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

			u legible. It shot	ла ве туреа)	
Filer (dentification Number	Report Filed I (Mark X)	By Candida	ite 🔀	Committee		Lobbyist
Name of Filing Committee, Candidate or Lobbyist	Committee to el	lect Edward Wilso)J	of one of the contract of the	Marie of States of States	3.00 (mm) 1.00 (mm) 1014
Street Address	914 Reed St.	. 471		· · · · · · · · · · · · · · · · · · ·		**1
Chy Erie	3141100000	State	Pa	Zip Code	16503	94H
Type of Report (Place x under report type)		The state of the s		(0) - (0) - (1) (0) - (0) - (1)		
	- Contract	America October	1: 6 20/20			
1- 6 th Tuesday 2- 2 nd Friday 3- 30 Day Post Pre-Primary Pre-Primary Primary	4-6 th Tuesday Pre-Election	5- 2 ^m Friday Pre- Election	6-30 Day Post Election	7. Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
	Salvania o and a salvania	GPT See and Program 3 for the special	Janes Company Control	In the Pentilian of the con-	- AN ANTO LONG TO THE SERVICE OF	A MAGAMATAN DIR DARAMATAN
Date Of Election (MM/DD/YYYY)	Year		Amendment Report		Termination Report	
Summary of Receipts and From Date	To Date	e	William Control of the Control of th	For C	Office Use Only	i i i i i i i i i i i i i i i i i i i
Expenditures 10/19/21		1/22/21				
A. Amount Brought Forward From Last Report	to s	249.47	of Manager Special Control of the Co	<u> 1863年186</u> 年1864年	No.	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$ 3	3,000.00				e de la companya de l
C. Total Funds Available (Sum of Lines A and B)	\$ \$	3249.47				
D. Total Expenditures (From Schedule III)	\$	494.96				1 d 1 d 1 d 1 d 2 d
E. Ending Cash Balance	SI SI	2754.51				A P
(Subtract Line D from Line C) F. Value of In-Kind Contributions Received	\$				1 d	Laur
(From Schedule II)	251 - 4 					
G. Unpaid Debts and Obligations (From Schedule IV)	\$					
		Affidavit Sec				
Part 1- If this is a Committee report, treasurer sign he I swear (or affirm) that this report, including the attack.	ere. If this is a Can	ididate report, car	ndidate sign here.	4.5 - 12-E s		
Sworn to and subscribed before me this	cilea scileanies ou	i paper, is to the t	Sest of my knowled;	ge and belief tru	e, correct and comple	te.
day of 20	• •		4 W	~		
	_		EN Signature of	of Person Submit	tting report	_
Signature	J			Printed Name	}	***************************************
My Commission expires	•	8	314	40	19-2617	
MO. DAY YR.	_	Ar	rea Code		ime Telephone Numbe	 er
Part II- If this is a report of a Candidate's Authorized	Committee candi	idate shall sign he				
I swear (or affirm) that to the best of my knowledge a	and belief this poli	itical committee h	re. las not violated any	provisions of th	e Act of June 3, 1937 (P.L. 1333. NO.320) as
amended.				•		
Sworn to and subscribed before me this						•
day of 20						
	- .	··at	Sign	ature of Candida	ate	_
Signature	-	***		Printed Name		_
My Commission expires	• *					
MO. DAY YR.	-	Ar	rea Code	Daytin	ne Telephone Number	 ,



Pennsylvania Department of State

Name of Filing Committee, Candidate, or Lobbyist

Bureau of Campaign Finance & Civic Engagement 210 North Office Building, Harrisburg, PA 17120 • 717.787.5280 (Option 4) www.dos.pa.gov/campaignfinance@pa.gov • ra-stcampaignfinance@pa.gov

Unsworn Declaration in Lieu of Sworn Statement for Campaign Finance Reports

Note: Per Act 2020-15, which was signed into law on April 20, 2020 and allows for unsworn declarations, Campaign Finance Reports (form DSEB-502), Campaign Finance Statements in lieu of full reports (form DSEB-503), Non-Bid Contract Reporting Form (DSEB-504) and Independent Expenditure Reports (form DSEB-505) need not be notarized. Instead, the filer may file with each report or statement the corresponding version of this form signed by the required individual(s). This particular form is to be used only for Campaign Finance Reports. This form must be signed by hand where a signature is required.

			365		
Reporting Cycle	e Ivame				
☐ Cycle 1	☐ Cycle 2	☐ Cycle 3		Cycle 4	☐ Cycle 5
6 th Tuesday	2 nd Friday	30 Day	6 th T	uesday	2 nd Friday
Pre-Primary	Pre-Primary	Post Primary	Pre-Election		Pre-Election
⊠ Cycle 6	☐ Cycle 7	☐ Cycle 8		□ Cy	cle 9
30 Day Post-Election	Annual Report	2 nd Friday Pre-Special Election		30 Day Post-Special Election	
	nalty of perjury unning Campaign F				of Pennsylvania
8 Mil				29-1	11-21
Signature of Trea	surer, Candidate,	or Lobbyist	Date (DD/MM/YYYY)		
EDWAN (EME			
Printed Name			Locat	ion (City/S	tate/Country)

SCHEDULE I Contributions and Receipts

Detailed Summary Page

Filer Identification Number	_		
1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor	A common services	i i	
Total for the reporting period	(1)	\$	About Town of the Control of the Con
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)	AMB CONTRACT	- 141 A	
Contributions Received from Political Committees (Part A)		\$	77 - 17 - 17 - 17 - 17 - 17 - 17 - 17 -
All Other Contributions (Part B)	м	\$	
Total for the reporting period	(2)	\$	44-1
3. Contributions Over \$250.00 (From Part C and Part D)		Supplemental Control of the Control	
Contributions Received from Political Committees (Part C)	200	\$	
All Other Contributions (Part D)		\$	
Total for the reporting period	(3)	\$	
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E) 22.0	ALTAWAL I	
Total for the reporting period	(4)	\$	
Total Monetary Contributions and Receipts during this reporting period (Add and		\$	

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				
And the state of t	Series 1975 and 1975			Am	ount
Full Name of Con	tributing			Date [MM/DD/YYYY] \$	/unc
Committee	THE CONTRACT OF THE CONTRACT O			The control of the co	
House #	Street Address			Date [MM/DD/YYYY] - \$	
And the second s				<u>** 、 </u>	
Clity	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	State	Zip Code	Date [MM/DD/YYYY] \$	
And the second s		And the second s	100 mm (100 mm) (100		
Full Name of Con Committee	tributing			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
	The second secon			Spare framer Salaria 1	
Citý	Tarak menin.	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Cont	tributing	STATE OF THE STATE	The Canal Ca	Date [MM/DD/YYYY] \$	
Committee				1	
House#	Street Address			Date [MM/DD/YYYY] \$	
A second control of the control of t					
City	***************************************	State	Zip Code	Date [MM/DD/YYYY] \$	-
- Water of Con	1.0		Production in the control of the con	245 - C 250 - C 250 - C	
Full Name of Cont Committee	ributing			Date [MM/DD/YYYY] S	
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	**
The state of the s	······································	A STATE OF THE STA		772 V 340 s	·
Full Name of Cont Committee	ributing			Date [MM/DD/YYYY] \$	
House #	Street Address	***************************************	- View	Date [MM/DD/YYYY] \$	
City	The state of the s	State	Zip Code	Date [MM/DD/YYYY] \$	
		ANTE S		The state of the s	
Full Name of Cont Committee	ributing			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	· · · · · · · · · · · · · · · · · · ·			
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:			
2002			
		0-00-0-00	

Full Name of Contributor			Date [MM/DD/YYYY]	
				FOREST POP
House # Street Address	, - , - , - , - , - , - , - , - , - , -		Date [MM/DD/YYYY]	
City)	State	Zip Code	Date [MM/DD/YYYY]	\$
	And the second s	And the second s		AMOUNT AND
Full Name of Contributor			Date [MM/DD/YYYY]	
House # Street Address	- 10	11 TE 11	Date [MM/DD/YYYY]	**************************************
City	State	Zip Code	Date [MM/DD/YYYY]	\$
			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Section 1. Control of the control of
Full Name of Contributor		.,	Date [MM/DD/YYYY]	
House # Street Address		· · · · · · · · · · · · · · · · · · ·	Date [MM/DD/YYYY]	
			THE AT A STATE OF THE STATE OF	
Gity	State	Zip Code	Date [MM/DD/YYYY]	
	48 × 1		A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	30 M (Spring) , 1
Full Name of Contributor			Date [MM/DD/YYYY]	\$
				The state of the s
House # Street Address	V		Date [MM/DD/YYYY]	
				THE STATE OF THE S
City	State	€Zip Godes = 2	Date [MM/DD/YYYY]	
	The second secon		- CATCHILLIAN AND AND AND AND AND AND AND AND AND A	d control of the cont
Full Name of Contributor	27 Community Control of Control o	The state of the s	Date [MM/DD/YYYY]	\$2
				Marches References The Control of Control The Control
House # Street Address	· · · · · · · · · · · · · · · · · · ·		Date [MM/DD/YYYY]	
			The second secon	
City	State	Zip Code	Date [MM/DD/YYYY]	5
The state of the s		The state of the s	The state of the s	Table 1- Table 1 Cont. See See See See See See See See See Se
Full Name of Contributor		and the same of th	Date [MM/DD/YYYY]	international control of the control
			, , , , , , , , , , , , , , , , , , ,	
House # Street Address	***	V#	Date [MM/DD/YYYY]	r. <u> </u>
				A common of the
Giy	State	Zip Code	Date [MM/DD/YYYY]	
			The second section of the second seco	

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.

	A Month of the Company of the Compan	 -					
Full Name of		· · · · · ·			Date [MM/Db/YYYY)	\$	
Contributing Commi	ttee Committee to	elect John Loomis			10/27/21		3.000
House #	Street Address			···	Date [MM/DD/YYYY]	\$	
5706	Jo	nes Lane			The state of the s	1	
City	- Market	State	Zip Code		Date [MM/DD/YYYY]	\$	
Erie		Pa		16505	and the second s		
Full Name of Contributing Commit					Date [MM/DD/YYYY]	\$	
	A Christian						
House #	Street Address				Date [MM/DD/YYYY]	\$	
		Wassery					
City		State	Zip Code		Date [MM/DD/YYYY]	\$	
Full Name of					Date MM/DD/YYYY	\$	
Contributing Commit	tee				TO LE MINIMODATA DE	3	
House #	Street Address	· · · · · · · · · · · · · · · · · · ·			Date [MM/DD/YYYY]	\$	
City		State	Zip Code	-	Date [MM/DD/YYYY]	\$	
		ig i ja	AAM CARRIED TO THE STATE OF THE		The state of the s		
Full Name of Contributing Commit	Tee.				Date [MM/DD/YYYY]	\$	
		1211					
House #	Street Address				Date [MM/DD/YYYY]	\$	
Gity		G Park	7: 2:4:4:	 ,			· · · · · · · · · · · · · · · · · · ·
		State	Zip Code		Date [MM/DD/YYYY]	\$	
Full Name of					Date MM/DD/YYYY	\$	
Contributing Commit	tee						
House #	Street Address		·-		Date [MM/DD/YYYY]	Š	
City	Econolisis () - var diskullard Hempelli Remeriti	State	Zip Code		Date [MM/DD/YYYY]	\$	-
	Section 1		TOTAL CONTROL OF THE				
Full Name of Contributing Commit	tee				Date [MM/DD/YYYY]	Andrew Allegate	
House #∠		- mr.e L. J.	, 				
HOUSE #	Street Address				Date MM/DD/YYYY)	\$	
City	多 。二篇	State	Zip Code		Date [MM/DD/YYYY]	\$. 195.051
			- In code		- wate living/DD/16111		

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:

Full Name of Co	ntributor			Date [MM/DD/YYYY] \$	
House#	Street Address			Date [MM/DD/YYYY] \$	
Gity	Personal Control of the Control of t	State	Zip Gode	Date [MM/DD/YYYY] \$	
Employer Name				Occupation	
Employer Mallir Principal Place o		· · · · · · · · · · · · · · · · · · ·	7	Control Contro	
Full Name of Co	ntributor			Date [MM/DD/YYYY]	
House #	Street Address	****	16	Date [MM/DD/YYYY] \$	
eity	The control of the co	State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Name Employer Mailin		****	- -	Occupation	
Principal Place o					
Full Name of Co	ntributor	-	·	Date [MM/DD/YYYY] \$	
House #	Street Address			Date (MM/DD/YYYY) \$	
City	(**) (**)	# VIII ON THE REAL PROPERTY OF THE PERTY OF		The state of the s	
City		State property of the propert	Zip Code	Date [MM/DD/YYYY) \$	
Employer Name		State	Zip Code		
A Section of the Control of the Cont	g Address /	State	Zip Code		
Employer Name	g Address / S	State	Zip Code		
Employer Name Employer Mailin Principal Place o	g Address / S	State	Zipicode	Occupation	
Employer Name Employer Mailin Principal Place o Full Name of Cor House #1	g Address / f Business itributor Street Address	State	Zip code	Date [MM/DD/YYYY] 5	
Employer Name Employer Mailin Principal Place o Full Name of Cor	g Address / f Business itributor Street Address	State		Date [MM/DD/YYYY] \$	

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 Nur	
Full Name	
House#	Street Address
City T	State Zip Date [MM/DD/YYYY] \$
Receipt Description	
Full Name	
House #	Street Address
City	State Zip Date MM/DD/YYYY \$
Receipt Description	L COLOR DE LA COLO
Full Name	
House #	Street Address
City	State Zip Date [MM/DD/YYYY] \$
Receipt Description	
Full Name	
House #	Street Address
City	State Zip Date [MM/DD/YYYY] \$ Code
Receipt Description	Gode Control of the C
Full Name	
House #	Street-Address
City :	State Zip Date [MM/DD/YYYY] \$ Code
Receipt Description	Code
Full Name	
House #	Street Address
City	State Zip Date [MM/DD/YYYY] CS Code
Receipt Description	Code Code
2	Meditorial Total Control Contr

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. UNITEMIZED IN-KIND CONTE	RIBUTIONS RECEIVED VAI	UE OF \$50.00 OR LESS PER GO	NTRIBUTOR	
TOTAL for the reporting period	(1)	\$		
2. IN-KIND CONTRIBUTIONS RE	CEIVED VALUE OF \$50.01	TO \$250:00 (FROM PART F)		
TOTAL for the reporting period	(2)	\$		
3. IN-KIND CONTRIBUTION REC	EIVED-VALUE OVER \$250	00 (FROM PART G)		antos an Antos antos an
TOTAL for the reporting period	(3)	\$		
TOTAL VALUE OF IN-KIND CONTRIBUTI PERIOD (Add and enter amount totals on Page 1, Report Cover Page, Item F)				

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Eller Identificat	ion Number:				
Full Name of (Contributor		-	Date [MM/DD/YYYY] \$	
				The state of the s	
House #	Street Address	***		Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
				The state of the s	
Description of	Contribution 1	C ==			
Full Name of (Sontributor			Date [MM/DD/YYYY] \$. •
House #	Street Address			Date [MM/DD/YYYY] \$	· Philada
				Section 2.25	
City		State	Zip Code	Date (MM/DD/YAYA)	
				The state of the s	
Description of	Contribution +				
Full Name of C	ontributor#			Date:[MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
	Fig. 1. Sec. 1			e de caracter de de caracter de da caracter de da de da de da de da de da de da de da de da de da de da de da de d	·
City	The state of the s	State	Zip €ode	Date [MM/DD/YYYY] \$	
And				「	
Description of	Contribution				
Full Name of C	ontributor-			Date [MM/DD/YYYY] \$	
				The state of the s	·
House #	Street Address	*****	· pps sq	Date [MM/DD/YYYY) \$	
TOTAL CONTROL OF THE PROPERTY	man and the proof of the proof			######################################	
City.	And the latest of the latest o	State	Zip Code	Date [MM/DD/YYYY] \$	7 F

Date [MM/DD/YYYY] \$

Date [MM/DD/YYYY] \$

Date [MM/DD/YYYY] \$

Description of Contribution

Full Name of Contributor

Description of Contribution

Street Address

State

Zip Code

House #

City

SCHEDULE II

Part G

In-Kind Contributions Received

VALUE OVER \$250

		VALUE OVER \$250		
Filer Identification Number:				
	<u> </u>			
	1100		· · · · · · · · · · · · · · · · · · ·	
Full Name of Contributor		· -	Date [MM/DD/YYYY] \$	
			The state of the s	
House # Street Addre	ss	··· , , , , , , , , , , , , , , , , , ,	Date [MM/DD/YYYY] \$	
			Section 1 Sectio	
acity a	State	ip Code	Date [MM/DD/YYYY] \$	
		The state of the s	Marie Carlos Car	
Employer Namer		S Company Comp	Section of the sectio	
			Occupation	
Employer Mailing Address / Principa			Description	
Place of Business	47 <u>(.</u> 7		of Contribution	
Full Name of Contributor	The state of the s		Date [MM/DD/YYYY] \$	-
House # Street Addres			Date [MM/DD/YYYY] \$	
the first of the second			50 (5 77) 14 4 77 (1 14 4 77 (1)	
Gity as	State Z	ip Code	Date [MM/DD/YYYY/] \$	
Employer Name		and the state of t	Occupation	
Employer Mailing Address / Principa	7.9 (L.1) (A.1) (SE) 2.1 (L.1) (L.1) (SE) 3.1 (L.1) (SE) 4.1 (L		Description	
Place of Business			col	
	and the second s		Contribution	
Full Name of Contributor		***************************************	Date [MM/DD/YYYY] \$	
	•		Scholar of State of S	
House # Street Address	et e	****	Date [MM/DD/YYYY] \$	
City 2	State	ip Code	Date [MM/DD/YYYY] \$	
	SALE OF THE SALE O	A Company of the Comp		
	And the second s	Agency Ag	Section of the sectio	
cinployer Name			Occupation	
Employer Mailing Address / Principa			Description	
Place of Business			of Contribution	
Full Name of Contributor		 	Service Control of Annual Control of Control	
	•		Date [MM/DD/YYYY] \$	
)			
House # Street Address			Date [MM/DD/YYYY] \$	
				i
City	State Z	p Code	Date [MM/DD/YYYY] \$	
		American Control of the Control of t	Similar Alverse (
Employer Name		manufacture () and a series of the first state of the series of the ser	Occupation	
Employer Mailing Address / Principa			Description	
Place of Business			of	
李一家张一家本都和一一	- 1		Contribution	

Statement of Expenditures

The state of the s	 	-	 	
Filer Identification Number:				
マチ 泉 海路 U - Fig. 140 - 1				

To Whom Paid	Edward Wilson			Date [MM/DD/YYYY] = \$	
				11/8/21	494.96
House # 914	Street Address R	eed St.		Description of Expenditure	
City Erie	The state of the s	State Pa	Zip Code 16503	repayment of campaign loan	1.00
To Whom Paid				Date [MM/DD/YYYY] \$	
				2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	4444 4444 4444
House #	Street Address			Description of Expenditure	
City	The state of the s	State	Zip R		TO THE STATE OF TH
	4	o date	Code		
To Whom Paid				Date [MM/DD/YYYY] \$	10 TO THE TOTAL TOTAL TO THE TO
House #	Street Address			Description of Expenditure	
Git ý	The second secon	State	Zip Code	The second secon	
To Whom Paid		Offerman A suggested parameters (Section 6)	Tame of A Science 2014 - C Tay Committee on	Date [MM/DD/YYYY] \$	
House #	Street Address		P 6,000	Description of Expenditure	
City	1 with a state of the state of	State	Zip Code	Control of the Contro	<u> </u>
To Whom Paid	'			Date [MM/DD/YYYY] \$	
House #	Street Address			Description of Expenditure	
Gity :		State	Zip. Code		TO COMMISSION WITH MAKEN
To Whom Paid				Date [MM/DD/YYYY] \$	
House #	Street Address			Description of Expenditure	
City		State	Zip: Code	775	and a Administrative and the second s
To Whom Paid				Date [MM/DD/YYYY] \$	
House #	Street Address			Description of Expenditure	
Gity in		State St	ZIP Code		the control of the co
To Whom Paid				Date [MM/DD/YYYY] \$	
House #	Street Address	· · · · · · · · · · · · · · · · · · ·		Description of Expenditure	
City City City City City City City City	The state of the s	State	Zip Gode	1. Marie 1994 (1994)	an ang tang tang tang tang tang tang tan

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.

Hileridentificati	on Number:	
Name of Credi		Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED \$
City		State ZIp
Description of	(a) (a) (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	Code
10 (1990) 1		
Name of Credi		Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED \$
		and the state of t
City .		State Zip Code
Description of	Debt	
Name of Credit		Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED \$ [MM/DD/YYYY]
		A WILLIAM TO THE STATE OF THE S
City		State
Description of	Debt	Gode
Name of Credit		Autstanding Ralance of Dahl
House #	Street Address	Outstanding Balance of Debt DATE DEBT INCURRED \$
The second secon	Street Address	[MM/DD/YYYY]
City		and an additional property of the control of the co
		State Code
Description of I	Debt :	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Name of Credit		Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED \$
		[MM/DD/YYYY]
City	A Comment of the Comm	The second secon
		State Zíp Code
Description of I	Debt ## # 1 1	The state of the s
Name of Credit	tor	Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED \$
		[MM/DD/YYYY]
City P	Active in the control of the control	State Zip
27 (n.7.)		State Zip Code
Description of D	Jebt	
	A Same and	·