VA2AL LOHIII

#### THIRLOHI

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

Filer Identification	(10000111	Report Filed (		ate X	Committee		Lobbyist
Name of Filing Committee, Ca Lobbyist	ndidate or	Michael Pace		<u>                                     </u>	<u>Province of a second control of a second cont</u>		
Street Address		770 W. Townh	all Rd.	<del></del>			
<b>City</b> Waterfor	d		State	PA	Zip Code	16441	
Type of Report (Place x under	report type)	· " i	•	<del></del> -			
1- 6 <sup>th</sup> Tuesday 2- 2 <sup>nd</sup> Friday Pre-Primary Pre-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
				X			
Date Of Election (MM/DD/YYYY)	11/5/19	Year	2019	Amendment Report		Termination Report	
Summary of Receipts and	From Date	To Date	3		For (	Office Use Only	
Expenditures	10/22		11/25			S	3
A. Amount Brought Forward F	rom Last Report	\$ _	1793.90		• ••		5
B. Total Monetary Contributio (From Schedule I)	ns and Receipts	\$	0			(,A,\$ [TT] (T1)	26
C. Total Funds Available (Sum of Lines A and B)		\$ -	1793.90			£ 10. g <del></del>	<b>3</b>
D. Total Expenditures (From Schedule III)		\$	0				Ö
E. Ending Cash Balance (Subtract Line D from Line C)		\$ _	1793.90				
F. Value of In-Kind Contributio	ns Received	\$	0				4
G. Unpaid Debts and Obligatio (From Schedule IV)	ns	\$	0 .				
Part 1- If this is a Committee repor	t transurer sign ho	ro If this the Com	Afficiavit Se	ction			
I swear (or affirm) that this report,			paper sto the		ge and belief tri	ie, correct and comple	te.
Sworn to and subscribed before me	Δ.	ommissic Pennsylv	nwealth Nicole	Malel	lace		
Nalnan		ania E Q	. 따 끝 하	MICHAE	of Person Sybmi	tting report	
/ Signature	<b></b>	Assoc	Pennsylvania an, Notary Pa		Printed Name		
My Commission expires 0 1 MO.	DAY YR.	Association of	. <b>5</b> -1 A	S/4 rea Code		ime Telephone Numbe	<del></del> er
Part II- If this is a report of a Candid	ate's Authorized C		ਰਿੱਠ date shall sign he	ere.	<b></b>		· · · · · · · · · · · · · · · · · · ·
I swear (or affirm) that to the best of amended.					provisions of th	ne Act of June 3, 1937 (	P.L. 1333, NO.320) as
Sworn to and subscribed before me	this		<b></b>				
day of	20	1	_	Cian	atura of Condid		_
Cim-+		·	_		ature of Candid	ale	_
Signature		, I		F	Printed Name		
My Commission expires MO.	DAY YR.		A	rea Code	Daytii	me Telephone Number	<u> </u>
· · · · · · · · · · · · · · · · · · ·		· 					

## SCHEDULE I

## **Contributions and Receipts**

**Detailed Summary Page** 

Filer Identification Number Michael Pace		
1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor		
Total for the reporting period (1)	\$	0
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		
Contributions Received from Political Committees (Part A)	\$	0
All Other Contributions (Part B)	\$	0
Total for the reporting period (2)	\$	0
3. Contributions Over \$250.00 (From Part C and Part D)	<del>'</del>	
Contributions Received from Political Committees (Part C)	\$	0
All Other Contributions (Part D)	\$	0
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)	\$	0
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)	\$	0

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	n Number Michael I	Pace			
	Wildiadi				0
					Amount
Full Name of Co Committee	ontributing			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City	<u></u>	State	Zip Code	Date [MM/DD/YYYY]	\$
					1 1
Fuil Name of Co	ntributing	P + . 1		Date [MM/DD/YYYY]	\$
Committee					. *
House #	Street Address			Date [MM/DD/YYYY]	\$
					1
City		State	Zip Code	Date [MM/DD/YYYY]	\$
			Zip code	Butte [wilting Boy 1111]	1
Full Name of Co	ntributing	type will older	THE RESERVE	Date [MM/DD/YYYY]	\$
Committee				Date [Min/DD/1111]	
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co	ntributing	1 - 6		Date [MM/DD/YYYY]	\$
Committee					
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
			p		
P. (18)					
Full Name of Co Committee				Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co	ntributing and	The state of the s		Date [MM/DD/YYYY]	:\$`
Committee				Date (WW/DD/1111)	
House #	Street Address			Date [MM/DD/YYYY]	<b>;</b> \$
			•		
City		State	Zip Code	Date [MM/DD/YYYY]	\$
<u> 2001 - 100</u>		ı l	The second of the second		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.)

Filer Identification Number:	
l Filer Identification Number:	
PRODUCT SECONOMICS CONTROL TO A MEDICAL CONTROL OF A SECONOMICS AND A SECO	
Michael Pace	
The proof of the p	

Full Name of C	Contributor			Date [MM/DD/YYYY]	
					4 (3.5) (1 (
House #	Street Addres	SS		Date [MM/DD/YYYY]	\$
		[편] [편]		Martin Company	
City	[Ref restricting persons]	State	Zip Code	Date [MM/DD/YYYY]	\$ '
				<u> </u>	
Full Name of C	ontributor			Date [MM/DD/YYYY]	\$ .
House #	Street Addres	ss		Date [MM/DD/YYYY]	\$.
				·	
City	LEGGET - WATER COLUMN	State	Zip Code	Date [MM/DD/YYYY]	
				**************************************	
Full Name of C	ontributor			Date [MM/DD/YYYY]	
House #	Street Addres	SS		Date [MM/DD/YYYY]	\$
		- 1년 - 1년 - 1년 - 1년		·	
City	The Austrian Commissions	State	Zip Code	Date [MM/DD/YYYY]	
Full Name of Co	ontributor	may Sym. 1	[1384] W. C. H. & C.	Date [MM/DD/YYYY]	
				Latt India to € each, septing gartin and late = each	
House #	Street Address	ss		Date [MM/DD/YYYY]	<b>\$</b>
		,		CONTROL TO BOARD SAME AND A CARROLL SAME AND A CARR	6. 4 4.65
City	中国的基础。 1	State	Zip Code	Date [MM/DD/YYYY]	\$
					P
Full Name of Co	ontributor	Western Co.	(京成市 1975年) - 188	Date [MM/DD/YYYY]	
				A TO MAKE SOFTEN COME THE CONTRACT OF THE CONT	
House #	Street Address	<u>[</u>		Date [MM/DD/YYYY]	\$
				Control of the second of the	
City	<u>Pett dan versons ye</u>	State	Zip Code	Date [MM/DD/YYYY]	0 % (
				The transfer of the same and the	
Full Name of Co	ontributor	Positiva and F	Personal Open Moment of	Date [MM/DD/YYYY]	
				<u> </u>	
House #	Street Address	ici		Date [MM/DD/YYYY]	\$
				<u> विकास के देशों के लिए कर विकास कर का का का किया है।</u>	
City		State	Zip Code	Date [MM/DD/YYYY]	\$
				Date Henry Political	
\$\$\\\$\\\$\\\$\\		I Santa at		Į.	G&A 4

#### 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.

	·				<u> </u>
Filer Identification	on Number: Michael	Door			
9999 V 25 F 3	Micriaei	race			
Full Name of				Date [MM/DD/YYYY]	<b> </b>
Contributing C	ommittee				
House #	Street Addre			Date [MM/DD/YYYY]	2 17 00 27 17 1
	Jucet Adure	555 		Date [WW/DD/1111]	<b>.</b>
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of		F (2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.	Q. 899 (AN) (AN) (1277 (277))	Date [MM/DD/YYYY]	\$ -
Contributing Co	ommittee		٧.	8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
2 1 2 1		75. II			
House #	Street Addre	SS		Date [MM/DD/YYYY]	<b>S</b>
		esta 1911 1945			
City	<b>■</b>	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of	2018年2月	(An all and an an	Particulation and Control of the Con	Date [MM/DD/YYYY]	\$
Contributing Co	ommittee			<u> </u>	
See a see see		-9-4			\$45
House #	Street Addre	SS		Date [MM/DD/YYYY]	_ <b>\$</b>
					16 13 18 16
City	1.74 18 3 186218 8	State	Zip Code	Date [MM/DD/YYYY]	\$60
Full Name of		10,000	1934 - Ave and a second	Date [MM/DD/YYYY]	\$
Contributing Co	ommittee				
House #		9699I			\$3.50 55.80
nouse#	Street Addre	SS		Date [MM/DD/YYYY]	\$
		4) 47			
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of				Date [MM/DD/YYYY]	<b>'\$</b> /
<b>Contributing Co</b>	mmittee				
House#	Street Addres			Para Inn Angai	
.TOuse #	Street Addres	5S		Date [MM/DD/YYYY]	\$
<u> </u>	nan ing kata-				
City		State	Zip Code	Date [MM/DD/YYYY]	<b>'\$</b>
e de la companya della companya della companya de la companya della companya dell					1990 c 1900 c 1900 c
Full Name of			——————————————————————————————————————	Date [MM/DD/YYYY]	\$
Contributing Co	mmittee				
House #		<b>19</b>	***	Data Transfer Annual	(2.5 m) (2.5 m) (3.6 m)
	Street Addres	<b>55</b>		Date [MM/DD/YYYY]	\$
		<u> </u>			
City		State	Zip Code	Date [MM/DD/YYYY]	l e l

#### **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:		
	Michael Pace	
•		

Full Name of Co	entributor			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City	10-2-20-0-2-2-2-2-1	State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Name			Programme and the second	Occupation	
Employer Maili				Technology and a	
Principal Place o					
Full Name of Co	ntributor			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
			•		
City		State	Zip Code	Date [MM/DD/YYYY] \$	
City		Julia	zip coue	Date Iminia DDA 1111	
Employer Name		14616a e	[4] 2 mt mb/y 2 (100 th y )	Occupation	
Employer Mailir Principal Place o					
Full Name of Co	aggioration (1918) and the property of the Mary of the Control of			Date [MM/DD/YYYY] \$	
				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
House #	Street Address			Date [MM/DD/YYYY] \$	
Touse !	JHEEL AUGIESS			Date flaust bot 11 11	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
	-			(2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	
Employer Name				Occupation	
Employer Mailin				Recorded to the second	
Principal Place of	genge megasekst projektioning, it lights like to a light to				
Full Name of Co	ntributor			Date [MM/DD/YYYY] \$	
e fakte kilost fatt 15. Kultu lakas fatt 15.					
House #	Street Address			Date [MM/DD/YYYY] \$	
City	Kesimin sesta se	State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Name		[24] [25]	[1] [1] [1] [1] [1] [1] [1] [1] [1] [1]	Occupation	
Employer Mailin Principal Place o					

#### **PART E**

## **Other Receipts**

## REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

	Michael Pace			
	censi			
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		Control deserts	- 11 to 4 Ph. (H. )	
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		[MUNICAL VI]	te transpetuga	[13-]
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		F - 1900		1 1 1
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				1 11
Full Name				······································
House#	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description	- (a) 3 (. ) (b) (. )	Taking Armana	ensenskindels#	
the specimen to the state of the speciment of the Mill	160 C DOL			

#### 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

Filer Identification Number: Michael I	Pace			
1. UNITEMIZED IN-KIND CONTRIE	BUTIONS RECEIVED-VAI	LUE OF \$50.00	OR LESS PER CONTRIBUTOR	
TOTAL for the reporting period	(1)	\$	0	du The egy en arrive
2. IN-KIND CONTRIBUTIONS REC	EIVED-VALUE OF \$50.01	L TO \$250.00 (F	FROM PART F)	
TOTAL for the reporting period	(2)	\$	0	
3. IN-KIND CONTRIBUTION RECEI	IVED-VALUE OVER \$250	).00 (FROM PAF	RTG)	
TOTAL for the reporting period	(3)	\$	0	
TOTAL VALUE OF IN-KIND CONTRIBUTIO PERIOD (Add and enter amount totals fro on Page 1, Report Cover Page, Item F)			0	

## SCHEDULE II PART F

## **In-Kind Contributions Received**

**VALUE OF \$50.01 TO \$250** 

Filer Identification Number: Michael Pace	
Full Name of Contributor	Date [MM/DD/YYYY] \$
#11 18 12 13 14 14 15 14 15 15 16 16 17 16 17 16 17 16 17 16 17 16 17 16 17 17 17 17 17 17 17 17 17 17 17 17 1 \$1 18 18 18 18 18 18 18 18 18 18 18 18 18	

Full Name of Cor	ntributor			Date [MM/DD/YYYY]	
			<u>.</u>	The honor	
House #	Street Address			Date [MM/DD/YYYY]	
City	Bettettvisk strong	State	Zip Code	Date [MM/DD/YYYY]	<b>.</b>
Description of Co	ontribution				18.00 18.00
		(M6) (1) 188 (1) 188		P.Z. AVEGE INDIANA.	· ·
Full Name of Cor	itributor			Date [MM/DD/YYYY]	***
House #	Street Address			Date [MM/DD/YYYY]	
City		State	Zip Code	Date [MM/DD/YYYY]	\$4 \$4
	er min est <b>er</b> eller e <b>r s</b> elle <u>r er til hen i dette men men profes</u> ter er i	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
Description of Co					J
Full Name of Con	ıtributor			Date [MM/DD/YYYY]	<b>.\$</b> .
House #	Street Address			Date [MM/DD/YYYY]	10.00 1.50 1.10
City		State	Zip Code	Date [MM/DD/YYYY]	<b>多</b> 编
City		State	ZIP Cove	- nate finish and the set	
Description of Co	ontribution	The second secon			<u>\$5</u> 44
Full Name of Con	Atributor	<u>51.51</u>		Date [MM/DD/YYYY]	<b>S</b>
House #	Street Address			Date [MM/DD/YYYY]	**
City		State	Zip Code	Date [MM/DD/YYYY]	
				- TAP - AP	
Description of Co	Intribution	ed Sil Sil Ba			
Full Name of Con	itributor	193		Date [MM/DD/YYYY]	
House #	Street Address			Date [MM/DD/YYYY]	<b>5</b>
		•	Fr		
City		State	Zip Code	Date [MM/DD/YYYY]	
Description of Co	Intribution	A	100000000000000000000000000000000000000	<u> </u>	

## SCHEDULE II Part G

## **In-Kind Contributions Received**

**VALUE OVER \$250** 

Filer Identification Number: Michael Pace
No. 1 and 1

	<ul> <li>2 中間 (mail 2 (sa)20 2 ) 。</li> </ul>			Section for the bank and the section of the section		
Full Name of Contributor				Date [MM/DD/YYYY] \$		
House #	Street Address	<del></del> _		Date [MM/DD/YYYY] \$		
City		State	Zip Code	Date [MM/DD/YYYY] \$		
Employer Nam	<b>.e.</b>		Occupation			
	ling Address / Principal			<b>Description</b>		
Place of Busine	<b>.55</b>			of Contribution		
Full Name of Co	ontributor			Date [MM/DD/YYYY] \$		
				0.55(7)		
House #	Street Address			Date [MM/DD/YYYY] \$		
NOUSE 11	Sifeet Augress	,		Nare lianation time 1.		
City	The state of the s	State	Zip Code	Date [MM/DD/YYYY] \$		
City	Ţ	State	Zip Code	Date [WW/DD/11-11]		
- Name	Market of the following may be according to the profit		100 年27 日本 日本の150 年刊日			
Employer Name	是自然是是1965年1966年1965			Occupation		
	ing Address / Principal			Description		
Place of Busine	<b>ss</b> 1			of Contribution		
Full Name of Co	ontributor			Date [MM/DD/YYYY] \$		
				The state of the s		
House #	House # Street Address			Date [MM/DD/YYYY] \$		
				A STATE OF THE STA		
City		State	Zip Code	Date [MM/DD/YYYY] \$		
Lity	ļ	State	Zip Coue	Date [iwiw/DD/1.1.1.1]		
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
Employer Name		1		Occupation		
	ing Address / Principal			Description		
Place of Busines				of Contribution		
Full Name of Co	ontributor			Date [MM/DD/YYYY] \$		
				1000   1000		
House #   Street Address		Date [MM/DD/YYYY] \$				
Mouse n	Street Address			Date livim/DD/11111		
<u> </u>		h	To Easter East Apply Appl			
City	ļ	State	Zip Code	Date [MM/DD/YYYY] \$		
		Administration of the second				
Employer Name		1		Occupation		
	ing Address / Principal		editor.	Description		
Place of Business			of Contribution			
医骶骨髓 化连连点 经收益 化二氯化二甲基	さんに関い のおりがわけい いちん たいしゅついき	1		Continuity		

# Statement of Expenditures

Filer Identification Number:		•			
	Michael Pace				
	:				

To Whom Paid	9			Date [MM/DD/YYYY] \$
House #	Street Address			Description of Expenditure
City		State	Zip	
			Code	
To Whom Paid			Date [MM/DD/YYYY] \$	
House#	Street Address			Description of Expenditure
City	[1 5 95	State	Zip Code	i de la desperante de la démanda en la centra de la centra de la centra de <u>la centra de la centra de la centra de</u>
To Whom Paid		the west of		Date [MM/DD/YYYY] \$
House #	Street Address			Description of Expenditure
City	Kingga semina embatical	State	Zip Code	
To Whom Paid	76. An 18. An 18. An	[90.9.020.000.00]	Tem (2013) (NSS) (104)	Date [MM/DD/YYYY] \$
House #	Street Address			Description of Expenditure
City	Friedlicht (Leisten ist	State	Zip Code	Extragation (Makeuse and Indignals) in Makeuse Contract to the Contract States and an extract to the Contract States and the C
To Whom Paid	(1986) (1986) (1986)	Programme 1	122.50	Date [MM/DD/YYYY] \$
House #	Street Address			Description of Expenditure
City	Landide en en en antagal.	State	Zip Code	60 from the investigation of a state of the investigation of the state
To Whom Paid	1908 1909 1909 1909			Date [MM/DD/YYYY] \$
House #	Street Address			Description of Expenditure
City	Provided Section 66 of	State	Zip Code	
To Whom Paid			Date [MM/DD/YYYY] \$	
House #	Street Address	<del>,</del>	1.4	Description of Expenditure
City	· · · · · · · · · · · · · · · · · · ·	State	Zip Code	
To Whom Paid				Date [MM/DD/YYYY] \$
House #	Street Address			Description of Expenditure
City	The organization of the Artificial Artificia	State	Zip Code	

### **SCHEDULE IV**

Statement of Unpaid Debts
all unpaid debts and obligations which are outstanding at the end of the reporting period.

	Section to itemize all unpaid del	763 and Obligations will	chare outstanding at the	end of the reporting period.
Filer Identification	Number: Michael Pace			
Name of Credito	<b>3</b>		,	Outstanding Balance of Debt
House #	Street Address	,	DATE DEBT INCURRED	
		<u> -</u>	[MM/DD/YYYY]	
		ار دری میورد	T v d	
City		State	Zip Code	
Description of De	ebt	<u>k Artimosi</u>	Coucas	
		·		
Name of Credito				Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED	
		·.  -	[MM/DD/YYYY]	
		Cinto	1, 1998 to 1, 10, 100	
City		State	Zip Code	
Description of De	ebt	les in the interest of the int	<u> </u>	_
ense is protesting a second				
Name of Credito				Outstanding Balance of Debt
House #	Street Address	<u> </u>	DATE DEBT INCURRED	
	Street Aduress	E	[MM/DD/YYYY]	
		Γ	A Committee of the Comm	
City		State	Zip	
	1 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	1. W Jan	Code	
Description of De	20t			
Name of Creditor				Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED	<b>\$</b>
		<u>[</u>	[MM/DD/YYYY]	
City		State	Zip	
			Code	
Description of De	e6t		<u> </u>	- <u>-</u>
Name of Creditor				Outstanding Balance of Debt
House #	Street Address	id (	DATE DEBT INCURRED	
		<u>a</u> j	[MM/ĐD/YYYY]	
City	NESSE VEST	State		
City		- State	Zip Code	
Description of De	a <b>lot</b>	[ 857 - 58 - 51 <b>F</b>	(শেক্ষকত হ'ত ক	
	7 (Sept. 2) 2 (Sept. 2) 4 (7 (Sept. 2)			
Name of Creditor				Outstanding Balance of Debt
House #	Street Address	4.7	DATE DEBT INCURRED	
		<u></u>	[MM/DD/YYYY]	
City		State	Zip Code	
Description of De	(100 M (1 )		Code	