne Telephone Number)

SCHEDULE I Contributions and Receipts

Detailed Summary Page

Filer Identification Number	83-3710783		
and the second of the second of the second		 	

	a ar on the first	Superior is	
1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor			
Total for the reporting period	(1)	\$	2357.32
2. Contributions of \$50:01 to \$250.00 (From Part A and Part B)			
Contributions Received from Political Committees (Part A)		\$	o
All Other Contributions (Part B)	******	\$	271.80
Total for the reporting period	(2)	\$	271.80
3. Contributions Over \$250.00 (From Part C and Part D)		i win	
Contributions Received from Political Committees (Part C)		\$	0
All Other Contributions (Part D)		\$	5795
Total for the reporting period	(3)	\$	5795
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)			
Total for the reporting period	(4)	\$	0
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, Recover Page, Item B)	port	\$	8424.12

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	on Number 83-37107	83			
And the state of t			· · · · · · · · · · · · · · · · · · ·		Amount
Full Name of C Committee	ontributing			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	····
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Co Committee	ontributing	100 100 100 100 100 100 100 100 100 100		Date [MM/DD/YYYY] \$	
House #	Street Address	- <u>L. d. 11 de</u>		Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Co Committee	ontributing			Date [MM/DD/YYYY] \$	·
House #	Street Address		,	Date [MM/DD/YYYY] \$	dia
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Co Committee	ontributing			Date [MM/DD/YYYY] S	
House #	Street Address		•	Date [MM/DD/YYYY] S	
City		State	Zip Code	Date [MM/DD/YYYY] S	
Full Name of Co Committee	ontributing			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] .5	
City		State	Zip Code	Date [MM/DD/YYYY] 5	
Full Name of Co Committee	ontributing	to the test to a little	Process and the state of the st	Date [MM/DD/YYYY] 5	
House #	Street Address			Date [MM/DD/YYYY] S	
City	Mahing and Delwin frank	State	Zip Code	Date [MM/DD/YYYY] \$	100-sp

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: 83-3710783		 •	

Full Name of Contributor			Date [MM/DD/YYYY]	
	i Rubin		04/04/2019	75
House # Street Ac	676.64.36		Date [MM/DD/YYYY]	\$
1305	(M80/86 (4 / 9)			
Gity	State	Zip Code	Date [MM/DD/YYYY]	\$
Erie	PA	16509		
Full Name of Contributor			Date [MM/DD/YYYY]	
Klara	Clear		04/04/2019	96.80
House # Street Ac	idress	'	Date [MM/DD/YYYY]	\$
113	Dillon St.			
City	State	Zip Code	Date [MM/DD/YYYY]	\$ () () () () () () () () () (
Beaver Falls	PA	15010		
Full Name of Contributor	100 - 100 mg/ / F		Date [MM/DD/YYYY]	5
Mark	Dombrowski		04/02/2019	100
House # Street Ad	ldress		Date [MM/DD/YYYY]	\$
4361	Cooper Rd			
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Erie	PA	16510		
Full Name of Contributor	1980 N. S.	(in the transport of the second of the seco	Date (MM/DD/YYYY)	\$
House # Street Ac	ldress		Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
				Wu 7
Full Name of Contributor	Total March Activity	and approximate the control of the c	Date [MM/DD/YYYY]	\$
Publication Company for the Company of the Company				
House # Street Ad	dress		Date [MM/DD/YYYY]	3
			To the Comment Language on the part of the Part of the Comment of	
City	State	Zip Code	Date [MM/DD/YYYY]	\$
	CALLED SE		es economicas e experimentos como arrefroras presentos e en la como arrefroras en estados e en la como a estado	
Full Name of Contributor	1.03600 (2012.00)	N. 公共是《李宗·文·张明·安宗宗》	Date [MM/DD/YYYY]	
House # Street Ad	oress		Date [MM/DD/YYYY]	<u> </u>
City	State	Zip Code	Date [MM/DD/YYYY]	8
Sheet Kursi, Value	Villa (1994 Villa)	9. W. W. W. W. K.		88

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.

	83-3710783	·			<u> </u>
Full Name of Contributing C				Date (MM/DD/YYYY) \$	
House#	Street Address	3 <u>1</u>		The bonney of	
ROUSE II	Street Address			Date [MM/DD/YYYY] \$	
City	AS OF THE RESIDENCE OF THE	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of				Date [MM/DD/XYYY] \$	
Contributing Co					
House#	Street Address	integral.		Date [MM/DD/YYYY] \$	•
City		State	Zip Code	Date [MM/DD/YYYY] S	
Full Name of				Date [MM/DD/YYYY] \$	
Contributing Co	80400 GEVALUEDDE			Date (Ivily) Aug 13 11 1	
House#	Street Address		A*************************************	Date [MM/DD/YYYY] \$	
City	TERRESPONDE DE SESSIONES	State	Zip Code	Date [MM/DD/YYYY] 5	
Contributing Co	ommittee			Date [MM/DD/YYYY] S	
House #	Street Address	***************************************	***************************************	Date [MM/DD/YYYY] \$	
City	PERMENT MENSON AT ALL	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Co	ammittee			Date [MM/DD/YYYY] \$	
House #	Street Address	· · · · · · · · · · · · · · · · · · ·		Date [MM/DD/YYYY] \$	
City	Passifon Sugai Sanon was associated	State	-Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Co				Date [MM/DD/YYYY] \$	
House#	Street Address	***************************************		Date [MM/DD/YYYY] \$	
City	The second secon	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 N	umber: 83-3710783				
Full Name of Contr	ributor Alan Schaal			Date [MM/DD/YYYY] \$ 2795	
House # 4242	Street Address	Commadore Dr		Date [MM/DD/YYYY] \$	
City Erie		State PA	Zip Code 16505	Date [MM/DD/YYYY] \$	
Employer Name				Occupation Business Owner, friend	
Employer Mailing <i>I</i> Principal Place of B				To a make the second of	
Full Name of Contr	ibutor Allan Thayer			Date [MM/DD/YYYY] \$ 1000	<u> </u>
louse # 4027	Street Address	îmmerly Rd		Date (MM/DD/YYYY) \$	
ity Erie	To the same of the same state	State PA	Zip/Code 16506	Date [MM/DD/YYYY] \$	
mployer Name	nggaparan nggaparan Bangaparan	4 Shazes and the 4	Paramana and Indonesia (1	Occupation Retired-Father	
imployer Mailing A Principal Place of B		,			Arshald manufacturers
ull Name of Contr	ibutor Judy Roth			Date [MM/DD/YYYY] \$ 1000	
fouse # 6338	Street Address	tonebrook		Date [MM/DD/YYYY] \$	
Erie		State PA	Zip Code 16506	Date [MM/DD/YYYY] \$	
mployer Name				Occupation retired- aunt	
mployer Mailing A rincipal Place of B	A COLOR OF THE PROPERTY OF THE PARTY OF THE	· · · · · · · · · · · · · · · · · · ·		[204722092280300000736434830]	

Date [MM/DD/YYYY]

04/01/2019

Date [MM/DD/YYYY]

Date [MM/DD/YYYY]

Occupation

500

\$

retired -uncle

Full Name of Contributor

1218

Employer Name

Employer Mailing Address / Principal Place of Business

Erie

House #

City

Joseph Owens

W. 9th Street

State

PA

Zip Code

16501

Street Address

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: 83-3710783		
Filer Identification Number:		
· · · · · · · · · · · · · · · · · · ·		
83-3710783		
\$560 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		

Full Name of Contributo	1 march 1 marc			Date [MM/DD/YYYY]	\$ 500
	Steve LaSalvia			04/15/2019	500
CONTRACTOR (CONTRACTOR CONTRACTOR	treet Address			Date [MM/DD/YYYY]	\$
12797	State	e Line Rd			
City		State PA	Zip Code 16407	Date [MM/DD/YYYY]	\$
		PA	10407	¥	
Employer Name				Occupation Friend/Farmer/	/Sheds
Employer Mailing Address Principal Place of Busines	ess ess	•			
Full Name of Contributor				Date [MM/DD/YYYY]	\$
				Title on the second	
House # St	treet Address			Date [MM/DD/YYYY]	\$
				<u> </u>	
City		State	Zip Code	Date [MM/DD/YYYY]	\$
	·····				
Employer Name		- St. 150	Asia tesa	Occupation	<u> </u>
Employer Mailing Address Principal Place of Business				The state of the s	
Full Name of Contributor		,		Date [MM/DD/YYYY]	\$
		_		17 Calc	
House # St	treet Address	 		Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	
	-				
Employer Name		i Pita da Caraca		Occupation	20101
Employer Mailing Addres Principal Place of Busines	155				
Full Name of Contributor				Date [MM/DD/YYYY]	5
aria da la companione de la companione de La companione de la compa					
	treet Address				5
Name of the last					
City		State	Zip Code	Date [MM/DD/YYYY]	\$
	3				
Employer Name			Ethanster Famy a com	Occupation	Actions.
Employer Mailing Address Principal Place of Busines				Billion and company and a street on the	

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.

riler identification Num	. per: 83	3-3710783			
Market State and the second state of the secon	200				
Full Name	ristantia Lippania				
House #	Street	Address			
City			State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description			Maria Cara Cara Cara Cara Cara Cara Cara	A Marianna a competence	
Full Name	1915 (SEC.)				
House #	Street	Address			
City			State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		***	From the Company of the Company	PASSA MANAGEMENT CONTRACT	FOUNDAL TO A STATE OF THE PARTY
Full Name					
House #	Street	Address			
City			State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description	12 No.		New York Consists of		(district)
Full Name					
House #	Street /	Address			***************************************
City			State	Zip Code	Date [MM/DD/YYYY] S
Receipt Description		Market and the second s	Peros Sent accepted	- Padamina and and and and and and and and and a	
Full Name		· · · · · · · · · · · · · · · · · · ·			
House #	2000	Address			
City			State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description			19-10-19-19-19-19-19-19-19-19-19-19-19-19-19-	The Commence of the Commence o	TWO DEST
Full Name			· · · · · · · · · · · · · · · · · · ·		
House #	Street A	Address			**************************************
City		<u> </u>	State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description			CONTRAME SERVE	(Class service) and coloring a	[BYTES]

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:	83-3710783		
1. UNITEMIZED IN-KIND	CONTRIBUTIONS RECEIVED-VALUE OF \$	50,00	OR LESS PER CONTRIBUTOR
TOTAL for the reporting period	(1)	\$	400
2. IN-KIND CONTRIBUTION	ONS RECEIVED-VALUE OF \$50.01 TO \$25	0.00 (F	ROM PART F).
TOTAL for the reporting period	(2)	\$	0
3: IN-KIND CONTRIBUTION	ON RECEIVED-VALUE OVER \$250,00 (FRO	M PAF	T.G)
TOTAL for the reporting period	(3)	\$	575
TOTAL VALUE OF IN VINO CONT	PRINCIPLE DUDING THE REPORTING	1.6	
	FRIBUTIONS DURING THIS REPORTING totals from boxes 1, 2, and 3; also enter tem F)	\$	975

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Number:	,
Filer Identification Number:	· · · · · · · · · · · · · · · · · · ·
	,
83-3710783	,
■ 2012 2012 2012 2012 2012 2012 2012 201	
	•
	•
	7

7					A		
Full Name of Contribu	utor			Date [MM/DD/YYYY]	•		
House #	Street Address			Date [MM/DĐ/YYYY]	\$		
City	The state of the s	State	Zip Code	Date [MM/DD/YYYY]	\$		
Description of Contrib	pution	224.**	EXPERIMENTAL PROPERTY.	<u> </u>	1222E		
Full Name of Contribu	utor	4		Date [MM/DD/YYYY]	\$		
				The state of the s			
House #				- FALLON AVVVI			
House #	Street Address			Date [MM/DD/YYYY]	*		
		· 					
City		State	Zip Code	Date [MM/DD/YYYY]	\$		
Description of Contrib	oution		And Albanda proposition and a		<u> </u>		
Full Name of Contribu	Ator			Date [MM/DD/YYYY]	S _{ii}		
	(Supplemental Control of Control		· ·	di nganga ta ana ang ang ang ang ang ang ang ang an			
House #	Street Address			Date [MM/DD/YYYY]	\$		
	Juce		ı				
		Industrial and the second	Territoria de la composición dela composición de la composición de la composición dela composición dela composición dela composición dela composición de la composición de la composición dela composición	Total Annual of	0.00		
City	ľ	State	Zip Code	Date [MM/DD/YYYY]			
Consil							
Description of Contribution							
Full Name of Contribu	/for			Date [MM/DD/YYYY]			
			!				
House #	Street Address		. , , , , , , , , , , , , , , , , , , ,	Date [MM/DD/YYYY]	\$		
			1	Diving the state of the state o	27 5 20 00 12 00		
City		State	Zip Code	Date [MM/DD/YYYY]	\$		
	Į		7. 10 mg/s/1/20 1. 10 mg/s/1/20 1. 10 mg/s/1/20				
Description of Contrib	ution	· 经产品(1940年1941年)			<u>\$201</u>		
Full Name of Contribu	irae i			Date [MM/DD/YYYY]			
			P	A STATE OF THE STA			
(F) (S) (S)		· ·······					
House #	Street Address			Date [MM/DD/YYYY]	\$		
	ABOUT VERY COURSE OF			£ 2			
City		State	Zip Code	Date [MM/DD/YYYY]	\$		
				38.7			
Description of Contrib	ution	1		***************************************			

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

\$P\$\$P\$\$P\$\$P\$\$P\$\$P\$\$P\$\$P\$\$P\$\$P\$\$P\$\$P\$\$P\$	 	
■ Fuer Identification Number: ②		
Filer Identification Number: 83-3710783		
■************************************		
######################################		
 (2) (2) (2) (3) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4		
The state of the s	 	1

	00000 v.0000				
Full Name of Contribi	utor Paul Bamberger	•		Date (MM/DD/	200
				04/04/20	019
House # 5851	Street Address Tho	omas Road		Date [MM/DD/	(YYYY) \$
City Erie	PETAMENTAL PLANTS	State PA	Zip Code 16506	Date (MM/DD/	(******)
Employer Name		Garagana A	ECCONOMIC SOCIETY STREET	Occupation	friend
Employer Mailing Add Place of Business	et ermi i vergen sid di Granda i sida			Description of Contribution	Fishing for guest at fundraiser
Full Name of Contribu	utor Cynthia Bamberg	ger		Date (MM/DD/	276
House#	Street Address			04/04/20	719
5851	\$450 ACK 1676 CAREE SALES SALES SALES	omas Road		Date (MM/DD/	
City Erie	House	State PA	Zip Code 16506	Date [MM/DD/	mmm] \$
Employer Name				Occupation	friend
Employer Mailing Add	Jress / Principal	a a		Description	
Place of Business				Contribution	Asbury Nature Center Rental/fundraiss
Full Name of Contribu	1			Date [MM/DD/	
	Street Address			Date [MM/DD/	
City	The fact of the fa	State	Zip Code	Date (MM/DD/	YYYY
to the specific terms of the		Salay transfer and the salay transfer and the salay transfer and trans	O'SERVANA PROPERTY OF THE PROP	Occupation	Posotor
Employer Mailing Add Place of Business	ress / Principal			Description of Contribution	
Full Name of Contribut	tor			Contribution Date [MM/DD/)	YYYY) \$
				200 T & CA DO TO THE TOTAL OF T	
	Street Address			-Date [MM/DD/\	
City	S. 20 Vices III.	State	Zip Code	Date [MM/DD/\	mm s
Employer Name				Occupation	10' 100'
Employer Mailing Adde Place of Business	ress./ Principal			Description of Contribution	

Statement of Expenditures

BETT WALLS			
Filer Identification Number:			
A TOTAL CONTROL OF CON			
83-3710783			
■ 83-3/1U/83			

To Whom Paid			Date [MM/DD/YYYY] \$
Desantis Printing			03/19/2019 2579.60
	est 18th St.		Description of Expenditure
City Erie	State PA	Zip Code 16502	Signs, stakes, badges, mailer, banner
To Whom Paid Freedom Fortune			Date [MM/DD/YYYY] \$
House # Street Address			03/05/2019 1/2 Description of Expenditure
1190 Bu	lldog Dr		
City Freedom	State PA	Zip Code 15042	t-shirts for The Choice is Clear
To Whom Paid Community Access Me	ndia		Date [MM/DD/YYYY] \$ 50
	····		04/16/2019
	st 12th		Description of Expenditure
Cify Erie	State PA	Zíp Code 16501	Video for Public TV
To Whom Paid Calimari's West Caterin	30		Date [MIM/DD/YYYY] \$
	'5 		04/04/2019 619.50
	st Ridge Road		Description of Expenditure
City Erie	State PA	Zip Code ¹⁶⁵⁰⁶	Food for Fundraiser
To Whom Paid Custom Cocktail Service	е		Date [MM/DD/YYYY] \$ 273.27
House # 3112 Street Address EI C	orto Way		Description of Expenditure
City Erie	State PA	Zip Code 16506	Bartending at Fundraiser
To Whom Paid Walmart			Date [MM/DD/YYYY] \$ 24.85
House # 5350 Street Address W.	Ridge Road		Description of Expenditure
City Erie	State PA	Zip Code 16506	Raffle Tickets and frames
To Whom Paid Sitter Insurance			Date [MM/DD/YYYY] \$
(10) (10) (10) (10) (10) (10) (10) (10)			04/02/2019
	Ridge Road		Description of Expenditure
City Erie	State PA	Zip Code 16506	Insurance for Asbury Nature Center Event
To Whom Paid Sam's Club			Date [MM/DD/YYYY] \$ 35.98
House # Street Address			04/02/2019 Description of Expenditure
/200 Pea	ch St.	The same of the sa	
City Erie	State PA	Zip Code 16509	Desserts for Fundraiser

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 Number: 83-3710783			

Name of Creditor			Outstanding Balance of Debt
House:#	Street Address	DATE DEBT INCURRED [IMM/DD/YYYY]	(\$)
City	Sta	te Zip Code	
Description of Debt	Personal	Addiginal Antigens (Antigens)	Market 1
Name of Creditor			Outstanding Balance of Debt
House#	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$
Clty	Sta	te Zip Code	
Description of Debt		JAMASS JAMASS AND	
Name of Creditor			Outstanding Balance of Debt
House#	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	
City	Sta	te Zip Code	
Description of Debt		A PAGE AND	
Name of Creditor			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$
City	Stal		
Description of Debt			
Name of Creditor			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	*
City	Stat	e Zip. Code	
Description of Debt	Transition of the state of the	Consider Day September 2004	9.90° I
Name of Creditor			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$
City	Stat	e Zip Code	
Description of Debt		er train Proceedings Conference	77.641