



## Commonwealth of Pennsylvania - Campaign Finance Report

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

Filey Identifications 20210278		t Filed B	y Ca	ndida	te:		Committ	ee		X	Lobl	yjst 🙃	
Name of Filing Committee, Candidate or, Lobbyist	.:-	Fairview	,, ,, ,,		· · · · · · · · · · · · · · · · · · ·					-1	<u> </u>	2010	,
Street Address	P.O. Box	711											
City Fairview	. 5. 1		Sta	te	PA		Zip Code	15	415				·
Type of Report (Place x under report type)					·								
1-6 <sup>th</sup> Tuesdāy: 52-52 <sup>ns</sup> Friday 3-30 Day Pre-Primary Pre-Primary Primary	Post 45 6ण । Pre-Ele		5-2 <sup>nd</sup> Fr Pre-Elec		Election	ost?	7-Annua	" Pr	e Elec	tlon* 👫 🐧		ial 30 Day Election	
			* 1 (0) (27)	12.77	$\overline{X}$	437.73	**************************************	3-1			, ·		
Date Of Election (MM/DD/YYM) 11/02/20:	Year		2021		Amendme Report	nt.		Te Re	rmina port	tion.			
Summary of Receipts and From Date		To Date		(j. 3				or Offi	ce Use	Only			13.
Expenditures 10/19/2	1021		/22/2021						-1.				
A. Amount Brought Forward From Last Re	F >	3	,911.25								20 TV		
B. Total Monetary Contributions and Reco (From Schedule I) C. Total Funds Available	ipts \$		50	-									
(Sum of Lines A and B)  D. Total Expenditures	S	3	,961.25								٠		
(From Schedule III) E. Ending Cash Balance	\$		2,500  ,461.25										
(Subtract Line Difform Line C)  F. Value of In Kind Contributions Received (From Schedule II)	\$	<u> </u>	0		ı					÷		04	
G. Unpaid Debts and Obligations (From Schedule IV)	\$		0								.(.)(	Λ <i>[</i> Ε΄]	
		·		vit Sec			·					<del>-</del>	
Part 1- If this is a Committee report, treasurer s I swear (or affirm) that this report, including the	gn here. If this	s Is a Can	didate rep	ort, ca	ndidate sign h	ere.	an and bolis	of true	corract	and comple	to		
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29 day of NOV 20 21		سا'	4		ZA	, 	_ 7			~			
A= cHe = 3		Notary Se	al   ic		Signa		of Pérson St	ubmittin	g repor	thomas			
Signature	Trenusylvania	BLA LOO	[	_	Dorg	<i>( / 6</i> ;	Printed N						
My Commission expires Aug Commonword C. H.	scopic Com	ty wust 13,	2025		7/7			7,	2-5	437			
Signature  Signature  Onumous Aug Commonwealth  My Commission expires Aug Commonwealth  MO. Day  My commiss  Part II- If this is a report of a Candidate Coulting  I swear (or affirm) that to the heat of the result.	sion expires	r 14062		A	rea Code					ione Numb	er -		
Part II- If this is a report of a Candidate 4 Dillham	csiON III	ee candi	riate shall	sian he	aro.								
I swear (or affirm) that to the best of my knowle amended.	dge and belie	f this poli	tical comn	nittee I	nas not violate	ed any	provisions	of the A	ct of Ju	me <b>3, 1</b> 937 (	P.L. 13	33, NO.320)	as
Sworn to and subscribed before me this													
day of2020	<del></del>					Signa	ature of Ca	ndidate					
Signature		, 1		_		ſ	Printed Nar	me					
My Commission expires	<del></del>			_									
MO. DAY Y.	R.			Α	rea Code			Daytime	Teleph	one Numbe	Г		

### SCHEDULE I

# Contributions and Receipts Detailed Summary Page

Maria Ma				
1:Unitemized/Contributions and Receipts \$50.00 of Less pe	r Contributor		N (A)	
Total for t	the reporting period	(1)	\$	50
2. Contributions of \$50.01 to \$250.00 (From Part Avand Part B)	Programme and the second		25° 3	
Contributions Received from Political Committees (Part A)			\$	0
All Other Contributions (Part B)			\$	o
Total for th	he reporting period	(2)	\$	0
3. Contributions Over \$250.00 (From Part Cand Part D)		<u> </u>	1.61	
Contributions Received from Political Committees (Part C)	<u> </u>		\$	0
All Other Contributions (Part D)			\$	0
Total for the	ne reporting period	(3)	\$	o
4. Other Receipts-Refunds, Interest Earned, Returned Chec	cks, ETC. (From Part E	7	5 . 3 .	
	ne reporting period	(4)	\$	0
Total Monetary Contributions and Receipts during this report enter amount totals from Boxes 1, 2, 3 and 4; also enter this of Cover Page, Item B)	rting period (Add and amount on Page 1, Re	eport	\$	50

### 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.

				Amou	int
Full Name of Co Committee	ntributing	· •		Date [MM/DD/YYYY]	-4 -4
3 - 17 - 17 - 17 - 17 - 17 - 17 - 17 - 1					
House #	Street Address			Date [MM/DD/YYYY]: \$	
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· 74 . 2			ne en e	V.7.5.	
Full Name of Co	ntributing			Date:[MM/DD/YYXX]; S	
<u>6'</u>			•		
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Committee	in the state of th				
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City	P 与特性状态。3	State	Zip Code.	Date [MM/DD/YYYY] \$	
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Full Name of Co Committee	ntributing			Date [MM/DD/YYYY]\$	
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F. F		State:	Zip Code		
Full Name of Co	ijtributing 💥		T 10 10 10 10 10 10 10 10 10 10 10 10 10	Date [MM/DD/YYYY] : \$7	
Committee					
House #	Street Address			Date [MM/DD/YYYY] \$.	w
House #	Street Address			The state of the s	
City	10.000 PEC	State	Zip Code :.	Date IMM/DD/yyyyla: .5:	
				Date [MM/DD/YYYY] & \$	
	tributing S	- 7.31 x 44	<u> </u>		
Full Name of Co Committee				Date [MM/DD/YYYY] \$	
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House #					
City	PM Cw 1 24 4 7001	State	Zip Code	Date [MM/DD/YYYY] \$	
			Zip Code		
5. Ta 3.		· Selection	1. No. 2. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	1 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.)

Date   IMM/DD/YVYI   SS	keller/dentification:Number 7		· · · · · · · · · · · · · · · · · · ·		
Pate   IMM/DD/YOW    Street		· · · · · · · · · · · · · · · · · · ·			
Part	Hull Name of Contributors			Date [MM/DD/YYYY]	457 31
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State   Stat	Su eet Aduless			Spacestrainaverovavaries	
Pote   Marie of Contributor   State   Marie		(State)	Zip Code	CDate(IMM/DD/WWW);	( <u>(())</u> ( <b>(</b> ))
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State   Zip Code   Date   MM/QD/MYM   State   Zip Code   Date   MM/QD/MYM   State   Date   Date   MM/QD/MYM   State   Date   Dat	HOUSE#3 Stieet Address			Date [MM/DD/YYYM]S	(S)
Date   MM/DD/MYM   Street Address   Date   MM/DD/MYM   SS	GLV	State	ĭZjp.Code =:	iDate [MM/QD/M/M/	
Date   MM/DD/MYM/  State   Zipicotie   Zipicot	Full Name of Contributor	. KANAYATA	家を表現 からかまり 30g	Date [MM/DD/YYYY]	253 253
State   Zipicole   Date (MM/DD/MYM)   State   Zipicole   Zipic					
Full Name of Contributor  Full Name of Contributor    Date IMM/DD/MYM1   SS	House# Street Address		· · · · · · · · · · · · · · · · · · ·	.Date[MM/DD/YYYY])	
Full Name of Contributor    Date [MM/DD/WYY]   SS     House     Date [MM/DD/WYY]   S     Full Name of Contributor     Date [MM/DD/WYY]   S     Full Name of		[Mazeikuzy]	Elements and the control		77.00 132.7
Full Name of Contributor    Date [MM/DD/WYY]   SS     House     Date [MM/DD/WYY]   S     Full Name of Contributor     Date [MM/DD/WYY]   S     Full Name of		state.	Zipicode :	Spate [MINNDD/MYWA]	
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State: Zipicode: Date: IMIV/DD/MYM;  Full Name of Contributor:  [House # Street Address	House # Street Address			Date [MM/DD/XYXY]	AS .
Date MM/DD/MYY)	GitoX 5	EC+S+87	[ATINGSHEED]	ļ i	200
Full Name of Contributor    Date   IMM/DD/MYYI				Source IMMAN CONTRACTOR	
	Full Name of Contributor			Date [MM/DD/MY/M]	<b>5</b> 5
CAN STATE ST	House # Street Address			SD-72/16/86/8/100 /VVVVIA	
CHY// Code 1/ (Date (MIM/DD/110M)) 51				*Date:IMIV/DD/III.III	
	CCITYRES	State	Zipicode 4	[Date [MIM/DD/Ynm]?]	
A Full Name of Contributors	REUNINAME OF CONTINUOUS			# Desert Rangy is a Victor and Victor	
Full(Name of Contributor	Full(Name of)Cohtributor			Ereare TANAY DOWNANTS	
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House(# Street Address Date (MM/DD/YYYY) MS*	No.	of many of the second	No.	1	200
City State PZipiCode Date (MM/DD/YXYY) SS		state.	Zip Code	Date (MIN/DDXXXX)	\$2 2

### PART C

## **Contributions Received From Political Committees**

Over \$250.00

Filer Identification Number:

Use this Part to itemize only contributions received from Political Committees with an aggregate value over \$250.00 in the reporting period.

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Full Namelof Contributing Committee			IDate (MM/DD/YYYM) - S	<del></del>
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			Date(IMM/DD/YYWM) \$5.	
Glive	State	Zip Codes	Date [MM/DD/VVVV]   PS	
Full/Namelof			Date (MM/DD/WWW) 351	
Contributing Committee				
House#7 Street/Addition	ess		Pate(MM/DD/WW) S	
Gity.	States	/Zip Codev-4	«Datei(MM/DD/xxxy))» vs.	
	State	Zip Code( :-		
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House # Street Addre	955 237	····	/Date [MM/DD/XXXXII] 25	<del></del>
CHY CHY	States	COSHKANICU	SDate(IMM/PD/XYXM):2) \$5	
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Full Name of & Contributing Committee			Pate/IMM/QD/WW/L: /\$	
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City: 3	State	'Zlip'Code'' S	Datë (MM/DD/MMM);	<u></u>
Full Name of U.S. Contributing Committee				
			CDate(IMM/DD/8XXXVI) (53	
House:#/ Street Addre	iss S		Pate (MW/QD/AYYY): SS	
igivy.	States	/Zip/Code	Date IMM/QD/XXXXIII	
Fulliname of Contributing Committee			SDate IMM/DD/AVANIT	
House # Street Addre	iss		EDate(MM/QD/WWY)	
ighv.	States	Zip Code &	¿Date![MM/DD/AYVM)% 0.52	-

### 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:

Signature and the second secon	···		
Full Name of Contributor			Date [MM/DD/AYAM]
House# Street Address			(4) 2 4 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6
			!Date![MM/DD/YYYM]: #
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(GIV	State	Zip Code	ADate IMM/DD/YYYYI S 157
Employer Name	松生之称[9]	(1-13-14-20-14)	Occupation (
Employer Mailing Address / 💝 🔭 🦪			
The state of the s			
Full/Nameror contributor			Date [MM/DD/XXXX] \$57
			65 g. 2 64 g. 2 104 g. 3
Höuse## Streerwaddress			Pate [MM/DD/M/W]
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Employer Name: Process and Section	355 To 1		(Occupation)
Employer Name:  Femoloyer Mailing Address/*			
PrincipaliRiace of Business			
Full Name of Contributor		· · · · · · · · · · · · · · · · · · ·	[Date MM/DD/MYM] \$
			[Date   MMYDD/MYA)]
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House # Street Address			
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Employer;Name	<u>.</u>		(Occupation)
Employer Mailing Address // Rring pall Place of Business			
EUL Name of Contributor			Date MM/DD/WWW. \$53
iHouse// Street address			Code (MMXOOXMAX) 25.7
CONTROL OF THE CONTRO	State/	Zip Gode	*Date(MM/DD/AVYVIE &
4.02 (3.42) (3.62)	State	aZip(Code	Date(MM/DD/MYYVE 2 3
Employer Name			(Occupation)
Employer Mailing Address //			From Assett Colombia (MED)

### 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.

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SEMBALAMAN 2008 1/20 V 200	al			
Full Name				
House#\\	eet Address			
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Giv		State	Zipsi: Code _	
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

Fileraldentrication/Number: 5			
秦 被打架 Sindiffering bildskind contr	IBUTIONS REGEIVED V	ALUE OF \$50.000	OR HESS REAGONTRIBUTION
TOTAL for the reporting period	(1)	\$	o
The State In-Kind Contribution Street	CEIVED VALUE OF \$50.	01¥[O.\$250.00'(F	FROM PARKS
TOTAL for the reporting period	(2)	\$	О
P* :3 :E INNKIND CONTRIBUTION REGI	IVED VALUE/OVER'S2	50.00 (FROM PAR	RPG()
TOTAL for the reporting period	(3)	\$	0
TOTAL VALUE OF IN-KIND CONTRIBUTION (Add and enter amount totals for Page 1, Report Cover Page, Item F)	ONS DURING THIS REP rom boxes 1, 2, and 3;	ORTING \$	0

## SCHEDULE II PART F

## **In-Kind Contributions Received**

VALUE OF \$50.01 TO \$250

Filer Identification(Number:				
Full/Name of Contributor			(Date:[MM/OD/AWW]] [\$!]	
House# Street Addr	ress Tess		Date(MM/DD/MM/)	
City	State	Zip/Code	Date [MM/DD/YYYY]	<u> </u>
Description of Contribution -			P. C.	
Füll Name of Contributor	CONT DESCRIPTION OF THE PROPERTY OF THE PROPER		**************************************	<u> </u>
House # Street Addr	r <b>ëss</b>		TDate([MIM/DD/YYYYY)]	
IGW 1	State	Zip Codev.	cDate(IMM/DD/WWW)!	
Description of Contribution				
Full/Namelof/Contributor			Date (MM/OB/AWM) I S	
HOUSE ## Street Addr	(E55)		#Date [MM/Qd/\/\/\]	
Gty	State	Zip Cade	Date(MM/QD//YWY)	
Description of Contribution				
FUII/Name of Contributor	<u> </u>		DateIMM/OD/XXXXII	
Hōuse# Ströer Addi	ëss		Dátě [MM/DD///W/M]	
	State	Zip/Code	EDate (MM//DD/YYYY)(4 (S)	
Description of Contributions.	A-10-10			
full/Name of Contributor			[Date][MM/Jod/MYYM]; (SE	
House#/ streevaddr	ess		<u>{Dātē</u> {[MM/QD/WYM]?.₽\$7.	
	State.	Zip Code	Date [MM/DD/AVAY]/	
Description of Contribution.		110000000000000000000000000000000000000	1	

## SCHEDULE II

### Part G

## **In-Kind Contributions Received**

VALUE OVER \$250

Filer (dentification Number)		
HUIINAME of Contributor:		<u>∜Dātēj[MM/DD/XYYYN}₹52</u>
House# Street Address		Date([MM/DD/WW])
city a	Sfate Zip Göbe	@Pate ([MM/DD/WY/W]E-12
Employer Name		4Occupation (**)
EmployerMalling address // Principal R Prince of Business		Description :
Full/Name of Contributor		iCate![MM/DD/MMM]!s=3 [53]
House# Street Address		2Date:[MM/DD/WWYV]56 75
City :	Statel ZipiCode	1.Dātě:[MM//DD/xyyyy]; / (*)
employer Name Employer Mailing/Address://Principal	3	Occupation 7
Employer Mailing Address://Principal Place of Business		Of Contribution
Full Name of Contributor		CDate [MM/pD/yyw]F S:
House#/ Street/Address		ZDBJOJIMMINDDYYYYM ZZ SS
Gity	State Zip(Code	SOSTS [WW\\DD\\\XXX\] 24 24 24
kEmployer/Name Employer/Malling/Add/ess/PRIncipal	61 64 64 65	roccupation 6.
Place of Business new Place of Business new Place Name (Page 1997)		iDescription tor
Fulliname;of.contributor		OBIG MM/DD/YYYMAXXX 25
Höyse# Street Address	Down was a	Date IMM/DD/YYY/M 35-
CIV.	State Zip, Code	Date [MM/DD/WWH] S
Employer Name: aemployer (Mailing Address)// Principal:		Occupations:
aemployer/Mailing/Address//Principal Place of Business		Description LOTE Contribution

# Statement of Expenditures

Filer (dentification Number:			 		

To Whom Paid	nen Delities	<u> </u>		Date (MM/,DD/XXXX)[1]	3 500
	RGB Politics			Date [MM/DD/XXXV][7] 10/20/2021	了,500 31
House # 3031	Street Address Loga			Description of Expenditu	
Camp Hill		State/A A STATE PA	Zip: 17011	Digital media	
To Whom Paid	Anedot			Date [MM/DD/MYM]	類 第123
				10/21/2021	"女"
FOWNOM Paid House## 1340	Street Address Poy	dras St, Suite 1770		Description of Expenditur	
New Orleans		State::  LA	Zip Code 70112	Service fee	,
TOWNOMPAID. House#				Date [MM/DD//WYY]	
(House)#	Street Address			·Description; of Expenditur	ē
City	7: 7: 7: 13 : Allia, 200-7]	/State_1	ZID)		
To Whom Paid at					
Hoùse#	Street Address			Description of Expenditur	e 
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ToWhomiRalda					\$ <b></b>
House #	Street Address			*Description of Expenditu	(e
Gity		State	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.

nego de la companya d					
Name of Creditor					Ourstanding Balance of Debt
House#	Stree	et/Address		EDEBT/INGURRED 7/8/ IMM/DD/XXXXII	A PSA
TGHV: FARSE V FARSE	1.37.33				
City Description of Debt		State 3	<u> </u>	Zip Code:	
Name of Creditor			·		to a construction of the c
the cold and the second	Istrer	at Address	E DAT	E'DEBT/INGURRED	OutstandingBalance of Debrassia
		et Address	FR LAU	MIVI/DD/YYYYI	
City		State		Zip. 11. Gode. 2.	
Description of Debt	200			S. Carrier State of S	1887 t. aj
Name of Creditor					Outstanding Balance of Debt
PHousew:	Stree	st/Address	DATI	E DEBT INGÚRRED.	
City T Description of Debt		State		Zip.i Code	
Name of Greditor					Outstanding Balance of Dabit
House#	Stree	at Address	DAT	E DEBT:INCURRED	A CONTRACTOR OF THE PARTY OF TH
	1/4/TE	PSTATE		, , , , , , , , , , , , , , , , , , , ,	
City 4 Description of Debe	17 17 18 18 18 18 18 18 18 18 18 18 18 18 18	State:	· · · · · ·	Zip (2) Code	
			···	·	
/Namelof Creditors // House //	Street	t Address	TACOUR	CIDEDTUNICEIDREDSSEE	Outstanding Balance of Debt
7.0			4.296	EDEBT INGURRED (1) VIM/DO//YYYYYI	
Gity.		State:		Ziō(~~?) Code(~~)	
Description of Debr		Is "Trostedo-q		[1500E) 231   E	(fix)
Name of Creditor					Outstanding Balance of Debra :
House#	Street	r'Address ,	DATE	E DEBT INCURRED( NO VIM/DD/YYYY)	5767
	(12.3) (12.3)	State.	- F-11-		
elry, Description of Descrip		State		Zip (*) Code (*)	E.Ve
Description of Debt.					