Commonwealth of Pennsylvania

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

Name of Filing Committee Continu	Filed B	y: 📂	CANDIDATE	COM	MITTEE X	LOBBYIST
Name of Filing Committee, Candidate or Lobbyist: FRIENDS OF JEF	E 6112	160			Constitution .	27二数45000年度
		IEK				
159 HAMILTON STRE	EFT					
ALLENTOWN			State: P4	Zip Co	18101	-
REPORT PRE-PRIMARY PRE-I	FRIDAY 2. PRIMARY	Samuel Control	DAY ST PRIMARY	X AMEND		NO. X
(place X to PRE-ELECTION PRE-EL	FRIDAY 5.	30	DAY 6 ST ELECTION	TERMIN	ATION YES	NO X
report type) REPORT			G METHOD CHECK ONE	PAP	ER X	DISKETTE
Name of Office Sought by Candidate: ALLENTOWN CITY COUNCIL		1,520,000	ATE OF ELECTION DAY YEAR	Number /5	3	Party County Code DEM 39 COTIONS FOR CODES
	20.2	мо Го О	6 10 2013	Transport	Manager of the last of the las	USE ONLY
A Amount Brought Forward From Last Report	ş	49	73.75			
B. Total Monetary Contributions and Receipts (From S	Schedule I) \$		75,00			
C. Total Funds Available (Sum of Lines A and B)	\$		48.75			
D. Total Expenditures (From Schedule III)	\$		09.67	-1		
E. Ending Cash Balance (Subtract Line D from Line C	3) \$		39.08			
F. Value of In-Kind Contributions Received (From Sc		0-0		-		
G. Unpaid Debts and Obligations (From Schedule IV)	\$		0.00	-1		
			0.00			
PART I - If this is a Committee report, treasurer si	AFFIDAVIT	SECTION				
swear (or affirm) that this report, including the attached sc correct and complete.	hedules, on pape	r or comp	uter diskette, are t	o the best of	my knowleder	and helief Asse
Sworn to and subscribed before me this 19 day of SANDRA L. WIE CITY OF ALLENT MY COMMISSION EXI Signature My commission expires MO. DAY YR.	TH OF PENNSYLVAN ABIAY SEAL AND, NOTARY PUR TOWN, LEHIGH COU PIRES SEPTEMBER PIRES SEPTEMBER 2	IC	Signature In dreu SID Area Code	of Person Su Printed Nam	bmitting Repo	637
ART II - If this is a report of a Candidate's Author	rized Commit	tee, candi	date shall sign h	ere .		Pharmy Courters
swear (or affirm) that to the best of my knowledge and beli P.L. 1333, No. 320) as amended.	ief this political	committee	has not violated	any provision	s of the Act o	of June 3, 1937
Sworn to and subscribed before me this	2013	=	Plus	nature of Cano	didate (12)	<u> </u>
My commission expires 11 24 20 MO. DAY YR.	13	-610	rea Code	Printed Name	7-8507	Number

Department of State

Bureau of Commissions, Elections and Legislation

Nina A. Fritchman, Notary Public City of Allentown, Lehigh County My Commission Expires Nov. 24, 2013

\$ 675.00

SCHEDULE I

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page			
Name of Filing Committee or Candidate FRIENDS OF JEFF GLAZIER	Reporting Per From 5/	od 7/6	1013 to 6/10/2013
1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS	PER CONT	RIB	UTOR
TOTAL for the Reporting Period	(1)	\$	125.00
2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART	3)		
Contributions Received from Political Committees (Part A)		\$	250.00
All Other Contributions (Part B)		\$	0.00
TOTAL for the Reporting Period	(2)	\$	250,00
3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)		就是	
Contributions Received from Political Committees (Part C)		\$	0,00
All Other Contributions (Part D)		\$	300.00
TOTAL for the Reporting Period	(3)	\$	300,00
		eli suo	
4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CH	ECKS, ETC). (F	ROM PART E)
TOTAL for the Reporting Period	(4)	\$	0,00
	- 3-	V	

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.)

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.

FRIENDS OF JEFF GL	47 100		1	Reporting	5/7/	2013	BTO6/10/20
The Death of the Grand	MUIER				100	ع ان لح	106/10/20
Full Name of Contributing Committee			I MO	DATE	PARTHURS IN THE	Age me	AMOUNT
Committee to Elect Do	in McCar	thy Judge	0.5				250.00
Halling Address 425 Richard Politi		J	мо.	DAY			650.00
Sity a	1 15100					\$	
435 Business Park Li Allentown	PA	Zip Code (Plus 4) 18/09 -	MO.	DAY	YEAR		
ull Name of Contributing Committee		70701	MO.	1 DAY	YEAR	\$	
			mo.	UAT	YEAR	\$	
Molling Address		- MILITARY	Mo.	DAY	YEAR		
lity	I State I	7 - 2-4- 10 Inc. 11				\$	
	State	Zip Cade (Plus 4)	MO.	DAY	YEAR		
ull Name of Contributing Committee			Line	- Design - 2017		\$	
			MO.	DAY	YEAR	\$	
lailing Address			MO.	DAY	YEAR	2	
Ity	10000					\$	
776	State	Zip Code (Plus 4)	MO.	DAY	YEAR	1	
Ill Name of Contributing Committee				CHANGE TO	No.	\$	
			мо.	DAY	YEAR	\$	
ailing Address			MO.	DAY	YEAR	4	
				Loni	TEAR	\$	
ty	State	Zip Code (Plus 4)	Mo.	DAY	YEAR		
		-				\$	
III Name of Contributing Committee			MO.	DAY	YEAR	4	***
ailing Address			- 323 ames)			\$	
			MO.	DAY	YEAR	\$	
ty	State	Zip Code (Plus 4)	MO.	DAY	VEAD	-	
		=	mo.	DAT	YEAR	\$	
I Name of Contributing Committee	1000		MO.	DAY	YEAR	3	
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2000 € 10 00004 (5.646)			MO.	DAY	YEAR	\$	
ty	State	Zip Code (Plus 4)	- TAKO	DAY	L DECEMBER 18		
			WIG.	DAY	YEAH	\$	
Name of Contributing Committee			Mo.	DAY	YEAR		
iling Address						\$	
3			MO.	DAY	YEAR	dr	
у	State	Zip Code (Plus 4)		Service Control		\$	
	5.0.0		MO.	DAY	YEAR	\$	
Name of Contributing Committee			MO	DAY	VEND	Ψ	
iling Address					1.5/30	\$	
ling Address			MO.	DAY	YEAR	φ.	
· · · · · · · · · · · · · · · · · · ·	State	Zin Code (Blue 1)				\$	
*	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$	
						The second second	TOTAL
						PAGE	IUIAL
ter Grand Total of Part A on S	Schedule I. D	etailed Summan	Dage	Castle	- ^ [250.00

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 Contill					- neste	
Name of Filing Committee or Candidate FRIENDS OF JEFF GLA	AZIE	R	F	Reporting From _		2013 to 6/10/2013
	Sittle bus		- All	DATE	10.5	AMOUNT
Full Name of Contributor			MO.		YEAR	
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	- MO.	DAY	YEAR	
Full Name of Contributor			MO.	DAY	YEAR	\$ \$
Mailing Address		- Heller Oil	MO.	DAY	YEAR	
City	State	Zip Code (Plus 4)	-мо	DAY	YEAR	\$
Full Name of Contributor		_				\$
STORY CONTROL			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY-	YEAR	\$
City	State	Zip Code (Plus 4)	Mo.	DAY	YEAR	\$
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			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	- мо.	DAY	YEAR	
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			MO.	DAY	YEAR	\$
Mailing Address						\$
			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributor	5-41		- MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
	4					PAGE TOTAL
Enter Grand Total of Part B on School	dula 1	Detailed Summon	2 Dogg	Castles		e ()

DSEB-502 (7-99)

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			1	Reporting F		
FRIENDS OF JEFF GLA	2/8	$\mathcal{I}\mathcal{R}$		From <u>5</u>	17/2	013 to 6/10/2013
1 13 0. 001. 001.	- 55			DATE		AMOUNT
Full Name of Contributing Committee			MO.		YEAR	\$
Mailing Address			MO.	DAY	YEAR	
and the second s						\$
City	tate	Zip Code (Plus 4)	MO.	DAY-	YEAR	\$
Full Name of Contributing Committee	علسب		MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	tate	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee			МО	DAY	- YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	itate	Zip Code (Plus 4)	. MO.	DAY	YEAR	s
Full Name of Contributing Committee			MO.	DAY	YEAR 2	\$
Mailing Address			/ Mo.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
City		, T				\$
Full Name of Contributing Committee			MO.	DAY	RASY	\$
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		=//× L1 == 1== == W=////	MO.	DAY	YEAR	\$
Mailing Address		- W-WINE	MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	мо.	DAY	YEAR	\$
Full Name of Contributing Committee			- MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
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Enter Grand Total of Part C on Schedu	ıle İ,	Detailed Summary	y Page	, Sectio	n 3.	\$ O

PART D **ALL OTHER CONTRIBUTIONS**

PAGE 6 OF 12

\$ 300.00

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	PRODUCTION OF THE PARTY OF
FRIENDS OF JEFF GLAZIER	From _	5/7/201	3 to 6/10/2013
	DATE		AMOUNT
Parid and Kathe Patterson	MO. DAY	YEAR \$	THE PARTY OF THE P
David and Kathy Patterson Mailing Address 2820 W. Gordan St. City	0.5 14 MO. DAY	YEAR	000,00
2820 W. Gordan St.		\$	Ř
Allentown PA 18104 - 400	MO. DAY	YEAR \$	F)
Employer Name 2820 W. Gordon St.	Occupation		
ampleyer maining Address/Principal Place of Business		retir	'ed
Allentown, PA 18104-4851			
Full Name of Contributor	MO. DAY	YEAR \$	
Mailing Address	MO. DAY	YEAR \$	
City State Zip Code (Plus 4)	MÖ. DAY		
	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)		\$	
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 71- Onder 100-11		\$	
State Zip Code (Plus 4)	MO. DAY	YEAR \$	
Employer Name	Occupation		
Employer Mailing Address/Principal Place of Business			
The state of the s			
Full Name of Contributor	MO. DAY	YEAR -	
Mailing Address		\$	
City	MO. DAY	\$	
State Zip Code (Plus 4)	MO. DAY	YEAR \$	
Employer Name	Occupation		
Employer Mailing Address/Principal Place of Business			
PPUM = 00000000000000000000000000000000000		-	
Enter Grand Total of Part D on Schedule I, Detailed Summary	- Comp Continu	PAG	E TOTAL
The state of the s	/ Page, Section	3.	300 00

DSEB-502 (7-99)

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	c 01 12 5	0	Reportin	5/7/201	3 TO 6/10/2013
FRIENDS OF JEFF	- GLAZIE	2	From		- 10 41-14
	THE RESERVE				
Full Name					
Mailing Address					
C:to.	State	Zip Code (Plus 4)	MO. DAY	YEAR	Amount
City	5.5.6	-			\$
Receipt Description			d		
Full Name		الماسية العناب			
TUIT NOME.					
Mailing Address					
City	State	Zip Code (Plus 4)	MO. DA	YEAR	Amount
					\$
Receipt Description				-	
Full Name					
MON. (2013) 2-					
Mailing Address					
City	State	Zip Code (Plus 4)	MO. DA	Y YEAR	Amount
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Full Name					
Mailing Address					
City	State	Zip Code (Plus 4)	MO. DA	Y YEAR	Amount
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City	State	Zip Code (Plus 4)	MO. DA	Y YEAR	Amount
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SCHEDULE II

PAGE 8 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 Per	ind	
FRIENDS OF JEFF GLAZIER			013 To 6/10/2013
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$1	50.00 OR L	ESS	PER CONTRIBUTOR
TOTAL for the Reporting Period			0
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250	0.00 (FROM	I PAI	RT F)
TOTAL for the Reporting Period	(2)	\$	0
3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM	A DART C		
TOTAL for the Reporting Period	(3)	\$	6
Topol ting Pariou	10)	Φ	U
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS		2 = 1	
REPORTING PERIOD (Add and enter amount totals from Boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F.)		\$	0
	(O-1)		

PAGE 9 OF 12

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate		Reporting Period	, , , , , ,
FRIENDS OFJEFF GLAZIE	3R	From 5/7/2	013 To 6/10/2013
		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		MO: DAY YEAR	\$
City	State Zip Code (Plus 4)	MO. DAY YEAR	\$
Description of Contribution:	di d		
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		MO. DAY YEAR	\$
City	State Zip Code (Plus 4)	MO. DAY YEAR	\$
Description of Contribution:			
Full Name of Contributor		MO. DAY TYEAR	\$
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		MO. DAY YEAR	\$
City	State Zip Code (Plus 4)	MO. DAY YEAR	\$
Description of Contribution:			<u> </u>
Enter Grand Total of Part F on Sched Summary Page, Section 2.	dule II, In-Kind Contribu	itions Detailed	PAGE TOTAL
Summary rage, Section 2.			

PART G PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

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SCHEDULE III

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	32.145		Reporting Period	
FRIENDS OF JEFF GLAZI	ER	F#0	From 5/7/2013 To 6/10/2	2013
To Whom Paid The WS Group LLO	2		MO. DAY YEAR Amount \$ 2809.6	7
Mailing Address P.O. Box 391			Description of Expenditure Glazer For Council litera	
To Whom Paid The WS Group LL(Mailing Address P.O. Box 391 City Harrisburg	State	Zip Code (Plus 4) 12/08 -	Piece	
To Whom Paid			MO. 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)		
To Whom Paid			MO. DAY YEAR Amount	
Mailing Address			Description of Expenditure	
City	State	Zip Code (Plus 4)		
To Whom Paid	York		MO. 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)	E	
To Whom Paid		la modern	MO DAY YEAR Amount	
Mailing Address			Description of Expenditure	
City	State	Zip Code (Plus 4)		
To Whom Paid		1920	MO. DAY YEAR Amount	
Mailing Address			Description of Expenditure	W
City	State	Zip Code (Plus 4)		+
			PAGE TOTAL	
Enter Grand Total of Expenditures on F	Page 1,	Report Cover F		07

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 Creditor					2013 To 6/10/21
Mailing Address					Outstanding Balance of
morning Address	DATE	MO.	DAY	YEAR	\$
City	INCURRED	- Charles			
Description of Debt		State	Zip Code	(Plus 4)	
Description of Debt					
Name of Creditor			and the later of		
Mailing Address					Outstanding Balance of (
A)	DATE DEBT	MO.	DAY	YEAR	在自分的对象的数据与x
City	INCURRED	State	Zip Code	(Plus 4)	-
Description of Debt			-		
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Mailing Address	Tains				\$
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ame of Creditor					Outstanding Balance of Di
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ma of Creditor					
3.5 - 5.7 - 5.5 - 5.7 - 1.6 M			200	The same of the sa	Outstanding Balance of De
iling Address	DATE	Mo.	DAY		\$
у	DEBT INCURRED	ino,	UA THE	TEAH	
		State Z	ip Code (P	lus 4)	
scription of Debt				E.	
ne of Creditor					
					Outstanding Balance of De
iling Address	DATE	Mo.	DAY		\$
	DEBT INCURRED			515	
		State Zi	p Code (PI	us 4)	
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cription of Debt			••••••••••••••••••••••••••••••••••••••		