

Commonwealth of Pennsylvania - Campaign Finance Report

| | (Note: 1 | his report must l | oe clear and | legible. It shou | uld be typed) |) | _ |
|---|--|--|--|----------------------------|--------------------|--|--|
| | 834365689 | Report Filed By (Mark X) | Candida | te | Committee | X | Lobbyist |
| Name of Filing Comm Lobbyist | nittee, Candidate or | Friends | to E | lect Jas | mine | Flores | |
| Street Address | | 1023 C | helsea | <i>^</i> . | | | |
| CIV | Erie | . <i>f</i> () | State | PA | Zip Code | 16505 | |
| Type of Report (Place | | | the many deleterable or Sac | | | | |
| | nd Friday: 3-30 Day Post Primary : Primary | | - 2 nd Friday re- Election | 6-30 Day Post. Election | 7- Annual | Special 2 nd Friday Pre-Election | Special 30 Day Post-Election |
| | | | | | | | |
| Date Of Election (MM/DD/YYYY) | 05/21/2019 | Year | 2019 | Amendment Report | | Report | K |
| Summary of Receipts | and From Date | To Date | | | For (| Office Use Only | |
| Expenditures | 06/11/20 | 019 10/22/2 | 2019 | 745 | | | |
| A. Amount Brought F | orward From Last Repor | | 59 | | | The color of the c | <u></u> |
| | ontributions and Receipts | \$ 5 | ζ \ | | | 5 | 2019 027 |
| (From Schedule I) : CL Total Funds Availa | ble 1 light | \$ 50 | <i>)</i> | | | | |
| (Sum of Lines A and E D-Total Expenditure | | \$ 41.5 | 9 | | | 200 | 22 |
| (From Schedule III) | | 91,5 | 9 | | | 900 |) : -0 |
| E. Ending Cash Balan (Subtract Line D from | The state of the s | \$ Ø | | | | 70 | and the second s |
| F. Value of In-Kind Co (From Schedule II) | ontributions Received | \$ (1) | | | | TRATION | grands stree stree promises |
| G. Unpaid Debts and | | \$ 705 | | | | | -aju |
| (From Schedule IV) | | With the state of | Affidavit Se | tion | | | |
| Part 1- If this is a Comm | ittee report, treasurer sign h | ere. If this is a Candi | date report, ca | ndidate sign here. | las and ballafte | up correct and compl | oto. |
| Sworn to and subscribed | his report, including the atta | | aper, is to the | best of my knowled | ige and belief tri | ue, correct and compi | et e. |
| 23th day of O | tobar 20 19 | nmonwealth of Tonia Ferroman F | l A | Lyra . | Taylo | | |
| Lana | Vernande | onia Fern conmiss commiss Commiss |] _ | Kura | of Person Subm | itting report | |
| Signar | ture | A Pennsiandez Randez Gerie Co ion explicania | | · /· | Printed Name | _ | |
| My Commission expires | MO. DAY YR | 一 のほうきょしど | | 12,4 irea Code | <u>49</u> | 8 - 7018 time Telephone Numb | per |
| Dart II If this is a sono | of a Candidate's Authorized | # 7 B ∃ | ate shall clon be | | · | | |
| I swear (or affirm) that t | o the best of my knowledge | and the full this petito | al committee | | y provisions of t | he Act of June 3, 1937 | (P.L. 1333, NO.320) as |
| | | lic 2023 Notaries | | \ - | N | | |
| Sworn to and subscribed | John C 19 | 8 8 | 뒤 (| Lames | ut des | ~ | |
| day of C | 20 1 | | _` | Sign | nature of Candid | late CAMA 9 | |
| Signal | ture | 1 C | _ | TOWN. | Printed Name | - Hares | |
| My Commission expires | 4-3-23 | | | 814 | _4 | <u>03.3408</u> | |
| | MO, DAY YR. | | Α | rea Code | Dayti | me Telephone Numb | er |
| | | | | | | | |

Commonwealth of Pennsylvania - Notary Seal Tonia Fernandez, Notary Public Erie County My commission expires April 3, 2023 Commission number 1288912

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

| Fler Identification Number | 834365689 | |
|----------------------------|-----------|--|
| | | |

| 1. Unitemized Contributions and Receipts: \$50:00 or Less per Contributor | |
|--|----------|
| Total for the reporting period (1) | \$ \$ |
| 2. Contributions of \$50.01 to \$250.00 (From Part A and Part B) | |
| Contributions Received from Political Committees (Part A) | \$ \$ |
| All Other Contributions (Part B) | \$ \$ |
| Total for the reporting period (2) | \$ \$ |
| 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) | \$ \$ |
| 4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E) | |
| Total for the reporting period (4) | \$ \$ |
| 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

| £3-43 | 65689 | | |
|-------------------------------------|--|--|------------|
| | | | Amount |
| Full Name of Contributing | | Date [MM/DD/YYYY] \$ | |
| Committee | | | |
| House # Street Address | | Date [VIM/DD/WYY] \$ | |
| | | | |
| Gity | 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 | | ,, |
| Full Name of Contributing | | Date MM/DD/YYYY \$ | |
| Committee | | | |
| House # Street Address | | Date [MM/DD/YYYY] \$ | |
| | | | |
| City | Zip Gode | Date [MM/DD/YYYY] \$ | |
| | | To the state of th | <u></u> |
| Full Name of Contributing | | Date [MM/DD/YYYY] \$ | |
| Committee | | Compared to the Compared to th | |
| House # Street Address | | Date [MM/DD/YYYY] \$ | |
| | | Down the way of the control of the c | |
| City | State Zip Code | Date [MM/DD/YYYY] \$ | |
| | | | |
| Full Name of Contributing Committee | | Date [MM/DD/YYYY] \$ | |
| House # Street Address | | Date [MM/DD/YYYY] \$ | |
| Silver Modern | | | |
| Gity | State Zip Code | Date [MM/DD/YYYY] \$ | . <u> </u> |
| | | Processors of the control of the con | |
| Full Name of Contributing | | Date [MM/DD/YYYY] \$ | |
| Gommittee | | The second secon | |
| House # Street Address | | Date [MM/DD/YYYY] \$ | |
| | | | |
| Gity | State Zip Code | Date [MM/DD/YYYY] \$ | |
| | | | |
| Full Name of Contributing | | Date [MM/DD/YYYY] \$ | |
| Committee | | Description of the second seco | |
| House # Street Address | | Date [MM/DD/YYYY] \$ | |
| | The state of the s | Company of the compan | |
| *Glay | State Zip Code | Date [MM/DD/YYYY] \$ | |
| | | Service C. | |

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: | | | | |
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| | | | | |
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| Full Name of Contributor | | | Date [MM/DD/YYYY] \$ | |
|--------------------------|-----------|---------------------------------------|--------------------------------------|--|
| House # Street Address | | | Date [MM/DD/YYYY] \$ | |
| Giv. | State | Zip Code | Date [MM/DD/YYYY] \$ | |
| Full Name of Contributor | | | Date [MM/DD/YYYY], \$ | |
| House # Street Address | | | Date [MM/DD/YYYY]. \$ | |
| City . | State | Zip Code | Date [MM/DD/YYYY] \$ | |
| Full Name of Contributor | | | Date [MM/DD/YYYY] = 5 | |
| House # Street Address | | | Date [MM/DD/XYXY] | |
| Giby | State | Zip Gode | ■Date [MM/DD/YYYY] (| |
| Full Name of Contributor | | | Date [MM/DD/YYYY] 5 | |
| House # Street Address | | | Date [MM/DD/YYYY] | |
| City | State | Zip Code | Date [MM/DD/YYYY] \$ | |
| Full Name of Contributor | | , | Date [MM/DD/YYYY] ; | |
| #House # Street Address | 1.00 | | Date [MM/DD/YYYY] = 5 | |
| City | State | Zip Code 4 | Date [MM/DD/MYY] | |
| Full Name of Contributor | | · · · · · · · · · · · · · · · · · · · | Date [MM/DD/YYYY] | |
| House # Street Address | - <u></u> | | Date [MM/DD/YY/Y] Date [MM/DD/YY/Y] | |
| Gity | State | Zip Gode | Date [MM/DD/YYYY] | |

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.

| Filer Identification Number: | 34345689 | | | |
|-------------------------------------|--|----------|---------------------|------------------------------|
| | , | | | |
| Full Name of Contributing Committee | | | Date [MM/[DD/YYYY]] | \$ |
| House # Street A | ddress | | Date [MM/DD//YYYY] | \$ |
| City | State | Zip Code | | |
| Full Name of Contributing Compiltee | | | Date [MM/DD/YYYY] | |
| House # Street A | ddress | | 7 · | \$ |
| City | State | Zip.Code | | |
| Full Name of Committee | | | | |
| House # Street A | 191 191 191 191 191 191 191 | | 4 | 5 a a a a a a a a a a |
| City | State | Zip Gode | | \$. • |
| Full Name of Contributing Committee | | | | |
| House # Street A | | | | |
| City Full Name of | State | Zip Code | | |
| Contributing Committee | | | | |
| | 1 - 100 1 - 100 1 - 100 | Zip Code | | |
| City | State | zipade | | 3 |
| Contributing Committee | | | | |
| House # Street A | Constitution of the consti | | | |
| City | State | Zip Gode | Date [MNW/DB/ATA] | * |

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: | |
|------------------------------|--|
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| Full Name of Contributor | ····· | | Date [MM/DD/YYYY] 📑 💲 |
|--|----------------|----------|--------------------------|
| | r ^e | | |
| House# Street Address | <u></u> | | Date [MM/DD/YYYY] \$ |
| | | | |
| City | State | Zip Code | Date [MM/DD/YYYY] (4) \$ |
| | , w | | |
| Employer Name | | | Occupation |
| Employer Mailing Address / Principal Place of Business | | | |
| Full Name of Contributor | | | Date [MM/DD/YYYY] \$ |
| | | | # 1 |
| House # Street Address | | | Date [MM/DD/YYYY] \$ |
| | | | |
| City # | State | Zip Code | Date:[MM/DD/YYYA] \$ |
| | | | |
| Employer Name | | | Occupation |
| Employer Mailing Address:// Principal Place of Business | | | |
| Full Name of Contributor | · | | Date [MM/DD/YYYY] \$ |
| | | | |
| House # Street Address | | 144 | Date [MM/DD/YYYY] \$ |
| | | | |
| City | State | Zip Code | Date [MM/DD/YYYY] \$ |
| | | | Occupation - |
| Employer Name | | | Occupation |
| Employer Mailing Address:// Principal Place of Business | | | |
| Full Name of Contributor | | | Date [MM/DD/YYYY] \$ |
| | | | |
| House # Street Address | | | Date [MM/DD/YYYY] 👙 💲 |
| | | | |
| City | State | Zip Code | Date [MM/DD/YYYY] \$ |
| | | | 100 mg |
| Employer Name | | | Occupation |
| Employer Mailing Address / | <u></u> | | |
| Principal Place of Business | | | |

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 Number:

| Filer Identification Number 1 | 8343656 | 89 | | |
|-------------------------------|--|--|------------------|--|
| Full Name | 75 | | | |
| House # | Street Address | | | |
| | Control of the contro | State | 7 46 - 83 | Date [MM/DD/YYYY] 75 |
| City 1 | | State | Code | Date [MM/DD/YYYY] 25 |
| Receipt Description | M | | | This production of the state of |
| Full Name | | | | |
| House # | Street Address | | | |
| City: | | State | Zip Code | Date [MM/DD/YYYY] \$ |
| Receipt Description | District Control of the Control of t | Company of the Compan | | |
| Full Name | | · . | | |
| House # | Street Address | 4 | | |
| City | | State | Zip Code | Date [MM/DD/YYYY] \$ |
| Receipt Description | | | | |
| Full Name | | | | |
| House # | Street Address | | | |
| Gtv 1 | | State | Zip Code | Date [MM/DD/YYYY] \$ |
| Receipt Description | | Property and the second | | |
| Full Name | | | | |
| House # | Street Address | | | |
| City : | | State | Zip Code | Date MM/DD/YYYY |
| Receipt Description | | | | |
| Full Name | 7 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - | | | |
| House # | Street Address | | | |
| | To the state of th | State | Zipv 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: | 1365689 | | | |
|--|------------------------|-----------------------------------|----------|-----------------------------|
| STATE STATE OF THE | | UP OF CLOOD ON UFFE BUS TONITOR | I TON | - V - 1 - 1 - 1 - 1 - 1 - 1 |
| | | UE OF \$50.00 OR LESS PER CONTRIB | SU LONGE | |
| TOTAL for the reporting period | (1) | \$ | | |
| 2. IN-KIND CONTRIBUTIONS REC | FIVED-VALUE OF \$50.03 | TO \$250:00 (FROM PART F) | | 設工 |
| TOTAL for the reporting period | (2) | \$ | , | |
| 3. INSKIND CONTRIBUTION RECE | VED-VALUE OVER \$250 | (00 (FROM PART G) | | |
| TOTAL for the reporting period | (3) | \$ | | # WAS |
| TOTAL VALUE OF IN-KIND CONTRIBUTION PERIOD (Add and enter amount totals from Page 1, Report Cover Page, Item F) | | | | |

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

| Filer Identification Number: | |
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| | |

| Full Name of Contributor | | | Date [MM/DD/YYYY] \$ | |
|-----------------------------|-------------|----------|---|----------|
| House # Stre | eet Address | | Date [MM/DD/YYYY] \$ | |
| City | State | Zip Code | Date [MM/DD/YYYY] \$ | |
| Description of Contribution | n S | | . , , , , , , , , , , , , , , , , , , , | |
| Full Name of Contributor | | | Date [MM/DD/YYYY] \$ | |
| House # Str | eet Address | | Date [MM/DD/YYYY] \$ | |
| Giby | State | Zip Code | Date [MM/DD/YYYY] \$ | |
| Description of Contribution | on j | | Manager Co. | <u>-</u> |
| Full Name of Contributor | | | Date [MM/DD/YYYY] \$ | |
| House # Stri | eet Address | 180-7-1 | Date [MM/DD/YYYYY] \$ | |
| City. | State | Zip Code | Date [MM/DD/YYYY] \$ | |
| Description of Contribution | ni. | | | |
| Full Name of Contributor | | | Date [MM/DD/YYYY] \$ | , , , , |
| House# Str | eet Address | | Date MM/DD/YYYY] \$ | |
| City 2 | State | Zip Code | Date [MM/DD/YYYY], \$ | |
| Description of Contribution | on : | | | |
| Full Name of Contributor | | **** | Date [MM/DD/YYYY] \$ | |
| House # Str | eet Address | | Date [MM/DD/YYYY] \$ | |
| City : | State | Zip Code | Date [MM/DD/YYYY] \$ | |
| Description of Contribution | on. | | | |

SCHEDULE II

Part G

In-Kind Contributions Received

VALUE OVER \$250

| Eller Mentification Riconhar. | | | |
|-------------------------------|------------------------|-----------------------|--|
| Filer identification Number: | | | |
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| Full Name of Contributor | Date MM/DD/YYW] 5 |
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| | Described Described |
| House ## Street Address | Date [MN//DD/YYYY] \$ |
| | |
| City Zip Code | Date [MM/DD/YYYY] \$ |
| | |
| Employer Name | Occupation |
| Employer Mailing Address / Principal | Description |
| Place of Business | of |
| Full Name of Contributor | and the state of t |
| | Date [MM/DD/YYYY] |
| House # Street Address | Date [MM/DD/YYYY] \$ |
| | |
| City State Zip Code | Date [MM/DD/YYYY] \$ |
| | |
| Employer Name | Occupation: |
| Employer Mailing Address / Principal | Description: |
| Place of Business | Contribution |
| | |
| Full Name of Contributor | Date [MIM/DD/YYYY] 5 |
| Full Name of Contributor | Dăte [MM/DD/YYYY] 5 |
| Full Name of Contributor House # Street Address | Date [MM/DD/YYYY] \$2 Date [MM/DD/YYYY] \$3 |
| House # Street Address | EDate [MM/DD/YYYY] \$ |
| | |
| House # Street Address | EDate [MM/DD/YYYY] \$ |
| House # Street Address City State Zip Code T Employer Name | Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Occupation Description Des |
| House # Street Address City State Zip Code | Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Occupation |
| House # Street Address City State Zip Code Employer Name Employer Mailing Address / Principal | Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Occupation Description of |
| House # Street Address City State Zip Code Employer Name Employer Mailing Address / Principal Place of Business 1 | Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Occupation Description of Contribution |
| House # Street Address City State Zip Code Employer Name Employer Mailing Address / Principal Place of Business 1 | Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Occupation Description of Contribution Date [MM/DD/YYYY] \$ |
| City State Zip Code Employer Name Employer Mailing Address / Principal Place of Business: Full Name of Contributor | Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Occupation Description of Contribution Date [MM/DD/YYYY] \$ |
| City State Zip Code Employer Name Employer Mailing Address / Principal Place of Business: Full Name of Contributor | Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Occupation Description of Contribution Date [MM/DD/YYYY] \$ |
| House # Street Address City State Zip Code Employer Name Employer Mailing Address / Principal Place of Business : 3 Full Name of Contributor ### Street Address | Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Occupation Description of Contribution Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ |
| House # Street Address City State Zip Code Employer Name Employer Mailing Address / Principal Place of Business : 3 Full Name of Contributor ### Street Address | Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Occupation Description Of Contribution Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ |
| City State Zip Code Employer Name Employer Mailing Address / Principal Place of Business 3 Full Name of Contributor Gity State Zip Code Zip Code | Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Occupation Description of Contribution Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ |

Statement of Expenditures

| | · · · · · · · · · · · · · · · · · · · |
|--|---------------------------------------|
| #Eller/Identification Number: | |
| Fileridentification Number: 83-4365689 | |
| ************************************** | |
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| Whom Paid | | | Date [MM/DD/YYYY] = \$ | |
|-------------------------|----------------------------|---------------------------|---|--|
| 1 Erie Cou | nty Your | ng Dems | JOJ33 3019 Description of Expenditur | 91.59 |
| 1305 Street Address St | nty Your late St. | J . | Description of Expenditure | |
| * Erie | State DA | Zip 1650 | contribution | to Committee |
|) Whom Paid | | | Date [MM/DD/YYYY] \$ | |
| ouse# Street Address | | | Description of Expenditure | |
| i y | State | 212 | · · · · · · · · · · · · · · · · · · · | · · · · · · · · · · · · · · · · · · · |
| • Whom Paid | - <u> </u> | Gode | Date [MM/DD/XXYY] \$ | |
| * (*) 4 (*) 5 (*) | | | | 7 T |
| ouse# Street Address | | L-P tax room (legislation | Description of Expenditure | |
| ity - | State | -Zip :Code : | | |
| o Whom Paid | | | Date [MM/DD/YYYY] | |
| ouse # Street Address | | | Description of Expenditure | |
| ity | State | Zip : Code | | 11 March 11 11 11 11 11 11 11 11 11 11 11 11 11 |
| o Whom Paid | ÷.(♣) | | Date [MM/DD/YYYY] \$ | |
| ouse# Street Address | | | Description of Expenditure | |
| ity | State | Zip. | | |
| | | Code | Date MM/DD/YYYY) \$ | |
| o Whom Paid | | | | |
| ouse # Street Address | | | Description of Expenditure | |
| itý : | State | Zlp Gode | | |
| o Whom Paid | Total Salara Anna a garage | | Date [MM/DD/YYYY] \$ | The state of the s |
| ouse # Street Address | | | Description of Expenditure | |
| iny | State | Zip | | 湖流 [19] - 3. 一 |
| Whom Paid | | Gode | Date [MM/DD/YY/YY] \$ | |
| | 11.40 · · | | Description of Expenditure | |
| ouse # Street Address | | Personal Systems Assessed | pescription of expenditure | |
| ity. | State | Zip : | | |

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 Nun | 1ber: 83-4 | 1365689 | | • | |

| Name of Greditor | | | Outstanding Balance of Debt |
|--|------------------|-----------------------------------|--|
| House# | Street Address | DATE DEBT INCURRED: [MM/DD/YYYY] | -5 |
| City | | State Zip Code | |
| Description of Debt | | | |
| Name of Creditor | | | Outstanding Balance of Debt |
| House# | Street Address | DATE DEBT INCURRED [MM/DD/YYYY] | |
| City | | State Zip Code # | |
| Description of Debt | | | |
| Name of Greditor | | | Outstanding Balance of Debt |
| House # | Street Address | DATE DEBT INCURRED * [MM/DD/YYYY] | |
| City | | State Zip Code | |
| Description of Debt | , T | | |
| Name of Creditor | | | Outstanding Balance of Debt |
| House # | Street Address | DATE DEBT INCURRED [MM/DD/YYYY] | \$ |
| City 1 | | State Zip Code | And the state of t |
| Description of Debt | | | |
| Name of Creditor | - (E. | | Outstanding Balance of Debt |
| House# | Street Address | DATE DEBT INCURRED. | |
| City And | | State Zip Code | |
| Description of Debt | | | |
| Name of Creditor | | | Outstanding Balance of Debt |
| House # | Street-Address | DATE DEBT INCURRED [MM/DD/YYYY] | |
| City | | State Zip Code | |
| Description of Debt | | | |