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

Filer Identification			Report Fil	ed By	Candid			Committee	•		Lobbyi	st .
Number Name of Filing Committee	ee, Candidate	or	(Mark X)	ale of parents provide a force?		TO SHIP LOCATION						000000
Lobbyist Street Address	T STATE OF THE	<u> </u>	YEVET AN	IDERSON	V							
			3930 ESS	EX AVEN	UE							
City ER	IE .				State	PA		Zip Code	16504			
Type of Report (Place х и	oder report t	ype)										
1-6 th Tuesday 2-2 nd F Pre-Primary Pre-Prim			4-6 th Tueso Pre-Election	Value of the Control	nd Friday - Election	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	THE STATE OF THE S	7- Annual	Special 2" Pre-Electi		TO THE RESERVE OF THE PARTY OF	l 30 Day lection
	1 - 1111a) 	rje Election	//I F15	- Election				F		- vace	ection
Date Of Election	<u> </u>		Year			(A)				tide in solve as a silve to the		
(MM/DD/YYYY)	05/20)/2025	real		2025	Amendr Report	nent		Terminati Report	on		
Summary of Receipts and Expenditures	f From	Date	To	Date	S. S. S.	de Mary de de	19 G 10 C	For	Office Use O	Only		
	03/360891	01/2025		05/05/20	025							en gasto Kanasan
A. Amount Brought Forw	ard From Las	t Report	Ş	980	60,	00						
B. Total Monetary Contri (From Schedule I)	butions and I	Receipts	\$	ð; s ko	930	00				\$	20	
C. Total Funds Available (Sum of Lines A and B)	Walter State	Silveria Historia	\$	9%0	950	00					2025 MAY	
D. Total Expenditures (From Schedule III)			\$	0.96	650	D. 53	5	•			4	
E. Ending Cash Balance (Subtract Line D from Line	e C)		\$		337.	47				SE	→	
F. Value of In-Kind Contri (From Schedule II)	butions Rece	ived	\$	0.00	***						₹ 9	
G. Unpaid Debts and Obli (From Schedule IV)	gations		\$	0.00				· · · · · · · · · · · · · · · · · · ·		2	20	
Part 1- If this is a Committee	report, treasur	er sien he	re lfthis is a	Andidate	ffidavit Se	ction	n hara					
I swear (or affirm) that this re	port, including	the attac	hed schedule	on (B)pe	r, is to the	best of my i	knowled	ge and belief tru	ie, correct ar	nd complete	е.	
Sworn to and subscribed before		~ -	<u>;</u>	Com	enweat	1 0	A	\bigcirc 1				
t play of May	20_0	حير		miss	T E T	<u>Jour</u>	Dature o	f Rerson Submi	Hing report	01/-		
Signature	_Inau	fω		ion no	雪草	eve			VSOV	^	_	
My Commission expires	2-20-	2005	<	ount es De	er, Not	بارار		rinted Name		マクタ	0	
Mo	D. DAY	YR.	=	cemb	6 3 1 7	rea Code		Dayt	ime Telepho	ne Number	<u>0</u>	N.
Part II- If this is a report of a C	andidate's Au	thorized C	ommittee, e	ingrostes	P Z Hall Sign ha			r da la siria				
I swear (or affirm) that to the amended.	best of my kno	wledge a	nd belief this	olitical co	ominitee l	nas not viola	ited any	provisions of th	e Act of June	: 3, 1937 (P	.L. 1333,	NO.320) as
Sworn to and subscribed befo	re me this		. •		managari TV TVS TV TVS TVS TVS							
day of	20	•						<u></u>			 -	
				•			Signa	ture of Candida	ite			
Signature		*.	. 1				P	rinted Name			_	
My Commission expires MO	. DAY	YR.	-			rea Code		Day 31	an Tale-4-	n Manus Israel	_	
1910.	. JAI				A	ica wue		Daytin	ne Telephone	: Number		

SCHEDULE I

Contributions and Receipts Detailed Summary Page

Filer Identification Number		
1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor	erit je rediti	
Total for the reporting period	(1)	\$ 430.00
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		<u>1</u>
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, Re		\$ 430.00

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 I	Number				
The state of the s	and the second s				Amount
Full Name of Con	ributing			Date [MM/DD/YYYY] S	
Committee					
House#	Street Address			Date [MM/DD/YYYY] S	
			·		
City	Body transport 17 total property for the	State	Zip Code	Date [MM/DD/YYYY] \$	
	The Projection and Line of the Line of the Control				
Full Name of Cont Committee	ributing			Date [MM/DD/YYYY] \$	
House#	Street Address			Date [MM/DD/YYYY] \$	
CHU CHU			The second secon		
City		State	Zip Code	Oate [MM/DD/YYYY] \$	
Full Name of Cont	ributing		Fr. Booth was part of the Co. Co.	Date [MM/DD/YYYY] \$	
Committee					
House #.	Street Address			Date [MM/DD/YYYY] 5	
and the articles	Anna Caraca (Caraca)	•			
City		State	Zip Code	Date [MM/DD/YYYY] \$	
	The state of the s		A STATE OF THE STA		
Full Name of Control Committee	ributing			Date [MM/DD/YYYY] \$	
House#	Street Address			Date [MM/DD/YYYY] \$	
City	and the second s	State	Zip Code	Date [MM/DD/YYYY] S	
				100 700 Cappara Fig. 1 200 Cappa	
Full Name of Contr Committee	ibuting			Date [MM/DD/YYYY] S	
	A state of the sta				
House #	Street Address			Date [MM/DD/YYYY] \$	
		Application of the second	In the Control of the	•	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contr	ibuting			Date [MM/DD/YYYY] \$	
Committee	***			2005 (1011/100/1111) 3	j
House #	Street Address			Date [MM/DD/YYYY] \$	
City	Page 1999 and the Control of the Con	State	Zip Code	Date [MM/DD/YYYY] \$	
Section 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:	-

Full Name of Contributor		Date MM/DD/YYYA	S
	FRANKJUHASZ	03/21/2025	250.00
House # 628	treet: Address	Date (MM/DD/YYYY)	(\$)
020	E. 6TH STREET		
City ERIE	State Zip Code.	Date MN/DD/YYYY	
Full Name of Contributor	ERZSI JUHASZ	Date [MM/DD/YYYY]	\$
		03/21/2025	250.00
House # St	treet Address	Date MM/DD/YYYY	\$ ·
	E. 6TH STREET		
City ERIE	State Zip Gode 16507	Date (MM/DD/AVY)	\$
i i i Namezo i Comiribirio.			
rul name of Contributor	ANTHONY FATICA		100.00
		04/17/2025	100.00
House # St 4521	treet Address CROSSWINDS DRIVE	Date (MM/DD/XXXX)	\$
City ERIE	State Zip Code 16506	Date (MIN/DD/YYYY)	
			44.39 7.77
Full Name of Contributor		Date (MM/DD/AYA)	S
House# St	reet Address	Date (MM/OD/MEN)	
City	State Zip Code	Date (MM/DD/AWA)	<u> </u>
Full Name of Contributor			
on Marie of Contributor		Date (MM/DD/MYY)	
House # Str	reet-Address	Date [MM/DD/YYYY]	\$
City:	State Zip Code	Date [MM/DD/YYYY]	
Full Name of Contributor			
		Date (MM/DD/MM)	\$
House # Str	eet Address		
Str.	Ret Aduress	Date (MM/DD/MM)	\$
City	State Zip Code	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				
Full Name of Contributing Committee			Date (MM/DD/YYYY)	\$
House# Street Address			Date (MM/DID/XXXX)	5
City	State	∠ip Code .	Date [MM/DD/YYYY]	5
Full Name of Contributing Committee			Date MM/DD/3334	5.
House # Street Address			Date [MM/DD/YYYY]	\$
CRY 3	State	Zip Code	Date [MM/D0/YYYY]	\$
Full-Name of Contributing Committee	967 ·	network and the control of the contr	Date (MM/DD/AYYY)	S
House # Street Address	· .		Date [MM/DD/YYYY]	\$.
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee			Date (MM/DD/AXAV)	\$
House # Street Address			Date [MM/DD/YYYY]	
Gity.	State	Zip Code	Date [MM/bb/XYYY]	
Full Name of Contributing Committee			Date [MM/DD/WYY]	
House# Street Address			Date [MM/DD/AYYY] 3	
City	State	Zip Code	Date [MM/DD/YYYY] S	
Full Name of Contributing Committee			Date (MM/DD/YYYY)	
House # Street Address			Date [MM/DD/YYYY] S	
City .	State	Zip:Code	Date [MM/DD/YYYY]s	

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)

rict identification number				
				pataranda Grado es ral
Full Name of Contributor			Date [MM/DD/AYAY] \$	
House # Street	Address		Date (MM/DD/YYYY) \$	-
City .	State	Zip Code	Date (MM/DD/YYYY) S	
Employer Name	[ACCURATION]		Occupation	
Employer Mailing Address / Principal Place of Business				_
Full Name of Contributor			Date MM/DD/MYY	
House # Street	Address		Date [MM/DD/YYY] \$	
City.	/State	Zip Code	Date:[MM/DD/YYYY] \$	
Employer Name	PANCON Transport of	HORNEGORMANIA BORRACIA	Occupation	
Employer Mailing Address / Principal Place of Business				
Full Name of Contributor	MACH 1999 (41 DIO)		Date:[MM/DD/YYXY]	
House # Street	Address	·	Date [MM/DD/YYYY] \$	M
Gity.	State	Zip Code	Date IMM/DD/YYYY] \$	
Employer Name Employer Mailing Address /		TESTAR SANCTON CONTRACTOR OF THE	Gecupation	
Principal Place of Business		·		
Full-Name of Contributor	-		Date [MM/DD/YYYY] \$	
House # Street A	iddress		Date [MM/DD/YYYY] \$	***************************************
City .	State*	Zip Code	Date [MM/DD/YYP/]	
Employer Name	Processing.		Occupation	-
Employer Mailing Address / Principal Place of Business				

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.

Eler Identification Number				
Full Name			·	
	eet Address			
Gity .		State	Zíp Gode	Date [MM/DD/XXYY] S
Receipt Description			,	
Full Name House # Str	eet Address	· · · · · · · · · · · · · · · · · · ·		
City .		State	Zip	Date [MM/DD/YYYY] \$
Receipt Description			Code	
Full Name		774.		
	eet/Address	- 		
City		State	Zip Code	Date (MM/DD/YYYY) \$
Receipt Description				
Full Name				
House# Stré	eet Address	State	<u>Z</u> n	Date (MIM/DD/YYYY) \$
Receipt Description			Code	
Full Name				
House # Stre	et Address			
City		State	Zp Code	Date [MM/DD/MYY] \$
Receipt Description				
Füll Name				
House# Stre	et Address		\$6************************************	
Receipt Description		State	Zip Code	Date [MM/DD/YYY] S
wereh actibion				

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 (dentification Number.			
SI SINITEMIZEGINAKINDYGON	FOPRESTANISMO FAMILIANSESS.	:UE-OE-\$50.00.0R-LESS:PER-GONTRIBUT	
TOTAL for the reporting period	(1)	I \$]	OA :
2. IN-KIND CONTRIBUTIONS R TOTAL for the reporting period		TO \$250:00 (FROM PART F)	
TOTAL for the reporting period	(2)	,	
3. IN KIND CONTRIBUTION RE	CEIVED-VALUE OVER \$250	.00 (FROM PART G)	
TOTAL for the reporting period	(3)	\$	
TOTAL VALUE OF IN-KIND CONTRIBUT PERIOD (Add and enter amount totals on Page 1, Report Cover Page, Item F)	from boxes 1, 2, and 3; a		

SCHEDULE II PART F

In-Kind Contributions Received

		VALUE OF \$50.01 TO \$250	
Filer Identification Number			
	<u> </u>		
Full Name of Contributor			Date [MM/DD/YYYY] \$
	eet Address	The state of the s	Date [MM/DD/YYYY]. \$
City Description of Contribution	State	Zip Code	Date [MM/DD/YYYY] S
			· · · · · · · · · · · · · · · · · · ·
Full Name of Contributor			Date [MM/DD/YYYY] 5
House # Stre	eet Address State	Zip Code	Date [MM/DD/YYYY] \$
Description of Contribution		ZIP Lode	Oate [MM/DD/YYYY] (\$)
		Later the Secretary of the Contract of the Con	<u>and the second </u>
Full Name of Contributor House # Stre			Date (MM/DD/YYYY) S
House # Stre	State	Zip Code	Date (MM/DD/YYYY) \$ Date (MM/DD/YYYY) \$
Description of Contribution		Chrone	Date (MM/DD/YYYY) \$
Full Name of Contributor			and the second s
			Date [MM/DD/XYYY] \$
	set Address	Friend Colomonical Control of Colomonical Con	Date [MM/DD/YYYY] \$
City Description of Contribution	State	Zip Code	Date [MM/OD/XXXY] \$
Full Name of Contributor			Date [MM/DD/YYYY] \$
	et Address		Date (MM/DD/YYYY) \$
City Pescription of Contribution	State	Zip Code	Date [MM/DD/YYYY) \$
Asciptor of contribution		•	

SCHEDULE II Part G

In-Kind Contributions Received

		VALUE OVER \$250	
Filer Identification Numbe	r.		
Full Name of Contribut			
· un vanie di controllo			Date [MM/DD/YYY) S
House #	treet Address		Date (MM/DD/YYYY) S
City:	State	Zip Code	Date [MM/DD/MMY]
Employer Name			Decupation
Employer Mailing Addre	ess / Principal		Description
Place of Business			of
Full Name of Contributo			Contribution
		,	Date (MM/DD/XYYY) \$
House # Se			
	rest Address		Date [MM/DD/YYYY] 5
		<u>. </u>	
Gity	State	Zip Code	Date (MM/DD/YYYY) 5
Employer Name			Occupation
Employer Mailing Addre	s:/ Principal		Description
Place of Business			of
Full Name of Contributor			Contribution
TRANSPORT TO THE PROPERTY OF THE PARTY OF TH			Date:[MM/DD/YYYY] \$
House# si-	eet Address	·	
	eet Address		Date (MM/DD/YYYY) \$
City.			
	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name			we will still the still th
		The second secon	Occupation
Employer Mailing Addres Place of Business	s / Printipal		Description
TIOCE OF DUSINESS			of Contribution
Full Name of Contributor			Date (MM/DD)/NYYY) \$
House # Stre	et Address		100 m
			Date (MM/DD/AAAA) \$
City	State	7/05 4666 222	
			Date [MM/DD/XXX/] \$
mployer Name			
mployer Malling Address	(Pale and a second		Occupation
litipitive: mailing Address lace of Business	rrncipal .		Description
			ol Contribution

Statement of Expenditures

Filer Identification Number:

To W	hom Paid			-			Date (MM/D	D/YYYY]	52
		DONNA REESE					03/04/20	***************************************	341.82
House	e# 2578	Street Address	/. 24TH STREE	T			Description &	of Expenditu	re.
	ERIE		State PA	·	Zip Code	16506	REIMBURSE S	IGNS & RAC	CK CARDS
To Wh	nom Paid	TINA HIOTIS					Date (MIV/CI	One Charles of Transport of Table 2017	20.00
	= 7			~~···			03/04/20	27	20.00
House	! #	Street Address P.	.O. BOX 81		- Charles (Six)		Description a	fExpenditur	
	ERIE		State PA		Zip Gode	16512	REIMBURSE S	STAPLES BA	NNER
To Wh	nom Paid	ERIE COUNTY REP	DIRLICAN WO	NAEN		<u> </u>	Date (MM/D)	701	
House			UDLIGHT	IVIEI		· · · · · · · · · · · · · · · · · · ·	04/16/20	Garage Company	30.00
	1600	Street Address	ENINSULA DRI	VE			Description of	f Expenditur	8
	ERIE	sente amenijas protes prot	State PA	the section of the se	Zip Code	16506	CANDIDATE LU	JNCHEON	
To Wh	iom Paid	SPEED CHECK					Date [MM/DD	V/mmi] = 5	
					····		04/18/20		40.02
House	563	Street Address W.	. 26TH STREET	т			Description of	Expenditur	
City	ERIE		State PA		Zip Code	16507	FUEL FOR CAN	VIPAIGNING	2 December 1990 - September 1990 - Septe
-			To the same of the		THE RESERVE TO SERVE				
To Wh	ioni Palid	WALMART		——————————————————————————————————————			aupre (PAN/DE	22.5	and the second s
	\(\frac{1}{2}\)						04/02/20:	25	17.22
House	\(\frac{1}{2}\)	Street Address	M STREET					25	17.22
House City	2711 ERIE	Street Address	M STREET State PA		Zjp Code	16504	04/02/20:	25 Expenditure	17.22
House City	# 2711 ERIE	Street Address	State		A STATE OF THE PARTY OF THE PAR	16504	04/02/203 Description of COPY PAPER Date [MM/DD	25 Expenditure	17.22 B
House City To Who	# 2711 ERIE om Paid	Street Address ELI	State		A STATE OF THE PARTY OF THE PAR	16504	04/02/203 Description of COPY PAPER Date [MM//DD 03/08/202	25	60.00
House City To Whe House	# 2711 ERIE om Paid	Street Address ELI	State PA	L	Code	16504	04/02/203 Description of COPY PAPER Date [MM/DD	25	60.00
House City To Who House	# 2711 ERIE Om Paid # 1700 ERIE	Street Address ELI	State PA	L	Code Zip	16504 16509	04/02/203 Description of COPY PAPER Date [MM//DD 03/08/202	25	60.00
House City To Who House	# 2711 ERIE Om Paid # 1700 ERIE Om Paid	Street Address ELI	State PA	1	Code Zip		04/02/202 Description of COPY PAPER Date [MM/DD 03/08/202 Description of T-SHIRTS Date [MM/DD	25 Expenditure //Y/Y/] S 25 Expenditure	60.00
House City To Who To Who	2711 ERIE Om Paid # 1700 ERIE Om: Paid	Street Address ELI CUSTOM WORLD Street Address MIL WALMART	State PA	L	Code Zip		04/02/203 Description of COPY PAPER Date [MM/DD 03/08/202 Description of T-SHIRTS Date [MM/DD 03/23/25	25 (Expenditure //YYYY] \$ 25 Expenditure	60.00
House City To Who House City To Who	# 2711 ERIE Om Paid # 1700 ERIE Om Paid	Street Address CUSTOM WORLD Street Address MIL WALMART	State PA LLCREEK MAL State PA M STREET	. L	Zip Code		04/02/203 Description of COPY PAPER Date [MM/DD 03/08/203 Description of T-SHIRTS Date [MM/DD	25 (Expenditure //YYYY] \$ 25 Expenditure	60.00
House City House City House:	2711 ERIE om Paid # 1700 ERIE om Paid # 2711	Street Address CUSTOM WORLD Street Address MIL WALMART	State PA LLCREEK MAL State PA	ı.	Zip Coxle		04/02/203 Description of COPY PAPER Date [MM/DD 03/08/202 Description of T-SHIRTS Date [MM/DD 03/23/25	25 (Expenditure //YYYY] \$ 25 Expenditure	60.00
House City House City House:	# 2711 ERIE om Paid # 1700 ERIE om Paid # 2711 ERIE om Paid	Street Address CUSTOM WORLD Street Address MIL WALMART	State PA LLCREEK MAL State PA M STREET	l.	Zip Code	16509	04/02/203 Description of COPY PAPER Date [MM/DD 03/08/203 Description of T-SHIRTS Date [MM/DD 03/23/25 Description of COPY PAPER Date [MM/DD	25 (Expenditure //Y/Y/] 5 Expenditure //Y/Y/] 5 Expenditure	60.00
House City House City House:	# 2711 ERIE Om Paid # 1700 ERIE Om Paid # 2711 ERIE Om Paid	Street Address ELI CUSTOM WORLD Street Address Mil WALMART Street Address EL MICHAELS	State PA LLCREEK MAL State PA M STREET State PA		Zip Code	16509	04/02/203 Description of COPY PAPER Date [MM/DD 03/08/202 Description of T-SHIRTS Date [MM/DD 03/23/25 Description of COPY PAPER Date [MM/DD 03/08/202	25 Expenditure //Y/Y/] \$ Expenditure /Y/Y/Y] \$ Expenditure	17.22 60.00 33.56
House City To Who House City House:	# 2711 ERIE om Paid # 1700 ERIE om Paid # 2711 ERIE om Paid	Street Address ELI CUSTOM WORLD Street Address Mil WALMART Street Address EL MICHAELS	State PA LLCREEK MAL State PA M STREET		Zip Code	16509	04/02/203 Description of COPY PAPER Date [MM/DD 03/08/203 Description of T-SHIRTS Date [MM/DD 03/23/25 Description of COPY PAPER Date [MM/DD	25 Expenditure //Y/Y/] \$ Expenditure /Y/Y/Y] \$ Expenditure	17.22 60.00 33.56

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.

Name of Greater Street Address Distriction of Debt Distriction of Debt Description of Debt Distriction of Debt Distriction of Debt Description of Debt Distriction of Debt Description of Debt	Filer Iden	tification Number:			
See Address Stock Address Stock Address Stock Address Stock Address Stock Address Stock Address DATE DEST NEUMANDAY (S) Stock Address Stock Address	Name of	Creditor			Dutstanding Balance of Debt
Description of Debt State St			set Address		
Code	City		(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	Carolina (Anni 10) oran il high managama anni anni anni anni anni anni anni	
Name of Creditor Name of Cred		ion of Debt		Company of the Compan	
City State City State City Code					
City State Zip Code Description of Debt Aame of Creditor House if Street Address City State Zip Code Date DEBT INCURRED STreet Address Date Description of Debt State Zip Code Outstanding Balance of Debt The Code Outstanding Balance of Debt The Code Outstanding Balance of Debt Figure if Street Address Date DEBT INCURRED Code Outstanding Balance of Debt State Zip Code			et Address		
Code Code			1 (15)		
Name of Creditor Name of Cred		for of Debt		THE CONTRACTOR OF THE PARTY OF	
House # Street Address DATE DEBT INCURRED State Zip Code					
City State Zip Code Description of Debt Name of Creditor House # Street Address Date Debt INCURRED (MM/DD/YYYY) State Zip Code Description of Debt Name of Creditor House # Street Address Date Debt INCURRED (MM/DD/YYYY) State Zip Code Description of Debt City State Zip (Code Date Debt INCURRED (MM/DD/YYYY) State Zip (Code Description of Debt Street Address Date Debt INCURRED (MM/DD/YYYY) Description of Creditor Outstanding Balance of Debt Raife of Creditor Date Debt INCURRED (MM/DD/YYYY) State Zip (Code Date Debt INCURRED (MM/DD/YYYY) State Zip (Code Date Debt INCURRED (MM/DD/YYYY) State Zip (MM/DD/YYYY) State Zip (MM/DD/YYYY)				NATE SERVING IRRED	Outstanding Balance of Debt
Description of Debt Name of Creditor Outstanding Balance of Debt House # Street Address DATE DEBT INCURRED IMM/DD/YYYYI City Description of Debt Name of Creditor Date Debt INCURRED IMM/DD/YYYYI Street Address DATE DEBT INCURRED IMM/DD/YYYYI Street Address DATE DEBT INCURRED IMM/DD/YYYYI State Tup Code Description of Debt Name of Creditor Description of Debt Street Address DATE DEBT INCURRED IMM/DD/YYYYI State Zip Code Date Debt INCURRED IMM/DD/YYYYI State Street Address DATE DEBT INCURRED IMM/DD/YYYYI State City State Zip Code			et Address		
Description of Debt Name of Creditor Outstanding Balance of Debt House # Street Address DATE DEBT INCURRED City	City		3	MANAGORINALI MANAGAN CAMPANANCES	
DATE DEBT INCURRED State Zip Code				(Silvering Surgeory)	- Para 28
City State Zip Code Description of Debt Name of Creditor Outstanding Balance of Debt House # Street Address DATE DEBT INCURRED S [MM/DD/YYYY] City State Zip Code Description of Debt Name of Creditor Outstanding Balance of Debt Name of Creditor Street Address Zip Code DATE DEBT INCURRED S [MM/DD/YYYY] City State Zip Code City State Zip Code				DATEDER NICERRED	
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