

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

C-10"							15 31101	uiu ne type	·		, , , , , , , , , , , , , , , , , , , 	
Filer Identification Number		Repo (Ma	ort Filed B rk X)	зу	Candid	ate		Committee	<u> </u>	X	Lobbyist	
Name of Filing Committee, Car Lobbyist	ndidate or	RIENI	OS OF MEL	.VIN WI	ITHERSPO	ON		_				
Street Address	F	ов о	X 1171								·	
City ERIE	I				State	PA		Zip Code	16512			i
Type of Report (Place x under r	eport type)	_		<u> </u>	ŀ			1		į.		
	3- 30 Day Post 4				d Friday	6- 30 Da	•	7- Annual	1	nd Friday	Special 30	
Pre-Primary Pre-Primary	Primary P	re- E	lection	Pre-	Election	Election			Pre-Elect	tion	Post-Elect	ion
	\times											
Date Of Election (MM/DD/YYYY)	1.1	Year		2	:019	Amenda Report	nent		Termina Report	tion		
Summary of Receipts and	From Date		To Date	:				For	Office Use	Only		1
Expenditures	05/06/2019	1	06/	/10/20:	19						Page 5	•
A. Amount Brought Forward Fr	om Last Report	\$		104.82						1	<u> </u>	
B. Total Monetary Contribution	ns and Receipts	\$		3,870		The state of the s					ļ	
(From Schedule I) C. Total Funds Available		\$									(A)	
(Sum of Lines A and B)			3	,974.82	2							
D. Total Expenditures (From Schedule III)	·	\$	-:	2,045.9	9						ļ	
E. Ending Cash Balance		\$	1	,928.92								
(Subtract Line D from Line C) F. Value of In-Kind Contribution	ns Received	\$.,	8.92							
(From Schedule II)			•	0							- (7	ļ
G. Unpaid Debts and Obligation (From Schedule IV)	15	\$ 300										
	-	9			fidavit Ser							
Part 1- If this is a Committee report. I swear (or affirm) that this report, in	, treasurer sign here ncluding the attache	त वि	delulescon.	didai f e daap e r,	report, ca is to the	ndidate sigr best of my k	n here. mowled	ge and belief to	ue, correct a	ind complet	e.	
Sworn to and subscribed before me	this	Not	Pub	D 10		λ	•	/ /		, ,		
day of June	_20_14	ania	z. Notary Pu ounty pires April 3,	12 13	_	\sqrt{N}	<u> </u>	of Person Subm	ido		_	
	rander	nsylvania		Associ	<u>so</u>	Sig NYA ADAMS					_	
Signature) ") 3	of Period	ernande Erle C Ssion ex		91.	1		Printed Nam				
My Commission expires MO.	DAY YR.	realth of			_	814 218-8557 Area Code Daytime Telephone Number					}	
Part II- if this is a report of a Candida	ate's Authorized Co	- ₹	.학 론 6						-1. 1.		<u> </u>	
I swear (or affirm) that to the best or amended.	f my knowledge and	S	ef this S lit	rice Ecol	mmittee h	nas not viola	ited any	provisions of t	he Act of Jur	ne 3, 1937 (F	.L. 1333, NO.	320) as
Sworn to and subscribed before me	this		ē		s e	- 1 M	, .	1	1			ĺ
day of UNL	$_{20}$ $ Q$		S Se	2023	Notation of Notation Notation	Meh	to c	Will	la site.	/	<u>. </u>	
Imiai Kon	nounde	A		891,	Z O ME	LVIN WITHE		ture of Candid	late			
Signature	7	O ₁	ania ten.⊁	April 3 r 12889				rinted Name			_	
My Commission expires 4-	5-23		Sylva No. 12 Surface	mbel	814		_	746-68			_	
MO.	DAY YR.		onwealth of Pennsylvania Ionia Fernandez, Notery Erie County	Commission expires April 3, 20 Commission number 1288912 er Pennselvania Association	A:	rea Code		Dayti	me Telephor	ne Number		
			<u>क्</u> र्मान्द्र								· · ·	
			nia F	Commis	5							
		- 1	<u>5</u> <u>5</u> 5	ا إن د	•							

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						<u></u>
		•					Amount
Full Name of Con	tributing				Date [MM/DD/YYYY]	\$	200
Committee	GLBT G	N FUND	05/14/2019	<u> </u>	200		
House # 185	Street Address	PENINSULA DRIVE			Date [MM/DD/YYYY]	\$	
City		Cache	Zip Code	-	Date [MM/DD/YYYY]	\$	
City ERIE		State PA	21p Code 165	509	Date [www/DD/1111]		
Full Name of Con Committee	tributing				Date [MM/DD/YYYY]	\$	
Committee						<u> </u>	
House #	Street Address	S			Date [MM/DD/YYYY]	\$	
City		State	Zip Code		Date [MM/DD/YYYY]	\$	
entra 66					Date [MM/DD/YYYY]	\$	
Full Name of Con Committee	tributing				Date [WWW/DD/1111]		
House #	Street Address				Date [MM/DD/YYYY]	\$	
City		State	Zip Code		Date [MM/DD/YYYY]	\$	
	1.00 pt. 2				Date [MM/DD/YYYY]	\$	<u> </u>
Full Name of Con Committee	tributing				Date [WW/DD/1111]	- >	
House #	Street Address	5			Date [MM/DD/YYYY]	\$	
City	· .	State	Zip Code		Date [MM/DD/YYYY]	\$	-
					-	1	
Full Name of Con Committee	tributing				Date [MM/DD/YYYY]	\$	
House #	Street Address	5			Date [MM/DD/YYYY]	\$	
City		State	Zip Code		Date [MM/DD/YYYY]	\$	
Full Name of Con	tributing				Date [MM/DD/YYYY]	\$	
Committee				;		1	
House #	Street Address	5			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 Identi	ification Number:	1						
187 RW to 2005to 1	Typital Alpha Bearing to the transport	·———						
Full Name	e of Contributor					Date [MM/DD/YYYY]	\$	
		THOMAS AND BRIAN	N SCULLY		*	05/08/2019		100
House #	1 100.62	eet Address				Date [MM/DD/YYYY]	\$	
	529	WEST 6	TH STREET				VIET CENT	2
City ER	DIE	S	tate PA	Zip Code	16507	Date [MM/DD/YYYY]	\$	
			ACT TO		10307		7.	
Full Name	e of Contributor	SUZANNE & PAUL LIG	ČUTENIM/Δ) TER			Date [MM/DD/YYYY]	\$	250
			2H I EINWALTEN			05/14/2019	4 4	250
House #	4508 Stre	eet Address WOOD	CTDEET			Date [MM/DD/YYYY]	\$	
建筑的 。	1,500		,				V.	
City ER	ΙE	S	tate PA	Zip Code	L6509	Date [MM/DD/YYYY]	\$	
Coll Name	of Contributor	\$Jir	TANKE .	A STATE OF THE STATE OF		Date [MM/DD/YYYY]	\$	<u> </u>
Full Ivanie	! Of Contributor	A. R. MARTINUCCI					1.74	100
						05142019		
House #	4213 Stre	eet Address	ARY TOAD			Date [MM/DD/YYYY]	\$	
	- 587		····			- Free Inn hand!		
City ERI	.IE	``	tate PA	Zip Code	L6506	Date [MM/DD/YYYY]	\$	
14.50 miles		(2) E		345 Test (5)			100	
Full Name	of Contributor	DAVID AND BEVERLY	' DICARIÓ			Date [MM/DD/YYYY]	\$	250
			DICARLO	· .		05/17/19	1,4 o	250
House #	4574 Stre	eet Address	N WOODS FRIVE			Date [MM/DD/YYYY]	\$	
	-5/-						1	
City ERI	IE	Si	tate PA	Zip Code	.6511	Date [MM/DD/YYYY]	\$	
STATE STATE OF		[\$ ²]	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	3. 化美色管		Date [MM/DD/YYYY]	ė	1
Full Ivame	Full Name of Contributor BARBARA STEELE					\$	250	
						06/04/2019		
House #	Stre 610		RD STREET			Date [MM/DD/YYYY]	\$	
City	2.3	Committee and a second	tate	Zip Code		Date [MM/DD/YYYY]	\$	
ERI	l E		PA	10	6507	<u> </u>		
Full Name	of Contributor			1,000		Date [MM/DD/YYYY]	\$	
高度 1500 m 香丝 图 500								
House #	Stre	et Address				Date [MM/DD/YYYY]	\$	
City	r\$4.00	St.	ate	Zip Code		Date [MM/DD/YYYY]	\$	
					Ī			

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.

rijer identilicaci	n number:				
Full Name of Contributing C	ommittee			Date [MM/DD/YYYY] \$	
House #	Street Addres	SS 		Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Co	ommittee!	[1, [24, 37, 4]	miga Singersigner (Date [MM/DD/YYYY] \$	
House #	Street Addres	SS		Date [MM/DD/YYYY] \$	
City	<u> </u>	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Co	ommittee			Date [MM/DD/YYYY] \$	
House #	Street Addres	is		Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	Transfer del
Full Name of Contributing Co				Date [MM/DD/YYYY] \$	
House#	Street Addres	S		Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Co				Date [MM/DD/YYYY] \$	
House#	Street Addres	S		Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Co				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 N	lumber:				
	米沙正の名とです				
Full Name of Conti	Far Maria (Maria Maria)			Date [MM/DD/YYYY]	\$ 500
	HENRY T PIETRA	ASZEK		05/21/2019	500
House #	Street Address			Date [MM/DD/YYYY]	\$
10373	QU	JAIL CROWN DRIVE		<u> </u>	
City NAPLES		State FL	Zip Code 34119	Date [MM/DD/YYYY]	
Employer Name				Occupation	
Employer Mailing Principal Place of E					
Full Name of Contr	ributor			Date [MM/DD/YYYY]	
	JOSEPH THOMA	4S M D		05/14/2019	500
House #	Street Address			Date [MM/DD/YYYY]	
2374	VIU	LLAGE COMMON DI	RIVE SITE 100		
City ERIE	Professional and State of the American	State PA	Zip Code 16506	Date [MM/DD/YYYY]	\$
		Fn.	10300		
Employer Name				Occupation	
Employer Mailing / Principal Place of B		45.0 P. (10.0 P. (10.		page and a second	
Full Name of Contr	The state of the s			Date [MM/DD/YYYY]	
	CHRISTINE AND	PHIL ENGLISH		05/10/2019	400
House #	Street Address			Date [MM/DD/YYYY]	\$
1050	Loc	OKOUT DRIVE			160 (160) 10 (160) 40 (160) 17 (160)
City	ED twa stationers i	State	Zip Code	Date [MM/DD/YYYY]	S
ERIE		PA	16507		
Employer Name				Occupation	
Employer Mailing A Principal Place of B				The Problem State of Company	
Full Name of Contr	Ballion, and the second of the second			Date [MM/DD/YYYY]	\$
for several				Constitution of the con-	
House#	Street Address			Date [MM/DD/YYYY]	\$ 1
				The state of the s	
City	- 一切地の情で、ガナケー	State	Zip Code	Date [MM/DD/YYYY]	
				the mental of the management of the management	
Employer Name		<u>. 1:</u>	The second of the second	Occupation	PSC at 1
Employer Mailing A				<u> </u>	
Principal Place of B	aicinecc				

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 Nun	nper;			<u> </u>
		· · · · · · · · · · · · · · · · · · ·		
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description	7.55 kg 854.55 7.55 kg		<u> </u>	
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		, 	1	
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY], \$
Receipt Description				
Full Name	(2).7			
House #	Street Address		~~~~	
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description	2 65 12 26 14 16 14 15 16 14 15			
Full Name	Service Control of the Control of th			
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		, ,	•	
Full Name	A. 2. 80			
House #	Street Address		:	
City		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	
1. UNITEMIZED IN-KIND CONTRI	医精神性 化铁 医壁头 医高层 经费货 海绵 人名	LUE OF \$50.00 OR LESS PER C	ONTRIBUTOR
TOTAL for the reporting period	(1)	\$	
TANK AND AND CONTRIBUTIONS DEC	ENTER MALLIF OF SEA O	1 TO \$350 00 (FDOM DART F)	and the state of t
2. IN-KIND CONTRIBUTIONS REC	EIVED-VALUE OF \$50.0	I IU \$250.00 (FROW PART F)	
TOTAL for the reporting period	(2)	\$	
THE CONTROL TION PECE	NED MALLE OVER ÉGE	2.00 (EDONA DADE C)	and the second of the second o
3. IN-KIND CONTRIBUTION RECE	IVED-VALUE OVER \$250	J.UU (FRUIVI PART G)	
TOTAL for the reporting period	(3)	\$	
TOTAL VALUE OF IN-KIND CONTRIBUTION PERIOD (Add and enter amount totals from Page 1, Report Cover Page, Item F)		1 ' 1	
		į l	

SCHEDULE II

PART F In-Kind Contributions Received

VALUE OF \$50,01 TO \$250

			Wiles of pooles to		
Filer Identificatio	n Number:				
erteri oli politi etterilasi	(김, 왕), # - 1 (4 <u>년</u>)				
Full Name of Co	ontributor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	**************************************
					1995 1807 1808
City	manifestation of the second	State	Zip Code	Date [MM/DD/YYYY]	\$
Description of (Contribution				
Full Name of Co	ntributor	146 I		Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
					2 (4.37) 43 (4.47) 43 (4.47)
Description of C	Contribution				
Full Name of Co	ntributor	·		Date [MM/DD/YYYY]	\$
					10 mg 1 1 mg 1 2 mg 2
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of C	ontribution				
MEDICAL PROPERTY	ATTENDED FOR STATE	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1			
Full Name of Co	ntributor			Date [MM/DD/YYYY]	\$
					9440 980
House #	Street Address			Date [MM/DD/YYYY]	\$
		Is excising I	7. 6. 4	D. A. Tours (DD Magnet)	i Andrews
City		State	Zip Code	Date [MM/DD/YYYY]	(\$)
Description of C	Contribution	2	[61] B. C. (1854) C. (1864)	<u>l</u> .	<u></u>
Full Name of Co	atributor I			Date [MM/DD/YYYY]	\$
ruii Naille Di Co				Date [lana/DD/1111]	
House#	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	
				A summary of the first set of the	5 To 2 10 To 2 10 To 2
Description of C	ontribution		Two states of the F		<u> </u>
and the first of all the will be	"我们的我们,我就是我的我们的我们的,一定是好了最后的	. 1			

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer Identification Number:	
■ Filer Identification Number:	
그리 경우는 다시 유교에 가 가는 가게 되는 것은 것을 수가나 되었다.	

			<u></u> .	
Full Name of Co	ontributor			Date [MM/DD/YYYY] \$
House #	Street Address		····	Date [MM/DD/YYYY] \$
			•	
City		State	Zip Code	Date [MM/DD/YYYY] \$
1954 fra 18 22 250				
Employer Name				Occupation
Employer Maili	ng Address / Principal	: -		Description
Place of Busines	ss in the second second			of
25年代10年1日4月				Contribution
Full Name of Co	ntributor			Date [MM/DD/YYYY] \$
	현 경험 전문화의 경기관계 등 기계			
House #	Street Address			Date [MM/DD/YYYY] \$
City	新疆的 100mm 100mm	State	Zip Code	Date [MM/DD/YYYY] \$
	e salad en del dell'edie en det de recent en en			
Employer Name				Occupation
	ng Address / Principal			Description
Place of Busines				of
				Contribution
Full Name of Co	ntributor			Date [MM/DD/YYYY] \$
House #	Street Address		1	Date [MM/DD/YYYY] \$
City	Mariy, alimba	State	Zip Code	Date [MM/DD/YYYY] \$
	•			
Employer Name				Occupation
Employer Mailir	ng Address / Principal			Description
Place of Busines				of
全国工作的	Bethe, By E. E. S. C.			Contribution
Full Name of Co	ntributor			Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
	国际通知的国际	V 52-2-	Zip Code	Date [MM/DD/YYYY] \$
City		State	zip code	Date Listaly DDJ 11(11)
Employer Name				Occupation
	ng Address / Principal			Description
Place of Busines	S	4		of
唯然以上的基础		:		Contribution

SCHEDULE III

Statement of Expenditures

Filer Identification Number:		
The lacitudation raniber.		
[6] F. C. A. C. C. M. C. C. M. C.		
F. 10 Page 10 1 日本 10 Page 10 Page 10 10 Page		
C できない 切り 洗り しいがく せいれん (の) (の) (1) (447) 5 ガラ []		-
[6] A. M. A. M. M. Waller, No. 1988, Phys. Lett. B 58, 128 (1997).		

				Date [MM/DD/YYYY]	\$	
				05/10/19		312.7
ATE STREET				Description of Expend	iture	
State	PA	Zip Code	16501	FUNDRAISER FOR CAMPAIG	N	
				Date [MM/DD/YYYY]	\$	675
					ture	il Zuzeriek bilozofen en koza
	TREET	T ::		Description of Experior		
State	PA	Zip Code	16534	ADVERTISEMENT IN NEWSP	APER	
				Date [MM/DD/YYYY]	\$	131
				05/10/19	-	
ST 10TH ST	REET			Description of Expendi	ture	
State	PA	Zip Code	16502	SUPPLIES FOR CAMPAIGN, F	APER	R, PINS, ETC
-		<u> </u>	1	Date [MM/DD/YYYY]	\$	
				05/22/19		127.2
ST 18TH ST	REE			Description of Expendit	ture	
State	PA	Zip Code	16502	SIGNS FOR CAMPAIGN	F-1-00	
		'		Date [MM/DD/YYYY]	\$	
				05/22/19		800
ST 25TH ST	REET.			Description of Expendit	ure	
State	PA	Zip Code	16502	CAMPAIGN SIGN HOLDERS/	AND I	FOOD
				Date [MM/DD/YYYY]	\$	
				Description of Expendit	ure	
State		Zip Code		Promise see to the off-enough of second extre	4.	eranga jagi latera trak sababa kenceratan
They are my		/		Date [MM/DD/YYYY]	\$	
				Tres - distance e distribuis en el company de la company d		
				Description of Expendit	ure	
State		Zip Code				
				Data [MM/DD/VVVI]	ं ह	
				Pare Intialypp\ (i.i.i) [3]		
			******	Description of Expendit		
	State ST 12TH ST State ST 10TH ST State ST 18TH ST State ST 25TH ST State	State PA ST 12TH STREET State PA ST 10TH STREET State PA ST 18TH STREE State PA ST 25TH STREET State PA ST 25TH STREET State PA	State PA Zip Code ST 12TH STREET State PA Zip Code ST 10TH STREET State PA Zip Code ST 18TH STREE State PA Zip Code ST 25TH STREET State PA Zip Code ST 25TH STREET State PA Zip Code	State PA Zip 16501 ST 12TH STREET State PA Zip Code 16534 ST 10TH STREET State PA Zip Code 16502 ST 18TH STREE State PA Zip Code 16502 ST 25TH STREET State PA Zip Code 16502 ST 25TH STREET State PA Zip Code 16502	O5/10/19 Description of Expend State PA Zip Code 16501 FUNDRAISER FOR CAMPAIG Date [MM/DD/YYYY] O5/10/19 Description of Expendi State PA Zip Code 16534 ADVERTISEMENT IN NEWSF Date [MM/DD/YYYY] O5/10/19 Description of Expendi State PA Zip Code 16502 SUPPLIES FOR CAMPAIGN, F Date [MM/DD/YYYY] O5/22/19 Description of Expendi State PA Zip Code 16502 SIGNS FOR CAMPAIGN Date [MM/DD/YYYY] O5/22/19 Description of Expendi State PA Zip Code 16502 CAMPAIGN Description of Expendi State PA Zip Code 16502 CAMPAIGN Description of Expendi State PA Zip Code 16502 CAMPAIGN SIGN HOLDERS/ Date [MM/DD/YYYY] Description of Expendia State Zip Code Description of Expendia State Zip Code Description of Expendia Date [MM/DD/YYYY] Description of Expendia Date [MM/DD/YYYY] Description of Expendia State Zip Code Description of Expendia Date [MM/DD/YYYY]	Description of Expenditure State PA

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:

M. D. H. P. S. C. L. S. C. S.	#WV#W1#M4			
Name of Creditor				Outstanding Balance of Debt
House#	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	
City		State	Zip Code	
Description of De	ebt			
Name of Creditor			"	Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	
City		State	Zip Code	
Description of De	bt	·		
Name of Creditor				Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	S
City		State	Zip Code	
Description of De	bt			
Name of Creditor				Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	
City		State	Zip Code	
Description of De				:
Name of Creditor				Outstanding Balance of Debt
House #	Street Address	,	DATE DEBT INCURRED [MM/DD/YYYY]	
City		State	Zip Code	
Description of De				•
Name of Creditor	1 - MA (140 M) 2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State	Zip Code	
Description of Del	of .	· · ·	<u> </u>	****