

## Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification Number		Report Filed By (Mark X)	Candidate	Committee	<input checked="" type="checkbox"/> Lobbyist
Name of Filing Committee, Candidate or Lobbyist		COMMITTEE TO ELECT JOHN T. LOOMIS SHERIFF.			
Street Address		C/O 5706 JONES LANE			
City	ERIE	State	PA.	Zip Code	16505
Type of Report (Place x under report type)					
1- 6 <sup>th</sup> Tuesday Pre-Primary	2- 2 <sup>nd</sup> Friday Pre-Primary	3- 30 Day Post Primary	4- 6 <sup>th</sup> Tuesday Pre- Election	5- 2 <sup>nd</sup> Friday Pre- Election	6- 30 Day Post Election
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Date Of Election (MM/DD/YYYY)		Year	Amendment Report	Termination Report	
Summary of Receipts and Expenditures		From Date	To Date	For Office Use Only	
		1-1-2019	12-31-2019		
A. Amount Brought Forward From Last Report		\$	4,447 <sup>80</sup>		
B. Total Monetary Contributions and Receipts (From Schedule I)		\$	0		
C. Total Funds Available (Sum of Lines A and B)		\$	4,447 <sup>80</sup>		
D. Total Expenditures (From Schedule III)		\$	2,678 <sup>60</sup>		
E. Ending Cash Balance (Subtract Line D from Line C)		\$	1,769 <sup>20</sup>		
F. Value of In-Kind Contributions Received (From Schedule II)		\$	0		
G. Unpaid Debts and Obligations (From Schedule IV)		\$	2,200 <sup>00</sup>		

## Affidavit Section

Part I- If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules on paper, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

29 day of January 20 20  
 Signature

My Commission expires October 18 2022  
 MO. DAY YR.

Commonwealth of Pennsylvania Notary Seal  
 Jennifer L. Turner, Notary Public  
 Erie County  
 My commission expires October 18, 2022  
 Commission number 1341887  
 Member, Pennsylvania Association of Notaries  
 Area Code  
 Printed Name  
 450-7664  
 Daytime Telephone Number

Part II- If this is a report of a Candidate's Authorized Committee, candidate shall sign here.

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, NO.320) as amended.

Sworn to and subscribed before me this

29 day of January 20 20  
 Signature

My Commission expires October 18 2022  
 MO. DAY YR.

Commonwealth of Pennsylvania Notary Seal  
 Jennifer L. Turner, Notary Public  
 Erie County  
 My commission expires October 18, 2022  
 Commission number 1341887  
 Member, Pennsylvania Association of Notaries  
 Area Code  
 Printed Name  
 434-9575  
 Daytime Telephone Number

SCHEDULE I  
**Contributions and Receipts**  
Detailed Summary Page

Filer Identification Number:	CTE JOHN T. LOOMIS SHERIFF
------------------------------	----------------------------

<b>1. Unitemized Contributions and Receipts \$50.00 or Less per Contributor</b>		
Total for the reporting period	(1)	\$
<b>2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)</b>		
Contributions Received from Political Committees (Part A)		\$
All Other Contributions (Part B)		\$
Total for the reporting period	(2)	\$
<b>3. Contributions Over \$250.00 (From Part C and Part D)</b>		
Contributions Received from Political Committees (Part C)		\$
All Other Contributions (Part D)		\$
Total for the reporting period	(3)	\$
<b>4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)</b>		
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	CTE JOHN T. LOOMIS SHERIFF
-----------------------------	----------------------------

Amount

Full Name of Contributing Committee				Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee				Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee				Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee				Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee				Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee				Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee				Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$	
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:

LTC JOHN T. LOOMIS, SHERIFF

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]	\$
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			Date [MM/DD/YYYY]	\$
City	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]	\$
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			Date [MM/DD/YYYY]	\$
City	State	Zip Code		Date [MM/DD/YYYY]	\$

*None*

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	CTE JOHN T. LOOMIS SKRIFT
-----------------------------	---------------------------

Full Name of Contributing Committee				Date [MM/DD/YYYY]	S
House #	Street Address			Date [MM/DD/YYYY]	S
City	State	Zip Code		Date [MM/DD/YYYY]	S
Full Name of Contributing Committee				Date [MM/DD/YYYY]	S
House #	Street Address			Date [MM/DD/YYYY]	S
City	State	Zip Code		Date [MM/DD/YYYY]	S
Full Name of Contributing Committee				Date [MM/DD/YYYY]	S
House #	Street Address			Date [MM/DD/YYYY]	S
City	State	Zip Code		Date [MM/DD/YYYY]	S
Full Name of Contributing Committee				Date [MM/DD/YYYY]	S
House #	Street Address			Date [MM/DD/YYYY]	S
City	State	Zip Code		Date [MM/DD/YYYY]	S
Full Name of Contributing Committee				Date [MM/DD/YYYY]	S
House #	Street Address			Date [MM/DD/YYYY]	S
City	State	Zip Code		Date [MM/DD/YYYY]	S
Full Name of Contributing Committee				Date [MM/DD/YYYY]	S
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)

Filer Identification Number:	CTE JOHN T. LOOMIS, SHERIFF
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Full Name of Contributor				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 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]	\$
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]	\$
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]	\$
Employer Name				Occupation	
Employer Mailing Address / Principal Place of Business					

*Note*

## 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 Number:

CTE JOHN T. LOOMIS SHERIFF

Full Name

House #

Street Address

City

State

Zip

Code

Date [MM/DD/YYYY]

S

Receipt Description

Full Name

House #

Street Address

City

State

Zip

Code

Date [MM/DD/YYYY]

S

Receipt Description

Full Name

House #

Street Address

City

State

Zip

Code

Date [MM/DD/YYYY]

S

Receipt Description

Full Name

House #

Street Address

City

State

Zip

Code

Date [MM/DD/YYYY]

S

Receipt Description

Full Name

House #

Street Address

City

State

Zip

Code

Date [MM/DD/YYYY]

S

Receipt Description

Full Name

House #

Street Address

City

State

Zip

Code

Date [MM/DD/YYYY]

S

Receipt Description

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	CTE JOHN T. LOOMIS, SHERIFF
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1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED VALUE OF \$50.00 OR LESS PER CONTRIBUTOR		
TOTAL for the reporting period	(1)	\$

2. IN-KIND CONTRIBUTIONS RECEIVED VALUE OF \$50.01 TO \$250.00 (FROM PART I)		
TOTAL for the reporting period	(2)	\$ <i>NONE</i>

3. IN-KIND CONTRIBUTION RECEIVED VALUE OVER \$250.00 (FROM PART I)		
TOTAL for the reporting period	(3)	\$

TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F)		\$
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SCHEDULE II  
PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Number:	CTE JOHN T. LOOMIS SHERIFF
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Full Name of Contributor				Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contribution					
Full Name of Contributor				Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contribution					
Full Name of Contributor				Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contribution					
Full Name of Contributor				Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contribution					
Full Name of Contributor				Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contribution					

SCHEDULE II  
Part G  
In-Kind Contributions Received  
VALUE OVER \$250

Filer Identification Number:	CTE JOHN T. LOOMIS SHERIFF
------------------------------	----------------------------

Full Name of Contributor				Date [MM/DD/YYYY]	S
House #	Street Address			Date [MM/DD/YYYY]	S
City		State	Zip Code	Date [MM/DD/YYYY]	S
Employer Name				Occupation	
Employer Mailing Address / Principal Place of Business				Description of Contribution	
Full Name of Contributor				Date [MM/DD/YYYY]	S
House #	Street Address			Date [MM/DD/YYYY]	S
City		State	Zip Code	Date [MM/DD/YYYY]	S
Employer Name				Occupation	
Employer Mailing Address / Principal Place of Business				Description of Contribution	
Full Name of Contributor				Date [MM/DD/YYYY]	S
House #	Street Address			Date [MM/DD/YYYY]	S
City		State	Zip Code	Date [MM/DD/YYYY]	S
Employer Name				Occupation	
Employer Mailing Address / Principal Place of Business				Description of Contribution	
Full Name of Contributor				Date [MM/DD/YYYY]	S
House #	Street Address			Date [MM/DD/YYYY]	S
City		State	Zip Code	Date [MM/DD/YYYY]	S
Employer Name				Occupation	
Employer Mailing Address / Principal Place of Business				Description of Contribution	

**SCHEDULE III**  
**STATEMENT OF EXPENDITURES**

PAGE 1 OF 3

Name of Filing Committee or Candidate <b>CTE JOHN T. LOOMIS SHERIFF</b>	Reporting Period From <b>1-1-19</b> To <b>12-31-19</b>
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To Whom Paid <b>SARAH Reed Super Bowl</b>	MO.	DAY	YEAR	Amount \$ <b>60<sup>00</sup></b>
Mailing Address <b>38th &amp; ZUCK.</b>	Description of Expenditure <b>EVENT TICKETS x 2</b>			
City <b>ERIE</b>	State <b>PA</b>	Zip Code (Plus 4) <b>16508-</b>		
To Whom Paid <b>LINKED BY PINK</b>	MO.	DAY	YEAR	Amount \$ <b>50<sup>00</sup></b>
Mailing Address <b>PO BOX 8177</b>	Description of Expenditure <b>EVENT TICKETS</b>			
City <b>ERIE</b>	State <b>PA</b>	Zip Code (Plus 4) <b>16505-</b>		
To Whom Paid <b>DAVE RIDGE FOR JUDGE</b>	MO.	DAY	YEAR	Amount \$ <b>100<sup>00</sup></b>
Mailing Address <b>PO BOX 9404</b>	Description of Expenditure <b>EVENT TICKET 2-21-19</b>			
City <b>ERIE</b>	State <b>PA</b>	Zip Code (Plus 4) <b>16505-8404</b>		
To Whom Paid <b>RUN &amp; WIN PETE SALA JUDGE</b>	MO.	DAY	YEAR	Amount \$ <b>274<sup>00</sup></b>
Mailing Address <b>40 735 FRENCH ST</b>	Description of Expenditure <b>EVENT TICKETS / DONATION</b>			
City <b>ERIE</b>	State <b>PA</b>	Zip Code (Plus 4) <b>16507-</b>		
To Whom Paid <b>JOE SINNOTT FOR JUDGE</b>	MO.	DAY	YEAR	Amount \$ <b>100<sup>00</sup></b>
Mailing Address <b>1033 STATE ST. ROOM 33</b>	Description of Expenditure <b>EVENT TICKETS</b>			
City <b>ERIC</b>	State <b>PA</b>	Zip Code (Plus 4) <b>16501-</b>		
To Whom Paid <b>ERIE-CRAWFORD LABOR COUNCIL</b>	MO.	DAY	YEAR	Amount \$ <b>130<sup>00</sup></b>
Mailing Address <b>32 West 8th ST. SUITE 604</b>	Description of Expenditure <b>EVENT TICKETS</b>			
City <b>ERIE</b>	State <b>PA</b>	Zip Code (Plus 4) <b>16501-</b>		
To Whom Paid <b>CTE ERIN CONNELLY</b>	MO.	DAY	YEAR	Amount \$ <b>100<sup>00</sup></b>
Mailing Address	Description of Expenditure <b>EVENT TICKETS</b>			
City	State	Zip Code (Plus 4) <b>-</b>		
To Whom Paid <b>ST. JUDE SCHOOL</b>	MO.	DAY	YEAR	Amount \$ <b>50<sup>00</sup></b>
Mailing Address <b>40 W/ 6th ST.</b>	Description of Expenditure <b>DONATION / FUND RAISER</b>			
City <b>ERIE</b>	State <b>PA</b>	Zip Code (Plus 4) <b>-</b>		

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

**PAGE TOTAL**  
\$ **864<sup>00</sup>**

## STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate

Reporting Period

From 1-1-19 To 12-31-19

To Whom Paid

CTE Pete SALA - JUDGE

MO. DAY YEAR

Amount

\$ 150<sup>00</sup>

Mailing Address

910 755 FRENCH ST.

Description of Expenditure

CAMPAIGN DONATION / EVENT T.X.

City

ERIE

State

Zip Code (Plus 4)

PA 16507 -

To Whom Paid

CTE JOHN BROH SUPERVISOR

MO. DAY YEAR

Amount

\$ 50<sup>00</sup>

Mailing Address

Description of Expenditure

EVENT PROGRAM AD.

City

State

Zip Code (Plus 4)

To Whom Paid

CTE ERIN CONNOLLY

MO. DAY YEAR

Amount

\$ 150<sup>00</sup>

Mailing Address

Description of Expenditure

EVENT TICKETS / AD

City

State

Zip Code (Plus 4)

To Whom Paid

ERIE - CRAWFORD LABOR COUNCIL

MO. DAY YEAR

Amount

\$ 160<sup>00</sup>

Mailing Address

32 W. 8TH ST. ST. 604

Description of Expenditure

EVENT TICKET + AD

City

ERIC

State

Zip Code (Plus 4)

PA 16501 -

To Whom Paid

TIM MERSEY MEMORIAL DINNER

MO. DAY YEAR

Amount

\$ 160<sup>00</sup>

Mailing Address

Description of Expenditure

MEMORIAL AD / PROGRAM.

City

State

Zip Code (Plus 4)

To Whom Paid

FRIENDS OF STEVE OLER - COUNCIL

MO. DAY YEAR

Amount

\$ 100<sup>00</sup>

Mailing Address

Description of Expenditure

EVENT TICKETS.

City

State

Zip Code (Plus 4)

To Whom Paid

FRIENDS OF JOE SCHENBER MAYOR

MO. DAY YEAR

Amount

\$ 150<sup>00</sup>

Mailing Address

Description of Expenditure

EVENT TICKETS / AD.

City

State

Zip Code (Plus 4)

To Whom Paid

CTE RITA BISHOP

MO. DAY YEAR

Amount

\$ 100<sup>00</sup>

Mailing Address

Description of Expenditure

EVENT TICKETS

City

State

Zip Code (Plus 4)

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

PAGE TOTAL

\$ 920<sup>00</sup>

SCHEDULE III  
Statement of Expenditures

File Identification Number:	CTE JOHN T. LOOMIS SHERIFF
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To Whom Paid	TRIPPI FOOD	Date (MM/DD/YYYY)	7-1-19	\$	254 <sup>60</sup>
House #	Street Address	Description of Expenditure			
City	State	Zip Code	Description of Expenditure		
ERIE	PA	16503	SHERIFF ASSOC. PICNIC		
To Whom Paid	HOLY TRINITY CLUB	Date (MM/DD/YYYY)	7-16-19	\$	100 <sup>00</sup>
House #	Street Address	Description of Expenditure			
City	State	Zip Code	Description of Expenditure		
ERIC	PA	16503	ZABAWA CELEBRATION		
To Whom Paid	AJO FOUNDATION	Date (MM/DD/YYYY)	7-23-19	\$	100 <sup>00</sup>
House #	Street Address	Description of Expenditure			
City	State	Zip Code	Description of Expenditure		
			DONATION		
To Whom Paid	ERIE COUNTY SHERIFF ASSOC	Date (MM/DD/YYYY)	8-11-19	\$	100 <sup>00</sup>
House #	Street Address	Description of Expenditure			
City	State	Zip Code	Description of Expenditure		
			EVENT AD		
To Whom Paid	CTE KYLE FOUST	Date (MM/DD/YYYY)	8-22-19	\$	100 <sup>00</sup>
House #	Street Address	Description of Expenditure			
City	State	Zip Code	Description of Expenditure		
			EVENT TICKETS		
To Whom Paid	ERIE-CRAWFORD LABOR COUNCIL	Date (MM/DD/YYYY)	8-24-19	\$	50 <sup>00</sup>
House #	Street Address	Description of Expenditure			
City	State	Zip Code	Description of Expenditure		
32	W. 8 <sup>TH</sup> ST, SUITE 604	PA	16501	PICNIC TICKETS	
To Whom Paid	CTE JACK LEE	Date (MM/DD/YYYY)		\$	190 <sup>00</sup>
House #	Street Address	Description of Expenditure			
City	State	Zip Code	Description of Expenditure		
			EVENT DONATION/TICKETS		
To Whom Paid		Date (MM/DD/YYYY)		\$	
House #	Street Address	Description of Expenditure			
City	State	Zip Code	Description of Expenditure		

Page  
TOTAL = 894<sup>60</sup>

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 Number:	CTE JOHN T. LOOMIS SHERIFF
------------------------------	----------------------------

Name of Creditor: <span style="font-family: cursive;">John T. Loomis</span>					Outstanding Balance of Debt:	
House #	Street Address	DATE DEBT INCURRED <small>(MM/DD/YYYY)</small>	S	2,200 <sup>00</sup>		
2921 W 32nd						
City		State	Zip Code			
Erie		PA	16506			
Description of Debt: <span style="font-family: cursive;">START UP</span>						

Name of Creditor:					Outstanding Balance of Debt:	
House #	Street Address	DATE DEBT INCURRED <small>(MM/DD/YYYY)</small>	S			
City		State	Zip Code			
Description of Debt:						

Name of Creditor:					Outstanding Balance of Debt:	
House #	Street Address	DATE DEBT INCURRED <small>(MM/DD/YYYY)</small>	S			
City		State	Zip Code			
Description of Debt:						

Name of Creditor:					Outstanding Balance of Debt:	
House #	Street Address	DATE DEBT INCURRED <small>(MM/DD/YYYY)</small>	S			
City		State	Zip Code			
Description of Debt:						

Name of Creditor:					Outstanding Balance of Debt:	
House #	Street Address	DATE DEBT INCURRED <small>(MM/DD/YYYY)</small>	S			
City		State	Zip Code			
Description of Debt:						

Name of Creditor:					Outstanding Balance of Debt:	
House #	Street Address	DATE DEBT INCURRED <small>(MM/DD/YYYY)</small>	S			
City		State	Zip Code			
Description of Debt:						