



Reset Form

Print Form

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

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
A. Amount Brought Forward From Last Report		\$	<div style="text-align: center;"> <p>2019 MAY 15 PM 4:24</p> <p>ERIE COUNTY</p> <p>VOTER REGISTRATION</p> </div>
B. Total Monetary Contributions and Receipts (From Schedule I)		\$ 3,582	
C. Total Funds Available (Sum of Lines A and B)		\$ 3,582	
D. Total Expenditures (From Schedule III)		\$ 2,858.29	
E. Ending Cash Balance (Subtract Line D from Line C)		\$ 723.71	
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.	
I swear (or affirm) that this report, including the attached schedule, is on paper to the best of my knowledge and belief true, correct and complete.	
Sworn to and subscribed before me this 15 <sup>th</sup> day of May 20 19 Tonia Fernandez Signature My Commission expires 4-3-23 MO. DAY YR.	Signature of Person Submitting report Marisol Amador Printed Name 814 403-3903 Area Code Daytime Telephone Number

Part II- If this is a report of a Candidate's Authorized Committee, candidate 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 15 <sup>th</sup> day of May 20 19 Tonia Fernandez Signature My Commission expires 4-3-23 MO. DAY YR.	Signature of Candidate Veronica Rexford Printed Name 814 806-0979 Area Code Daytime Telephone Number

Commonwealth of Pennsylvania - Notary Seal  
 Tonia Fernandez, Notary Public  
 Erie County  
 My commission expires April 3, 2023  
 Commission number 1288912  
 Member, Pennsylvania Association of Notaries

SCHEDULE I  
**Contributions and Receipts**  
Detailed Summary Page

<b>Filer Identification Number</b>			
<b>1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor</b>			
Total for the reporting period	(1)	\$	1,396
<b>2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)</b>			
Contributions Received from Political Committees (Part A)		\$	0
All Other Contributions (Part B)		\$	1686
Total for the reporting period	(2)	\$	
<b>3. Contributions Over \$250.00 (From Part C and Part D)</b>			
Contributions Received from Political Committees (Part C)		\$	
All Other Contributions (Part D)		\$	500
Total for the reporting period	(3)	\$	
<b>4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)</b>			
Total for the reporting period	(4)	\$	3,582
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)		\$	

**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								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]		\$				
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					Date [MM/DD/YYYY]		\$	250 <sup>00</sup>
Bradley Postema					3/20/2019			
House #	Street Address				Date [MM/DD/YYYY]		\$	
City			State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributor					Date [MM/DD/YYYY]		\$	250 <sup>00</sup>
Mark Alexa					03/19/2019			
House #	Street Address				Date [MM/DD/YYYY]		\$	
City	615 Poplar St		State	PA	Zip Code	16506	Date [MM/DD/YYYY]	\$
Full Name of Contributor					Date [MM/DD/YYYY]		\$	100 <sup>00</sup>
LPAC					03/27/2019			
House #	Street Address				Date [MM/DD/YYYY]		\$	
City	120 W 10th St		State	PA	Zip Code	16501	Date [MM/DD/YYYY]	\$
Full Name of Contributor					Date [MM/DD/YYYY]		\$	100 <sup>00</sup>
Rebecca					04/13/2019			
House #	Street Address				Date [MM/DD/YYYY]		\$	
City	3005 Hastings Rd		State	PA	Zip Code	16506	Date [MM/DD/YYYY]	\$
Full Name of Contributor					Date [MM/DD/YYYY]		\$	100 <sup>00</sup>
Kathy Lutz					04/24/2019			
House #	Street Address				Date [MM/DD/YYYY]		\$	
City			State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributor					Date [MM/DD/YYYY]		\$	40 <sup>00</sup>
Michael Rogers					05/01/2019			
House #	Street Address				Date [MM/DD/YYYY]		\$	
City	1523 SE Stark St		State	OR	Zip Code	97214	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				Charles E Mack		Date [MM/DD/YYYY]	\$	100 <sup>00</sup>
House #	648	Street Address	E 43rd St			Date [MM/DD/YYYY]	\$	
City	Erie	State	PA	Zip Code	16504	Date [MM/DD/YYYY]	\$	
Full Name of Contributor				Lauren Unger		Date [MM/DD/YYYY]	\$	200 <sup>00</sup>
House #	4832	Street Address	Thoroughbred Loop			Date [MM/DD/YYYY]	\$	
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]	\$	

**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				Date [MM/DD/YYYY]		\$
Amy Cuzzola Kern				03/22/2019		500.00
House #	Street Address		Date [MM/DD/YYYY]		\$	
5362	Wolf Rd					
City	State	Zip Code	Date [MM/DD/YYYY]		\$	
Erie	PA	16505				
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						
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, 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 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  
PART F  
**In-Kind Contributions Received**  
VALUE OF \$50.01 TO \$250

<b>Filer Identification Number:</b>	
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<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>		<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$
<b>Description of Contribution</b>							
<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>		<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$
<b>Description of Contribution</b>							
<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>		<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$
<b>Description of Contribution</b>							
<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>		<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$
<b>Description of Contribution</b>							

**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**

<b>Filer Identification Number:</b>	
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<b>1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED VALUE OF \$50.00 OR LESS PER CONTRIBUTOR</b>		
TOTAL for the reporting period	(1)	\$

<b>2. IN-KIND CONTRIBUTIONS RECEIVED VALUE OF \$50.01 TO \$250.00 (FROM PART F)</b>		
TOTAL for the reporting period	(2)	\$

<b>3. IN-KIND CONTRIBUTION RECEIVED VALUE OVER \$250.00 (FROM PART G)</b>		
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)		\$
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SCHEDULE II  
Part G  
**In-Kind Contributions Received**  
VALUE OVER \$250

Filer Identification Number:

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				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]	\$
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	Date [MM/DD/YYYY]	\$
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	Date [MM/DD/YYYY]	\$
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]	\$	25.77
House #	2067	Street Address	Interstate Rd		Description of Expenditure		
City	Erie	State	PA	Zip Code	16509	funraiser ✓	
To Whom Paid		Giant Eagle			Date [MM/DD/YYYY]	\$	17.97
House #	2067	Street Address	Interstate Rd		Description of Expenditure		
City	Erie	State	PA	Zip Code	16509	funraiser	
To Whom Paid		Dollar Tree			Date [MM/DD/YYYY]	\$	7.42
House #	3708	Street Address	Liberty St		Description of Expenditure		
City	Erie	State	PA	Zip Code		funraiser	
To Whom Paid		Walmart			Date [MM/DD/YYYY]	\$	9.84
House #		Street Address			Description of Expenditure		
City		State		Zip Code		funraiser	
To Whom Paid		Square Space			Date [MM/DD/YYYY]	\$	144 <sup>00</sup>
House #		Street Address			Description of Expenditure		
City		State		Zip Code		website	
To Whom Paid		Makayla Alicea			Date [MM/DD/YYYY]	\$	262.24
House #		Street Address			Description of Expenditure		
City		State		Zip Code			
To Whom Paid		Veronica Rexford			Date [MM/DD/YYYY]	\$	155.47
House #		Street Address			Description of Expenditure		
City		State		Zip Code			
To Whom Paid		McDowell Boys Volleyball			Date [MM/DD/YYYY]	\$	100 <sup>00</sup>
House #		Street Address			Description of Expenditure		
City		State		Zip Code			

SCHEDULE III  
Statement of Expenditures

Filer Identification Number:	
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To Whom Paid		Harland Clarke			Date [MM/DD/YYYY]	\$	18.60
House #	Street Address		Description of Expenditure				
City	State		Zip Code	checks			
To Whom Paid		UPick 6 Public House			Date [MM/DD/YYYY]	\$	100.00
House #	Street Address		Description of Expenditure				
City	State		Zip Code				
To Whom Paid		Amazon			Date [MM/DD/YYYY]	\$	108.12
House #	Street Address		Description of Expenditure				
City	State		Zip Code				
To Whom Paid		Walmart			Date [MM/DD/YYYY]	\$	9.69
House #	Street Address		Description of Expenditure				
City	State		Zip Code				
To Whom Paid		Office Max			Date [MM/DD/YYYY]	\$	20.19
House #	Street Address		Description of Expenditure				
City	State		Zip Code				
To Whom Paid		Office Max			Date [MM/DD/YYYY]	\$	29.52
House #	Street Address		Description of Expenditure				
City	State		Zip Code				
To Whom Paid		Cat tv Erie			Date [MM/DD/YYYY]	\$	50.00
House #	Street Address		Description of Expenditure				
City	State		Zip Code				
To Whom Paid		Country Fair			Date [MM/DD/YYYY]	\$	23.99
House #	Street Address		Description of Expenditure				
City	State		Zip Code				

SCHEDULE III  
Statement of Expenditures

Filer Identification Number:	
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To Whom Paid	Desantis	Date [MM/DD/YYYY]	\$	591.48
House #	Street Address	04/23/2019		Description of Expenditure
City	State	Zip Code		
To Whom Paid	Erie Civic Center	Date [MM/DD/YYYY]	\$	25 <sup>00</sup>
House #	Street Address	04/24/2019		Description of Expenditure
City	State	Zip Code		
To Whom Paid	Erie Democratic Party	Date [MM/DD/YYYY]	\$	330 <sup>00</sup>
House #	Street Address	04/30/2019		Description of Expenditure
City	State	Zip Code		Democratic Dinner
To Whom Paid	Erie County Bar Associates	Date [MM/DD/YYYY]	\$	40 <sup>00</sup>
House #	Street Address	05/01/2019		Description of Expenditure
City	State	Zip Code		Lawday Lunch
To Whom Paid	Act Blue	Date [MM/DD/YYYY]	\$	1.88
House #	Street Address	05/03/2019		Description of Expenditure
City	State	Zip Code		Fees
To Whom Paid	Erie Latino Leadership Assoc	Date [MM/DD/YYYY]	\$	30 <sup>00</sup>
House #	Street Address	05/03/2019		Description of Expenditure
City	State	Zip Code		
To Whom Paid	Presque Isle Printing	Date [MM/DD/YYYY]	\$	670.98
House #	Street Address	05/11/2019		Description of Expenditure
City	State	Zip Code		Post cards
To Whom Paid	Uakayla Alicea	Date [MM/DD/YYYY]	\$	86.13
House #	Street Address	05/08/2019		Description of Expenditure
City	State	Zip Code		refund misc campaign

**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.

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