CAMPAIGN FINANCE REPORT

PAGE 1 OF (COVER PAGE)

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identification Number:	· •		Report Filed By:	CANDIDATE	1.	COMMITTEE	2.	LOB	BYIST	3,
Name of Filing Comm			. 0 ======				1/	450		_
Street Address:	Frence	Loof Jet	+ Glaz	185						
	59 Hami	tan Stree	,+							
Cieve	ntown	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		State: PA	1	Zip Code: (.8/6	>/ -			
TYPE OF REPORT	8TH TUESDAY PRE-PRIMARY	1. 2ND FR PRE-PRI		30 DAY POST PRIMARY		MENDMENT:	YES		NO	X
(place X to	6TH TUESDAY PRE-ELECTION	4. 2ND FR		30 DAY POST ELECTION	6. TERMINATION REPORT?		YES		NO	X
the right of report type)	ANNUAL REPORT	7. YEAR		FILING METHOD		PAPER		DISK	ETTE	
City Cont		ty of Al	lentaun	DATE OF ELECT MO. DAY YEA 05 16 20	NI NI	strict Office umber Code OTT (SEE II	1 1.	Party Code	1 3	unty ode 39
Summary of Reand Expenditur	eceipts es from:	MO. DAY 05 02 6	YEAR 2017 To	MO. DAY YEA 06 05 201	1000	FOR OF	FICE (JSE C	NLY	
A. Amount Brought	Forward From La	st Report	\$	3724.09						
B. Total Monetary			chedule I) \$	0.00						
C. Total Funds Ava	ilable (Sum of Line	es A and B)	\$	3724.09						
D. Total Expenditur	es (From Schedule	III)	\$	55.1.64						
E. Ending Cash Bala	The state of the s			3171, 45						
F. Value of In-Kin	d Contributions Re	ceived (From Sch	redule II) \$	0.00						
G. Unpaid Debts an	d Obligations (Fron	n Schedule IV)	\$	0,00						
PART I - If this is	at this report, including	ort, treasurer sig	AFFIDAVIT SE	CTION s a Candidate report r computer diskette, are	rt, candi	date sign her	θ.			
Sworn to and subscribed and subscrib	Signature	COMMONWE Evelyn City of	20 TO PENN NOTARIAL SEA J. Garcia, Notary Pu Allentown, Lehich Co ission Expires June 2	SYLVANIA Signation blic bunty (010	Jh.		g Repo	n 63°	7	rue,
PART II - If this i	s a report of a Ca	indidate's Author	ized Committee	, candidate shall sign	n here.		分 配			
I swear (or affirm) the (P.L. 1333, No. 320) as Symptom to and subscr	to the best of my samended. The defore me this COMMON Brittan Signature My Common	knowledge and beli	20 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	emmittee has not viglat	Sygnature	0	216	7		37

SCHEDULE I

PAGE 2 OF

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Perio		1706/05/2017
Friends of Jeff Glazier	110111 27	- / -	1.0010110
1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS	S PER CONTI	RIBUT	OR
TOTAL for the Reporting Perio	d (1)	\$	0.00
2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART	B)		
Contributions Received from Political Committees (Part A)		\$	0.00
All Other Contributions (Part B)		\$	0.00
TOTAL for the Reporting Perio	od (2)	\$	0.00
		45 10-	- Kanada III da ayaa ayaa
3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)	. Shekkejiko	4742	
Contributions Received from Political Committees (Part C)		\$	0,00
All Other Contributions (Part D)		\$	0.00
TOTAL for the Reporting Period	od (3)	\$	0.00
		= == = = = = = = = = = = = = = = = = = =	
4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED (CHECKS, ETC	C. (FRC	OM PART E)
TOTAL for the Reporting Period	od (4)	\$	0,00
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.)		\$	0.00
Cover rage, Item b.)			11=

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.

Name of Filing Committee or Candidate			R	eporting		
Friends of Jeff GI	a 21.	ر		From O	5/01/2	017 TO 06/05/2017
				DATE		AMOUNT
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	
						\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	
Mailing Address			MO.	DAY	YEAR	\$
				200	34731	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	
Mailing Address			1 110	200	MEAR	\$
			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	_		-			3
			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	- HO		MO.	DAY	YEAR	
Mailing Address						\$
			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	
City						\$
city	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	
Mailing Address						\$
Maring Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	COMPANY NOT THE RESERVE OF THE PARTY OF THE
Mailing Address			140			\$
			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
						PAGE TOTAL
Enter Grand Total of Part A on Sch	nedule	l, Detailed Summa	ry Page,	Section	on 2.	\$ 000

PAGE 4 OF /}

ALL OTHER CONTRIBUTIONS

\$50.01 TO \$250.00

Use this Part to itemize all other contributions with an aggregate value from \$50.01 to \$250.00 in the reporting period.
(Exclude contributions from political committees reported in Part A.)

Name of Filing Committee or Candidate			R	eporting	Period	
Friends of Jeff Glan	Lier			From _	05/02	/20170 DE/05/2017
				DATE		AMOUNT
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	
						\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	•
Full Name of Contributor			1	200	1/5/10	\$
Pull Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	
						\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	¢
Full Name of Contributor			1112			\$
Tan Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	.
						\$
City	State	Zip Code (Pius 4)	MO.	DAY	YEAR	de
Full Name of Contributor			-	-		\$
Ton Name of Samplator			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	
City	10	77 5 7 157				\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributor			I MO.	DAY	YEAR	
			1		, san	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)				Ψ
	State	Zip Code (Pius 4)	MO.	DAY	YEAR	\$
Full Name of Contributor			MO.	DAY	YEAR	
			1110		1500	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	1			Ψ
		2.5 0000 11 100 17	MO.	DAY	YEAR	\$
Full Name of Contributor			MO.	DAY	YEAR	
Matter Address						\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	140	D.1.V	VEAR	
		_	MO.	DAY	YEAR	\$
Full Name of Contributor			MO.	DAY	YEAR	
Mallion Address						\$
Mailing Address			Mo.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	l Mo	BAY	VEAD	<u> </u>
		= 1	MO.	DAY	YEAR	\$
			Maria		ALCOHOL:	PAGE TOTAL
Enter Grand Total of Part B on S	chedule I	Detailed Summer	v Page	Section	n 2	\$ 8.00
		Detailed Odillillal	, aye,	350110	· · · ·	* 0,00



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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.

Friends of Jeff Glazier			From	5/07/2	017 TO 06/05/2017
			DATE		AMOUNT
Full Name of Contributing Committee		MO.	DAY	YEAR	\$
Mailing Address		MO.	DAY	YEAR	\$
City State Zip	Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee		MO.	DAY	YEAR	\$
Mailing Address		MO:	DAY	YEAR	\$
City State Zip	Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	-	MO.	DAY	YEAR	\$
Mailing Address		MO.	DAY	YEAR	\$
City State Zip	Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee		MO.	DAY	YEAR	\$
Mailing Address		MO.	DAY	YEAR	\$
City State Zip	Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	-	Mo.	DAY	YEAR	\$
Mailing Address		MO.	DAY	YEAR	\$
City State Zip	Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee		MO.	DAY	YEAR	\$
Mailing Address		MO.	DAY	YEAR	\$
City State Zip	Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee		MO.	DAY	YEAR	\$
Mailing Address		MO.	DAY	YEAR	\$
City State Zip	Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee		MO.	DAY	YEAR	\$
Malling Address		MO.	DAY	YEAR	\$
City State Zip	Code (Plus 4) —	MO.	DAY	YEAR	\$
Enter Grand Total of Part C on Schedule I, Detail	led Summary	Page	, Section	n 3.	PAGE TOTAL \$ 0.00

\$ 0,00

PART D ALL OTHER CONTRIBUTIONS

OVER \$250.00

Use this Part to itemize all other contributions with an aggregate value of over \$250.00 in the reporting period. (Exclude contributions from political committees reported in Part C.)

Name of Filing Committee or Candidate

DSEB-502 (7-99)

Name of Filing Committee or Candidate	-			eporting		
Frends of Jeff Glaz	ie /			FromQ5	102/20	17 To 06/05/2017
				DATE		AMOUNT
Full Name of Contributor			MQ.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer Name	1		Occupati	on		*
Employer Mailing Address/Principal Place of Business			1			
Full Name of Contributor	3=50=		MO.	DAY	YEAR	
			MO.	DAI	ISAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer Name			Occupati	on		Ψ
Employer Mailing Address/Principal Place of Business			1			
Full Name of Contributor			T MO.	DAY	YEAR	
					125.0	\$
Mailing Address			MQ.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer Name			Occupati	on		
Employer Mailing Address/Principal Place of Business						
Full Name of Contributor			Mo.	DAY	YEAR	
			IMO.	DAT	/can	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer Name			Occupati	on		I
Employer Mailing Address/Principal Place of Business						
Full Name of Contributor			MO.	DAY	YEAR	
			Mio.	UAI	TEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer Name	1		Occupati	on	1	
Employer Mailing Address/Principal Place of Business	1					
				=		Thurs Total
Enter Grand Total of Part D on Sche	dule I	, Detailed Summar	y Page,	Section	n 3.	PAGE TOTAL

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Reporting Period

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.

Friends of Jeft				From 03	10218	1017 To 06/05/2017
uli Name						
lailing Address						
îty	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount
		-	MO.	Det	IEAN	\$
aceipt Description	7					
III Name		(3/19/15/1		
ailing Address						
ity	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$
eceipt Description						3
ull Name						
In the second						
ailing Address						
ity	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$
eceipt Description						
ull Name				No. 13 - 17		
failing Address						
raining Address						
ity	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$
eceipt Description						
ull Name						
Mailing Address						
						\$10000 MINU
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$
eceipt Description						
ull Name					me u	
Mailing Address						
Dity	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount
		()=	1110.	37.1		\$
Receipt Description						
						PAGE TOTAL

Name of Filing Committee or Candidate

SCHEDULE II

PAGE 8 OF 17

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

Name of Filing Committee or Candidate	Reporting Per	od:	
Friends of Jeff Glazier			U17 TO 06/05/2017
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$	50.00 OR L	ESS	PER CONTRIBUTOR
TOTAL for the Reporting Period	d (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$25	0.00 (FRON	PA	RT F)
TOTAL for the Reporting Period	d (2)	\$	0,00
3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FRO	M PART G		
TOTAL for the Reporting Period	(3)	\$	0.00
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.)		\$	0,00

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SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Frends of Jeff Glazier				From ()	5/01/s	2017 To 26/05/2017
17200301301761820	-			DATE		
Full Name of Contributor			MO.	DAY	YEAR	\$ AMOUNT
Mailing Address	_		MO.	DAY	YEAR	*
			W.G.		TENT	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Description of Contribution:			1			
Full Name of Contributor			-	,		
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO:	DAY	YEAR	¢
City	State	Zip Code (Plus 4)	1	PAV	WELD	\$
	State	= 21p code (Figs 4)	MO.	DAY	YEAR	\$
Description of Contribution:						
Full Name of Contributor			I Mo.	DAY	YEAR	
			M.O.		TEXA	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
Description of Contribution:		=				\$
description of Contribution:						
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			Mo.	DAY	YEAR	-
			mo.	Dai	TEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Description of Contribution:						
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	
City	State	Zip Code (Plus 4)	No.	-	1/2.10	\$
	Otate	alp code (Files 4)	MO.	DAY	YEAR	\$
Description of Contribution:						
Full Name of Contributor		- Carrier Control	MO.	DAY	YEAR	
			MO.	DAI	TEAN	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
Constitution of Constitution						\$
Description of Contribution:						
Enter Grand Total of Part E on Saha	dule 1	la-Kind Contail	41	2 - 4 - 11 - 1		PAGE TOTAL
Enter Grand Total of Part F on Sche Summary Page, Section 2.	uure II	, in-King Contribu	tions [Deliated		\$ 0.00

\$0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Friends of Jeff Glaz				From (i	5/02/	2017 10 06/05/2017
- Trenes of Jen 19-1002						
Full Name of Contributor		<u> </u>	MO.	DATE	YEAR	AMOUNT
			INO.	200	15/30	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zīp Code (Plus 4)	MO.	DAY	YEAR	\$
Employer of Contributor			Occupa	tion		
Employer Mailing Address/Principal Place of Busine	5\$		Descrip	tion of Cor	tribution	
Full Name of Contributor	124131		MO.	I DAY	YEAR	
Tan Name of South Batal			1910.	- DAT	1500	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer of Contributor			Occupa	tion		
Employer Mailing Address/Principal Place of Susine	S S		Descrip	ition of Cor	ntribution	
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	
City	- Ctata	Tie Code (Dive 4)				\$
	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer of Contributor			Occupa	tion		
Employer Mailing Address/Principal Place of Busine	55		Descrip	otion of Cor	ntribution	
Full Name of Contributor	30 JES		Mo.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer of Contributor			Occupa	tion		
Employer Mailing Address/Principal Place of Busine	55		Descrip	otion of Ca	ntribution	
Full Name of Contributor	Testing to		MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	
City	State	Zip Code (Plus 4)	MO	DAV	VEAR	\$
	Jule	Tip Code (Flus 4)	MO.	DAY	YEAR	\$
Employer of Contributor			Occupa	ition		
Employer Mailing Address/Principal Place of Busine	SS		Descri	ption of Co	ntribution	
					-	PAGE TOTAL
Enter Grand Total of Part G on Sci Summary Page, Section 3.	hedule !!	, In-Kind Contrib	utions (Detailed		\$0.00

DSEB-502 (7-99)

SCHEDULE III

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Re	porting P	eriod	
Friends of Jeff Glazier				From <u>ĈĴ</u>	107/2	47 TO 06/05/2017
Filerias of Servicialist						
To Whom Paid / 1/ 0- + 2 + -	-		MO.	DAY	YEAR	Amount 42.7 617
Mailing Address _ VPrint Certer			O5 Description	05 Exper	diture	Amount 427.64
Mailing Address 1701 Union Blyd, S	Suit	e 114	Pal	m Car	-2500	nd mailing
Allentown	State	Zip Code (Plus 4)				
		18109-		- Transmission Spirit		
To Whom Paid Advantage PEP Mailing Address			MO. 05 Description	DAY / 82	YEAR	Amount /25,00
Mailing Address	Λ I		Descriptio			
JJOS Johnensylle 1	Load	Duite 207	(90)	+ Out	the V	ícte
Beth lehem	PA	18017 -				
To Whom Paid			MO.	DAY	YEAR	Amount
Mailing Address			Description	on of Expe	nditure	\$
City	State	Zip Code (Plus 4)				
To Whom Paid			MO.	DAY	YEAR	Amount
TO WHOM I STO			10101			\$
Mailing Address			Description	on of Expe	nditure	
City	State	Zip Code (Plus 4)	-			
		=				
To Whom Paid			MO.	DAY	YEAR	Amount
Mailing Address			Descripti	on of Expe	enditure	\$
The state of the s						
City	State	Zip Code (Plus 4)				
X- When Boid	_		100	DAY	YEAR	Amount
To Whom Paid			MO.	DAY	YEAR	\$
Mailing Address			Descripti	on of Exp	enditure	
City	State	Zip Code (Plus 4)	+			
		=				
To Whom Paid	Alexander of		MO.	DAY	YEAR	Amount
Melline Address			Descripti	on of Exp	enditure	<u></u>
Mailing Address			Descript	OII OI EAP	oriental a	
City	State	Zip Code (Plus 4)				
To Whom Paid	-		MO.	DAY	YEAR	Amount \$
Mailing Address			Descript	ion of Exp	enditura	LX - L
City	State	Zip Code (Plus 4)	-			
, , , , , , , , , , , , , , , , , , ,	21916	Zip Code (Flus 4)				
AND THE STREET OF THE STREET, STREET	-			- 1117-11-	a = = = = = = = = = = = = = = = = = = =	PAGE TOTAL
Enter Grand Total of Expenditures on Pa	age 1.	Report Cover	Page, It	em D.		\$ 552.64
	<u> </u>		-			- 50001

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PAGE 12 OF 12

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 Filing Committee or Candidate			Reporting	Period	
Friends of Jeff Glazier		1	From Q	5/021	2017 TO 06/05/2017
THE CENT			16-11-2		
Name of Creditor				or 6	I formation of the second
					Outstanding Balance of Debt
Mailing Address	DATE	MO.	DAY	YEAR	\$
	INCURRED	MIG.	DAT	TEAR	
City		State	Zip Code	(Plus 4)	in a relative of
			7		and the same will
Description of Debt					
Name of Creditor					Outstanding Balance of Debt
Mailing Address	DATE	1 110	1		\$
	DEBT	MO.	DAY	YEAR	The state of the state of
City	INCURRED	State	Zip Code	(Plus 4)	And the second second
			=		
Description of Debt					
Name of Creditor				3.	Outstanding Balance of Debt
Mailing Address					\$
Marring Address	DATE DEBT	Mo.	DAY	YEAR	
City	INCURRED				
		State	Z p Code	(Plus 4)	
Description of Debt					The second second second
Name of Creditor			3-4-	1.00	Outstanding Balance of Debt
			====		Outstanding Balance of Debt
Name of Creditor Mailing Address	DATE	MO.	DAY	YEAR	Outstanding Balance of Debt
Mailing Address	DATE DEBT INCURRED				
	DEBT	MO.	DAY.		
Mailing Address	DEBT				
Mailing Address City	DEBT				\$
Mailing Address City	DEBT				\$
Mailing Address City Description of Debt Name of Creditor	DEBT				\$ Outstanding Balance of Debt
Mailing Address City Description of Debt	DEBT		Zip Code	(Pius 4)	\$
Mailing Address City Description of Debt Name of Creditor Mailing Address	DEBT	State	Zip Code		\$ Outstanding Balance of Debt
Mailing Address City Description of Debt Name of Creditor	DEBT INCURRED DATE DEBT	State	Zip Code	(Plus 4)	\$ Outstanding Balance of Debt
Mailing Address City Description of Debt Name of Creditor Mailing Address City	DEBT INCURRED DATE DEBT	State Mo.	Zip Code	(Plus 4)	\$ Outstanding Balance of Debt
Mailing Address City Description of Debt Name of Creditor Mailing Address	DEBT INCURRED DATE DEBT	State Mo.	Zip Code	(Plus 4)	\$ Outstanding Balance of Debt
Mailing Address City Description of Debt Name of Creditor Mailing Address City	DEBT INCURRED DATE DEBT	State Mo.	Zip Code	(Plus 4)	S Outstanding Balance of Debt \$
Mailing Address City Description of Debt Name of Creditor Mailing Address City Description of Debt	DEBT INCURRED DATE DEBT	State Mo.	Zip Code	(Plus 4)	Outstanding Balance of Debt Outstanding Balance of Debt
Mailing Address City Description of Debt Name of Creditor Mailing Address City Description of Debt	DEBT INCURRED	State Mo.	Zip Code DAY Zip Code	YEAR (Plus 4)	S Outstanding Balance of Debt \$
Mailing Address City Description of Debt Name of Creditor Mailing Address City Description of Debt Name of Creditor Mailing Address	DATE DEBT (NCURRED	State Mo.	Zip Code	(Plus 4)	Outstanding Balance of Debt Outstanding Balance of Debt
Mailing Address City Description of Debt Name of Creditor Mailing Address City Description of Debt	DATE DEBT INCURRED DATE DEBT INCURRED	State Mo.	Zip Code DAY Zip Code	YEAR (Plus 4)	Outstanding Balance of Debt Outstanding Balance of Debt
Mailing Address City Description of Debt Name of Creditor Mailing Address City Description of Debt Name of Creditor Mailing Address City	DATE DEBT (NCURRED	MO. State	Zip Code DAY Zip Code	YEAR (Plus 4)	Outstanding Balance of Debt Outstanding Balance of Debt
Mailing Address City Description of Debt Name of Creditor Mailing Address City Description of Debt Name of Creditor Mailing Address	DATE DEBT (NCURRED	MO. State	Zip Code DAY Zip Code	YEAR (Plus 4)	Outstanding Balance of Debt Outstanding Balance of Debt
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