CAMPAIGN FINANCE REPORT

Filer Identification	NOTE: This report must	De Ciçai and	Report		Everyway was to 1.		2.		3,
Number:			Filed B		CANDIDATE	COMM	HITEE	X LOBBA	IS IS
Name of Filing Committee, Candidate or Lobbyist: John Rosario for City Council Street Address:									
3701 Allen Street									
city: Allentown			. 1		State: PA	Zip Co. 1810		-	
TYPE OF REPORT	ATH SUBSPAY. 1.	2ND FRIDA PRE-PRIMA	NAY	X	30 DAY 3. POST PRIMARY	AMEND) REPORT	and the first three with the first three	es	NG .
(place X to	PRESELECTION	2ND FRIDA PRE-ELECT	COCAMPO SPECIA	-	30 DAY POST ELECTION 6.	TERMIN REPORT	THE POST OF THE PARTY OF THE PA	ES	NO.
the right of report type)	ANNUAL 7. REPORT	YEAR		SUSCESSION OF THE PERSON OF TH	FILING METHOD CHECK ONE	PAP	ER >	(DISKET	76
Name of Office Sough	nt by Candidate: City Council				DATE OF ELECTION OF THE PROPERTY OF THE PROPER	Number		Party Code DEM	
Summary of Reand Expenditur	eceipts	1 01 20	17	То	Mo. DAY YEAR 05 05 2017		•	E USE ON	
A. Amount Brought	t Forward From Last Rep	ort		\$	0		3	M C	
	Contributions and Receip			\$	6,256.24	_			
C. Total Funds Ava	ailable (Sum of Lines A a	nd B)		\$	6,256.24		_	₽ <	
D. Total Expenditu	res (From Schedule III)			\$	2,792.71	_			
E. Ending Cash Bai	ance (Subtract Line D fro	om Line C)		\$	3,463.53			O	
F. Value of In-Kin	d Contributions Received	(From Sched	iule II)	\$	0		_		
G. Unpaid Debts ar	nd Obligations (From Sch	edule IV)		\$	1,000.00				
	sas Committee report, to	easurer sign	THE STREET	this	is a Candidate report	Section Committee 12	Comment of the control	THE RESERVE OF THE PARTY OF THE	ief true
Sworn to and subscr	ribed before me this	NOTARIAI Kelley J \ NOTARY F pper Milford Twp, Commission 25	Young PUBLIC						,
Lelle	y g young	COMMISSION (S)	pijegoorio	Ţ	DAV, O	e of erson	TR	Report	
My commission exp	V 48 15	20 YR.	19	_	Area Code	Printed No.	767	ephone Numb	ier er
PARIS II - Iteliis	is a report of a Candida	te's Authoriz	ed Comm	nittei	s, candidate shall sign	here			
(P.L. 1333, No. 320) a		dge and belief	this polit	ical c	ommittee has not violate	any provisi	ons of the	Act of June	3, 1937
Sworn to and subsc	ribed before me this	20	17)	M				
Na	wy G Mo	rew		}	ZOHN	Printed No.	ARI		
My commission exp	MO. MAY	HAL SEALYR.	&VANIA	J	Area Code	484-	735-	2688 ephone Numb	
	City of Allente	/n, Let igh Coun	ty	C					

Department of State Bureau of Commissions, Elections and Legislation 210 North Office Building Harrisburg, PA 17120-0029 (717) 787-5280

SCHEDULE I

PAGE 2 OF 2

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate John Rosario for City	Council	Reporting Period From 1/1/2017 To 5/5/2017
Manager Committee of the Committee of th	Courte	

1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CO	ONT	RIBUTOR		
TOTAL for the Reporting Period	(1)	\$ O.	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)	\$ 6,256.24
TOTAL for the Reporting Period (2)	\$ 6,256.24

3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)		
Contributions Received from Political Committees (Part C)		\$ 0.00
All Other Contributions (Part D)		\$ 6,256.24
TOTAL for the Reporting Period	(3)	\$ 6,256.24

4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS,	ETC	. (FI	ROM P	ART E	
TOTAL for the Reporting Period	(4)	\$	ර .	0	S

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.) \$	\$ 6,256.24
--	-------------

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.

JOHN ROSARIO FOR	City Co	unci.L	Reporting Period	2017 to 5/5/2017
Missellan Control of the Control of		CHARLES COM	DATE	AMOUNT
Pull Name of Contributing Committee Dennis A. Bradley Mailing Address		<u>мо.</u> Ц	15 17	\$ 200.00
853 Fairfield Ave.		MO.	DAY YEAR	\$
Bridgeport	CT 06604	THO:	DAY YEAR	\$
Full Name of Contributing Committee Rose Caras Mailing Address		2	17 17	\$ 200.00
1552 Hidden Valley Rd.	I State I 7:- A-1-	2_	17 17	\$ 19.00
Allentown	PA 18103	Plus 4) MO.	DAY YEAR	\$
Full Name of Contributing Committee Denise Cali Mailing Address		MO.	DAY YEAR	\$ 200.00
7 VILLAGE DR.	16	MO.		\$
NORTHAMPTON	PA 18067	Plus 4) MO.	DAY YEAR	\$
Full Name of Contributing Committee JOHN RIMM Maining Address		MO.	DAY YEAR	\$200.00
A176 WYNDEMERE	Circle	MO.	DAY YEAR	\$
SCHNECKSUILLE	PA 18078	Plus 4) MO.	DAY YEAR	\$
Full Name of Contributing Committee ROBERT CAHILL Mailing Address		Mo.	DAY YEAR	\$150.00
100-	R.	MO.	DAY YEAR	\$
SCHNECKSVILLE	PA 1807 8	Plus 4) MO.	DAY YEAR	\$
Full Name of Contributing Committee SA Mailing Address Mailing Address		MO.	DAY YEAR	\$50.00
City	Ctata I 7'- C-1-	MO:	DAY YEAR	\$
	State Zip Code (- MO.	DAY YEAR	\$
Full Name of Contributing Committee CRAIG WILSTERMA Mailing Address	N		DAY YEAR	\$50.00
5927 ELDERBERRY	DR.	MO.	DAY YEAR	\$
OREFIELD	State Zip Code (MO. MO.	DAY YEAR	\$
MANUEL ROSARIO Mailing Address			DAY YEAR	\$100.00
2156 29TH. STREE	State I The Control	MO:	DAY YEAR	\$
ASTORIA	NY 11105	THE WAY OF	DAY - YEAR	\$
Enter Grand Total of Part A on Sched	dule I, Detailed S	Summary Page	e, Section 2.	\$ 1, 169.00

PAGE	OF	

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 JOHN ROSARID FOR CITY COUNC	Reporting Period	17 To 5/5/2017
301111	DATE	AMOUNT
Full Name of Contributing Committee	MO. ZEDAYAN EXEAR	
Mailing Address	MO DAY YEAR	\$ () . () 0
City State Zip Code (Plus 4)	MO. DAY YEAR	
Full Name of Contributing Committee	MO DAY WYEAR	\$
	DAT	\$
Mailing Address	MO. DAY YEAR	\$ (
City State Zip Code (Plus 4)	MO. DAY YEAR	\$
Full Name of Contributing Committee	MO DAY YEAR	\$
Mailing Address	H MORE ANDAY SYEARS	\$
City State Zip Code (Plus 4)	MO. DAY YEAR	\$
Full Name of Contributing Complettee	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	MOTO DAY YEAR	
Mailing Address	MO. DAY YEAR	\$
City State Zip Code (Plus 4)	MO DAY / YEAR	\$
		PAGE TOTAL
Enter Grand Total of Part A on Schedule I, Detailed Summa	ry Page, Section 2.	\$

Reporting Period

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

DSEB-502 (7-99)

John Rosario for Cit	y C	ouncil		From _	1/1/2	017	To 5/5/201
Full Name of Contributor	S. IIII		n	DATE	HAT WAS TE		AMOUNT
Gary A. Frey			3	DAY	YEAR 17	\$	100.00
121 N. Best Ave. Ste 2			Mo.	DAY	YEAR	\$	100.00
City	State		MO.	DAY	YEAR		
Walnutport Full Name of Contributor	PA	18088 -	(808)7750	50 0541 V 4000		\$	
Kent C. Newhart			2	27	YEAR	\$	100.00
1044 Third Street			MO	DAY	YEAR	\$	
Whitehall	PA	Zip Code (Plus 4) [8052 -	**MO.	DAY	YEAR	\$	
Full Name of Contributor		18002	MQ	DAY	YEAR		
Stanley N. Reinford J	r		3	5	17	\$	100.00
2603 Lindberg Ave.				DAY	YEAR	\$	
Allentown	PA	Zip Code (Plus 4)	Мо.	DAY	YEAR	\$	
Full Name of Contributor	o de la compansión de l	al Maria de Caración de A	мо.	DAY	YEAR	\$	200.00
Cynthia E. Emst	-		3 Mo	23 DAY	YEAR		200.00
PO Box GO2	State	Zip Code (Plus 4)	Wall Debugger			\$	
Emmaus	PA	18049 -	MO.	DAY	YEAR	\$	
JON ERNST			3	DAY 21	YEAR	\$	75.00
Mailing Address		12 142	S Mo.	DAY	YEAR	-	13.00
City	State	Zip Code (Plus 4)	No. 1 april 10 april	Battle Comment		\$	
Emmaus	PA	18049 -	MO.	DAY	YEAR	\$	
Full Name of Contributor Angelo T. Almonte Mailing Address			мо. З	DAY		\$	200.00
			MO.	23	YEAR		200.00
8373 Mohr Lane	State	Zip Code (Plus 4)		V- TILDIYEE	Section Street	\$	
Fogelsville	PA	18051 -	MO.	DAY	YEAR	\$	
Mark D. Traub			_мо. □	DAY	YEAR	\$	150.00
Aziling Address				23	YEAR		130.00
625 Erney Street	State	Zip Code (Plus 4)	MO.	DAY	10/m cm	\$	
Allentown	PA	18103 -	(V) U	DAY	YEAR	\$	
Frederick J. Fenselau failing Address	Tr		- мо. З	-	YEAR	\$	100.00
	<u> </u>		∴ MO.	DAY	17 YEAR		100.00
1473 Kelchner Road	State	Zip Code (Plus 4)	Turkey survey	120 0-200 0-200	JIS IPOSE	\$	
Bethlehem	PA	18018 -	MO.	DAY	YEAR	\$	
0				1			TOTAL
nter Grand Total of Part B on Sched	lule I,	Detailed Summary	Page, S	Section	2.	\$ 1	025.00

PART D

PAGE OF 2

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	Reporting Period	
John Rosario for City Council	From	То
	DATE	AMOUNT
Full Name of Contributor David A Stortz	3 23 17	\$ 1,000.00
David A. Stortz Mailing Address CARLE	MO DAY YEAR	
210 SUGARLOAE CIRCLE City State Zip Code (Plus 4)	MO Z ZDAY ZYEAR	
MACUNGIE PA 18092-		\$
Stortz & Associates Employer Mailing Address/Principal Place of Business	Occupation CPA	
Employer Mailing Address/Principal Place of Business 3775 Chestnut Street Emmaus PA 1	8049	
Full Name of Contributor Munhel M. Makhoul Mailing Address	3 23 17	\$ 500.00
Mailing Address 96 E. Fairview Street	MOS DAY YEAR	\$
Allentown PA 18109 -	MO. DAY YEAR	\$
Employer Name	Occupation	·
Employer Mailing Address/Principal Place of Business	Electrici,	9~
Full Name of Contributor James Potocnie	MO DAY YEAR 3 23 17	\$ 400.00
Mailing Address	MG DAY YEAR	\$
4283 Abigail Lane State Zip Code (Plus 4)	Mo YEAR	3
Whitehall PA 18052 -	The state of the s	\$
OVERHEAD DOOR CO.	DOOR INST	allation
	PA. 18052	
Grego D. Schubach Mailing Address — — — — — — — — — — — — — — — — — —	MG DAY YEAR 3 23 17	\$ 500.00
4166 Fawn Irail Kd.	MO DAY YEAR	\$
Allentown PA 18104 -	MO DAY YEAR	\$
Employer Name	Occupation	
LEHIGH VALLEY HOSPITAL Employer Mailing Address/Principal Place of Business	Doctor	
CEDAR CREST. ALLENTOWN	Variable and the second	
Funcis D. Castillo - Orellana Malling Address	3 IO I7	\$ 400.00
ASOU BELLA LANE	MORE DAYER SYEARS	\$
NORTHAMPTON State 18067-	MO DAY YEAR	\$
CASTILLO CONSTRUCTION	CONSTRUCT	ion
Employer Mailing Address/Principal Place of Business 4800 BELLA LANE NOTETHAMPTON	PA. 18067	
Enter Grand Total of Part D on Schedule I, Detailed Summary		PAGE TOTAL
SEB-502 (7-99)		\$2,800.00

DSEB-502 (7-99)

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.)

SOHN ROSARID	torc	ity Cour	ادر ل	From		017 to 5/5/2017
				DATE	H H	AMOUNT
Full Name of Contributor	Del Bris.	Appleter to	03	20	2017	\$ 300.00
Mailing Address PACKHOUS	E RD.	* *	MOU	DAY	YEAR	\$
FOGELSVILLE	State	Zip Code (Plus 4)	MO.	DAX III) YEARS	Si
Employer Name	110 10	8051-	Occupati	lon:	P. P. C	Walliage The American
Employer Mailing Address/Principal Place of Busin	£		- Inches	WATER THE PARTY OF		
Employer Mailing Address/Principal Place of Busin	[9]	NAIO WELLEN				Ř.
Full Name of Contributor	artist validities		III MOUII	III, bay	YEAR	\$
Mailing Address	- 52: 100: W-10-6-		Mo.	DAY	EYEAR!	\$
Gity	Ctuta	Zip Code (Plus 4)	- Line	iii bayiii	in SPLA	3
3	State	Zíp Code u jus w	***************************************	e.	YEAR	\$
Employer Name	DE SON THE SON STATES	Property of the Control of the Contr	Occupati	on:		E STANZE
Employer Mailing Address/Principal Place of Busin	iess.	9 (4) (4) (4) (4) (4) (4) (4) (4) (4) (4)				
End Name of Constitution	*		100000	and a second		
Full Name of Contributor	stee Jr.		MOST	DAY	EAR	\$
Mailing Address	(1	t	MO.S	DAY	HYEARIS	S
City The Control of t	State	Zip Gode (Plus 4)	<u>и</u> мо.	DAY	TO YEAR !	Š
Employer Name	American Section 1		Occupation	on I	Townson I	
Employer Mailing Address/Principal Place of Busine	655 (574.3)	V Constitution	# F 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	#-7 <u>6</u> #-3	- 40-5- 	The state of the s
Full Name of Contributor			- Killian	(HE BAYLL)	and the second	
an passer server and the past affects \$100 per and	ā		C-104 80341	P.	P I	S energeast
Mailing Address	1	NAMES	MO.	DAY	HYEAR!	\$
City:	State	Zip Code (Plus 4)	MM63 11	Day	YEAR	.\$
Employer Name		Electrical and the first and	Occupation	on!		page
Employer Malling Address/Principal Place of Busine	ess (1 %)	3.8	2/2	SANGUASIT		
	Alera Kan	i.b	or and the same		相質	
Full Name of Contributor	《 學學,是學學	SERVICE IN THE SERVICE	Jamossi M	LY DAY.	SYMME	\$
Mailing Address	ka kanana la tari Mangalan kar Mangalan kanana	42 v × 0 4 via alex	I MONI	O BAY	INRABIT	
City	N. S. Control of the	Zip Code (Plus 4)	MON	TOAV!	TISPAN .	S
		p 124 (c)	10 To	CALLEST TO		S :
Employer Name	and make the con-	A CONTRACTOR OF THE PARTY OF TH	Occupation	10	Coloming	167 16
Employer Mailing Address/Principal Place of Busine	188	137		teti	E-155	7 HA (2004)
a and a second of the second o	4 V2 6 3 Exercise of 2 (4 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	And Village I			A.27	DAGE TOTAL
Enter Grand Total of Part D on Sch	nedule I, De	tailed Summar	y Page,	Section	3.	PAGE TOTAL

\$ 300.00

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Total Street Bridge Bri

DSEB-502 [7-99]

PAGE	OF

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.

Name of Filing Committee or Candidate Repo	rting Period
JOHN ROSARID FOR CITY COUNCIL FOR	om 1 /1 /2017 To 5/5/2017
	SALE IN HORSE WATER COMMON TOWN
Full Name	
Mailing Address	
1000	
City State Zip Code (Plus 4) MO	DAY YEAR Amount
	\$ () . O U
Receipt Description	
Full Name	
Mailing Address	
City State Zip Code (Plus 4) MOO D	AY YEAR Amount
	\$ /
Receipt Description	
Full Name	
	1
Mailing Address	1
City State Zip Code (Plus 4)	AY YEAR Amount
	\$
Receipt Description	
Full Name	PARTICIPATION AND AND AND AND AND AND AND AND AND AN
Mailing Address	
City State Zip Code (Plus 4) MO. D	AY YEAR Amount
	\$
Receipt Description	
Full Name	
<u></u>	
Mailing Address	1
City State Zip Code (Plus 4) MD D	AY YEAR Amount
	\$ /
Receipt Description	
Full Name	
	· /
Mailing Address	1
City State Zip Code (P(us 4) MO Dr	YEAR Amount
	\$
Receipt Description	
	PAGE TOTAL
Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Sec	
	tion 4. \$

SCHEDULE II

PAGE | OF |

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 SOHN ROSARIO FOR CITY COUNCIL From 1/	1/2017 To 5/5/2017
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR TOTAL for the Reporting Period (1)	\$ 0.00
2. IN-KIND-CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM	M PART E)
TOTAL for the Reporting Period (2)	\$ 0.00
3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART O	
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

SCHEDULE III

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	I Poporting Ported
JOHN ROSARIO FOR CITY COUNCI	Reporting Period, From 1/1/2017 To 5/5/2017
SOAN ICOSPIETO FOR CITY COUNCI	
To Whom Paid	MO. DAY YEAR Amount
SALEGUARD Mailing Address	02 23 17 \$ 150.95 Description of Expenditure
2106 S. First. AVC. State Zip Code (Plus 4)	CHECKS
WHITEHALL PA 18052	
ALLEGRA PRINTING Mailing Address	03 OF 2017 \$ 287.64
709 Rable PD	Description of Expenditure Posters
ALLENTOWN PA 18109 -	
ALLEGRA PRINTING	MO. DAY YEAR Amount 03 21 2017 \$ 31.47
Address ROBLE RD. City State Zip Code (Plus 4)	Description of Expenditure
Allentown PA 18109-	1 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 -
ALLEGRA PRINTING	MO DAY YEAR Amount 03 22 2017 \$172.19
Mailing Address 709 ROBLE RD. City State Zio Code (Plus 4)	Description of Expenditure, LASELS / BANNERS
ALLENTOWN State Zip Code (Plus 4)	WHO CES / DANN CES
PLLEGRA PRINTING	MO. DAY YEAR AMOUNT \$ 19
709 ROBLE RD.	Description of Expenditure
ACLENTOWN State Zip Code (Plus 4)	
Malling Address	03 30 2017 \$ 306 64
719 ROBLE RD.	Envelores/Letterheads
PALLENTOWN PA 15105-	1)
ACLEGRA PRINTING	MO DAY YEAR AMOUNT 04 06 2017 \$ 1,295.63
709 ROBLE RD.	Description of Expenditure
PALLENTOWN State Zip Code (Plus 4) PA 15109-	
AllENTOWN SYRTAN. ASSOC	MO. DAY YEAR Amount 9.
Mailing Address	BOOK PROCKAM AD
ALLENTOWN RA 18102-	
	PAGE TOTAL
Enter Grand Total of Expenditures on Page 1, Report Cover Pa	ge, Item D. \$2,792.71

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.

Name of Filing Committee or Candidate		Rep	orting F	eripd	/	1
JOHN ROSARIO FOR CIT	Y COUN	Ci L F	rom 4	1/20	17 To 5/5	105/
Name of Creditor		Pl filliosata we		****		
JOHN KOSARIO					Outstanding Balan \$ 1,000.	
3701 ALLEN ST-	DATE DEBT	Mo.	DAY	YEAR		
ALLENTOWN PA. 181	INCURRED		p Code (F	lus 4)		
Description of Debt	7	1/4/18	104			
LOAN						
Name of Creditor					Outstanding Baland	ce of Debt
Mailing Address	DATE DEBT	MO.	DAY	YEAR	J	
City	INCURRED	State Zi	p Code (P	lus 4)		
			11000			
Description of Debt						
Name of Creditor		A Salve Light of Autom	NE DECEM	Ontinue No.	Outstanding Baland	ce of Debt
Mailing Address	DATE	MO.	DÄY I	YEAR	\$ Danksk dansager	nego pravalence
City	DEBT INCURRED					
		State Zip	Code (P	us 4)		
Description of Debt				R		
Name of Creditor					Outstanding Balance	e of Debt
	DATE				\$	
Mailing Address	DATE DEBT INCURRED	мо.	DAY	EAR :	\$	
	DEBT		DAY	EAR :	\$	
Mailing Address	DEBT			EAR :	\$	
Mailing Address City Description of Debt	DEBT			rEAG us 4)	\$	
Mailing Address City Description of Debt Name of Creditor	DEBT	State Zip	Code (PI	rEAR ::	\$	
Mailing Address City Description of Debt	DEBT INCURRED		Code (PI	rEAR ::	\$ Outstanding Balance	
Mailing Address City Description of Debt Name of Creditor	DEBT INCURRED	State Zip	Code (PI	US 4)	\$ Outstanding Balance	
Mailing Address City Description of Debt Name of Creditor Mailing Address	DEBT INCURRED	State Zip	Cade (PI	US 4)	\$ Outstanding Balance	
Mailing Address City Description of Debt Name of Creditor Mailing Address City Description of Debt	DEBT INCURRED	State Zip	Cade (PI	US 4)	\$ Outstanding Balance	
Mailing Address City Description of Debt Name of Creditor Mailing Address City	DEBT INCURRED	State Zip	Cade (PI	EAR	Sutstanding Balance	e of Debt
Mailing Address City Description of Debt Name of Creditor Mailing Address City Description of Debt	DATE DEBT INCURRED	State Zip	Code (PI	EAR	\$ Outstanding Balanc \$	e of Debt
Mailing Address City Description of Debt Name of Creditor Mailing Address City Description of Debt	DEBT INCURRED DATE DEBT INCURRED	State Zip MO. I	Code (PI	EAR (CEAR)	Sutstanding Balance	e of Debt
Mailing Address City Description of Debt Name of Creditor Mailing Address City Description of Debt Name of Creditor Mailing Address	DATE DEBT INCURRED	State Zip MO. I	Code (PI	EAR (CEAR)	Sutstanding Balance	e of Debt
Mailing Address City Description of Debt Name of Creditor Mailing Address City Description of Debt Name of Creditor Mailing Address	DATE DEBT INCURRED	State Zip MO. I	Code (PI	EAR (CEAR)	Sutstanding Balance	e of Debt
Mailing Address City Description of Debt Name of Creditor Mailing Address City Description of Debt Name of Creditor Mailing Address City Description of Debt Description of Debt	DATE DEBT INCURRED DATE DEBT INCURRED DATE DEBT INCURRED	State Zip MO G State Zip	Code (PI	EAR (CEAR S 4)	Sutstanding Balance	e of Debt
Mailing Address City Description of Debt Name of Creditor Mailing Address City Description of Debt Name of Creditor Mailing Address	DATE DEBT INCURRED DATE DEBT INCURRED DATE DEBT INCURRED	State Zip MO G State Zip	Code (PI	EAR (CAR S 4)	Dutstanding Balance \$ Dutstanding Balance \$	e of Debt