

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

	Trinust be clear				
Filer Identification Report Number 82-7844940Mark	Filed By Can	didate	Committee		Lobbyist
	X)				
Name of Filing Committee, Candidate or Lobbyist		$\sim$ $\sim$	1 _1	1-17	•
Street Address	iende	85 Ko	bert	Yates	
Street Address	カライン /	inden			
City	Stat		Zip Code	<u> </u>	
Erie		PA		16505	
Type of Report (Place x under report type)					
1-6 <sup>th</sup> Tuesday 2- 2 <sup>nd</sup> Friday 3-30 Day Post 4-6 <sup>th</sup> Tu	esday   5- 2 <sup>nd</sup> Frid	ay   6- 30 Day Post	7- Annual	Special 2 <sup>nd</sup> Friday	Special 30 Day
Pre-Primary Pre-Primary Primary Pre-Ele	1	ion Election		Pre-Election	Post-Election
	_	<u> </u>			
				<u> </u>	
Date Of Election . Year		Amendment	+ $=$ $-$		
	12010			Termination	
13 //	2019	Report		Report	<u>                                     </u>
	Γο Date		For	Office Use Only	
Expenditures	1 (.0				3
5/10/19	6/20/19			$\subseteq$	,, <u>c</u>
A. Amount Brought Forward From Last Report \$	59151				
B. Total Monetary Contributions and Receipts \$	<u> </u>	_			
B. Total Monetary Contributions and Receipts \$ (From Schedule I)	200.00	1			8
	<u> </u>				- 4 = 49
C. Total Funds Available \$   Sum of Lines A and B)	791 01				**************************************
D. Total Expenditures \$	<u>, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	-			(A)
(From Schedule III)	119.4:	۲ <b>ا</b>		**************************************	``\
E. Ending Cash Balance \$	<u> </u>	4		T.	-120
(Subtract Line D from Line C)	590.03				
F. Value of In-Kind Contributions Received \$	, <u>, , , , , , , , , , , , , , , , , , </u>	—			
(From Schedule II)	0				
G. Unpaid Debts and Obligations \$					
(From Schedule IV)	is is				
	≧o SAffide	Section			
Part 1- If this is a <b>Committee</b> report, treasurer sign here. If this I swear (or affirm) that this report, including the attached scheduler.	is a didate to	, candidate sign here.			
i swear (or affirm) that this report, including the attached sched	he on base 88 18	the best of my knowled	lge and belief tr	ue, correct and comple	te.
Sworn to and subscribed before me this	<b>豊東 マムに</b> 質	$\overline{}$		2	
day of June 20	· AZ T E B	Sarbara	Make	mush.	
Monte (1)	remsywandez, No rie Count on expires on numbe	Signature	of Person Subm	itting report /	·
- Will Chimanales	E = 2 5 E	Barbara	Maka	rowsk/	_
signature	wealth or nia Ferna Ei		Printed Name		
My Commission expires 4-5-43		R14	83	78-663.	5
MO. DAY YR.	monwealth Tonia Fern  Formalisal Commission	Area Code		time Telephone Numbe	<u> </u>
Part II- If this is a report of a Candidate's Authorized Committee	e, c <b>e</b> ndidate shal	n here.			
I swear (or affirm) that to the best of my knowledge and belief tamended.	ris political cominit	ee has not violated an	provisions of the	ne Act of June 3, 1937 (I	P.L. 1333, NO.320) as
_	<del></del>		0		
Sworn toland subscribed before me this		( ) (	$\mathcal{U}/\mathcal{U}$	_	
A()	2 2 2	1/oxtan	Visto	_	
day of	1 2 5 Z	[POVIII	jans	<del></del>	_
Somra Wormander 13	€. = 8 5 /	Pollsigg	ture of Candid	V of TES	
Signature	ernandez, N <del>otary Publi</del> c Eria County ission expires April 3, 2023 ission number 1288912 nsylvania Association of Notaries	<u>, , , , , , , , , , , , , , , , , , , </u>	Printed Name		<u> </u>
11000	2 4 2 2 3	0101	(//	19 1000	
My Commission expires 4-3-33	<b>199</b>	<u> </u>	7.7	1-1100	<del></del>
MO. DAY YR.	randez, Not Erle County ion expires, ion number ivania Associ	Area Code	Ďayti	me Telephone Number	
Į.	漢양양				
	<del>ĭ ĕĕİĔ</del>			<del></del>	
Įž	fonia Fernandez, Netary Public Commission expires April 3, 26 Commission number 1288912 er, Pernsylvania Association of N				<b>~</b> ,,
	Tonia Fernandez, Netary Public Erie County My commission expires April 3, 2023 Commission number 1288912 Member, Pennsylvania Association of Noter				
[5	4 leek				
15	I <sup>_</sup>				

### SCHEDULE I

## **Contributions and Receipts**

Detailed Summary Page

The second secon						
Filer Identification Number				" '	 	
THE SAME RECORD AS THE DATE OF THE PROPERTY WAS TO						
<ul><li>、野洋海岸にませりは第一つついずは外海の「千秋元」他をした。</li></ul>		A	<b>~ ~</b>			
可能認識的認為就可能 医皮肤溶放 医西脑周 號。	X _/ (`	91111 (	2116			
and statement of the second of the second se	000	074				
		<del>-</del>				

1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor		
Total for the reporting period (1	.) 5	100.00
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		
Contributions Received from Political Committees (Part A)	Ş	
All Other Contributions (Part B)	= -=	
Total for the reporting period (2	) \$	8/00,00
3. Contributions Over \$250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)	\$	
All Other Contributions (Part D)	\$	
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)	)   \$	200.00
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	72086	14849		
The second secon				Amount
Full Name of Contributing			Date [MM/DD/YYYY] \$	
Committee $ ho_{\ell}$	nberta + S	ScottRengian		(8) (5)
House # Street Addre	ess	<u> </u>	Date [MM/DD/YYYY]   \$	_6 _5
334	Neva	ScottBrown ada Dr A Zip Code 165		्री े
City	State	Zip Code	Date [MM/DD/YYYY] // \$	
Erie	大学を開発し	4 165	505 06/08/2019	50.00
Full Name of Contributing		-	Date [MM/DD/YYYY] \$	
Committee	Richard +	Cathering Bu		
House # Street Addre	ess		Date [MM/DD/YYYY] \$	
111	Fox H	ollow Ln		2) 3)
	State	Zip Code	Date IMM/DD/YYYYI 3/189	MCI
Erie	71	A 165	·   001(0/A07)	50.00
Full Name of Contributing Committee	_		Date [MM/DD/YYYY] \$	
House # Street Addre	314		Date [MM/DD/YYYY] \$	# # # # # # # # # # # # # # # # # # #
	12 Pp 36 - 8 N 18 - 2			<u></u>
City	State	Zip Gode	Date [MM/DD/YYYY] \$	4 4 1
ACCOUNT OF THE POSITION OF THE			2000 2000 2000	77.0
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	San
House # Street Addre	!SS		Date [MM/DD/YYYY] \$	<u></u>
			(40). (40).	# 1
City	State	-Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing	· · · · · · · · · · · · · · · · · · ·	1 Mary 10 y 1 May 1 m 2 m 2 mg	Date [MM/DD/YYYY] 5	
Committee				
House # Street Addres	.SS	<del></del>	Date [MM/DD/YYYY] \$	1
City	State	Zip Code	Date [MM/DD/YYYY] \$	
				<u></u>
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	:
House # Street Addres	es		Date [MM/DD/YYYY] \$	
			*Date (MM/DD/YYYY) \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
				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.)

### 

Full Name of Contributor.	Marie Dr. A 210 code 16506	Date [MM/DD/XYYY] \$	
House # Street Address	A	Date [MM/DD/YYYY])	
3419 Anne	Marie Dr.		
City Erie State	A 210 Code 16506	Date[MM/DD/YYYY] 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	100.00
House# Street Address		Date [MM//DD/AYAY4]	
(Gity)	Zip Code	Date:[MM/DD/YYYY/]	
(FUI) Name of (Contributions		Date(MM/,DD/AYYYY)] S	
HOUSE # Street Address		Date (MIM/DD/AYAYA)	
(Gity) States	Zipeode (	Date (MIM/DD/AAXX) ( S	
Full/Nameoiscontributor	***	Date (MM//DD/AAAAA)	
House## Street Address		Date [MIM/DD/MYAYA] S	
(Gity	Zip/code	Date([MIN/ADD/AWW])	• ===
FULENamesofsContributor		[Date [IVIVI/IDD/AXXV]] S.	
House #2 Street Address		Date [MM/JDD/AVAA]	
Giv State	Zip Code	DECENTION OF THE PERSON OF THE	1
Eull Vernerof/Contributor:		Pais (MM/DD/AAA)	
Street Address	VAIA COL-PROPOSICIONO CALADAN	Date (MM/JDD/AAAAA).	
(Gity)	<b>Дірхесні</b> сь	*Date [IVIV/DD/AAAAA] .   5	

### SCHEDULE III

# Statement of Expenditures

Filer Identification Number 820844849

兴兴中国产生等等中共即6000年2月1日4人中,由1920年4日	
Marco's Pizza	Date   MM/DD/MYYM   32.82
House # 3250 Street Address /. 1 / 7 C/	Description of Expenditure
Gity Erie State DA Gode 1650	15 Pizza
To Whom Paid Wal Mart	5/20/19 37.98
House # Street Address W. Ridge Rd	Description of Expenditure
City Erie State PA Code 1650	& Snack for volunteors
Dollar General	5/20/19 8.83
House# Street Address	Description of Expenditure
Gity Erie State PA Gode	party supplies
Townson Paid Lucky's Food Mart	Date   MM/DD/MWM  \$ 40.00
Street Address W12 4 Fillmore	Description of Expenditure
GIVE Erie State PA Godge 1650	1 7 as for transportation
To:Whom:Paid	Date (MM/DD//YYYM)
(HOUSE II) Street/Address	Description of Expenditure
City State Zip Gode	A security of the Control of March 1985 of the Control of the Cont
ToWnom Paid	VDate(IMIV/DD/XVXV)
House(i) StreetsAddress	Description of Expenditure :
©ity State Zip:	Visit
I/o/Whom Paid	(Date)(MM/Jop/AAA/A)
House:# Street Address	Description of Broanditure
Gliy State Zip Gode	
NO Whom Paid!	[Date[Miv/De/Avava]]
#BOUSE\## Street/Address	Description of Expenditure
Glay Share Gode	

### 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.



1998年1998年1998年1998年1998年1998年1999年1999	CO8 40	<u> 77                                  </u>		
Füll Name of Contributing Committee		<u>, , , , , , , , , , , , , , , , , , , </u>	Date [MM/DD/YYYY] & S	_
House# Street Addi	ressi		Date [MM/DD/YYYY] & \$\$	<del></del> .
City.	State	Zíp Gode	Date [MM/DD/XYYX]	<del></del>
Full Name of Contributing Complitee			*Date [MIM//DD/AWYM] - 55	· · · · ·
House#ª Street Addi	ress		*Date [MIM/DD/MYYY)	
CTY	State	Zip Code	Date IMM/DD/AYYY)	
Full Nameok ContributingCommittee	-		Date MM/DD/XXXXI	
House# Street Addr	ess		(Date:(MIX/DD/AYAY))	
(city)	States	ZIp Code	Date(MM/DD//XXXY)F	
(Full Vameo) Contributing Committee			Pate MM/DD/AAAA)	
(House:## Street:Addin			Date (MM/DD/AYAA) S.	
Gity	State	ZipiGöde	*Data (MM/OD/AYAY) 45.	
(Full Maine of Contributing Committee			@Date\[\VI\VI\DDYAXAAX]} \$	
House# Street Addr			Date [M(V)/DD/AVAX/]   S	
Giv	State	,∕zip/Code	MPSTS (MINNODAVANA) S	
[fallMameof ContributingCommittee			Date [MM/DD/MM//J]	
House## Street Addre			(Date/[MM//DD//WAM]	
(city)	State	Zipleode -	Datel(MIX/DD/AVAM): \$3	1

### PART D **All Other Contributions**



Over \$250.00

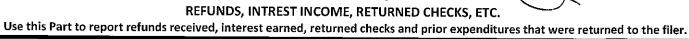
Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period. (Exclude contributions from political committees reported in Part C)

Fler identification Number

<b>1</b>	32084	4849	
Full Name of Contributor			Date [MM/DD/YYYY]
House#* Street Add			Date [MM/DD/YYYY] \$
City EmployerName	State	Zip Code	Date [(MM/DD/YYYY)] \$
Employer Mailing Address:/ Prindpal Place of Business		· .	«Occupation
(EUUName of Contributor		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	#Date/[MM//DD//\\//] \$2
House# Street Addi			*Date (MM//DD/AYYY) \$5
(Gry)	State	iZip.Code	*Bate/[M/M/DD/MMM] * S.
EmployerName EmployerNalling/Address// PatedpathHageofSustness		<u>-</u>	Occupation (
fall(Nemero)(Contributor			*Data([MM//DD//Y/W])
ihouse# Street/Addi			#Date\[MM\/,DD\/\\\\\ ]
City	State	Zip Gode	Date [MM/DD/MYY] \$
lamaloyadilamə Jamaloyadilalifing/Atiticass// Jamdipalitikasəsi Busimass			Occupation.
(2011)Nameo((Contributor			Date (MMADD/AAAA)
(House(f) Street Addi	ess		(Date (MM/DD//WAM))
Clay	State	Zip Gode:	Date (MM//DD//YYY)
Employer/Name			Occupation,
läinioloyeri/Yellling/Addicess// Pi/Indipellishedevol/Eddingss			

# **PART E**





Filer Identification Number # 820844849

of 12 Sept 16 and 2 September 18 and take Marries and	WARE WILE-			
Full Name				
/House##	Street Address	_		
(chỳ,	Spiritural and a respect plant of the angle and a spiriture an	State	Zip. 4. Code	Date [MM/DD/YXXY]
House##  Gity   Receipt Description				
Full-Name	Proceeding of a Pillarities drammer (p. c)			
RHOUSEMA	Street/Address			
Gisy		State	Zíp Gode	Date [MM/DD/XXXXX]
सिंबविद्याः गिल्सन्तिकाः		(Selection to the Design of th	(Marking active and Angle )	[347538]
fiullivarme		<u> </u>		
[elay	Street/Address			
(d) (y	Care Contract Contrac	State	제한 .) Code	Date [MM/DD//////] ]   \$
The College Co				
Realis Dealighon				
emakillisi				
28.008.88.02.80	Street/Address			
बाए/		.State	यो <u>।</u> ७०८:	Date (MM)/DD/AYYY]
Receipt Description				
ladhikme				
(Rull)Vkime	SugatAvidress			
(cft vy	Street/Address	State	57in 223	(Date MM/JDD/AMAM)
			⊈IP €ode	
सिस्ट्योगर विकास क्रिक्ट				
EUNine			· · · · · · · · · · · · · · · · · · ·	
(Bewell)	Street/Address			
<u>િપ</u> ્રિયુ		State	Шp	Date MM/,DD/XYYX)
Screen in the second second		State	⊿p ©ode	Date (MM/dd/AMAM) 4
रिवर्की हो छिल्डब में होंगा				



#### 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

TOTAL for the reporting period (1) \$  24. IN KIND CONTRIBUTIONS RECEIVED -VALUE OF \$50.00 (FROM PARTIE)*  TOTAL for the reporting period (2) \$  IN KIND CONTRIBUTION RECEIVED -VALUE OF \$50.00 (FROM PARTIE)*  35. IN KIND CONTRIBUTION RECEIVED -VALUE OF \$250.00 (FROM PARTIE)*  10. IN KIND CONTRIBUTION RECEIVED -VALUE OF \$250.00 (FROM PARTIE)*	Filer liter til catlon Number:	820844	1849	·	
TOTAL for the reporting period (1) \$  22.11 [NFKIND CONTRIBUTIONS RECEIVED -VALUE OF SECOLATO \$2.50;00 (FROM PARTIE)*  TOTAL for the reporting period (2) \$  13. [NFKIND CONTRIBUTION RECEIVED VALUE OVER \$2.50;00 (FROM PARTIE)*				TWO SECTIONS AND ADDRESS A	
2.1 IN-KIND CONTRIBUTION STREGELVED -VALUE OF SSO 01 TO \$250 00 (FRO MIPARTIE)  TOTAL for the reporting period (2) \$  3. IN-KIND CONTRIBUTION RECEIVED VALUE OVER \$250 007 (FRO MIPARTIE)		UNIRIBUHUNSREGEWEDEVALU	E OF SSUUD OR LESS PER	Reoniribuтor	
TOTAL for the reporting period (2) \$   \$   3.   INTKIND CONTRIBUTION RECEIVED VALUE OVERS2501007 (FROIT) PARTE (3)	TOTAL for the reporting period	(1)	\$	···	
TOTAL for the reporting period (2) \$   \$   3.   INTKIND CONTRIBUTION RECEIVED VALUE OVERS2501007 (FROIT) PARTE (3)	22 Pilot 14 - Square Chap 1 Pilot Chap Chap 1 Pilot Chap Chap 1 Pilot Chap Chap Chap Chap Chap Chap Chap Chap				
3. INTKIND GONTRIBUTION RECEIVED VALUE OVERS2501007 (FROM PARIT GI):	22 TOTAL STATE OF THE STATE OF	NSTREGEIVED VALUE OF SECOND	(#ROJYRPARII)		
	TOTAL for the reporting period	(2)	\$	-	
	White States of the season of				
TOTAL for the reporting posicial (2)	55 INHKINDÆØNHRIBUHIÐ	WREGEMEDEVALUE@WERS25010I	O((FROM) PARTE (5)		
(3) \$	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)	on Page 1, Report Cover Page, Ite	em F)			

### SCHEDULE II PART F

## **In-Kind Contributions Received**



VALUE OF \$50.01 TO \$250

Filer Identification Numbers 820844 849

Full Name of Contributor			Date [MM/DD/XYYX] \$	
House # Street Address			Date [MM/DD/YYYY] \$	
City  Description of Contribution	State	Zip Code	<pre></pre>	
				·
Full Name of Contributor			Date MM/DD/WWM; \$	
House # Street Address			#Date-IMM/DD/XXXMIX SS	
(ell)	State	Zip:Code	Date (MM/DD/MAYA)	
Description of Contribution				
Rull Nemeson Contribution			*IDate(MM/,DD//AYAY); "S	
House # Street Address			Date(MM/DD/YYYY) S	
(Gity    Description of Contribution	State	ZipiGödet	Paro IMM/DD/AYAYA). S	
Fill Name of Contributor			Date MM/DD/AAAA	
House (3) Street/Address	- W + 100 - 231		Date [MIV//DD////////)	
(elty Description:of/Contribution)		[zipieode	Detrélivin/Den/avant (5	
Full (Varney) *Contributor			The state of the s	
			apata immuddynyyyyj s	
(±005e);ii Street/Address	POCANI		Lipatė (MM/JobyAnaan) iš	
@hy Description:of€Gontalbutton	State.	/Zip/Gode	Date MIN/DD/AMAM S	
(97-Stati ) atotiko ikadom (atoti (1911)				

# SCHEDULE II Part G

## **In-Kind Contributions Received**



VALUE OVER \$250

File (dentification Number:

# 820844849

Füll Name of: Contributor		ate [MM/DD/YYYY]
House# Street Address		ate [MM/DD/YYYY] \$
City. State:		ate[MM/DD/YYYY] \$
Employer.Name	Q	ccupation
Employer Meitling Address // Principal Place of Business	\$\displaystyle{\	ontribution
FulliName of Contributor.		aie MM/DD/XXXXII
House # Street Address		ite[[MIM/DD/XXXXI]] [S
(city) State		ne [MM/DD/YY/Y] S.
Employer Name		edipation
Hindpolaticss Heacoungraph	D.	Heripijon.
		าหมีใหม่ที่อาน
Jauli Memeroi (Contributor)		Re[[XIXVODYAYYY]] S
Full Name of Contributor    House   Fire Address		te [MM/OD/AAAA] S
House## Stree*Address Gity   State	D. (D.)	tte [MM/OD/AYYY] S  tte [MM/DD/AYAY] S  tte [MM/DD/AYAY] SS
Full Name of Contributor	JD: Sode And	tte:[[viivi/bb/Axxxxi]
Full (Name of Contributor     House !!   Street Address     Gity   State     Full boyer (Name     Enigloyer (Nathing Address //PPinelpal)     Place of Nationals	¿ZIp Gode.	ite [[vi[v]/pd/AXXVI] S ite [[
House##   Street Address     Gity	Zip Gode Do	tte [[vi[v]/pd//xyyy]   S   tte [[vi[v]/pd//xyyyy]
House##   Street Address     Gity	JD: Gode DD: God	te [MM/DD/AYYY]  te [MM/DD/AYYY]  ste [MM/DD/AYYYY]
Full Mamer of Contributor	Zdp/Gode Do	ite [[VIIV/DD/AAAA] S ite [[VIIV/DD/AAAAA] S
House##   Street Address     Gity	ZIp.Gode De	te [MM/DD/AYYY]  te [MM/DD/AYYY]  ste [MM/DD/AYYYY]

## 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.

THE PROPERTY OF THE PROPERTY O				- the reporting period.
Filer (dentification(Numbers				<u> </u>
	X 2 A C	7 1///		
	~~~~	77 22	4	

Name of Creditor			Outstanding Balance of Debt
	treet Address	DATE DEBTINGURRED [MM/DD/YYYY]	85.   
(Gity)  Description of Debt.	State 4	Zip. Code:	
Name of Creditor ### House ###			Outstanding Balance of Debt
efity	reet Address	DATE DEBT INGURRED [MM/DD/XYYY]	
	State	Zip Gode	
Description of Debt		Formation (SPF)	· · · · · · · · · · · · · · · · · · ·
(Nameoffereditor (House:#)		Na Naga and All Distance	Outstanding Balance of Debt
	eet Addréss	DATE DESTINCURRED	
City	State	Zije Code	
Dasaijolomoiroett	I Nagrees (conect)	[於國際國際 [於 ]	Asians!
NameokGrafifor		H.	Outstanding Balance of Debis
	eet Address	PATEDEBLINGURRED !![MM/bb/xxxxy]	5
(City)	State	Zip Code	
शिक्ष्यवर्गार्थिशा अंगेरीक्षेत्रे		1	
Namao((dedio)			Quistanding Balance of Debt
	ect Address	DATE DEET INGURRED [MIM/DD/AYAYA]	S
Effay	State	7 <b>2</b> [p €ode	
<u> शक्तका अधिक विश्वता</u>		acoue as	
Name of Credion			Outstanding Balancerofi Dabit
House,##	et Address		<u> </u>
etiky,	State		
प्रेक्टनम्बर्गातम्बर्गाण्याम्बर्गः		Zip. Code	
<u> </u>	·		