

Commonwealth of Pennsylvania - Campaign Finance Report

		/IAOCE. I					should be typed	²)			
Filer Identification Number	1.		Repor	t Filed k X)	By Candid	ate	Committee		X	Lobbyist	
Name of Filing Co Lobbyist	mmittee, Ca	ndidate or	Comm	ittee to I	Elect Lydia Lay	the	,		<u> </u>		11
Street Address			13031	Cambri	dge Springs Ro	i.					
City	Edinboro)	L		State	PA	Zip Code	16412			
Type of Report (Pl	ace x under i	report type)				···	and the second	<u> </u>			
1-6 th Tuesday 2	- 2 nd Friday	3- 30 Day Post	4- 6th T	uesday	5- 2 nd Friday	6- 30 Day P	ost 7- Annual	Special 2 ⁿ	^d Friday	Special 30 D	ay
Pre-Primary P	re-Primary	Primary	Pre- Ele	ection	Pre- Election	Election		Pre-Electi	on	Post-Electio	n
	X										
Date Of Election (MM/DD/YYYY)		05/21/2019	Year		2019	Amendmen Report	at _	Terminati Report	on		
Summary of Recei	pts and	From Date		To Date	e -		For	Office Use C	Inly		
Expenditures		03/22/2019		05	/06/2019						
A. Amount Brough	t Forward F	rom Last Report	\$		0		·			, ,, <u>,</u> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
B. Total Monetary (From Schedule I)	Contribution	ns and Receipts	\$	1	1109.00				•	5	
C. Total Funds Ava			\$	1	1109.00				جن عبد کب	2 2	
D. Total Expenditu (From Schedule III	res		\$		582.50						
E. Ending Cash Bal	ance		\$		526.50					T)	
(Subtract Line D from F. Value of In-Kind		ns Received	S						1 () Grand - 1 ()	7 7	
(From Schedule II)				****	830.00				(*) ==== (*)		
G. Unpaid Debts at (From Schedule IV)	· · · ·	ns	\$		0				-11-27		
				***	Affidavit Se			****	No. 1		
Part 1- If this is a Corr I swear (or affirm) tha	i mittee report it this report, i	t, treasurer sign he including the attac	ere. If this thed sche	is a Can dules on	didate report, ca	andidate sign he	re. yledge and helief tr	lie correct an	d complet	Δ	
Sworn to and subscrib			f Then	B2444	A STATE OF THE PARTY OF THE PAR				u complet	C.	
day of	May	20	- EON	CAR	alth of Penasylva RIE CROW - No <u>ta</u>	∿ Public	franch,	Sohre	10		
TVac	and	1	_		Erie County mission Expire <u>s A</u>	laf 24, 2023	pre of Person Subm	ifting report	ton	•	
Sig	nature			Com	mission Number	1033141	Printed Name		. /		
My Commission expir		24-202	23		And a competitude of the way in the contract of the contract of	814		4)403		_	
	MO.	DAY YR.			μ	rea Code	Day	time Telephoi	ne Number	r	•
Part II- If this is a report swear (or affirm) that amended.	rt of a Candid t to the best o	ate's Authorized (of my knowledge a	Committe nd belief	e, candi this poli	date shall sign he tical committee	ere. has not violated	any provisions of t	he Act of June	3, 1937 (F	P.L. 1333, NO.32	20) as
Sworn to and subscrib	ed,before me	this	Come	nonweal	th of Pennsylvani	a Motory Coal					
(day of /	lon	20 19	1		E CROW ~ Notary Erie County		KUNLA)	MIH	Lo		
Caca	1.5		, N		ission Expires Ma ission Number 10		Signature of Čandid	TYTHE		_	
Sign	lature	01.7.	list	***		(O) 1	Printed Name			•	
My Commission expire		DAY YR.	3		·	rea Code	Davti	me Telephone	Number	_	
			:			_	,				
Commonwealth of	Pennsylvania .	Notary Seal		<u> </u>							

CARRIE CROW - Notary Public
Erie County
My Commission Expires Mar 24, 2023
Commission Number 1033141

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)	\$	459.00
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		
Contributions Received from Political Committees (Part A)	\$	0
All Other Contributions (Part B)	\$	650.00
Total for the reporting period (2)	\$	650.00
3. Contributions Over \$250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)	\$	0
All Other Contributions (Part D)	\$	0
Total for the reporting period (3)	\$	0
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, Report Cover Page, Item B)	\$	1109.00

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			Date [MM/DD/YYYY]	\$
Committee]
House # Street Address			Date [MM/DD/YYYY]	\$
30000				1:
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing			Date [MM/DD/YYYY]	\$
Committee] ·
House # Street Address			Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	 . \$ ·
	Barrier I			
Full Name of Contributing		·	Date [MM/DD/YYYY]	\$
Committee				·
House # Street Address			Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
: "				
Full Name of Contributing	· · · · · · · · · · · · · · · · · · ·		Date [MM/DD/YYYY]	\$
Committee				
House # Street Address			Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
		· .		
Full Name of Contributing			Date [MM/DD/YYYY]	\$
Committee			-	
House # Street Address			Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing			Date [MM/DD/YYYY]	\$
Committee				
House # Street Address			Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
. · · I			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.)

rier identification	RNUMBER					
Full Name of Co	estibutor			Date [MM/DD/YYYY]	\$	al
Taka Sanat Takata Pada Takat Takat	Lydia Laythe	03/22/2019		200.00		
House #	Street Address			Date [MM/DD/YYYY]	\$	
13031	 Introduce Filterial Statistics 	Cambridge Springs	Road	TOTAL SPECIAL SECTION		
City Edinboro	V 60 (04.0.0.1.1.1.44)	State PA	Zip Code 16412	Date [MM/DD/YYYY]	\$	
Full Name of Cor	ntributor	<u> </u>	B. Dr. and The Lange 1	Date [MM/DD/YYYY]	\$	
	Steven Mala	iny		03/30/2019		100.00
House #	Street Address			Date [MM/DD/YYYY]	\$	
3004		NE 51st Avenue				
City Portland	The State of States of the Control o	State	Zip Code	Date [MM/DD/YYYY]	\$	<u> </u>
Western States		OR	97213			
Full Name of Cor	34A B 47 PANG PA	-		Date [MM/DD/YYYY]	\$	4
	Janice Mazo	ck		04/03/2019	100	75.00
House #	Street Address			Date [MM/DD/YYYY]		
12270	The state of the s	Woodside Drive		04/17/2019	A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	100.00
City	Part of the particular	State	Zip Code	Date [MM/DD/YYYY]	\$	
Edinboro		PA	16412			
Full Name of Cor	<i>运动的家</i> 从(定)		For the second	Date [MM/DD/YYYY]	\$	
	Veronica Fish	her		04/17/2019		75.00
House #	Street Address		71-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	Date [MM/DD/YYYY]	\$	
603	C	Colorado Drive				
City Frie	The section of the section of	State	Zip Code	Date [MM/DD/YYYY]	\$	
Erie		PA	16505			
Full Name of Con	. 의미를 소리하는 경기			Date [MM/DD/YYYY]	\$	100.00
	Honey Stemp	oka		05/02/2019	10-34 10-34 10-34	100.00
House #	Street Address			Date [MM/DD/YYYY]	\$	
655	s	Smithson Ave				
City Erie		State PA	Zip Code 16511	Date [MM/DD/YYYY]	\$	
Full Name of Con	itributor			Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$	-
City	a Make Company of A	State	Zip Code	Date [MM/DD/YYYY]	\$	
				<u> </u>		

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 Number:

Full Name of Contributing Co				Date [MM/DD/YYYY]	3 x \$ - 1
CONTINUENTS CO					
House#	Street Addres	S		Date [MM/DD/YYYY]	\$
City	Pyvat a series,	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of		•		Date [MM/DD/YYYY]	Š
Contributing Co	mmittee				
House #	Street Addres	s	·	Date [MM/DD/YYYY]	\$
		(A) (A) (B)			
City	[1:64074.84] 1 Bet 4	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of		\$ 4 × 11 × 3	1 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	Date [MM/DD/YYYY]	.
Contributing Co	mmittee				
House#	Street Addres	el .		Date [MM/DD/YYYY]	
		a A		<u> Parna Pirona menen (■ .</u>	
City	<u> Passas a spesi</u>	State	Zip Code	Date [MM/DD/YYYY]	\$
			1 2 1 COULT	Proper Francis and Law 18 (1971)	
Full Name of		[2,1] 2,4,130	Mar. 20. 1 1 1	Date [MM/DD/YYYY]	\$
Contributing Co	mmittee				1
House#	Street Address	a a a a a a a a a a a a a a a a a a a		Date [MM/DD/YYYY]	S
IIVuse ir	JUECL AUGICS			Company of an analysis on set in the set of	1.1
one of	84008865	State	Zip Code	Date [MM/DD/YYYY]	
City		State	Zip Code	- paré l'anati politit del	
Full Name of	7.J. 137.470 A. H	8953 T. T.	↑ * 3 * 3 * 5 * 5 * 1	Date [MM/DD/YYYY]	14 5 3
Contributing Co	ımmittee				
**************************************		э	*******	Date [MM/DD/YYYY]	\$
House#	Street Address			Date [www/DD/1111]	1978 885
				Table 15 and 15	
City		State	Zip Code	Date [MM/DD/YYYY]	\$
	safite ta essatte trade si a¶	6 38 6 1	10 W 20 40 40	The state of the s	1.00
Full Name of Contributing Co	mmittee			Date [MM/DD/YYYY]	\$
House #	Street Address	Š		Date [MM/DD/YYYY]	. .
City	-	State	Zip Code	Date [MM/DD/YYYY]	\$

PART D

Filer Identification Number:

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)

Full Name of Contributor			Date [MM/DD/YYYY] \$	
			Pare finish PD/11111	
House # Stre	eet Address	V-1	Date [MM/DD/YYYY] \$	
	ict Adul 633			
City	State	Zip Code	Date [MM/DD/YYYY] \$	•
Employer Name		was a second sec	Occupation	
Employer Mailing Address Principal Place of Business				
Full Name of Contributor			Date [MM/DD/YYYY] \$	
	√ 3 3 4			
House# Stre	et Address		Date [MM/DD/YYYY] \$	•
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Name			Occupation	
Employer Mailing Address Principal Place of Business			1	
Full Name of Contributor			Date [MM/DD/YYYY] \$	
			7	
House# Stre	et Address		Date [MM/DD/YYYY] \$	
City	State	PROCESSES AND A STATE OF THE ST	ness to the day having a second	
City 2	State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Name		Partie De Laterie	Occupation	
Employer Mailing Address				
Principal Place of Business Full Name of Contributor	250 Per 110 S. Dec 10	*	Language Control of the Annual Control of the Contr	
FUII Name of Contributor			Date [MM/DD/YYYY] \$	
House # Stree	et Address		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Name			Occupation	
Employer Mailing Address / Principal Place of Business			The Control of State	

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.

riter identification Nur				
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description			. <u> </u>	<u> </u>
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				
Full Name				
House #	Street Address			i de constante de
Gity		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		<u> </u>	<u> </u>	
Full Name				
House#	Street Address			
Gity		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		9, 4	A Control of the Cont	
Full Name			<u> </u>	
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		Version 14		1 8
Füll Name	19 (19 mm)			
House#	Street Address			· · · · · · · · · · · · · · · · · · ·
City	Press 2002 1978 1	State	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:			
1. UNITEMIZED IN-KIND CONTR	IBUTIONS RECEIVED-VALUE OF \$50	0.00	OR LESS PER CONTRIBUTOR
TOTAL for the reporting period	(1)	\$	30.00
2. IN-KIND CONTRIBUTIONS REC	CEIVED-VALUE OF \$50.01 TO \$250.	.00 (F	ROM PART (-)
TOTAL for the reporting period	(2)	\$	О
3. IN-KIND CONTRIBUTION RECE	IVED-VALUE OVER \$250.00 (FROM	л РАГ	₹FG)
TOTAL for the reporting period	(3)	\$	800.00
TOTAL VALUE OF IN-KIND CONTRIBUTION PERIOD (Add and enter amount totals from Page 1, Report Cover Page, Item F)		\$	830.00

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

riei identinicacio	PWHIDE				
Full Name of Co	ontributor			Date [MM/DD/YYYY]	\$
				Mark Starte para transfer and a second	
House#	Street Address	ss		Date [MM/DD/YYYY]	\$
				,	
City	ja jed i uče za pribleg	State	Zip Code	Date [MM/DD/YYYY]	\$
			100 mg / 100	!	
Description of C	ontribution				
Full Name of Co	ontributor		,	Date [MM/DD/YYYY]	\$
	\$10 <u>8</u>			'	
House #	Street Address	is		Date [MM/DD/YYYY]	\$
				·	(A)
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of C	ontribution				
Full Name of Co	ntributor	200 - 200 - L		Date [MM/DD/YYYY]	S
				ļ	
House #	Street Address	ıs		Date [MM/DD/YYYY]	\$
				,	**** ***** 20.1
City	Let the second	State	Zip Code	Date [MM/DD/YYYY]	S
			<u> </u>		
Description of C					
Full Name of Co	ntributor			Date [MM/DD/YYYY]	\$
.House #	Street Address	.s		Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	
Description of C	Contribution	(A)			
in the second second	TO SECURE OF THE SECOND				le tacal
Full Name of Co	ntributor			Date [MM/DD/YYYY]	\$
House #	Street Address	S		Date [MM/DD/YYYY]	\$
	A STATE OF THE STA	1.2333	• <u> </u>		
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of C	Contribution	Garain.			
		. <u>4</u> 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4			

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer Identification Number:		
■ Filer Identification Number:		
#\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$		
 Official and the second consequence is a second of the first of the 		
The state of the s		

					. 6.4
Full Name of Contribu		_		Date [MM/DD/YYYY]	\$ 500.00
	Kylie John Kłei	n		05/01/2019	000:00
House #	Street Address		4-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	Date [MM/DD/YYYY]	\$
4701	Col	lege Drive, 404 Arie	el Hali		
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Erie		PA	16563		
Employer Name		Penn State Behrer	nd	Occupation Student Hu	ıman Resource Manager
Employer Mailing Ad	dress / Principal			Description	
Place of Business		4701 College Drive	e, Erie, PA 16563	of videograph	y, video production
Full Name of Contribu	92 and 3 c 34			Date [MM/DD/YYYY]	\$
	Jessica Strand			05/04/2019	300.00
House#	Street Address			Date [MM/DD/YYYY]	\$
102		rgian Drive			9-1-1-19 V 27-1-1-1 V 37-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
City	[M.S. 1998] 61, 6, 6 4	State	Zip Code	Date [MM/DD/YYYY]	\$
Edinboro		PA	16412		
Employer Name		self-employed, The	Light In The Woods	Occupation business of	wner
Employer Mailing Add	dress / Principal			Description	
Place of Business		12270 Edinboro R	oad, Edinboro, PA 16412	of party plann	ing, snacks, space renta
Full Name of Contribu	utor	•		Date [MM/DD/YYYY]	'\$
			•		2004 2014
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	S
	eur des alexant bee 1.4 de				
Employer Name				Occupation	
Employer Mailing Add	dress / Principal			Description	
Place of Business				of Contribution	
Full Name of Contribu	itor	<u> </u>		Date [MM/DD/YYYY]	\$
				作業を行って、●MOLA INFO TO TOTAL AND	
House #	Street Address	*	· · ·	Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	**************************************
					200 300
Employer Name			The state of the s	Occupation	-6-vol
Employer Mailing Add	dress / Principal		4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	Description	
Place of Business				of	
2008年高級公司教育第四次第二次	ELEMENT THREE			Contribution	

Statement of Expenditures

Filer Identification Number:	1 1 11 11 11 11 11 11 11 11 11 11 11 11	
Filer Identification Number:		
[43] [43] [43] [43] [43] [43] [43] [43]	· · · · · · · · · · · · · · · · · · ·	
FT - MO (1980) 27 TO G - ME C TECH E E E E E E E E E E E E E E E E E E		
Francisco de la Calabara de la compansión de la compansión de la Calabara de C		
(1964年) 1987年(1964年) 秦政武武武武武武武武武武武武武武武武武武武武武武武武武武武武武武武武武武武武		
CONTROL LINEAR BOTH OF THE STOLEN SELVENTIAN SERVENTANCE OF STORE		
- Profit - 1.1 (1995年) 2000 - 1.1 (1995年)		

To Whom Paid PayPal						Date [MM/DD/YYYY]	\$	
						05/19/2019	27.67	
House # 2211	Street Address North First Street					Description of Expendi	ture	
City San Jose		State	CA	Zip Code	95131	To collect donations online		
To Whom Paid					Oate [MM/DD/YYYY] 04/08/2019	\$ 240.46		
House # 95 Street Address Hayden A			Avenue			Description of Expenditure		
City Lexington		State	МА	Zip Code	02421	Campaign literature		
To Whom Paid						Date [MM/DD/YYYY] \$ 27.50		
US Postal Service						04/15/2019	(), 1 - 1 2 - 3 - 3	
House # 300	Street Address Waterford Street				Description of Expenditure			
City Edinboro		State	PA	Zip Code	16412	Stamps		
To Whom Paid				Date [MM/DD/YYYY] \$	\$ 0.05			
Vistaprint				04/18/2019	6.35			
House # 95	Street Address Ha	ayden Ave	nue			Description of Expendit	ure	
City Lexington	State	MA	Zip Code	02421	post-it notes, hats			
To Whom Paid Brink Ink						Date [MM/DD/YYYY] 04/19/2019	200.00	
House # 5430	Street Address Route 6N					Description of Expendit	ure	
City Edinboro	James Santagore (1984)	State	PA	Zip Code	16412	Deposit for stickers and t-s	shirts	
To Whom Paid				'	Date [MM/DD/YYYY] \$			
US Postal Service						04/22/2019 35.00		
House # 300	Street Address Waterford Street Description of Expenditure				ure			
City Edinboro		State	PA	Zip Code	16412	Stamps		
To Whom Paid Walmart						Date [MM/DD/YYYY] 4/30/2019	\$ 45.52	
House # 108	Street Address W	ashingtor/	Towne Blvd N			Description of Expenditure		
	Gity Edinboro			T-712		printer ink		
City Edinboro		State	PA	Zip Code	16412	printer ink		
Gity Edinboro To Whom Paid		State	PA		16412	Date [MM/DD/YYYY]	\$	
Edinboro To Whom Paid	Street Address	State	PA		16412	Date [MM/DD/YYYY]		
To Whom Paid House #	Street Address	State	PA		16412	<u> </u>		
Edinboro To Whom Paid	Street Address	State	PA		16412	Date [MM/DD/YYYY]		

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:

L				
Name of Cred	litor			Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State	Zip Code	
Description of	Debt			_
Name of Cred	itor			Outstanding Balance of Debt
House#	Street Address	-	DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State	Zip Code	
Description of	Debt			·
Name of Credi				Outstanding Balance of Debt
House#	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State	Zip Code	-
Description of				
Name of Credi				Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State	Zip Code	-
Description of				
Name of Credit	tor			Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State	Zip Code	
Description of	Debt			
Name of Credit	tor	,		Outstanding Balance of Debt
House #	Street Address	_	DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State	Zip Code	_
Description of	Debt			