#### Commonwealth of Pennsylvania - Campaign Finance Report

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

	cc. mis report ma.		-		· · · · · · · · · · · · · · · · · · ·	<del></del>
Filer Identification Number NIA	Report Filed I ( Mark X)	3y Candida	ite [	Committee		Lobbyist
Name of Filing Committee, Candidate or Lobbyist	Committee to E	Elect James M. I	DePalma	1	1	
Street Address	1884 East Lak	e Road				
City Erie		State	PA	Zip Code	16511	
Type of Report (Place x under report type	)	<u> </u>				
1-6 <sup>th</sup> Tuesday 2- 2 <sup>nd</sup> Friday 3-30 Day	Post 4. 6th Tuesday	5- 2 <sup>nd</sup> Friday	6- 30 Day	Post 7- Annual	Special 2 <sup>nd</sup> Friday	Special 30 Day
Pre-Primary Pre-Primary Primary	Pre- Election	Pre- Election	Election		Pre-Election	Post-Election
Date Of Election (MM/DD/YYYY) 05/20/20	25 Year	2025	Amendme Report	ent (	Termination Report	
Summary of Receipts and From Dat	e To Date			For (	Office Use Only	
Expenditures 477/	25	5/5/25		선물은 경기 모양		
A. Amount Brought Forward From Last Re	1 1			<u> Aran II s Indi</u>		
		0.00				•
B. Total Monetary Contributions and Rec (From Schedule I)	eipts \$ 2	2621.79			<b>~</b>	<b>~</b>
C. Total Funds Available (Sum of Lines A and B)	\$ 2	2621.79				2025 MAY
D. Total Expenditures (From Schedule III)	\$	100.00				ı
E. Ending Cash Balance	\$ 2	2521.79			Marine State of	ထ
(Subtract Line D from Line C) F. Value of In-Kind Contributions Received	d S					
(From Schedule II)		0.00				500 ◆ ◆
G. Unpaid Debts and Obligations (From Schedule IV)	\$ 1	071.79			© :	 ଧୀ
(1701) Sancadic (14)		Affidavit Sec	tion			·
Part 1- If this is a Committee report, treasurer s						
I swear (or affirm) that this report, including the			best of my kn	owledge and belief tru	e, correct and complet	te.
Sworn to and subscribed before me this	Seat 2	of Netaries	4,901	12	·	
5 day of 11 lay 20 2		2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Signa Signa	ature of Person Submi	tting report	
Signature		139¢	seph DePair	na Printed Name		
5 1	Notes I	uper 81	4	403-6		
My Commission expires On DAY	Pennsylvania Niing, Notary ie County	<b>5</b>	rea Code		ime Telephone Numbe	er
	22 ភ មិ	Pol sion				
Part II- If this is a report of a Candidate's Author  I swear (or affirm) that to the best of my knowled	rized Committee: cand	date Shall sign he	ere. nas not violate	ed any provisions of th	ie Act of lune 3 1937 (	P [ 1333 NO 320) ac
amended.	Nin 8	8	as not notati	any provisions or tr	ic Act of June 3, 1337 (	1.1. 1555, 145.520, 65
I swear (or affirm) that to the best of my knowle amended.  Sworn to and subscribed before me this	Seminar (Seminar Seminar Semi	N N N N N N N N N N N N N N N N N N N	1	.00		
5 day of May 20 2	<u> </u>	<del></del> 		m////Ne	Fork	
Muna M. Ruhl	ung .	<u>/Ja</u> i	mes DePalm	Signature of Candida 1a	ete	
Signature	ا. ۵			Printed Name		
My Commission expires 5 4 2	19	81		403-37		_
MO. DAY Y	R.	A	rea Code	Daytir	ne Telephone Number	
				ommonwealth of Pen	nsylvania - Notary See	a)

Commonwealth of Pennsylvania - Notary Seel Nina M. Ruhling, Notary Public Erie County My commission expires May 4, 2029 Commission number 1396632

Member, Pennsylvania Association of Notaries

#### SCHEDULE I

# **Contributions and Receipts**

**Detailed Summary Page** 

Filer Identification Number	<del>-</del> "	 

1	Total for the reporting period	(1)	\$ 0.00
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)			
Contributions Received from Political Committe	es (Part A)		\$ 0.00
All Other Contributions (Part B)			\$ 750.00
	Total for the reporting period	(2)	\$ 750.00
3. Contributions Over \$250.00 (From Part Can			
Contributions Received from Political Committee	es (Part C)		\$ 0.00
All Other Contributions (Part D)			\$ 1871.79
	Total for the reporting period	(3)	\$ 1871.79
4. Other Receipts-Refunds, Interest Earned, Re	turned Checks, ETC. (From Part E)		
<u> Professional de la Marca de la composition della composition del</u>	Total for the reporting period	(4)	\$ 0.00
<u>and the second the second to </u>	rotal for the reporting period		0.00

#### 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 Identificatio	n Number			
				Amount
Full Name of Co	ontributing			Date [MM/DD/YYYY] \$
Committee	The state of the s			-
House #	Street Address	Т		Date [MM/DD/YYYY] \$
nouse #	Jueer waaress	1		Date Imm/DD/11111
City	<del></del>	State	Zip Code	Date [MM/DD/YYYY] \$
		10 m	I to the second	
Full Name of Co	ontributing			Date [MM/DD/YYYY] \$
Committee				
House #	Ctrack Address	T		The section hannel (14)
House #	Street Address	.1	·	Date [MM/DD/YYYY] \$
		1		
City		State	Zip Code	Date [MM/DD/YYYY] \$
Full Name of Co	ontributing	<u> </u>		Date [MM/DD/YYYY] \$
Committee				pare limit and iteral
		· <u>—</u> ——		
House #	Street Address	1		Date [MM/DD/YYYY] \$
		(		· · ·
City	1.3713.5	State	Zip Code	Date [MM/DD/YYYY] \$
City		State	Zip Code	Date [inini/DD/1111]
1			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Full Name of Co Committee	ntributing			Date [MM/DD/YYYY] \$
House #	Street Address	1		Date [MM/DD/YYYY] \$
		i		
City	<u> </u>	State	Zip Code	Date [MM/DD/YYYY] \$
City		June	Zip Code	Date [IAIIA/DD/1111]
Maturi				
Full Name of Co	ntributing			Date [MM/DD/YYYY] \$
Committee				1.
House #	Street Address			Date [MM/DD/YYYY] \$
House #	Street Audress			Date [MM/DD/YYYY] \$
Particular I				
City		State	Zip Code	Date [MM/DD/YYYY] \$
Full Name of Co	ntributing			Date [MM/DD/YYYY] \$
Committee				
House #	Street Address			Date [MM/DD/YYYY] \$
110430	Julea Madical			Date [MIM/DD/1111]
ı				
City		State	Zip Code	Date [MM/DD/YYYY] \$
		·		
4				[·]

#### **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.)

○ (1) 由 ● (1) (1) (1) (1) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	n i Ciù an Gresant			
Filer Identification Nun	nher•su			
Shakes a Michael Control of Control of the Control of C	S AND ADDRESS OF THE SAME OF T			
Filer Identification Nun	3.000.00000			
arrange of the College of the San College of the Co	21** U v . 2 •			
一等性性。如此是自己的自己的特別。如此因此相談的特別的目的可以可以 可以可以可以可以可以可以可以可以可以可以可以可以可以可以可以可以可以	80000000000			
	A NAME OF SECULT AS			
<ul> <li>Link Street, Link Street, Service States and Control Street</li> </ul>	Similardi Albertan			
<ul><li>一点有效型的工作。</li><li>一点或数据的工作。</li><li>一点有效型的工作。</li></ul>	18. 34-11 (3.6)			

The second secon		lot. Effectively, against a large and a large and the	W
Full Name of Contributor	DoPolmo Johnson	Programme Administration (1) And the Association of	\$ 200.00
CONSTRUCTION CONTROL C	DePalma-Johnson	04/07/2025	200.00
House # Street Address		Date [MM/DD/YYYY]	\$
643	Young Road		
City	State Zip Code	Date [MM/DD/YYYY]	\$
Erie	PA 16509		
Full Name of Contributor		Date [MM/DD/YYYY]	Ş
Jamie Krysi	ak	04/24/2025	100.00
House # Street Address		Date [MM/DD/YYYY]	<b>\$</b>
364	East 37th Street		
City	State Zip Code	Date [MM/DD/YYYY]	\$
Erie	PA 16504	The second secon	
Full Name of Contributor		Date [MM/DD/YYYY]	\$
Mary Kirkpa	ntrick	05/02/2025	250.00
House # Street Address	,,,,		\$
Street Address	Lilac Court		
City	C6-1-2	I DETECTION (DD AVANA)	· · · · · · · · · · · · · · · · · · ·
Erie	State Zip Code 16506	Date [MM/DD/YYYY]	\$
Reserve Co.		<u> </u>	
Full Name of Contributor	nold	Date [MM/DD/YYYY]	400.00
Carol Luczy	nski	05/02/2025	100.00
House # Street Address		Date [MM/DD/YYYY]	\$
5219	Dorchester Dr		
City Erie	State Zip Code	Date [MM/DD/YYYY]	\$
Erie	PA 16509		
Full Name of Contributor		Date [MM/DD/YYYY]	\$
Paul Lichter	walter	05/02/2025	100.00
House # Street Address		Date [MM/DD/YYYY]	\$ (
4508	4508 Wood Street		
	State Zip Code	Date [MM/DD/YYYY]	\$
Erie	PA 16509		Section 2015
Full Name of Contributor		Date [MM/DD/YYYY]	\$
House # Street Address	·	Date [MM/DD/YYYY] ;	\$
		and and a first second of the control of the first of th	[4] [5]
City	State Zip Code	Date [MM/DD/YYYY]	:   &
	State Zip Code	Date [min/DD/1111]	<b>\$</b> 군
TO CARE A			

#### 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 Identificati	ion Number:				_
Full Name of Contributing (	0.0884.0.08.00.0774			Date [MM/DD/YYYY] \$	
A STANDON ELECTION OF SHE				1985   1985	
House #	Street Address			Date [MM/DD/YYYY] \$	
		outside and S	Learner of the mail grade, where, m.		
City	).	tate	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of		de la constitución de la constit	Bertall Folkelike (a)	Date [MM/DD/YYYY]   \$	
Contributing C	Committee			2775 N. A. 2005 St. 200 (2007) Data St.	
House #	Street Address			Date [MM/DD/YYYY] \$	
8/9/s//p.					
City	St	tate	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of	(700 NEW 400)	100 500		Date [MM/DD/YYYY] \$	
Contributing C	ommittee .			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
				(2) (2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	
City	St	tate	Zip Code	Date [MM/DD/YYYY] \$	
		2487			
Full Name of Contributing C	ommittee	<del></del>	<del></del> :- <u></u>	Date [MM/DD/YYYY] \$	
House #	Street Address	<del></del>		Date [MM/DD/YYYY] \$	
City	St.	ate	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Co	ommittee			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City	St	ate	Zip Code	Date [MM/DD/YYYY] \$	
	700 A 37 200 A 37 200 A 37	A STATE		######################################	
Full Name of			1 22 2 2 2 2	Date [MM/DD/YYYY] \$	
Contributing Co	mmittee				
House #	Street Address			Date [MM/DD/YYYY] \$	
				[A.2] [A.4]	
City		ate	Zip Code	Date [MM/DD/YYYY] \$	
	Lay"	5 4-5	Triftum quis,√4-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 Numb	er				
	3640)		•		
Full Name of Contribut	tor			Date [MM/DD/YYYY]	\$
and the second second	Donald Wright			04/07/2025	300.00
2077/007 (0.4/0/2014)	Street Address			Date [MM/DD/YYYY]	\$
1324	Sou	ıth Shore Dr			
<b>City</b> Erie	and the first stage of source is a state of the state of	State PA	Zip Code 16505	Date [MM/DD/YYYY]	\$,
Employer Name		Application (New Co.)	Formation and America	Occupation Retired	<sup>^</sup>
Employer Mailing Addi Principal Place of Busir				[48] W. Salin Selection (1998)	
Full Name of Contribut	1240 Committee Constitution Committee			Date [MM/DD/YYYY]	\$
The second second second second second	David Golab			05/02/2025	500.00
House #	Street Address			Date [MM/DD/YYYY]	\$
3950	Lee	ward Passage CT,	Apt. 203		
City Bonita Springs	suised statematerialisesson cutting	State FL	Zip Code 34134	Date [MM/DD/YYYY]	<b>S</b>
Employer Name			[14500 60 1450 145 ]	Occupation Retired	
Employer Mailing Addr Principal Place of Busin					
Full Name of Contribut	and the state of t			Date [MM/DD/YYYY]	\$
	James M. DeP	alma		04/18/2025	1071.79
House #	Street Address			Date [MM/DD/YYYY]	<b>\$</b> .
537	She	enley Dr			
City Erie	Antibe the cover of mineral country (	State PA	<b>Zip Code</b> 16505	Date [MM/DD/YYYY]	<b>\$</b>
Employer Name	Sol	uthend Beneficial		Occupation Manager	
Employer Mailing Addr	ess /		NA 40505	Managor Managor	
Principal Place of Busin	(6)	Metz Street, Erie, F	A 16505	·	
Full Name of Contribute	or			Date [MM/DD/YYYY]	<b>\$</b> **
		<u> </u>			
House #	Street Address			Date [MM/DD/YYYY]	\$
City	<u> </u>	State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name		100 1000	in a second of the second of t	Occupation	
Employer Mailing Addr	ess /			Less da la la	

**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.

Filer Identification Nu	mber:			
	ठ-व्यक्तकारम् । इ.स.च्यक्तकारम्			
Full Name				
House #	Street Address	,		
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		1 500 TAVER 00 100	Trees to the Agraphy of	] (mag); ]
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	(24명하시아)	Committee Market	ad exchange and	
Full Name			•	
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		,,		
Full Name				
House #	Street Address			
Citý		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		,		
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description	ke did water	1 · · · · · · · · · · · · · · · · · · ·		

#### **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 CONTR	IBUTIONS RECEIVED-VALUE OF \$5	0.00	OR LESS PER CONTRIBUTOR
TOTAL for the reporting period	(1)	ΙŚ	0.00
2. IN-KIND CONTRIBUTIONS REC	EIVED-VALUE OF \$50.01 TO \$250.	.00 (F	ROM PART F)
TOTAL for the reporting period	(2)	\$	0.00
3. IN-KIND CONTRIBUTION RECE	IVED-VALUE OVER \$250.00 (FRO)	M PAR	T <b>G</b> )
TOTAL for the reporting period	(3)	\$	0.00
TOTAL VALUE OF IN-KIND CONTRIBUTION PERIOD (Add and enter amount totals from Page 1, Report Cover Page, Item F)		\$	0.00

## SCHEDULE II PART F

#### **In-Kind Contributions Received**

VALUE OF \$50.01 TO \$250

	VALUE OF \$30.01 TO \$230					
Filer Identificat	ion Number:					
Full Name of (	Contributor	Date [MM/DD/YYYY] \$				
House #	Street Address	Date [MM/DD/YYYY] \$				

Date [MM/DD/YYYY]

Date [MM/DD/YYYY] \$

Date [MM/DD/YYYY]

Date [MM/DD/YYYY]

Date [MM/DD/YYYY] | \$

Date [MM/DD/YYYY]

Date [MM/DD/YYYY]

Date [MM/DD/YYYY]

Date [MM/DD/YYYY]

Date [MM/DD/YYYY]

Date [MM/DD/YYYY] \$

Date [MM/DD/YYYY]

Date [MM/DD/YYYY] \$

\$

Zip Code

Zip Code

Zip Code

Zip Code

Zip Code

State

State

State

State

State

City

House #

City

House #

House #

House #

City

City

City

Description of Contribution

Description of Contribution

Full Name of Contributor

**Description of Contribution** 

Description of Contribution

Full Name of Contributor

**Full Name of Contributor** 

**Description of Contribution** 

Street Address

Street Address

Street Address

Street Address

Full Name of Contributor

# SCHEDULE II Part G

## **In-Kind Contributions Received**

VALUE OVER \$250

Filer Identification Number:		
<b>建大型企業等等的工作的表示的任何是</b>		 _

Full Name of Contrib	outor			Date [MM/DD/YYYY] \$		
Springs and the constitution of the						
House #	Street Address		-	Date [MM/DD/YYYY] \$		
				The second restriction of the second		
		25 - 24 - 24 - 14 - 14 - 14 - 14 - 14 - 14	firetary water seek to f			
City		State	Zip Code	Date [MM/DD/YYYY] \$		
6 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)						
Employer Name	en controls of the control of			Occupation		
Employer Mailing Ad	ddress / Principal			Description		
Place of Business				of		
				Contribution		
Full Name of Contrib	outor			Date [MM/DD/YYYY] \$		
House #	Street Address			Date [MM/DD/YYYY] \$		
	Para transfer and the			The Annual Control of the Control of		
City	All Acceptionable information of terms	State	Zip Code	Date [MM/DD/YYYY] \$		
				None Table Profess (中国 manage Conseque Manage Conseque Manage Conseque Manage Conseque Cons		
	v roll New York Steely was block to be a			SCA-MANDEN CO. AND MODERN OF		
Employer Name				Occupation		
Employer Mailing Ad	ldress / Principal			Description		
Place of Business				of		
	indi ini malakan a kitulo. Karasal			Contribution		
Full Name of Contrib	utor			Date [MM/DD/YYYY] \$		
House #	Street Address			Date [MM/DD/YYYY] \$		
City		State	Zip Code	Date [MM/DD/YYYY] \$		
			21p code	Date (WW/DD/1111)		
		anaman				
Employer Name				Occupation		
Employer Mailing Ad	dress / Principal			Description		
Place of Business				of		
				Contribution		
Full Name of Contrib	utor			Date [MM/DD/YYYY] \$		
House #	Street Address			Date [MM/DD/YYYY] \$		
	Street Address			Bate [tanay DD] 1111]		
City		State	Zip Code	Date [MM/DD/YYYY] \$		
Employer Name		<u></u>		Occupation		
Employer warne	and the second of the second o					
	dress / Principal			Description		
Employer Mailing Ad Place of Business	dress / Principal			Description of		

# Statement of Expenditures

	***			
Filer Identification Number:		 	 	
Filer Identification Number:				
<b>最大的现在分词,然后是由我们的一个要求是对对对的</b>				
Allegaria a la artici de la				
12 15年 17 18 18 18 18 18 18 18 18 18 18 18 18 18				
· 中央 化对应性的 1.2 4 1.5 4 1.5 1.5 2.4 1.5 2.4 1.5 2.4 1.5 2.4 1.5 2.4 1.5 2.4 1.5 2.4 1.5 2.4 1.5 2.4 1.5 2.4 1.5				

To Whom Paid Polish Falcons Nes	N 610		Date [MM/DD/YYYY] \$			
	· · · · · · · · · · · · · · · · · · ·		4/15/2025			
House # 431 Street Address E	ast 3rd Street		Description of Expenditure			
City Erie	<b>State</b> PA	Zip Code 16507	Advertising			
To Whom Paid	(Control of the Control of the Contr	merci, namasuppresso,	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	State	Zip Code	The second distribution of ACC (and the process of the second of the sec			
To Whom Paid			Date [MM/DD/YYYY] \$			
House # Street Address			Description of Expenditure			
City	State	Zip Code	The second secon			
To Whom Paid			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	State	Zip Code				
To Whom Paid			Date [MM/DD/YYYY] \$			
House # Street Address			Description of Expenditure			
City	State	Zip Code				
To Whom Päid			Date [MM/DD/YYYY] \$			
House # Street Address	<u> </u>		Description of Expenditure			
City	State	Zip 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.

Filer Iden	ntification Number:						
Name of	f Creditor	James M.	DePalma				Outstanding Balance of Debt
House #	537 Str	reet Address			Company of the Company	TE DEBT INCURRED  IMM/DD/YYYY]  04/18/2025	
City		Erie	<u> </u>	State	PA	Zip 16505	1071.79
Descripti	ion of Debt	Advance o	cost of yard signs and sticker	rs	<u> </u>	[L/Suburspinge]	<u> </u>
Name of	Creditor	4. 4.5	<del></del>	,		·	Outstanding Balance of Debt
House #	Str	eet Address			一个有效的 不够 化二硫酸	E DEBT INCURRED MM/DD/YYYY]	<b>S</b>
<b>美国福建和哈拉斯特别</b>			<u>l</u>	State		Zip Code	-{**  
Descripti	ion of Debt	100 Total Control Cont		] 1870 / Lyngew			   <u>                                  </u>
Name of	Creditor	86 93 33					Outstanding Balance of Debt
House #	Stri	eet Address			1 1 1/2 2 8 6 5 1 1 1 King 12	E DEBT INCURRED MM/DD/YYYY]	Add the first of the control of the first
City				State		Zip Code	
Description	on of Debt	9		agi Tu Properties	<u> </u>	Control No. 2018 Phila	<u>  []</u> 3546[
Name of	Creditor	9					Outstanding Balance of Debt
House #	Str	eet Address			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	E DEBT INCURRED MM/DD/YYYY]	\$
City		Billion Control consequences		State		Zip Code	
Description	on of Debt	2000	•	- Constitution of the cons		Completed Street	_TEX.04
Name of 0	Creditor						Outstanding Balance of Debt
House #	Stre	eet Address			(4) 中央の対象が確認される。	E DEBT INCURRED MM/DD/YYYY]	***
City		The Development of the Section 1		State		Zip Code	
Descriptio	on of Debt				I	(BETAT June 1964)	[-573]
Name of C	Creditor						Outstanding Balance of Debt
House #	Stre	et Address				E DEBT INCURRED	<u>                                    </u>
					<u> </u>	MM/DD/YYYY]	
City				State		Zip Code	
Descriptio	on of Debt						*****