PAGE 1 OF (COVER PAGE)

CAMPAIGN FINANCE REPORT

(NOTE: This report must be clear and	i legible. It ma	y be typed or printed in	plue or plack ii	1K.)
Filer Identification Number:	Report Filed By:	CANDIDATE 1.	COMMITTEE	LOBBYIST 3.
Street Address: 324 M. 16 M Street	Conne	//		
Allentown		State	Zip Code: 8/0	12-5615
TYPE OF STH. TUESDAY 1. 2ND FRIDA PRE-PRIMARY PRE-PRIMA	CESTRUMENT ACTION	30 DAY 3.	AMENDMENT REPORT?	YES NO
place X to PRE-ELECTION 4. 2ND FRIDA PRE-ELECTION	00000000000000000000000000000000000000	30 DAY 6. POST ELECTION	TERMINATION REPORT?	YES NO
the right of report type) ANNUAL 7. YEAR		FILING METHOD	PAPER	DISKETTE
Allentown Mayor		DATE OF ELECTION MO. DAY VEAR 5 21 2019	District Office Number Code	
		4444	Manuscriptor of party and	FICE USE ONLY
Summary of Receipts and Expenditures from:	19 To	MO. BAY YEAR 6 10 2019		rice obe direr
A. Amount Brought Forward From Last Report	\$	2,526.59] _	. ~
B. Total Monetary Contributions and Receipts (From Sche	edule I) \$	7,250.00		RECE
C. Total Funds Available (Sum of Lines A and B)	\$	9,776.59		R R
D. Total Expenditures (From Schedule III)	\$	7, 374.50	_1,	C: 110
E. Ending Cash Balance (Subtract Line D from Line C)	\$	2402.09	. 700	Michigan Company
F. Value of In-Kind Contributions Received (From Sched	ule II) \$		2	(Projecting)
G. Unpaid Debts and Obligations (From Schedule IV)	\$		2	
	AFFIDAVIT SF		_ ≺	
PART I - If this is a Committee report, treasurer sign swear (or affirm) that this report, including the attended scheduler	nerte of this i	s a Candidate report, co	indidate sign her	(C. Sand Salistan
I swear (or affirm) that this report, including the attached scheducorrect and complete. Sworn to and subscribed before me this dey of Algorithm 20 Signature 22 MD. DAY YR.	m Donwealth of Pennsylven THY ANDREW BENY	Signeture of Charles (6 10) Area Code	Printed Name Daytime	Report
PART II - If this is a report of a Candidate's Authorize				
I swear (or affirm) that to the best of my knowledge and belief (P.L. 1333, No. 320) as amended.	this political co	mmittee has not violated an	y provisions of th	e Act of June 3, 1937
My commission expires My commission expires My DAY YR.	of Fennsylvania - Notáry Seal RENYO - Notary Public ethan County ion Expires Sep 27, 2022		Printed Name 515-16 Daytime	SONNI II

SCHEDULE I

PAGE 2 OF

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate Friends of Ray O Connell Reporting Page 1997 From	eriod	7-19 TO 6-10-19
1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CON	TRIE	BUTOR
TOTAL for the Reporting Period (1) \$	0
2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)		
Contributions Received from Political Committees (Part A)	\$	100.00
All Other Contributions (Part B)	\$	
TOTAL for the Reporting Period (2) \$	
3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)		
Contributions Received from Political Committees (Part C)	\$	5,500.00
All Other Contributions (Part D)	\$	
TOTAL for the Reporting Period (3) \$	
4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ET	C. (I	FROM PART E)
TOTAL for the Reporting Period (4	\$	
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.)	\$	7,250.00

PAGE	OF	=

Reporting Perfod/

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

Name of Filing Committee or Candidate Ray	, C	Connell	R	eporting From _4	5/7/1	9 To 6/10/19
· · · · · · · · · · · · · · · · · · ·		- H 10	-	DATE		AMOUNT
Full Names of Contributing Compittee Mike Mailing Address 944 1, 1949	Sc.	hloss berg	MO.	3 DAY	YEAR 19 YEAR	\$ 100.00
Gity 111 11 19 51	State	Zip Code (Plus 4)	MO.	DAY	YÉAR	\$
AllenTown	PA	18104				\$
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	:= <u>.</u>		мо.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	<u> </u>	- 4	МО.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	. МО. ≅	DAY	YEAR	\$
Full Name of Contributing Committee			мо.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
Cîty	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Enter Grand Total of Part A on Sched	dule I,	Detailed Summar	y Page,	Section	n 2.	PAGE TOTAL \$ OO.OO

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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	Reporting Periof	1.
Friends of Kay O Connell	From 5/7	119 TO 6/10/19
	DATE	AMOUNT
Full Name of Contributor A 544d	MO. DAY YEAR	\$ 200.00
Mailing Address	MO. DAY YEAR	1 200.00
100 Tarre	MO. DAY YEAR	\$
Allentown SA 1863	MO. DAY YEAR	\$
Full Name of Contributor Hanna	MO. DAY YEAR	\$ 150.00
Mailing/Address ,	MO. DAY YEAR	150.00
1840 Farm Stead Lane		\$
Macungie Stage Zip Code (Plus 4)	MO. DAY YEAR	\$
Full Name of Contributor	MO. DAY YEAR	\$ 150.00
Melling Address	MO. DAY YEAR	
City Takernsville Road		\$
Oreticld PA 18069	MO, DAY YEAR	\$
Full Name of Contributor Inaboulsi	MO. DAY YEAR	
Mailing Address	6 3 19 MO. DAY YEAR	\$ 100.00
1239 Lehigh Purkway 5. #8		\$
Allentura State Zip Goda (Plus 4)	MO. DAY YEAR	\$
Full time of Contributor Jarrovi	MO. DAY YEAR	\$ 150.00
Mailing/Address	MO. DAY YEAR	130
1513 Hampton Road		\$
Allesteun DA 18104	MO. DAY YEAR	\$
Full Name of Contributor McIlhenny	MO. DAY YEAR	\$ 10000
Mailing Address	MO. DAY YEAR	100,00
City A . Clenwood Street		\$
Allentown DA 1810 4	MO. DAY YEAR	\$
Full Name of Contributor	MO, DAY YEAR	\$
Mailing Address	MO. DAY YEAR	
City State Zip Code (Plus 4)		\$
City State Zip Code (Plus 4)	MO. DAY YEAR	\$
Full Name of Contributor	MO. DAY YEAR	\$
Mailing Address	MO. DAY YEAR	
Pilo.	and	\$
City State Zip Code (Plus 4)	MO. DAY YEAR	\$
		PAGE TOTAL
Enter Grand Total of Part B on Schedule I, Detailed Summary I	Page, Section 2.	\$ 850.00
DSEB-502 (7-99)	<u> </u>	000.00

PAGE.	OF

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 Eiling Committee or Candidate	n	inell		Reporting	Period 5/7/	19 TO 6/11/19
Friends of Kay O'	Con	nell		From	9/1/	
Full Name of Contributing Committee			I MA	DATE	L VEAD	AMOUNT
Friends of Mike		hlossberg	MO		19 19	\$ 500.00
944 N. 19th Street	zt		MO.	DAY	YEAR	\$
Allentown 1	PA	Zip Code (Plug 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee Lehigh Walley Assocution of Mailing Address	PR	entors PAC	MO.	3	YEAR	\$ 5,000.00
10 S. Commerce Way	,		MO.	DAY	YEAR	\$
	State	Zip Code (Plus 4) /8017	MQ.	DAY	YEAR	\$
Full Name of Contributing Committee	in the teacher		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)	MÓ.	DAY	YEAR	\$
Full Name of Contributing Committee	-		MO.	DAY	YEAR	
			inc.	DAI	TEAN.	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4) —	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	- inly		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	\$
						PAGE TOTAL
Enter Grand Total of Part C on Schedu	ule I,	Detailed Summary	Page,	Section	n 3.	\$ 5,500.00

PART D **ALL OTHER CONTRIBUTIONS**

PAGE	0	F a

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 Friends of Ray O Connell	Reporting Period From 5/7/	19 TO 6/10/19
<i>,</i>	DATE	AMOUNT
Full Name of Contributor Miller	MO. DAY YEAR	\$ 500.00
Mailing Kodgess Springwood Drin.	MO. DAY YEAR	\$
City Allentown State Zip Code (Plus 4)	MO. DAY YEAR	\$
Employer Name	Owner	
Employer Mailing Address/Principal Place of Business		
Full Name of Contributor Leteta	MO. DAY YEAR	\$ 300.00
199 Wind mere Avenue	MO. DAY YEAR	\$
Allentown PA 18104	MQ. DAY YEAR	\$
Employer Name	Occupation	æ
Employer Mailing Address/Principal Place of Business		
Full Name of Contributor	MO. DAY YEAR	\$
Mailing Address	MO: DAY YEAR	\$
City State Zip Code (Plus 4)	MO. DAY YEAR	\$
Employer Name	Occupation	- 10 - 55 - (11111-56-
Employer Mailing Address/Principal Place of Business	3.	
Full Name of Contributor	MO. DAY YEAR	\$
Mailing Address	MO. DAY YEAR	\$
City State Zip Code (Plus 4)	MO. DAY YEAR	\$
Employer Name	Occupation	
Employer Mailing Address/Principal Place of Business		
Full Name of Contributor	MO. DAY YEAR	\$
Mailing Address	MO. DAY YEAR	\$
City State Zip Code (Plus 4)	MO. DAY YEAR	\$
Employer Name	Occupation	
Employer Mailing Address/Principal Place of Business		
Enter Grand Total of Part D on Schedule I, Detailed Summar	y Page, Section 3.	PAGE TOTAL \$ 800,00

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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.

Name of Filing Committee or Candidate		F	Reporting Period			
				From		То
				THE AREA		
Full Name						
Mailing Address						
City	Ctata	Zip Code (Plus 4)	To Mary	DAY	Twean	Amount
City	State	Zip Code (Plus 4)	Mo	- DA-F	TEALS.	\$
Receipt Description					L	
Fuil Name					. == 111, 23	The second of the second of
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount
Receipt Description		::=::				\$
Ascerpt Description						
Full Name						
Mailing Address						
		<u></u>		- 501/13		
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$
Receipt Description					ļ	3
				-		
Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	T DAY	YEAR	Amount
City		-			1200	\$
Receipt Description				-1		
Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MØ.	DAY	YEAR	
Receipt Description		=:				\$
Receipt Description.						
Full Name						
Mailing Address		-				
			Proceedings			
City	State	Zip Code (Plus 4) —	MO.∴	DAY	YEAR	Amount \$
Receipt Description						
						TOTAL
						PAGE TOTAL
Enter Grand Total of Part E on Sch	nedule I, '	Detailed Summar	y Page	, Sectio	n 4.	\$

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

Name of Filing Committee or Candidate	Reporting Per	riod
	From	То
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF S	\$50.00 OR L	LESS PER CONTRIBUTOR
TOTAL for the Reporting Period	d (1)	\$
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$25	50.00 (FROM	VI PART F)
TOTAL for the Reporting Period	d (2)	\$
3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FRO	OM PART G	5)
TOTAL for the Reporting Period	d (3)	\$
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.)		\$

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SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate	From	To
	DATE	AMOUNT
Full Name of Contributor	MO. DAY YEAR	\$
Mailing Address	MO. DAY YEAR	\$
City State Zip Code (Plus 4)	MO. DAY YEAR	\$
Description of Contribution:		
Full Name of Contributor	MO DAY YEAR	\$
Mailing Address	MG. DAY YEAR	\$
City State Zip Code (Plus 4)	MO. S.DAY SYEAR	\$
Description of Contribution:		
Full Name of Contributor	MG. DAY YEAR	\$
Mailing Address	MO. DAY YEAR	\$
City State Zip Code (Plus 4)	MO. DAY YEAR	\$
Description of Contribution:		
	More Days Years	\$
	MO. PAY XXEAR	\$
	MO: DAY YEAR	\$
Description of Contribution:		
Full Name of Contributor	MO DAY YEAR	\$
Mailing Address	MO. DAY YEAR	\$
City State Zip Code (Plus 4)	MO. DAY YEAR	\$
Description of Contribution:		
Full Name of Contributor	MO. DAY YEAR	\$
	MO. DAY YEAR	\$
-	MONA SADAYAL SYGARA	\$
Description of Contribution:		
Enter Grand Total of Part F on Schedule II, In-Kind Contribution Summary Page, Section 2.	ns Detailed	PAGE TOTAL \$

P	٩GE	ΟF	

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate		Reporting P		<u> </u>
		From		To
		DATE		AMOUNT
Full Name of Contributor	S SMO	SEDAYAR S	YEARS	\$
Mailing Address	, Ma	DAY	YEAR	\$
City State Zi	ip Code (Plus 4)MQ.	DAY	YEAR	\$
Employer of Contributor	Оссира	ation		
Employer Mailing Address/Principal Place of Business	Descri	ption of Contr	ibution	
Full Name of Contributor	e Mo.	DAY	YEAR	\$
Mailing Address	MO	DAY	YEAR	\$
City State Zi			YEAR	\$
Employer of Contributor	Occup			
Employer Malling Address/Principal Place of Business	Descri	ption of Contr	ibution	
Full Name of Contributor	A. MO.	DAY	YEAR	\$
Mailing Address			YEAR	\$
City State Z	ip Code (Plus 4) MO:	988 PAVACE 6	eyeahee	\$
Employer of Contributor	Occup	ation		
Employer Mailing Address/Principal Place of Business	Descri	ption of Contr	'ibution	
Full Name of Contributor	MO≥		YEAR	\$
Mailing Address	MO.		YEAR	\$
	ip Code (Plus 4) MG.		YEAR	\$
Employer of Contributor	Occup	ation		
Employer Mailing Address/Principal Place of Business	Descri	ption of Contr	ibution	
Full Name of Contributor		DAY**	YEAR	\$
Mailing Address			eyeares	\$
	-		YEAR	\$
Employer of Contributor	Occup			
Employer Mailing Address/Principal Place of Business	Descri	ption of Contr		
Enter Grand Total of Part G on Schedule II, In- Summary Page, Section 3.	Kind Contributions	Detailed		PAGE TOTAL \$

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SCHEDULE III

STATEMENT OF EXPENDITURES

Friends of Ray O.	Co	nnell	Reporting Period From 5/7/	19 TO 6/10/19
To Whom Paid			MO. DAY YEAR	Amount/274 50
Mailing Address 1701 Union Boulevar	d #	£ 11£	Description of Expenditure	\$ 1824.50 Massing
City Allentona Par	Store	Zip Code (Plus 4)		- distribution
To Whom Haid Nan Fage PEP -	Cel	este Dee	MO. DAY YEAR	
Mailing Address			Description of Expenditure	\$ 5550.00 Management
Whitehall.	翔	Zip Code (Blue 4)		
To Whom Paid			MO. DAY YEAR	Amount \$
Mailing Address			Description of Expenditure	
City	State	Zip Code (Plus 4) 		
To Whom Paid			MO. S. DAY VEAR	Amount \$
Mailing Address			Description of Expenditure	
City	State	Zip Code (Plus 4)		
To Whom Paid			MOSS MEAR	Amount \$
Mailing Address			Description of Expenditure	
City	State	Zip Code (Plus 4) —		
To Whom Paid	i t		MO. DAY YEAR	Amount \$
Mailing Address			Description of Expenditure	
City	State	Zip Code (Plus 4)		
To Whom Paid			MG DAY YEAR	Amount \$
Mailing Address			Description of Expenditure	
City	State	Zip Code (Plus 4)		
To Whom Paid			MO DAY YEAR	Amount \$
Mailing Address			Description of Expenditure	
City	State	Zip Code (Plus 4)		
Enter Grand Total of Expenditures on Page	ge 1, I	Report Cover Pa	age, Item D.	* 7.3 74.50

PAGE	OF	

STATEMENT OF UNPAID DEBTS

Use this Section to Itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

From	То	
Name of Creditor	Outstanding Balance of	f Debt
Mailing Address DATE DEBT INCURRED	THE RESERVE OF THE PARTY OF THE	
A':	de (Plus 4)	3.40
Description of Debt	I The state of the	
Name of Creditor	Outstanding Balance of	f Debt
Mailing Address DATE MO DAV	\$	o =0.0200
DEBT	YEAR	
	de (Plus 4)	
Description of Debt	Land Control of the C	
Name of Creditor	Outstanding Balance o	f Debt
Mailing Address DATE DEBT MO: DAY		
INCURRED	(A-2/2) (B-1) (A-2/2)	
City State Zip Coc	de (Plus 4)	
Description of Debt State Zip God	de (Plus 4)	
		f Debt
Description of Debt Name of Creditor	de (Plus 4) Outstanding Balance o	f Debt
Description of Debt Name of Creditor Mailing Address DATE DEBT MO. DAY	Outstanding Balance o	f Debt
Description of Debt Name of Creditor Mailing Address DATE MO. DAY. DEBT INCURRED City State Zip Coo	Outstanding Balance o	f Debt
Description of Debt Name of Creditor Mailing Address DATE MO. DAY. DEBT INCURRED City State Zip Coo	Outstanding Balance o \$ YEAR de (Plus 4)	f Debt
Description of Debt Name of Creditor Mailing Address DATE DEBT INCURRED INCURRED City State Zip Coc	Outstanding Balance o \$ VEAR de (Plus 4) Outstanding Balance o	
Description of Debt Name of Creditor Mailing Address DATE MO. DAY DEBT INCURRED City State Zip Cod Description of Debt Mailing Address DATE MO. DAY DESCRIPTION OF DEBT INCURRED DATE DEBT DEBT DEBT DATE DEBT DEBT	Outstanding Balance o \$ TYEAR de (Plus 4) Outstanding Balance o	
Description of Debt Name of Creditor Mailing Address DATE MO. DAY DEBT INCURRED City State Zip Cod Mailing Address DATE DEBT INCURRED Description of Debt Mailing Address DATE DEBT INCURRED State Zip Cod City State Zip Cod State Zip Cod City State Zip Cod City State Zip Cod	Outstanding Balance o \$ TYEAR de (Plus 4) Outstanding Balance o \$	
Description of Debt Name of Creditor Mailing Address DATE MO. DAY DEBT INCURRED City State Zip Cod Mailing Address DATE DEBT INCURRED Description of Debt Name of Creditor Mailing Address DATE DEBT INCURRED State Zip Cod City State Zip Cod	Outstanding Balance o \$ Outstanding Balance o \$ Outstanding Balance o \$ YEAR de (Plus 4)	
Description of Debt Name of Creditor Mailing Address DATE MO. DAY DEBT INCURRED City State Zip Cod Mailing Address DATE DEBT INCURRED Description of Debt Mailing Address DATE DEBT INCURRED State Zip Cod City State Zip Cod State Zip Cod City State Zip Cod City State Zip Cod	Outstanding Balance o S Outstanding Balance o S Outstanding Balance o Outstanding Balance o	f Debt
Description of Debt Name of Creditor Mailing Address DATE DEBT INCURRED State Zip Cod Description of Debt Mailing Address DATE DEBT INCURRED State Zip Cod DESCRIPTION OF DEBT INCURRED DEBT INCURRED State Zip Cod Description of Debt Name of Creditor Mailing Address DATE DEBT INCURRED State Zip Cod Description of Debt Name of Creditor	Outstanding Balance o \$ Outstanding Balance o \$ Outstanding Balance o \$ Outstanding Balance o \$	f Debt
Description of Debt Name of Creditor Mailing Address DATE MO DAY DEBT INCURRED INCURRED Description of Debt Name of Creditor Mailing Address DATE DEBT INCURRED City DATE DEBT INCURRED City State Zip Cod Description of Debt State Zip Cod DATE DEBT INCURRED State Zip Cod DATE DEBT INCURRED State Zip Cod State Zip Cod State Sip Cod City State Sip Cod City State Sip Cod	Outstanding Balance o \$ Outstanding Balance o \$ VEAR de (Plus 4) Outstanding Balance o \$ VEAR de (Plus 4) Outstanding Balance o	f Debt
Description of Debt Mailing Address DATE DEBT INCURRED City State Zip Coc Description of Debt Name of Creditor Mailing Address DATE DEBT INCURRED City DATE DEBT INCURRED City DATE DEBT INCURRED City DATE DEBT INCURRED City State Zip Coc DATE DEBT INCURRED City State Zip Coc City DATE DEBT INCURRED State Zip Coc City State Zip Coc	Outstanding Balance o \$ Outstanding Balance o \$ Outstanding Balance o \$ Outstanding Balance o \$ YEAR Outstanding Balance o	f Debt
Description of Debt Mailing Address DATE DEBT INCURRED City State Zip Coc Description of Debt Name of Creditor Mailing Address DATE DEBT INCURRED City DATE DEBT INCURRED City DATE DEBT INCURRED City DATE DEBT INCURRED City State Zip Coc DATE DEBT INCURRED City State Zip Coc City DATE DEBT INCURRED State Zip Coc City State Zip Coc	Outstanding Balance o \$ Outstanding Balance o \$ VEAR de (Plus 4) Outstanding Balance o \$ VEAR de (Plus 4) Outstanding Balance o	f Debt
Description of Debt Name of Creditor Mailing Address DATE MO DAY DEBT INCURRED INCURRED Description of Debt Name of Creditor Mailing Address DATE DEBT INCURRED City DATE DEBT INCURRED City State Zip Cod Description of Debt State Zip Cod DATE DEBT INCURRED State Zip Cod DATE DEBT INCURRED State Zip Cod State Zip Cod State Sip Cod City State Sip Cod City State Sip Cod	Outstanding Balance o YEAR Outstanding Balance o YEAR Outstanding Balance o YEAR Outstanding Balance o PAGE TOTAL	f Debt