## CAMPAIGN FINANCE REPORT

PAGE 1 OF 12 (COVER PAGE)

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

Filer Identification	Report Filed By: CANDIDATE	1. COMME SE 2. LOBBYIST 3.
Name of Filing Committee, Candidate or Lobbyist	C .1	
Street Address:	y COUNCIL	
3701 Allew STREET	-	
Allentown	PA.	Zip Code: 1810.4 -
TYPE OF STOCHASSDAY	The state of the s	3. CONTROL OF THE STATE OF THE
REPORT BRE PRIMARY PRE-PRIM	Section 1 Section 1 Section 2	8. FERMINATION
place X to the right of ANNUAL 7. YEAR	POST ELSCHION	
report type) REPORT	( ) CHECK ONE	
Name of Office Sought by Candidate:	DATE OF ELECT	Number Code Code Code
AlleNTOWN CITY COUNCI	16 05 21 201	(SEE INSTRUCTIONS FOR CODES)
		SESH OTHER DISE ONE COM
Summary of Receipts and Expenditures from:		
A. Amount Brought Forward From Last Report	\$0.00	
B. Total Monetary Contributions and Receipts (From Sc	chedule I) \$ 2,175.00	
C. Total Funds Available (Sum of Lines A and B)	\$2,175.00	
D. Total Expenditures (From Schedule III)	\$ 1,589.95	
E Ending Cash Balance (Subtract Line D from Line C)	\$ 585.05	
F. Value of In-Kind Contributions Received (From Sch	redule II) \$ 0.00	
G. Unpaid Debts and Obligations (From Schedule IV)	\$0.00	
PART   Legis is a Committee report in easurer signs were for affirm) that this report, including the attached sch		
Sworn to and subscribed before me this  10 ty day of MAy		- K. N.
1 ( (-)	Bry	nature of Person Submitting Report
Signature	1100	Printed Name
My commission expires	404	35/.034/
MO. DAY YR.	Area Code	Daytime Telaphone Number
MO. DAY YR.		
PART II This is the report of the Fandingtok Eartho		
PART II DISAR a report of Candidate's Author I swear (or affirm) that to the best of my knowledge and beline it is a smear (P.L. 1333, No. 320) as amended.		
PARTS II - II DISA'S a report of and date's Author I swear (or affirm) that to the best of my knowledge and beline is 1333, No. 320) as amended.	tized Committee capture shalls	stated any provisions of the Act of June 3, 1937 Signature of Candidate

Department of State Bureau of Commissions, Elections and Legislation 216 North Office Building Harrisburg, PA 17120-8929 (717) 787-5280

#### 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.)

ABLITION ADDRESS AS 24 2015 AS 50 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Name of Filing Committee or Candidate	Reporting Period	
UI Name of Contributes  ABOUNT  ABOUT ABOUT STREET  ABOUNT  ABOUT	JOHN ROSARIO FOR C:TY COUNCIL	From <u>01-02-2</u>	019 TO 05-06-2019
ARAS  AND AGENERAL STATES  SEE TIDEN VAILEY RD.  SIAN ZIP COde Plus 4  AND AGENERAL STATES  TOUTZ A SECONTACT  IMPORTOR MAINE AGENERAL STATES  TOUTZ A SECONTACT  T		AND THE RESERVE THE PROPERTY OF THE PARTY OF	AMOUNT
AND ADDRESS OF THE STORY OF THE	Full Name of Contributor		\$ 250.00
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TOTAL MARING ACCIDENT PLANT OF STATE		10016	
BRIAN R. BRILLY  WASTING AGGRES  4450 CREEK RD.  State Zip Code Plus 4  PA 18104 - DAN MEAN  \$  Streployer Name  FINAL PATINERS  FINAL PATINER	3775 CHESTNUT STREET EMMAUS PA.	Charles and the Contract of th	
MALING Address  WHO PART RD.  State Zip Code (Plus 4) ROLL DAY MODE STATE  Employer Name  HONGTOWN REPORT PLANT RATNERS  Employer Mailing Address/Principal Place of Business  LOLLY THE STATE  Employer Mailing Address/Principal Place of Business  LOLLY THE STATE  Employer Mailing Address/Principal Place of Business  LOLLY PATTER  PATTER  REAL ISTATE  REAL ISTATE  REAL ISTATE  REAL ISTATE  MODE DAY MEAN  SOUND DAY MEAN  STATE PATTER  MODE DAY MEAN  STATE PATTER  MODE DAY MEAN  STATE PATTER  MODE DAY MEAN  STATE  MODE DAY MEAN  STATE  PATTER  MODE DAY MEAN  STATE  MODE DAY	RRIAN R. BAILEY	04 30 2019	\$250.00
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Employer Name  LENGUR Contributor  Full Name of Contributor  CITY  State  Employer Name  CITY  Full Name of Contributor  CITY  State  CITY  Sta	Employer Name		
FULL NAME OF CONTRIBUTOR  FRESC D. SCHUBACH  MG. DAY YEAR  OF COUPSTON  OF DAY YEAR	HOMETOWN KEACTY LAPTNERS  Photogram Mailing Address/Principal Place of Business	KRAI ESIALE	
Foll Name of Contributor  FREGE D. SCHUBACH  MGL DAY YEAR  OF OR 2 2019  MGLING Address  A 166 FAWA TRAIL RD.  Store Zip Code Plus AI  PA 18104 - 2024  Employer Name  Employer Malling Address/Principal Place of Business  I Store Zip Code Plus AI  PA 18104 - 2024  Employer Malling Address/Principal Place of Business  I Store Zip Code Plus AI  PA 18104 - 2024  Employer Malling Address/Principal Place of Business  I Store Zip Code Plus AI  PA 18104 - 2015  Store Zip Code Plus AI  PA 18104 - 2015  Store Zip Code Plus AI  PA 18104 - 2015  Store Zip Code Plus AI  PA 18104 - 2015  Store Zip Code Plus AI  PA 18104 - 2015  Store Zip Code Plus AI  PA 18104 - 2015  Store Zip Code Plus AI  PA 18104 - 2015  Store Zip Code Plus AI  PA 18104 - 2015  Store Zip Code Plus AI  PA 18104 - 2015  Store Zip Code Plus AI  PA 18104 - 2015  Store Zip Code Plus AI  PA 18104 - 2015  Store Zip Code Plus AI  PA 18104 - 2015  Store Zip Code Plus AI  PA 18104 - 2015  Store Zip Code Plus AI  PA 18104 - 2015  Store Zip Code Plus AI  PA 18104 - 2015  Store Zip Code Plus AI  PAGE TOTAL  PAGE TOTAL	611 N. 7th Street Allentown PA.	18102	
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A 166 FAWA TRAIL RD.  CITY    State   Zip Code (Plus 4)   MACH	MITTER A Address of		• 500.00
PA 18104 - 2024  Employer Name  EMICH VAILEY HOSPITAL  Employer Mailing Address/Principal Place of Business  CEDAR CREST BLVD. Allentown PA. 18-104  Full Name of Contributor  CONN : FOR MILER  PA 18104 - 2024  PA 2 18 18 500.00  Meiling Address  PA 18104 - 2024  State Zip Code (Plus 4)  Full Name of Contributor  PA 18104 - 2024  State Zip Code (Plus 4)  Full Name of Contributor  Mailing Address/Principal Place of Business  PA 18 104 - 2024  State Zip Code (Plus 4)  Full Name of Contributor  Mailing Address  Pa 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	166 FAME TRAIL RD		\$
Allentour Reme  Employer Melling Address/Principal Place of Business  (EDAR CREST BLVD. Allentour PA. 1819  Full Name of Contributor  Employer Name  Employer Mailing Address/Principal Place of Business  Employer Name  Employer Mailing Address/Principal Place of Business  Employer Name  Employer Mailing Address/Principal Place of Business  PAGE TOTAL  PAGE TOTAL	12.1		\$
Employer Mailing Address/Principal Place of Business    EDAR CREST BLVD. Allentown PA. 16104			
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Full Name of Contributor    Cunvifer Miller Miller   State   S	Employer Mailing Address/Principal Place of Business		
Meiling Address  /62 Spains wood DR.  City State Zip Code (Plus 4)  Allentown PA / 8109 -  Employer Name Occupation  Full Name of Contributor  Meiling Address/Principal Place of Business  / City State Zip Code (Plus 4)  Employer Name  City State Zip Code (Plus 4)  Employer Name  Cocupation  PAGE TOTAL			
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	Enter Grand Total of Part D on Schedule I, Detailed Summa	ry Page, Section 3.	\$1,500.00

DSEB-502 (7-99)

### PART B

## **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	From 01-02-20	119 TO 05-06-2019
	DATE	AMOUNT
	October Visite	\$50.00
HUSSN, YACOUB 03 Mbilling Address	O. DAY YEAR	
1918 Belluiew DR.		\$
WHITEHALL PA 18052 -		\$
	O TODAY TYPEAR	
TOMAS J. ROSARIO 03		\$ 50.00
1317 F. Woodlawn ST.	O. DAY YEAR	\$
City State Zip Code (Plus 4)		
AlleNTOWN PA 18109-3468		\$
Full Name of Contributor	1 02 2019	\$50.00
Mailing Address	O. DAY YEAR	\$
142 DEFFIZEY LAWR State   Zip Code (Plus 4)	O PAY YEAR	
1/00 TRAMPTON PA 18067 - 1057		\$
Euil Name of Contributor	Det - DAY - ARE	\$75.00
DAVID J. FIOR: 110 Maling Address	MO DAY YEAR	\$75.00
6805 Roberts RD.		\$
Coopersburg PA 18036-	MO: DAY TEAR	\$
	WO DAY YEAR	
DANIEL J. KOZIEL 0		\$100.00
Mailing Address	EO. STAY SYEAR	\$
	MO DAY YEAR	
Emmaus PA 18049-		\$
Tall Halle of Collettotto	3 21 2019	\$ 100.
Mailing Address	MO. DAY YEAR	\$
1535 W. FAIRMONT STREET		4
Allentown PA 18102-	MO YEAR	\$
Full Name of Contributor	MOSE CONTRACT	\$ 100
RAYMUNDO ROSARIO	MO. DAY YEAR	\$100.00
2 MARYLAND CIRCLE	and the second	\$
	MO DAY YEAR	\$
	MO. DAY YEAR	
RADWAN JARROUJ	3 24 2019	\$50.00
6483 Kernsville RD.	MO. DAY YEAR	\$
City State Zip Code (Plus 4)	MO DAY XEAR	
Orefield PA 18069 -		\$ PAGE TOTAL
Enter Grand Total of Part B on Schedule I, Detailed Summary P.	ess Costin 0	A CARLO CALLO CALL
DSEB-502 (7-99)	aye, Section 2.	\$ 575.00

# PART B 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.}

Full Name of Contributor  Mailing Address  City  State  Zip Code (Plus 4)  State  Zip Code (Plus	111111111111111111111111111111111111111
And the property of the proper	9 TO 05-06-2019
Mailing Address  Address  Mailing Address  Mailing Address  State Zip Code (Plus 4)  Mailing Address  City State Zip Code (Plus 4)  Mailing Address  City State Zip Code (Plus 4)  State Zip Code (Plus 4)  Mailing Address  City State Zip Code (Plus 4)  Mailing Address	AMOUNT
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Full Name of Contributor  Mailing Address  ABO BAY BAY  MED DD WEST	\$
Mailing Address	\$
	\$
	\$
City State Zip Code (Plus 4) MO. DAY YEAR	*** 
	SPAGE TOTAL

#### 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.

Name of Filing Committee or Candidate			orting Period		
	50 W W 100 100 100 100 100 100 100 100 10	F	rom <u>01 - 02 2</u>	2019 TO 05-06-2018	
		CO. CO. CO. CO. CO. CO.	DATE	AMOUNT	
Full Name of Contributing Committee		ALC:	DAY YEAR	\$ (2.00	
Mailing Address		MO.	-DAY YEAR	\$	
City State	Zip Code (Pius 4)	== MO:==	SONE SEAR	\$	
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Mailing Address		MO.	DAY YEAR	\$	
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Mailing Address		## 10 PM	DAY YEAR	\$	
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Full Name of Contributing Committee	A			\$	
Mailing Address		PENCE!		\$	
City State	Zip Code (Pius 4)	-46).kt	- BAY - YEAR	\$	
Full Name of Contributing Committee	Full Name of Contributing Committee				
Mailing Address	2301			\$	
City State	Zip Code (Plus 4)	<b>3.3</b>		\$	
Full Name of Contributing Committee			e ve	\$	
Mailing Address		a Mo	FIARE FYERE	\$	
City State	Zip Code (Plus 4)			\$	
Full Name of Contributing Committee		18101		s	
Mailing Address		18.78	YEAR	\$	
City State	Zip Code (Plus 4)			\$	
Full Name of Contributing Committee		MOS	DAY	\$	
Mailing Address				\$	
City State	Zip Code (Pius 4)	WHO 2		\$	
Enter Grand Total of Part C on Schedule	I, Detailed Summa	ry Page.	Section 3.	PAGE TOTAL	
DSEB-502 (7-99)		7 -34		1.00	

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#### 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.

me of Filing Committee or Candidate			From 01 -02	- 2019 TO 85-06 - 201
			#F = \$%, II = \$//41 = = = T =	
Name:				
illing Address				
ty	State	Zip Code (Plus 4)		\$ 0.00
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#### SCHEDULE II

PAGE 7 OF 12

## 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 Period	d	
	From <u>01 - 0</u>	2-2119 TO 85-8	6-2019
## = 2			
CERTIFICATION OF THE VIOLENCE OF THE VIOLENCE OF THE VALUE OF	\$50,00 OR LE	SS PER CONTRI	de ok
TOTAL for the Reporting Perio	d (1)	s O . O	2
	Total W. W. Sand J. W.		
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$2	50.00 (FROM	PART P	
TOTAL for the Reporting Perio	ed (2)	\$0.0	0
3 IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FR	OM PART G)		
TOTAL for the Reporting Period	od (3)	s D.O	9
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.)		\$0.0	0

#### SCHEDULE II PART F

## IN-KIND CONTRIBUTIONS RECEIVED

#### VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate	Reporting Period
	From 04-07-2019 To 85-06-2019
Full Name of Contributes	DATE AMOUNT
Full Name of Contributor	MG DAY YEART \$
Mailing Address	S S S S S S S S S S S S S S S S S S S
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Description of Contribution:	S S
Secretary of Controllerion.	
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Mailing Address	
City State 7 in Code (Blue 4)	\$
State Zip Code (Plus 4)	MO. DAY ADAY \$
Description of Contribution	
Full Name of Contributor	
	S S
Mailing Address	MO SAX WAR \$
City State Zip Code (Plus 4)	
Description of Contribution:	\$
	:X:
Enter Grand Total of Part F on Schedule II, In-Kind Contri	butions Datailed PAGE TOTAL
Summary Page, Section 2.	\$0.00
SEB-502 (7-99)	

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

Name of Filing Committee or Candidate				From £		019 TO 05-06-2219
	- 04			DATE	<b>≥</b>	AMOUNT
Full Name of Contributor			e Ma		14 THE	¢ (O =
						\$0.00
Mailing Address			MG	W 21 0 1		\$
City	State	Zip Code (Plus 4)	- MC	- DAY	-YEAR	•
						\$
Employer of Contributor			Occup	ation		
Employer Mailing Address/Principal Place of Business		1:	Descr	iption of Co	ntribution	
Full Name of Contributor			27.300	- DAY	- VEAR	
						\$
Meifing Address			ME	to kide k		\$
City	State	Zip Code (Plus 4)	-440	E DAY	EPYEAR	•
		; <del>-</del> :				\$
Employer of Contributor			Occup	oation		
Employer Mailing Address/Principal Place of Business			Desci	iption of Co	ontribution	
Full Name of Contributor			MC	. JOAY	YEAR	\$
Mailing Address			100000	SE WORK	超 36.7 数	\$
City	State	Zip Code (Plus 4)	Ме	10 TO	4 17:50:50	\$
Employer of Contributor	11		Oceu	pation		
						\
Employer Mailing Address/Principal Place of Business			Desc	ription of C	ontribution	
Full Name of Contributor						
2						\$
Mailing Address			<b>EE:M</b>	LE STAY	YEAR	\$
	10					\
City	State	Zip Code (Plus 4)		PER REPORT	-YEAR	\$
Employer of Contributor	1		Dec	pation		
Employer Mailing Address/Principal Place of Business			Dasc	cription of C	Contribution	
Full Name of Contributor	HEAV C	KI II BUWA SANTANI	(m-210)	S. I. N.	YEAR	4
ruii waine of Contributor			505 M	UAY	ICAN !	\$
Malling Address		11//		***	Ce day 12	\$
City	State	Zip Code (Plus 4)	M	DAY	LE CHEAR	\$
Employer of Contributor	1		Qce	spation		-
						Ť.
Employer Mailing Address/Principal Place of Business			Desc	ription of (	Contribution	
Throughout the second of the s						NAME OF TAXABLE PARTY.
						PAGE TOTAL

Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.

\$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.

Name of Filing Committee or Candidate	Reporting Period	15 7-05 01 2-16
JOHN ROSARIO FOR City Council		19 TOBS-06-2019
	DATE	AMOUNT
Full Name of Contributing Committee	MO. YEAR	\$0.00
Mailing Address	MO DAY YEAR	\$
City State Zip Code (Plus 4)	MO. DAY YEAR	\$
Full Name of Contributing Committee	MGXX DAY	\$
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 YESR	\$
Full Name of Contributing Committee	MO. DAY DYFAR	\$ /
Mailing Address	MO. DAY: YEAR	\$
City State Zip Code (Plus 4)	MO. DAY YEAR	\$
Full Name of Contributing Committee	TATE OF THE PROPERTY OF THE PR	s
Mailing Address	MO. DAY YEAR	\$
City State Zip Code (Plus 4)	MOZE DAY YEAR	\$
Full Name of Contributing Committee	WOSE FRANCE	ALL PROPERTY OF THE RESERVE OF THE R
Mailing Address	MO. DAY SYEAR	\$
City State Zip Code (Plus 4)		
Full Name of Contributing Committee	MO SAY PYEAR	\$
Mailing Address		\$
	MO DAY YEAR	\$
City State Zip Code (Plus 4)	SMCS CSDAX YEAR	\$
Full Name of Contributing Committee	MO PARA	\$
Mailing Address	MG. DAY YEAR	s
City State Zip Code (Plus 4)	SIG DAY _YEAR	\$
Enter Grand Total of Part A on Schedule I, Detailed Summar	N Page Section 2	PAGE TOTAL
Detailed Total Of Part A on Schedule 1, Detailed Summai	iy rage, section 2.	\$0.00

#### SCHEDULE III

## STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate		Reporting Period
JOHN ROSARIO FOR C:	The Course	From 0-02-2019 TOO 5/06/2015
3 DEOD TOSHIELD TORE (	17 6000	
To Whom Paid	and a property west fill a serious	MO. DAY YEAR Amount
Allegra Printing		04 02 2019 \$1,589.85
Mailing Address		Pascription of Expanditure
709 Robble RD.	State Zip Code (Plus 4)	112:2011 19 CAMPAGA PLATERIALS
AllewTown	13918109 -	
To Whom Paid		Amount
		\$0.00
Matting Address		Description of Expenditure
City	State   Zip Code (Plus 4)	
	_	
To Whom Paid		MOUT 20AY 20B Amount
		\$0.00
Malfing Address		Description of Expenditure
City	State   Zip Code (Plus 4)	
	-	
To Whom Paid	de la desta de la composición de la co	Me DAS SAN Amount
		\$0.00
Malling Address		Description of Expenditure
City	State Zip Code (Plus 4)	
	0-1	
To Whom Paid		Amount Amount
Mailing Address		Description of Expenditure
mering sources		according to a superior of
City	State Zip Code (Plus 4)	
To Whom Peid		SOOO
Mailing Address		Description of Expenditure
City	State Zip Code (Plus 4)	
To Whom Paid		\$0.00
Mailing Address		Description of Expenditure
		Process to the contract of the action of the
City	State Zip Code (Plus 4)	
To Whom Paid		
		Amount \$ 0 . 0 0
Malling Address		Description of Expenditure
City	State Zio Code (Plus 4)	
	-	
		PAGE TOTAL
Enter Grand Total of Expenditures on Pr	age 1, Report Cover	
	w	\$ 1,301.

## 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			
			From 01-02-2019 To05-06-201			
lame of Creditor						
conto of disarren					Outstanding Balance of De	
Mailing Address	DATE	MO.	BAY	SYEAR		
Sity	INCURRED	State	Zin Cod	a (Plus 4)		
		3.515	2.0 000			
Description of Debt	320				PROSESSION STREET	
lame of Creditor					Outstanding Palesses of D	
Matilian Addense					Outstanding Balance of D	
Mailing Address	DATE DEBT	MO.	DAY	YEAR		
Sity	INCURRED	State	Zip Cod	e (Plus 4)		
			3	-		
Description of Debt						
Name of Creditor		MALE .		-\$50 SUL	Outstanding Balance of D	
Mailing Address		150555	reposed to	and the second	Outstanding Balance of Di	
MANIE MANIES	DATE DEBT INCURRED	MO	Dec.	YEAR		
Sity	INCORNED	State	Zip Cod	e (Ptus 4)		
Description of Debt						
Name of Creditor		TE NE OF	Name of Street	70	Outstanding Balance of D	
Mailing Address	DATE	Linuary		YEAR		
	DEBT	- m/C:	- DAY	I LAB		
City		State	Zip Cod	e (Plus 4)		
Description of Debt		4	1	7	M. 万二、X. 1423 高岭区	
Name of Creditor					Outstanding Balance of D	
Mailing Address	DATE	MO.	Det	YEAR		
City	DEBT INCURRED					
		State	Zip Cod	ie (Pius 4) —		
Description of Debt			1			
Name of Creditor			ALON			
					Outstanding Balance of D	
Mailing Address	DATE	× M(0.	MAY	YEAR	1.4	
City	INCURRED	State	Zip Co	te (Plus 4)		
5				= ""		
Description of Debt						
					PAGE TOTAL	
Enter Grand Total of Unpaid Debts on P	age 1, Report Cove	r Page,	Item G	_	\$0.00	