	es			



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

	Filer Identification Number	· (roctor)	Rep	oort Filed E lark X)	y Candid	_	X	Committee			Lobbyist	
	Name of Filing Committee, Candidate or Lobbyist			GARY WELLS								
	Street Address			50 ROUTE	8							
	City UN	NION CITY	·		State	PA		Zip Code	16438			
	Type of Report (Place x under report type)											
	1-6 th Tuesday 2- 2 nd Pre-Primary Pre-Primary	The second of th		th Tuesday Election	5- 2 nd Friday Pre-Election	6- 30 D Election		7- Annual	Special 2' Pre-Electi		Special 3 Post-Elec	
	Date Of Election (MM/DD/YYYY)	05/20/2025	Yea	ar	2025	Amend Report			Terminat Report	ion]
	Summary of Receipts an Expenditures	d From Date		To Date				For	Office Use	Only		
		02/01/2025	1 4		05/05/2025		1.50					19 20 1923
	A. Amount Brought Forward From Last Report			\$	0.00	2025 MAY -9 ERIE CA VOTER REG						
	B. Total Monetary Contributions and Receipts (From Schedule I)			\$	0.00							
	C. Total Funds Available (Sum of Lines A and B) D. Total Expenditures			0.00			SER A					
	(From Schedule III) E. Ending Cash Balance			Y (000 to)				9				
	(Subtract Line D from Line C)			\$ (662.40)				F				
	F. Value of In-Kind Contributions Received (From Schedule II)			0.00						STRATION.	7: 40	
	G. Unpaid Debts and Ob (From Schedule IV)			\$	•			·		e de la comp	lan lan	·
₹ ∪ ≿			16		Affidavit Se							
Public 7, 20	Part 1- If this is a Committe I swear (or affirm) that this	e report, treasurer sign n report, including the atta	ched:	schedules or	n paper, is to the	best of my	knowled	ige and belief t	rue, correct a	ind comple	te.	
Pennsylvania - No 4ELMAN - Notary e County ifres November 1	Part 1- If this is a Committe I swear (or affirm) that this Sworn to and subscribed be A day of Ma Signature My Commission expires	efore me this y 20 2025 Heishelman	- :	٠,	-	Ca	buu ignature uy	of Person Subm	10/15		—	
BARBARA S HERSI BARBARA S HERSI Eri My Commission Exp Commission.	My Commission expires	VIO. DAY YR.	- - :	, 1		8/4/ Area Code	/		/60 - rtime Teleph	466	<i>Z</i> er	
BAI Ay C	Part II- If this is a report of a I swear (or affirm) that to th	Candidate's Authorized	Comr	nittee, cand	idate shall sign h	ere.	olated an	u provisions of	the Act of Iur	ne 2 1027 ((D.I. 1222 N	O 320) as
. <	amended.	ie best of my knowledge	anu ņ	eller triis poi	ilicai committee	1192 HOT AS	nateu an	A brownings of	ine act of Jai	16 3, 1337 ((F.L. 1333) IV	0.520) 83
	Sworn to and subscribed be	fore me this	:		-							
	day of20			_ -			Signature of Candidate Printed Name					
	_	-	:	. !								
	My Commission expires M	IO. DAY YR.	_		_	Area Code		Day	ime Telepho	ne Numbei	r	

SCHEDULE I Contributions and Receipts

Detailed Summary Page

Comment of Court & Consequently Contract Consequence (Contract Consequence)		
Filer Identification Number	· ·	
是是这种TPS第一个EXPLORED 是有,是不是这个信息的情况是是自己的。		and the second s
Audiention for the sould are the relation of the sound and the sound the sound to so		

1. Unitermized Contributions and Receipts-\$50.00 or Less per Contri	ibutor	71 de 1		
Total for the repo	rting period	(1)	\$	0.00
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)			14 ten 15 14 13 4 13 4 1	
Contributions Received from Political Committees (Part A)			\$	
All Other Contributions (Part B)			\$	
Total for the repor	ting period	(2)	\$	0.00
.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 report	ting period	(3)	\$	0.00
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC	(From Part E)			
Total for the report	ting period	(4)	\$	
Total Monetary Contributions and Receipts during this reporting per enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount Cover Page, Item B)		port	\$	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.

			-		Amount
Full Name of Co Committee	ontributing			Date [MM/DD/YYYY]	\$
committee					사항 사항
House #	Street Address			Date [MM/DD/YYYY]	S
					1.4 131
City	TAX A LIBERTON STRAFT	State	Zip Code	Date [MM/DD/YYYY]	\$
(A)	Particular to tention in the constitution				ල් දෙක
Full Name of Co Committee	ontributing			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
		:			754 250 253
City	VERTEX PART AND	State	Zip Code	Date [MM/DD/YYYY]	\$2.5 \$.7
and the second s					(d. <u> </u>
Full Name of Co	intributing			Date [MM/DD/YYYY]	\$
Committee					174 33
House #	Street Address			Date [MM/DD/YYYY]	\$ 8 8 8
		:		,	
City	[4 <u>4</u>	State	Zip Code	Date [MM/DD/YYYY]	**** \$*
					5 (2) 6 (3) 6 (4) 6 (4)
Full Name of Co Committee	ontributing	:		Date [MM/DD/YYYY]	\$
House #	Street Address	* !		Date [MM/DD/YYYY]	\$
		:			79 M 10.02 17.84
City	J 1 9/02 - 112	State	Zip Code	Date [MM/DD/YYYY]	\$
		194-35 11-13			
Full Name of Co Committee	ontributing	:		Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
	Ju Ect-Maul 855			<u>ロール・ルスの東京の名称。東京の名称(名称)(</u> (2)	
City		State	Zip Code	Date [MM/DD/YYYY]	\$
		2 jan 19 19 19 19 19 19 19 19 19 19 19 19 19	THE PROPERTY OF THE PARTY OF TH		
Full Name of Co Committee	ontributing				Ś
House #	Street Address			Date [MM/DD/YYYY]	\$
City	pendua dita di 1	State	Zip Code	Date [MM/DD/YYYY]	\$
		and the second			

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 Numbe	To a second				
A PA, "MORE I AND THE PARTY STATE OF THE PARTY STAT	10000000				
Eull Name of Contribut	AIC .			Date [MM/DD/XYXX]	S
House#	Street Address	+ **		Date [MM/DD/YYYY]	\$
			*,		<u> </u>
Gty		State	Zip Code	Date [MM/DD/XYYY]	\$
Full Name of Contribut	จา	The state of	ACTION PROPERTY OF PROPERTY.	Date MM/DD/XXXX	(\$)
and the second				The last of the contribution of the second o	
House#	Street Address			Date [MM/DD/YYYY]	'\$
City		State	Zip Code	Date [MM/DD/XXXX)	\$
Full Name of Contribute				Date [MM/DD/YYYY]	
		: : :		Company and Laborator and Anni Maria Cara	
House#	Street Address	:		Date [MM/DD/YYYY]	\$
		•		·	
City		State	Zip Code	Date [MM/DD/YYYY]	*\$
Full Name of Contribute				Date [MM/DD/YYYY]	5
House #	Street Address			Date [MM/DD/YYYY]	is
		:			
Giv	arours and reservoir source of several and several sev	State	Zip Code	Date [MM/DD/XYXY]	\$ \$
					(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
Full Name of Contribute	Or .	:		Date [MM/DD/YYYY]	
House #	Street Address			Date [MM/DD/XXXY]	\$
City		State	Zip Code	Date [MM/DD/YWY]	**************************************
		Aut (44) 484 (44)			
Full Name of Contributo	or			Date [MM/DD/YYYY]	
House#	Street Address			Date [MM/DD/YYYY]	10 To
	an eet Address				20 % 0 20 0 0 20 0 0
(GIV	and the second second second	State	Zip Code	Date [MM/DD/YYYY]	π ς :

PART C Contributions Received From Political Committees

Over \$250.00

Filer Identification Number:

Use this Part to itemize only contributions received from Political Committees with an aggregate value over \$250.00 in the reporting period.

	*			
	•			
Full Name of			Date [MM/DD/YYYY]	K-3
Contributing Committee			to many approach the many and the pass of the ball of the ball	
House # Street Address			Date [MM/DD/YYYY]	\$
			CONTRACTOR AND	
City	State	Zip Code	Date [MM/DD/YYYY]	\$
	15.24		CONTRACTOR	
				MESSEL.
Full Name of			Date [MM/DD/YYYY]	\$
Contributing Committee				
	<u> </u>			
House# Street Address			Date [MM/DD/YYYY]	\$
	ŧ			
	State	Zip Code	Date [MM/DD/YYYY]	
Giy	Jac	-zip code.		
		2.2		
Full Name of			Date [MM/DD/YYYY]	\$
Contributing Committee				
House# Street Address	:		Date [MM/DD/YYYY]	\$
COV	State	Zip Code	Date [MM/DD/YYYY]	
			·	
Full Name of	and the second second	and the Total Addition the additions of	Date [MM/DD/YYYY]	*
Contributing Committee				
House# Street Address			Date [MM/DD/YYYY]	S
	:			
	:			
Gey	State	Zip Code	Date [MM/DD/YYYY]	\$
	friedriche			
A STREET	N. SERVINET	例此后,可能含是100mm		20 20 L
Full Name of	V		Date [MM/DD/YYYY]	5
Contributing Committee				
House # Street Address			Date [MM/DD/YYYY]	\$
Juest Address				
		•		
awa	State	Zip Code	Date [MM/DD/YYYY]	.5
	7747 E		management and an included and an expensive management of the state of	
Full Name of			Date [MM/DD/YYYY]	
Contributing Committee				
			PRINCIPAL PRINCI	
House# Street Address			Date [MM/DD/YYYY]	
	Đ.			
Giy	State :	Zip Code	Date [MM/DD/YYYY]	\$
The same of the sa				
	74 Y 15			

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			Date [MM/DD/YYYY] \$	
House # Street Address	1		Date [MM/DD/YYYY] \$	
Street Address			Pogre I min V po V v a 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
		4	\$3.25 1.35 1.35 1.35 1.35 1.35 1.35 1.35 1.3	
City.	State	Zip Code	Date [MM/DD/YYYY] (\$2)	
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] \$	
riouse# Street Address	·		Pare Idia/DD/HT 11	
City and	State	Zip Code	Date [MM/DD/YYYY] \$	
		and the second		i i
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] \$	
Street Address				
Gity	State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Name		· · · · · · · · · · · · · · · · · · ·	Occupation	
Employer Mailing Address /			· · · · · · · · · · · · · · · · · · ·	·
Principal Place of Business	17.00			
Full Name of Contributor	:		Date [MM/DD/YYYY] \$	
House # Street Address	Γ		Date [MM/DD/YYYY] \$	· .
Street Address				
			(4) (4) (4) (4) (4) (4) (4) (4) (4) (4)	
Gity	State	Zip Code	Date [MM/DD/YYYY] \$	
			action of the control	
Employer Name		Jacobson of contrology	Occupation	
Employer Mailing Address /			1000 1000 1000 1000 1000 1000 1000 100	
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 Number:

Full Name				
House# S	treet/Address			
Ghy Congress of the Congress o		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				
Full Names				
	treet Address	·		
idiya wasan sa		State	Zip	Date [MM/DD/YYYY] \$
			Code	
Receipt Description				
Full Name				
House#!	reet Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				
Füll Name		·		
	reet Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		4_2		
Full Name			· · · · · · · · · · · · · · · · · · ·	
#House# Si	reet Address	· · · · · · · · · · · · · · · · · · ·		
City		State	Zip	Date [MM/DD/YYYY] \$
			Code	
Receipt Description				
Full Name				
	reet Address	· · · · · · · · · · · · · · · · · · ·		
City Last Last Control		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description	200	常是伊思达等	经经济基本/和2005	

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

File identification Number			
	DIRECTOR DESCRIPTION OF THE PROPERTY OF THE PR	NEW EON DON	ODJECK/DED-CONTRIBLETOD
1 UNITEMIZED IN-KIND CONT	RIBUTIONS RECEIVED-VALUE C	JF 330,00°C	ON LESS PER CONTRIBUTOR
TOTAL for the reporting period	(1)	\$	
	· · · · · · · · · · · · · · · · · · ·	1	
2. IN-KIND CONTRIBUTIONS R	ECEIVED-VALUE OF \$50.01 TO:	\$250 00 (FI	ROM PART F)
TOTAL for the reporting period	(2)	\$	
-L3IN-KIND CONTRIBUTION RE	CEIVED-VALUE OVER \$250.00 (FROM PAR	RTG)
TOTAL for the reporting period	(3)	\$	
		<u> </u>	
TOTAL VALUE OF IN-KIND CONTRIBUT PERIOD (Add and enter amount totals on Page 1, Report Cover Page, Item F	s from boxes 1, 2, and 3; also er	1 :	0.00

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Number

					·
Full Name of Contributors			Date [M	M/DD/YYYY] \$	
House # Stree	et Address		Date [M	M/DD/YYYY] \$	
City.	State	Zip Code	Date [M	M/DD/YYYY] -\$	
Description of Contribution					
Full Name of Contributor	and the second s		Date IM	M/DD/YYYY] \$	
	!			165	
House # Stree	et/Address		Date [M	M/DD/YYYY] \$	
Giv	State	Zip Code	Date [M	M/DD/YYYY] \$	
Description of Contribution	n e				
Full Name of Contributor			Date [M	M/DD/YYYY] \$	
House # Stree	et Address		Date [M	M/DD/XXXYI S	
	godi edilari Regional			775 1064	
Giy	State	Zip Code	Date M	M/DD/MMM] S	
	near to				
Description of Contribution		::			
Full Name of Contributor			gDate (M	M/DD//WY) \$	•
House # Stre	et Address		Date [M	M/DD/YYYY] \$	
City Control of the C	State	Zip Code	Date [M	M/DD/YYYY] \$	
	Acceptable for an appoint to the second				
Description of Contribution					
Full Name of Contributor			Date [M	M/DD/YYYY] \$	
	:			7 Lat. 1942 1942	
House # Stre	et Address		Date [M	M/DD/YYYYI \$	
City	State	Zip Code	Date [M	M/DD/YYYY] \$	
	prographics of the first of the				
Description of Contribution	n L				

SCHEDULE II

Part G

In-Kind Contributions Received

VALUE OVER \$250

Full Name of Contributor Date [MM/DD/YYYY] \$	
House# Street Address Date [MM/DD/YYYY] \$ Gity State Zip Code Date [MM/DD/YYYY] \$ Employer Name Occupation Employer Mailing Address / Principal Place of Business Of Contribution Full Name of Contributor Date [MM/DD/YYYY] \$ House # Street Address Date [MM/DD/YYYY] \$ Employer Name Occupation Date [MM/DD/YYYY] \$ Employer Name Occupation Description of Contributor Date [MM/DD/YYYY] \$ Employer Name Occupation Description of Contributor Date [MM/DD/YYYY] \$ Employer Mailing Address / Principal Description of Contributor Date [MM/DD/YYYY] \$	
City State Zip Code Date MM/DD/YYYY \$	
City State Zip Code Date MM/DD/YYYY \$	
Employer Mailing Address / Principal Place of Business Contribution Full Name of Contributor House # Street Address State Zip Code Date [MM/DD/YYYY] \$ Employer Name Employer Name Occupation Employer Name Full Name of Contributor State Zip Code Date [MM/DD/YYYY] \$ Find Code Date [MM/DD/YYYY] \$ Find Code Date [MM/DD/YYYY] \$ Find Code Date [MM/DD/YYYY] \$ Full Name of Contribution Full Name of Contributor S Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Signature S Date [MM/DD/YYYY] \$ Signature S Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$	
Employer Mailing Address / Principal Place of Business Contributor Eull Name of Contributor House # Streef Address Date [MM/DD/YYYY] \$ Gity State Zip Code Date [MM/DD/YYYY] \$ Employer Name Occupation Employer Mailing Address / Principal Place of Business Full Name of Contributor Full Name of Contributor Full Name of Contributor	
Employer Mailing Address / Principal Place of Business Contributor Eull Name of Contributor House # Streef Address Date [MM/DD/YYYY] \$ Gity State Zip Code Date [MM/DD/YYYY] \$ Employer Name Occupation Employer Mailing Address / Principal Place of Business Full Name of Contributor Full Name of Contributor Full Name of Contributor	
Place of Business Full Name of Contributor Eull Name of Contributor Date [MM/DD/YYYY]	
Date MM/DD/YYYY Street Address Date MM/DD/YYYY State Zip Code Zip	
House # Street Address Date [MM/DD/YYYY] \$ Gity State Zip Code Date [MM/DD/YYYY] \$ Employer Name Occupation Employer Mailing Address / Principal Place of Business Of Contributor Date [MM/DD/YYYY] \$	
Gity State Zip Code Date [MM/DD/YYYY] \$ Employer Name Occupation Employer Mailing Address / Principal Place of Business of Contribution Full Name of Contributor Date [MM/DD/YYYY] \$	
Employer Name Occupation Employer Mailing Address / Principal Place of Business of Contribution Full Name of Contributor Date [MM/DD/YYYY] \$	
Employer Mailing Address / Principal Place of Business of Contribution Full Name of Contributor Date [MM/DD/YYYY] \$	
Place of Business of Contribution Full Name of Contributor Sale (MM/DD/YYYY) \$	
FülliName of:Contributor Date [MM/DD/YYYY] \$	
House # Street Address Date (MM/DD/MYY) \$	
City State Zip Code Date [MM/DD/YYYY] \$	
Employer Name Occupation	
Employer Mailing Address / Principal Description	
Place of Business of Contribution	
Full Name of Contributor S	
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 of Contribution	

SCHEDULE III Statement of Expenditures

Filer dentification: Number	
and the state of t	

To Whom Paid						Date [MM/DD/YYYY]	5
	Donna Reese					04/09/2025	309.00
House # 2578	Street Address	V. 24th Street				Description of Expend	liture
City Erie	- Septimental Septiments	State P/	4	Zip Code	16506	yard sign reimbursement	t A.G.E. Graphics
To Whom Paid	II.	1	٠.	The second secon		Date [MM/DD/MYY]	
	Donna Reese					04/04/2025	122,53
House# 2578	Street Address W	/. 24th Street				Description of Expendi	ture
City Erie		State P/	A	Zip Code	16506	rack card reimbursemen	nt Vistaprint
To Whom Paid						Date [MM/DD/YYYY]	\$ 000.07
	Sara Gilger	:				04/22/2025	230.87
House # 122	Street Address S.	Main Street				Description of Expendi	ture
Union City		State P/	4	Zip Code	16438	1/2 share of kick-off joint	event (food/beverage)
To Whom Paid						Date [MM/DD/MWY]	
House#	Street Address					Description of Expendi	ture"
GIV		State		Zip Code			
To Whom Paid						Date [MM/DD/YYYY]	\$
House #	Street Address					Description of Expendi	iture
Giv	Exercise Colonia annual Colonia Districtory	State		Zip Gode			-
(OWnomPald						Date [MM/DD/XYYY]	1
House #	Street Address	<u> </u>	· · · · · · · · · · · · · · · · · · ·			Description of Expendi	ture
Gft	Transport State Control of the Contr	State		Zip Code			
To Whom Paid						Pate [MM/DD/YYYY]	
House#	Street Address					Description of Expendi	
Giy	SELECT CONTRACTOR SERVICES	State		Zip Code		ng unanda ka 1860 u. ng ng manan ni 1960 (1966) ang ang ang ang ang ang 1960 (1967) bang	
To Whom Paid		a commendent		e de la companya de l		Date (MM/DD/XXXX)	### ### ### ### ######################
House#	Street Address	······································				Description of Expendi	iture
Gity	Marchine State Control of the State of Control of Contr	State	- 41	Zip Code		Jan Carrella (Anna 1988), A Carrella (Barrella Anna 1988)	mengan sa menganan menganan sebagai dan dianggan kebandan dianggan kebangan kebangan berasil berasil berasil b

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:

Name of Creditor			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED	
		[MM/DD/YYYY]	
Gty		State Zip Code	
Description of Debt		対象を発達する。	
3,550,500,000			
Name of Creditor	7231425		Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED	\$
House #	Street Address	[MM/DD/YYYY]	
		ENTER STATE OF THE PROPERTY OF	
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 Zp	
		Code	
Description of Debt			
Name of Greditor			Outstanding Balance of Debt
		Constitution of the second	
House#	Street Address	DATE DEBT INCURRED	\$
	ECHESTER STREET, STREET, ST.	The same of the sa	-15
		[MM/DD/YYYY]	
CHO			
Gty:		State Zip Code	
City Description of Debt		State Zio	
		State Zio	
		State Zio	Outstanding Balance of Debt
Description of Debt	Copact Addrace	State Zio	A CONTRACTOR OF THE STATE OF TH
Description of Debt	Street Address	State Zip Code	Outstanding Balance of Debt
Description of Debt	Street Address	State Zip Code DATE DEBT:INCURRED	
Description of Debt Name of Creditor House #	Street-Address	State Zip Code DATE DEBT-INCURRED [MM/DD/YYYY] State Zip	
Description of Debt Name of Creditor House # City	Street Address Street Address Street Address Street	State Zip Code DATE DEBT-INCURRED IMM/DD/YYYYI	
Description of Debt Name of Creditor House #	Street Address	State Zip Code DATE DEBT-INCURRED [MM/DD/YYYY] State Zip	
Description of Debt Name of Creditor House # City Description of Debt	Street-Address	State Zip Code DATE DEBT-INCURRED [MM/DD/YYYY] State Zip	\$
Description of Debt Name of Creditor House # City	Street-Address	State Zip Code DATE DEBT INCURRED [MM/DD/YYYY] State Zip Code	
Description of Debt Name of Creditor House # City Description of Debt	Street Address Street Address	State Zip Code DATE DEBT INCURRED [MM/DD/YYYY] State Zip Code DATE DEBT INCURRED	\$
Name of Creditor House # City Description of Debt		State Zip Code DATE DEBT INCURRED [MM/DD/YYYY] State Zip Code	S Outstanding Balance of Debt
Description of Debt Name of Creditor House # City Description of Debt Name of Creditor House #		DATE DEBT INCURRED [IMM/DD/YYYY] State Zip Code DATE DEBT INCURRED [IMM/DD/YYYY]	S Outstanding Balance of Debt
Name of Creditor House # City Description of Debt		State Zip Code DATE DEBT INCURRED [MM/DD/YYYY] State Zip Code DATE DEBT INCURRED [MM/DD/YYYY] State Zip Code	S Outstanding Balance of Debt
Description of Debt Name of Creditor House # City Description of Debt Name of Creditor House #		DATE DEBT INCURRED [IMM/DD/YYYY] State Zip Code DATE DEBT INCURRED [IMM/DD/YYYY]	S Outstanding Balance of Debt