# Commonwealth of Pennsylvania - Campaign Finance Report 10F13 (Note: This report must be clear and legible. It should be typed)

Filer Identification Number	f- and and g	Report Filed F		_		Committee	en e yasılını	$\boxtimes$	Lobbyist	
Name of Filing Committee Lobbyist	e, Candidate or	Friends of Steve	Oler	<u></u>	<u> </u>	<u></u>	<u></u> , ;	<u> </u>	I	· II
Street Address		991 Bonnie Brae	······································			,			•.,,	
City Erie		<u>i.</u>	State	PA		Zip Code	16511	<del></del>	<del></del>	
Type of Report (Place x un	der report type)		<u>' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' </u>		<del>-</del>		<u> </u>			
1-6 <sup>th</sup> Tuesday 2- 2 <sup>nd</sup> Fri		4- 6th Tuesday	5- 2 <sup>nd</sup> Friday	6- 30 Day	/ Post	7- Annual	Special 2 <sup>n</sup>	<sup>d</sup> Friday	Special 30	) Day
Pre-Primary Pre-Prima		Pre- Election	Pre- Election	Election			Pre-Electi	on	Post-Elect	
Date Of Election (MM/DD/YYYY)	05/21/2019	Year	2019	Amendm Report	ent		Terminati Report	on		
Summary of Receipts and Expenditures	From Date 08/09/18	To Date	2/31/18		one-konin Sanak	For (	Office Use (	Only		
A. Amount Brought Forwa		1 [	0.00		· · · · · · · · · · · · · · · · · · ·		<u> </u>	C)		· · · · · · · · · · · · · · · · · · ·
B. Total Monetary Contrib (From Schedule I)	outions and Receipts	; \$ e	5,805.00							
C. Total Funds Available (Sum of Lines A and B)		\$ 6	5,805.00						22	
D. Total Expenditures (From Schedule III)			1,468.19					Section 1		
E. Ending Cash Balance (Subtract Line D from Line			2,336.81						ਹ: 02 2	
F. Value of In-Kind Contrib (From Schedule II)		\$	300.00					•	Q_	
G. Unpaid Debts and Oblig (From Schedule IV)	gations	\$	,000.00						7	
			Amuavit Se							
Part 1- If this is a Committee r I swear (or affirm) that this re	eport, treasurer sign hort, including the atta	ched schedules d	pager, is withe	andidate sign best of my k	here. nowledge	e and belief tr	ue. correct ar	nd comple	te.	
Sworn to and subscribed befo		ğ		, <b>,</b>		•		,,		
2 U day of Jone	any 20 19	. 3	MONWA AN GAL	Meal	ther	CDUEL	2_			
an ma	Jan		SES SE		nature of	Person Subm	itting report		<del></del>	
Signature	. France we		<b>₹₹</b> ₹∃-	THE WA	viev.	Printed Name				
My Commission expires	1 2 25	3 <b>`  </b> ≩	를 맞는 것의 원	314		80	18-20	168		
MC	DAY YR.		S S S P P	Area Code	•	Day	time Telepho	ne Numbe	er	
Part II- If this is a report of a Co										
I swear (or affirm) that to the amended.	best of my knowledge a		ACE COMMITTEE 2023	has not viola	ted any p	provisions of t	he Act of June	e 3, 1937 (	P.L. 1333, NO	0.320) as
Sworn to and subscribed before	re me this	4	<u> </u>	· .	<b>)</b>	٠. ٠	سا ه			
23 day of June	20/9	_ '   "	\$ 8 A	Hoph	es_	\$. O	Cer			
anna mar	Grunewa	el 88	OMMONW SHIE CO	STEPH	PEN	ture of Candid	ate <u>L ピ</u> フス			
Signature	· · · · · · · ·			<b>7</b>	Pi	rinted Name	~ .	. 0		
My Commission expires MO.	DAY YR.	S S S S S S S S S S S S S S S S S S S	ょうたい≥!─	S/4 Area Code	-	5.7 Dayti	me Telephon	<u>/ ど</u> e Number		
		<u> </u>								
	·	BER 10	NOTAF PENNS							

#### SCHEDULE I

# Contributions and Receipts Detailed Summary Page

mrs	
Filer Identification Number	
The testimoston runner	
and the contract of the contra	

1.Unitermized Contributions and Receipts-\$50.00 or Less per Contributor	
Total for the reporting period (1)	\$ 1,405.00
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)	\$ 400.00
Total for the reporting period (2)	\$ 400.00
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	\$ 

#### 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

					Amount
Full Name of Contrib				Date [MM/DD/YYYY]	.\$
Committee	N/	/A			#4.1 #15
House #	Street Add	fress		Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
A STATE					
Full Name of Contrib	uting			Date [MM/DD/YYYY]	\$
Committee		* .			
House #	Street Add	Iress		Date [MM/DD/YYYY]	\$
		W. F.			
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contrib	uting			Date [MM/DD/YYYY]	\$
Committee					
House #	Street Add	fress		Date [MM/DD/YYYY]	\$
		e di colo			7.
City	1,	State	Zip Code	Date [MM/DD/YYYY]	\$
					1: <sup>1</sup> \
Full Name of Contrib Committee	uting			Date [MM/DD/YYYY]	. <b>\$</b>
House #	Street Add	Iress		Date [MM/DD/YYYY]	\$
		4		·	
City	<del></del>	State	Zip Code	Date [MM/DD/YYYY]	\$
1					
Full Name of Contrib	uting			Date [MM/DD/YYYY]	\$
Committee					
House #	Street Add	iress		Date [MM/DD/YYYY]	\$
And the state of t					
City	<u> </u>	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contrib	uting			Date [MM/DD/YYYY]	\$
Committee	A. 1 1 1				
House #	Street Add	ress		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:				
Full Name of Co	ntributor		<del> </del>	Date [MM/DD/YYYY]	<b>S</b>
1300 A.C.S.	Stacey R. C	3adley		12/16/18	100.00
House #	Street Address			Date [MM/DD/YYYY]	\$
6941 Jefferson Court					
City	Professional Legislatus	State	Zip Code	Date [MM/DD/YYYY]	\$
Fairview		PA	16415		
Full Name of Co				Date [MM/DD/YYYY]	\$
a da a d	Kathleen O.	. Knight		12/16/18	100.00
House #	Street Address			Date [MM/DD/YYYY]	Š
12885		McChesney Road			
City		State	Zip Code	Date [MM/DD/YYYY]	\$
East Spri	ingfield	PA	16411		
Full Name of Co	ntributor			Date [MM/DD/YYYY]	\ <b>S</b>
	Gary E. Bre	enner		12/18/18	200.00
House #	Street Address			Date [MM/DD/YYYY]	\$
4166		Ridge Parkway			
City	\$6.500 WARREN	State	Zip Code	Date [MM/DD/YYYY]	♥.aus:   <b>\$</b> .d
Erie		PA	16510		
Full Name of Co	nributor .	r e Populado B	To the Clamber No. 11	Date [MM/DD/YYYY]	\$
				**************************************	
House #	Street Address	1		Date [MM/DD/YYYY]	\$
				<u> </u>	
City	[widely countries]	State	Zip Code	Date [MM/DD/YYYY]	\$
City		1.0		Committee and the second of th	
Full Name of Co	ntributor	2-00-5-6-16-11	Age with the residence	Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
				Maria Antonia - Transportante de La pro-	- 177 (1975) - 1875 (1975)
		State	Zip Code	Date [MM/DD/YYYY]	\$
City		JIAIC	Apcode		
Full Name of Co	merihitar.		· · · · · · · · · · · · · · · · · · ·	Date [MM/DD/YYYY]	
full redire of Co				TATEL TAR AND AND AND AND THE	
7 - 4		<del> </del>		Date [MM/DD/YYYY]	( S )
House #	Street Address			Date Introduction	14.53

State

City

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.

rier wertikador					
Full Name of Contributing Con	imittee N/A			Date [MM/DD/YYYY]	<b>S</b>
House #	Street Address			Date [MM/DD/YYYY]	<b>.</b>
(City)	N 84 (1644 (1993)	State	Zip Code	Date [MM/DD/YYYY]	<b>\$</b> (
Full Name of Contributing Con		1875 1975 28 1	Phase Programs	Date [MM/DD/YYYY]	\$
House #	Street Address	· , , , , , , , , , , , , , , , , , , ,	······································	Date [MM/DD/YYYY]	<b>\$</b>
City	######################################	State	Zip Code	Date [MM/DD/YYYY]	\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
Full Name of Contributing Com	mittee	rentagion /		Date [MM/DD/YYYY]	<b>S</b>
House #	Street Address			Date [MM/DD/YYYY]	<b>S</b>
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Com	mittee	S184-012-0	Exact Surface States	Date [MM/DD/YYY]	
House #	Street Address		A	Date [MM/DD/YYYY]	<b>\$</b>
City		State	Zip Code	Date [MM/DD/YYYY]	<b>\$</b>
Full Name of Contributing Com	mittee			Date [MM/DD/YYYY]	•
House #	Street Address		· · · · · · · · · · · · · · · · · · ·	Date [MM/DD/YYYY]	<b></b>
City		State	Zip Code	Date [MM/DD/YYYY]	
Full Name of Contributing Com	mittee	e said in the effect of	internación de Colora (gentiga)	Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	
City		State	Zip Code	Date [MM/DD/YYYY]	<b>\$</b>

## 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:			
Full Name of Contributor   N/A			Date [MM/DD/YYYY] \$
N/A			
House # Street Address			Date [MM/DD/YYYY] \$
	•		
Gty	State	Zip Code	Date [MM/DD/YYYY] \$
	4.6.		
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] \$
( <b>aty</b> )	State	Zip Code	Date [MM/DD/YYYY] \$
			The state of the control of the state of the
Employer Name	geological designation of	<u> </u>	Occupation
Employer Mailing Address /			
Principal Place of Business			
Full Name of Contributor			Date [MM/DD/YYYY] \$
House # Street Address			Date [MM/DD/YYYY] \$
Giv	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		4- parts	Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name			Occupation
The latter and the second of t			
Employer Mailing Address / 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.

Full Name	N/A			<del> </del>
House #	N/A  Street Address	<u> </u>		
City		State	Zip	Date [MM/DD/YYYY] \$
			Code	
Receipt Description				
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] 5.
Receipt Description	**************************************	p (100/44) 3- (100)	respectation (	i Vari
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt/Description	(C)		Walter State of the Control of the C	
		······································		
Full Name				NAME AND ADDRESS OF THE PARTY O
House #	Street Address	State	Carantana I	Date [MM/DD/YYYY]   \$
City		State	Zip Code	Date [MM/DD/YYYY] .\$
Receipt Description	20230 2004	R896,±160-17622	Karaman Arbana	<u>                                    </u>
Full Name	70, 1900   1			
House #	Street Address			
City	The contraction of the contracti	State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description	180 (180 ) - Carrier (180 ) - Carrier (180 )		9765 AT 1950	
Fuli Name	300			
	Street Address			·
City		State	<b>Zip</b>	Date [MM/DD/YYYY] \$
			Code	
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

VIBUTIONS RECEIVED-VALU	JE OF \$50.00 O	JR LESS PER CONTRIBUTOR
(1)	\$	
CEIVED-VALUE OF \$50.01	TO \$250.00 (FR	ROM PART F)
(2)	\$	
EIVED-VALUE OVER \$250.	00 (FROM PART	TG)
(3)	\$	300.00
IONS DURING THIS REPOR	TING \$	
from boxes 1, 2, and 3; als	1 1	300.00
	(1)  CEIVED-VALUE OF \$50.01  (2)  EIVED-VALUE OVER \$250.  (3)  ONS DURING THIS REPOR	(2) \$ SEIVED-VALUE OF \$50.01 TO \$250.00 (FF

## SCHEDULE II PART F

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

VALUE OF \$50.01 TO \$250

Filer Identification	Number:				
Full Name of Con	VB/LTP4/3/5/755			Date [MM/DD/YYYY]	89
part of the same o	N/A				
House#	Street Address			Date [MM/DD/YYYY]	<b></b>
City	is a second of the second of t	tate	Zip Code	Date [MM/DD/YYYY]	\$
			e de la companya de		
Description of Co	ntribution.				
Full Name of Con	tributor			Date [MM/DD/YYYY]	\$
House #	Street Address		· · · · · · · · · · · · · · · · · · ·	Date [MM/DD/YYYY]	8
City	S	tate	Zip Code	Date [MM/DD/YYYY]	\$
Description of Co	ntribution				
Full Name of Con	tributor			Date [MM/DD/YYYY]	S.
House #	Street Address	* *		Date [MM/DD/YYYY]	<b>S</b> .
City		tate	Zip Code	Date [MM/DD/YYYY]	\$
(1,000)	(2000)			<u> </u>	
Description of Co	ntribution				
Full Name of Con	tributor			Date [MM/DD/YYYY]	\$
3.00					
House #	Street Address			Date [MM/DD/YYYY]	
City	S	tate	Zip Code	Date [MM/DD/YYYY]	<b>§</b>
		Congression Constraint			
Description of Co	ntribution				
Full Name of Con	tributor			Date [MM/DD/YYYY]	\$
adari Turkani					
House #	Street Address			Date [MM/DD/YYYY]	\$
City	S	tate	Zip Code	Date [MM/DD/YYYY]	<b>\$</b>
	1944 Segregative explict today on the country of th	0.176 -s. 74			数 <b>45.0%</b> (2.0.14.0) (2.0.14.0)
Description of Co	ntribution		·		

## SCHEDULE II Part G

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

VALUE OVER \$250

Filer Identification Number;	
MACAN FEMAL (SAMECES) SAME AS SAME SECTION SECTION AS	

Full Name of Contributor	·		Date [MM/DD/YYYY] \$
Robert G. Your	nt		12/16/18
House # Street Address	i- D	Date [MM/DD/YYYY] S	
	nnie Brae		
City Erie	State PA	Zip Code 16511	Date [MM/DD/YYYY] \$
Employer Name	Vector Security		Occupation President
Employer Mailing Address / Principal	vector Security		Description
Place of Business	4403 Iroquois Ave	nue Erie, PA 16511	of Use of facility for "Kick Off Event"
Full Name of Contributor	•		Date [MM/DD/YYYY] \$
House # Street Address			Date [MM/DD/YYYY] \$
Gtv.	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name		D.S. de la Constantina del Constantina de la Con	Occupation
Employer Mailing Address / Principal Place of Business			Description of
( acc ) business			Contribution
Full Name of Contributor			Date [MM/DD/YYYY] \$
House # Street Address			Date [MM/DD/YYYY] \$
	Long and the same	ly where the interest of the control	
City	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name		Province and control	Occupation
Employer Mailing Address / Principal Place of Business			Description of
Place of pusiness			Contribution
Full Name of Contributor			Date [MM/DD/YYYY] \$
House # Street Address	-		Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
			are a market has bloom entire
Employer Name			Occupation
Employer Name  Employer Mailing Address / Principal Place of Business			Description of

## Statement of Expenditures

· · · · · · · · · · · · · · · · · · ·	Transmitted or Englanding	
No. 20 Control of the		
Filer Identification Number:		

To Whom Paid Date [MM/DD/YYYY] Walmart 19.08 11/08/18 Description of Expenditure House # Street Address 5741 **Buffalo Road** City State Zip PA 16421 Paper plates and table covers Harborcreek Code To Whom Paid Date [MM/DD/YYYY] Uprinting.com 85.21 11/25/18 House # Street Address Description of Expenditure 8000 Haskell Avenue City State Zip CA Postcards Van Nuys 91406 Code To Whom Paid Date [MM/DD/YYYY] 153.00 Totallypromotional.com 11/26/18 House # Description of Expenditure Street Address 450 South 2nd Street State City Zip Foam Can Coolers ОН Coldwater 45828 Code Date [MM/DD/YYYY] To Whom Paid 303 Sign Shop 1,500.00 12/14/18 **Description of Expenditure** House # Street Address 2936 Peach Street City State Zip Erie PΑ 16508 Deposit for banner, signs and stickers Code To Whom Paid Date [MM/DD/YYYY] Party Plus 55.65 12/17/18 House # Street Address **Description of Expenditure** 5045 **Buffalo Road** State City Zip PΑ 16510 6 long cocktail table rentals Erie Code To Whom Paid Date [MM/DD/YYYY] \$ Lowe's Home Center 39.24 12/14/18 House # Description of Expenditure Street Address 1930 Keystone Drive Unit #2 State Zip 2 gallon buckets, PVC Piping for banner PA 16509 Erie Code To Whom Paid Date [MM/DD/YYYY] Sam's Club 12/14/18 House # Description of Expenditure Street Address 7200 Peach Street State Zip Food and drinks for Kickoff Event PA 16509 Егіе Code To Whom Paid Date [MM/DD/YYYY] Office Max 10.90 12/14/18 House # Street Address Description of Expenditure 905 Milicreek Mall State PA City Zip Sharpies and name tags Епе 16565 Code

120/

157 CHOCH

4

+

# SCHEDULE III Statement of Expenditures

Filer Identification Number:	
Referencies su manor de descripción de la descri	
\$2 \cdot\$\text{\$\	

To Whom Paid	1.00					Date [MM/DD/YYYY]	5	
Tarah Sandaran In	Gordon Food Service	е				12/14/18		88.40
House # 6740	Street Address	Peach Street				Description of Expend	liture	
City Erie		State	PA	Zip Code	16509	Food for Kickoff Event		
To Whom Paid	Hilltop Beer					Date [MM/DD/YYYY] 12/16/18	∦\$	159.00
<b>House #</b> 4535	Street Address	Buffalo Road				Description of Expend	iture	A Commence of the Commence of
City Erie	<u> </u>	State	PA	Zip Code	16510	1/2 Keg Bud Light and 2 Be	ıd Ligh	nt 30 packs (Kickoff)
To Whom Paid			<del>'</del>			Date [MM/DD/YYYY]	\$	
	Circle K					12/16/18		24.95
House # 4216	Street Address	/ain Street				Description of Expend	iture	
City Erie		State	PA	Zip Code	16511	5 20# bags of ice		
To Whom Paid						Date [MM/DD/YYYY]	<b>.</b>	2 407 33
	303 Sign Shop					12/26/18		1,495.22
House # 2936	Street Address	each Street				Description of Expend	iture	
City Erie		State	PA	Zip Code	16508	Balance for banner, signs a	and sti	ckers .
To Whom Paid	Jiffy Shirts					Date [MM/DD/YYYY] 11/21/18	<b>  \$</b>	249.47
House # 903	Street Address	Oth Place				Description of Expend	iture	
<b>City</b> Bradentor	1	State	FL	Zip Code	34203	Shirts		
To Whom Paid	FM Printing and Offi	ce Supply				Date [MM/DD/YYYY] 11/21/18	\$	397.50
House # 710	Street Address N	/Jain Avenue				Description of Expend	iture	
City Moorhead	is made and the second	State	MN	Zip Code	56560	Shirt Transfers		<u> </u>
To Whom Paid	Facebook	. 18" v.: #64.648"		Maria da Arragana		Date [MM/DD/YYYY] 12/26/18	\$.	25.00
House # 1	Street Address	Hacker Way				Description of Expend	iture	
City Menlo Par		State	CA	Zip Code	94025	Page Boost	<u> </u>	
To Whom Paid			•	w a matigawa ji iji Mara'i		Date [MM/DD/YYYY]	<b>.</b>	
House #	Street Address		<del></del>		·	Description of Expend	iture	1
City	The section of the se	State		Zip Code		District Stay and Addition than the Marie of		er egi <u>i galaga ke</u> ke san ang Pajawa ang Pagaba s <mark>a S</mark>

Outstanding Balance of Debt

DATE DEBT INCURRED
[MM/DD/YYYY]

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 Identification Nu	mber:				
Name of Creditor	Stephen §	S. Oler and Kelly S. Oler			Outstanding Balance of Debt
House # 991	Street Address	Bonnie Brae	[MM/DI		5,000.00
City		State	8/9/2	166	
Description of Debt	Erie	- Participants	PA Code	16511	
pescripuo, crib	Loan to C	campaign Committee			
Name of Creditor					Outstanding Balance of Debt
House #	Street Address		DATE DEBT	医抗皮膜性溶解 医乳腺管炎 医海绵性 医原生性	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
City		State	Zip Code	J1111 6	NAME OF THE PROPERTY OF THE PR
Description of Debt				Manager 1	11-4-1
Name of Creditor					Outstanding Balance of Debt
House#	Street Address	4	DATE DEBT	INCURRED	<b>S</b> /
	Carried States	!	(MM/DD		
City			Zip.	\$1.94A	
Description of Debt			Code	STATE OF THE STATE	
			<del></del>		
Name of Creditor	<u> </u>	1	Participant need	INCURRED	Outstanding Balance of Debt
House #	Street Address	1	[MM/DD	Security Present Commencer (1997)	<b>(\$</b> )
City		State	Zip	8439.	
电电子 建油油油			Code		
Description of Debt.			4		
Name of Creditor					Outstanding Balance of Debt
House#	Street Address		DATE DEBT	Complete the property of the control	5.
			(alla)	///19/11	
City	iv an 15	State	Zip Code	Ç, X	-

State

Description of Debt

Name of Creditor

**Description of Debt** 

Street Address

House #

City