


Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification Number	Report Filed By (Mark X)	Candidate	Committee	Lobbyist
Name of Filing Committee, Candidate or Lobbyist	Friends of Veronica Rexford			
Street Address	PO Box 8743			
City	Erie	State	PA	Zip Code 16505

Type of Report (Place x under report type)

1- 6 th Tuesday Pre-Primary	2- 2 nd Friday Pre-Primary	3- 30 Day Post Primary	4- 6 th Tuesday Pre-Election	5- 2 nd Friday Pre-Election	6- 30 Day Post Election	7- Annual	Special 2 nd 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)	05/21/2019	Year	2019	Amendment Report	<input checked="" type="checkbox"/>	Termination Report	<input type="checkbox"/>	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	02/20/2019	05/10/2019	
A. Amount Brought Forward From Last Report	\$	0.00	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	3,392.00	
C. Total Funds Available (Sum of Lines A and B)	\$	3,392.00	
D. Total Expenditures (From Schedule III)	\$	3,168.29	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	223.71	
F. Value of In-Kind Contributions Received (From Schedule II)	\$		
G. Unpaid Debts and Obligations (From Schedule IV)	\$		

Part I- If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.	Affidavit Section
I swear (or affirm) that this report, including the attached schedules, is to the best of my knowledge and belief true, correct and complete.	
Sworn to and subscribed before me this 23 rd day of May 20 19	
Signature <i>Marisol Amador</i>	Signature of Person Submitting report <i>Marisol Amador</i>
My Commission expires 4-3-23 MO. DAY YR.	Printed Name Marisol Amador
	814 403-3923 Area Code 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 23 rd day of May 20 19	
Signature <i>Kimberly S. Alexander</i>	Signature of Candidate <i>Veronica Rexford</i>
My Commission expires 10-31-2019 MO. DAY YR.	Printed Name Veronica Rexford
	814 806-0979 Area Code Daytime Telephone Number

COMMONWEALTH OF PENNSYLVANIA
NOTARIAL SEAL
Kimberly S. Alexander, Notary Public
City of Erie, Erie County
My Commission Expires Oct. 31, 2019
MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

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)	\$	1666.00
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)			
Contributions Received from Political Committees (Part A)		\$	100.00
All Other Contributions (Part B)		\$	1126.00
Total for the reporting period	(2)	\$	1226.00
3. Contributions Over \$250.00 (From Part C and Part D)			
Contributions Received from Political Committees (Part C)		\$	
All Other Contributions (Part D)		\$	500.00
Total for the reporting period	(3)	\$	
4. Other Receipts—Refunds, Interest Earned, Returned Checks, ETC. (From Part E)			
Total for the reporting period	(4)	\$	0.00
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>		\$	3,392.00

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											
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											Amount						
Full Name of Contributing Committee				LPAC				Date [MM/DD/YYYY]		\$	100.00						
								03/27/2019									
House #		120		Street Address		W 10th St				Date [MM/DD/YYYY]		\$					
City		Erie			State		PA		Zip Code		16501		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.)

Filer Identification Number:											
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Full Name of Contributor		Bradley Postema				Date [MM/DD/YYYY]		\$	250.00
						03/20/2019			
House #	5230	Street Address		Zessinger Rd				Date [MM/DD/YYYY]	\$
City	Erie	State	PA	Zip Code	16426	Date [MM/DD/YYYY]		\$	
Full Name of Contributor		Susan Moyer				Date [MM/DD/YYYY]		\$	250.00
						03/19/2019			
House #	615	Street Address		Poplar St				Date [MM/DD/YYYY]	\$
City	Erie	State	PA	Zip Code	16506	Date [MM/DD/YYYY]		\$	
Full Name of Contributor		Rebecca Prueadenti				Date [MM/DD/YYYY]		\$	100.00
						04/13/2019			
House #	3005	Street Address		Hastings Rd				Date [MM/DD/YYYY]	\$
City	Erie	State	PA	Zip Code	16506	Date [MM/DD/YYYY]		\$	
Full Name of Contributor		Kathy Lutz				Date [MM/DD/YYYY]		\$	100.00
						04/24/2019			
House #	709	Street Address		California Dr				Date [MM/DD/YYYY]	\$
								05/01/2019	40.00
City	Erie	State	PA	Zip Code	16505	Date [MM/DD/YYYY]		\$	
Full Name of Contributor		Michael Rogers				Date [MM/DD/YYYY]		\$	86.00
						04/18/2019			
House #	1523	Street Address		SE Stark St				Date [MM/DD/YYYY]	\$
City	Portland	State	PA	Zip Code	97214	Date [MM/DD/YYYY]		\$	
Full Name of Contributor		Charles E Mack				Date [MM/DD/YYYY]		\$	100.00
						04/30/2019			
House #	648	Street Address		E 43rd St				Date [MM/DD/YYYY]	\$
City	Erie	State	PA	Zip Code	16504	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.)

Filer Identification Number:	
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Full Name of Contributor						Date [MM/DD/YYYY]	\$	
Lauren Unger						04/30/2019		200.00
House #	4832	Street Address				Date [MM/DD/YYYY]	\$	
		Thoroughbred Loop						
City	Erie	State	PA	Zip Code	16506	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 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:	
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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		Amy Cuzzola Kern				Date [MM/DD/YYYY]	\$	500.00
						03/22/2019		
House #	5362	Street Address		Wolf Rd		Date [MM/DD/YYYY]	\$	
City	Erie	State	PA	Zip Code	16505	Date [MM/DD/YYYY]	\$	
Employer Name		Self Employed				Occupation	Consultant	
Employer Mailing Address / Principal Place of Business		5362 Wolf Rd, Erie PA 16505						
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 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:	
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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									
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:	
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1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.00 OR LESS PER CONTRIBUTOR
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TOTAL for the reporting period	(1)	\$	
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2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.00 (FROM PART F)

TOTAL for the reporting period	(2)	\$	
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3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART G)

TOTAL for the reporting period	(3)	\$	
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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)		\$	
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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								

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

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		\$	
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		\$	
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		\$	
Employer Name					Occupation			
Employer Mailing Address / Principal Place of Business					Description of Contribution			

SCHEDULE III
Statement of Expenditures

Filer Identification Number:	
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To Whom Paid		Giant Eagle				Date [MM/DD/YYYY]	\$	43.74
						03/29/2019		
House #	2067	Street Address	Interstate Rd			Description of Expenditure		
City	Erie	State	PA	Zip Code	16506	Refreshments		
To Whom Paid		Dollar Tree				Date [MM/DD/YYYY]	\$	7.42
						03/29/2019		
House #	3708	Street Address	Liberty St			Description of Expenditure		
City	Erie	State	PA	Zip Code	16503	raffle basket		
To Whom Paid		Walmart				Date [MM/DD/YYYY]	\$	9.84
						03/29/2019		
House #	1825	Street Address	Downs Dr			Description of Expenditure		
City	Erie	State	PA	Zip Code	16509	refreshments		
To Whom Paid		Jonathan Nolan				Date [MM/DD/YYYY]	\$	75.00
						03/29/2019		
House #		Street Address				Description of Expenditure		
City		State		Zip Code		music		
To Whom Paid		Squarespace				Date [MM/DD/YYYY]	\$	144.00
						04/01/2019		
House #		Street Address				Description of Expenditure		
City		State		Zip Code		Music for 03/29 event		
To Whom Paid		Makayla Alicea				Date [MM/DD/YYYY]	\$	262.24
						04/03/2019		
House #	5230	Street Address	Zessinger Rd			Description of Expenditure		
City		State		Zip Code		reimbursement		
To Whom Paid		Veronica Rexford				Date [MM/DD/YYYY]	\$	155.47
						04/03/2019		
House #	4124	Street Address	W Ridge Rd			Description of Expenditure		
City	Erie	State	PA	Zip Code	16506	reimbursement		
To Whom Paid		McDowell Boys Volleyball Team				Date [MM/DD/YYYY]	\$	100.00
						04/22/2019		
House #	3580	Street Address	W 38th St			Description of Expenditure		
City	Erie	State	PA	Zip Code	16506	add		

SCHEDULE III
Statement of Expenditures

Filer Identification Number:	
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To Whom Paid		Harland Clarke				Date [MM/DD/YYYY]	\$	18.60
						04/09/2019		
House #		Street Address				Description of Expenditure		
City		State		Zip Code		Checks		
To Whom Paid		UPick 6				Date [MM/DD/YYYY]	\$	100.00
						04/12/2019		
House #	4575	Street Address	W Ridge Rd			Description of Expenditure		
City	Erie	State	PA	Zip Code	16506	Room Rental		
To Whom Paid		Amazon				Date [MM/DD/YYYY]	\$	108.12
						04/12/2019		
House #		Street Address				Description of Expenditure		
City		State		Zip Code		button parts		
To Whom Paid		Walmart				Date [MM/DD/YYYY]	\$	9.69
						04/11/2019		
House #		Street Address	W Ridge Rd			Description of Expenditure		
City	Erie	State	PA	Zip Code	15606	office supplies		
To Whom Paid		Officemax				Date [MM/DD/YYYY]	\$	27.19
						04/14/2019		
House #		Street Address				Description of Expenditure		
City		State		Zip Code		Literature		
To Whom Paid		Officemax				Date [MM/DD/YYYY]	\$	29.52
						04/17/2019		
House #		Street Address				Description of Expenditure		
City		State		Zip Code		Literature		
To Whom Paid		Community Access Media				Date [MM/DD/YYYY]	\$	50.00
						04/19/2019		
House #	142	Street Address	12th St			Description of Expenditure		
City	Erie	State	PA	Zip Code	16501	access to candidates video		
To Whom Paid		Country Fair				Date [MM/DD/YYYY]	\$	23.99
						04/22/2019		
House #		Street Address				Description of Expenditure		
City		State		Zip Code		refreshments		

SCHEDULE III
Statement of Expenditures

Filer Identification Number:	
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To Whom Paid		De Santis				Date [MM/DD/YYYY]	\$	591.48
						04/23/2019		
House #	540	Street Address	W 18th St			Description of Expenditure		
City	Erie	State	PA	Zip Code	16502	Signs		
To Whom Paid		Erie Civic Center				Date [MM/DD/YYYY]	\$	25.00
						04/24/2019		
House #		Street Address				Description of Expenditure		
City		State		Zip Code				
To Whom Paid		Erie Democratic Party				Date [MM/DD/YYYY]	\$	330.00
						04/30/2019		
House #	1305	Street Address	State St			Description of Expenditure		
City	Erie	State	PA	Zip Code	16501	spring dinner		
To Whom Paid		Erie County Bar Association				Date [MM/DD/YYYY]	\$	40.00
						05/01/2019		
House #	429	Street Address	W 6th St			Description of Expenditure		
City	Erie	State	PA	Zip Code	16507	law day lunch		
To Whom Paid		Act Blue				Date [MM/DD/YYYY]	\$	1.88
						05/03/2019		
House #		Street Address				Description of Expenditure		
City		State		Zip Code		fees		
To Whom Paid		Erie Latino Leadership Assc				Date [MM/DD/YYYY]	\$	30.00
						05/03/2019		
House #		Street Address				Description of Expenditure		
City		State		Zip Code		fundraiser		
To Whom Paid		Presque Isle Printing				Date [MM/DD/YYYY]	\$	670.98
						05/09/2019		
House #	4318	Street Address	W Ridge Rd			Description of Expenditure		
City	Erie	State	PA	Zip Code	16506	reimbursement		
To Whom Paid		Makayla Alicea				Date [MM/DD/YYYY]	\$	86.13
						05/08/2019		
House #	5230	Street Address	Zessinger Rd			Description of Expenditure		
City	McKean	State	PA	Zip Code	16426	reimbursement		

SCHEDULE III
Statement of Expenditures

Filer Identification Number:	
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To Whom Paid		UPick 6				Date [MM/DD/YYYY]	\$	235.00
						04/26/2019		
House #	4575	Street Address	W Ridge Rd			Description of Expenditure		
City	Erie	State	PA	Zip Code	16506	food and drinks for event		
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.

Filer Identification Number:	
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Name of Creditor						Outstanding Balance of Debt	
House #		Street Address		DATE DEBT INCURRED [MM/DD/YYYY]		\$	
City			State		Zip Code		
Description of Debt							

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

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

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

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

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