## Commonwealth of Pennsylvania CAMPAIGN FINANCE REPORT

| Filer Identification Repo   | THE WAY THE AMERICAN 1                | securities are securities 2 managements 3   |
|---|---------------------------------------|---|
| Number: Filed   | By: CANDIDATE                         | COMMITTEE X LOBBYIST  |
| Name of Filing Committee, Candidate or Lobbyist:  ERIC WEISS FOR ALLEWTO  | WW                                    | i i i i i i i i i i i i i i i i i i i   |
| Street Address: . 520 S. Berns St.  |                                       |   |
| Allentown Pa. 18104   | State: PA                             | zip Code: 18104-6648  |
| TYPE OF ZETH TUESDAY 1. 2ND FRIDAY PRE-PRIMARY PRE-PRIMARY  | 2. 30 DAY 3. POST-PRIMARY             | AMENDMENT YES NO.   |
| 6TH TUESDAY 4. 2ND FRIDAY   | 5. 30 DAY 64X                         | TERMINATION YES NO.   |
| (place X to the right of report type)  REPORT  (place X to the right of RNNUAL 7. YEAR  | FILING METHOD  ( ) CHECK ONE          | PAPER \(\sqrt{DISKETTE}\)   |
| Name of Office Sought by Candidate:   | DATE OF ELECTION                      | District Office Party County  |
| ALLENTOWN City COUNCIL  | 11 8 2011                             | Number Code Code Code OTH REP 39"  (SEE INSTRUCTIONS FOR CODES)   |
| MERCEL PROVINCE ACCURAGE  |                                       | FOR OFFICE USE ONLY   |
| Summary of Receipts and Expenditures from: 10 25 2011   | To // 28 2011                         | LEC PE  |
| A. Amount Brought Forward From Last Report  | \$ 487.85                             | 프런 유 이  |
| B. Total Monetary Contributions and Receipts (From Schedule I   |                                       | EIVED   |
| C. Total Funds Available (Sum of Lines A and B)   | \$ 687.85                             | COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT<br>COUNT |
| D. Total Expenditures (From Schedule III)   |                                       | 00 - 0  |
| E. Ending Cash Balance (Subtract Line D from Line C)  | \$ 106.85                             | TP 34   |
| F. Value of In-Kind Contributions Received (From Schedule II)   |                                       | \$5,280.50  |
| G. Unpaid Debts and Obligations (From Schedule IV)  | \$ 0                                  | •   |
| AFFIDA  | VIT SECTION                           |   |
| PART I - If this is a Committee report, treasurer sign here.  I swear (or affirm) that this report, including the attached schedules, on contact, and complete. |                                       |   |
| contest and complete,   | paper or computer diskerte, are to th | O   |
| Sworn to and subscribed before me this  | 1 12                                  | fot - no time   |
| day of20  | Signature of                          | Person Submitting Report  |
| Signature   | ERIC D.                               | Weiss PATRICIA M. Weiss   |
| My commission expires   | 610                                   | inted Name TRUMSURE 360-5231  |
| MO. DAY YR.   | Area Code                             | Daytíme Telephone Number  |
| PART. II := !f:this.is.a report of a Candidate's Authorized Con   | mittee candidate shall sure here      |   |
| l swear (or affirm) that to the best of my knowledge and belief this pol<br>(P.L. 1333, No. 320) as amended.  |                                       |   |
| Sworn to and subscribed before me this  |                                       | W .   |
| day of 20   | )                                     | · 1   |
| 3   | Siġnatu                               | re of Candidate   |
| Signature   | Pr                                    | inted Name  |
| My commission expires   | Aren Cede                             | Dutte   |
| 201 10  | Area Code                             | Daytime Telephone Number  |

#### SCHEDULE !

PAGE 2 OF

### CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

| Name of Filing Committee or Candidate  ERIC WEISS FOR ALLENTOWN   | Reporting Per<br>From _ / 6 | 1/25/2011 TO 11/28/2011   |
|---|-----------------------------|---|
|   |                             |   |
| 1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50,00 OR LESS  | PER CON                     | RIBUTOR   |
| TOTAL for the Reporting Period  | d (1)                       | \$  |
|   |                             |   |
| 2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART  | в)                          |   |
| Contributions Received from Political Committees (Part A)   |                             | \$  |
| All Other Contributions (Part B)  |                             | \$ 200.00   |
| TOTAL for the Reporting Period  | d (2)                       | \$  |
|   |                             | e la companya de la c |
| 3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)   |                             |   |
| Contributions Received from Political Committees (Part C)   |                             | \$  |
| All Other Contributions (Part D)  |                             | \$  |
| TOTAL for the Reporting Period  | 3 (3)                       | \$  |
|   |                             |   |
| 4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CH   | HECKS, ETC                  | : (FROM PART E)   |
| TOTAL for the Reporting Period  | i (4)                       | \$  |
|   | EFT/PERMIT                  |   |
| 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.) |                             | \$ 200.00   |
| (a)   |                             |   |

|      | 0 | -  | 7   |
|------|---|----|-----|
| PAGE | 3 | OF | 1 * |
|      |   |    |     |

## 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.)

| ERIC WEISS FOR ALLENTOWN  | From 10/25       | hon to 11/28/2011 |
|---|------------------|-------------------|
|   | DATE             | AMOUNT            |
| Full Name of Contributor RAUDH LONGSWORTH Mailing Address                   | MO. DAY YEAR     | \$ 100.00         |
| 2521 Green Acres Dr.  | MO. DAY YEAR     |                   |
| Mailing Address  2521 Green Acres Dr.  City State Zip Code (Plus 4)  18183- | MO: VADY: SYEAR  | \$                |
| Full Name of Contributor Victor of Jusephine MAZZIOH                        | // // // ZO(     | ± 1 60            |
| 2430 WASHINGTON ST  | MO. DAY YEAR     |                   |
| A Clewfown State. Zip Code (Plus 4)  A Clewfown PA 1810 4 -                 | MO. DAY HYEAR    | \$                |
| 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  | MO25 DAY YEAR    |                   |
| Mailing Address   | MO. DAY YEAR     | L-2-2             |
| City State Zip Code (Plus 4)  | MO. DAY YEAR     |                   |
| Full Name of Contributor  | MODEL            | \$                |
| Mailing Address   | MO. DAY YEAR     | \$                |
| City   State   Zip Code (Plus 4)  | MONE ADAY AYEAR  | \$                |
| Full Name of Contributor  |                  | \$                |
| Mailing Address   | MO. DAY YEAR     | \$                |
| Class   | MONS PLDAY YEAR  | \$                |
| Zip Code (Fils 4)   | MO. DAY YEAR     | \$                |
| Full Name of Contributor  | MO. DAY YEAR     | \$                |
| Mailing Address   | MO DAY YEAR      | \$                |
| City State Zip Code (Plus 4)  | MO. DAY TYEAR    | \$                |
| Ull Name of Contributor   | MO: DAY YEAR     | \$                |
| Mailing Address   | MO: DAY YEAR     | 80                |
| City State Zip Code (Plus 4)  | MO DAY YEAR      | \$                |
|   |                  | \$<br>PAGE TOTAL  |
| enter Grand Total of Part B on Schedule I, Detailed Summary                 | Page, Section 2. | \$ 200.00         |
| FB-502 (7-99)   |                  |                   |

#### SCHEDULE II

PAGE 4 OF 7

### 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 Pe                | rind         | Section 1997 and the second |
|--|-----------------------------|--------------|-----------------------------|
| ERIC WEISS FOR ALLENTOWN   |                             | /25/2011 To. | 11/28/2011                  |
| i.   |                             |              |                             |
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$   | 50.00 OR                    | LESS PER CO  | NTRIBUTOR                   |
| TOTAL for the Reporting Period   | d (1)                       | \$           |                             |
| S-CARCO PARTIES - CONTROL  |                             |              | San Post Contractor         |
| 2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$28   | 0.00 (FRON                  | J PART F)    |                             |
| TOTAL for the Reporting Period   | 1 (2)                       | \$           |                             |
| Elizabet surface de la construction de la construct | An experience of the second |              |                             |
| 3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FRO  | M PART G                    | )            |                             |
| TOTAL for the Reporting Period   | I (3)                       | \$ 5,28      | 0.50                        |
|  |                             |              | CHONOLINA FIATAGE - A       |
| 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.)   |                             | \$ 5,280     | . 50                        |

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

| Name of Filing Committee or Candidate  | Reporting Period                          | 1                   |
|--|---|---------------------|
| ERIC WEBS FOR ALLENTONS  | From _/0/25/                              | /2011 TO 11/28/2011 |
|  | DATE                                      | AMOUNT              |
| Full Name of Contributor LEHiGH VALLEY ASSOCIATION OF REAHOUS PAL  | 11 8 2011                                 | \$ 3,090            |
| Mailing Address  | MO. DAY YEAR                              | \$                  |
| Bethlehem PA 18017-  | MO. DAY YEAR                              | \$                  |
| Employer of Contributor  | Occupation                                |                     |
| Employer Mailing Address/Principal Place of Business   | Description of Contribution  MATHERS & RO | - A. call           |
| Full Name of Contributor   | MO DAY YEAR                               |                     |
| Lehigh County Republican Countitle   | 10 24 2011                                | \$ 2,190.10         |
| 1544 HAMILTONST.   | // // // // // // // // // // // // //    | \$                  |
| Allentons State Zip Code (Plus 4)  | // 3 20 //                                | \$                  |
| Employer of Contributor  | Occupation                                | <u> </u>            |
| Employer Mailing Address/Principal Place of Business   | Description of Contribution ROBO CALLS    |                     |
| Full Name of Contributor   | MO. DAY YEAR                              | \$                  |
| Mailing Address  | MO. DAY YEAR                              | 1,042               |
|  |   | \$                  |
| City State Zip Code (Plus 4)   | MO. DAY YEAR                              | \$                  |
| Employer of Contributor  | Occupation                                |                     |
| Employer Mailing Address/Principal Place of Business   | Description of Contribution               |                     |
| Full Name of Contributor   | MO. L. DAY. YEAR                          | \$                  |
| Mailing Address  | MO  | \$                  |
| City State Zip Code (Plus 4)   | MO. DAY YEAR                              | 22                  |
| Employer of Contributor  | Occupation                                | \$                  |
|  | Осторыный                                 | E.                  |
| Employer Mailing Address/Principal Place of Business   | Description of Contribution               |                     |
| Full Name of Contributor   | MO. DAY YEAR                              | \$                  |
| Mailing Address  | MO. W DAY YEAR                            | \$                  |
| City State Zip Code (Plus 4)   | MO DAY PYEAR                              | \$                  |
| Employer of Contributor  | Occupation                                | *                   |
| Employer Mailing Address/Principal Place of Business   | Description of Contribution               |                     |
| The state of the s | Description of Contribution               |                     |
| Enter Grand Total of Part G on Schadula II In-Kind Contributi  | ions Datellad                             | PAGE TOTAL          |

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

\$ 5,280.50

#### PART D **ALL OTHER CONTRIBUTIONS**

| PAGE | 6 | OF | 7 |   |
|------|---|----|---|---|
|      |   | -  | - | _ |

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  From 10/41  |  |                            |              | Period           | 120 UTO 11/28/2011  |  |
|--|--|----------------------------|--------------|------------------|---|--|
|  | No. of the second  |                            | SULP BURNE   | DATE             | W   | AMOUNT   |
| Full Name of Contributor   | A STATE OF THE PARTY OF THE PAR |                            | мо           | DAY              |   | Contract of the Contract of th |
| Mailing Address  |  |                            | <b>9</b>     | / L<br>DAY       | 2011  |  |
| 2830 W. Likerty  | 74.  |                            |              |                  |   | \$   |
| Full Name of Contributor  J. R. Loveff  Mailing Address  2830 W. Likerty  City  Allerfond  | PA   | 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  | \$   |
| Mailing Address  |  |                            | MO.          | DAY              | YEAR  |  |
|  |  |                            |              |                  |   | \$   |
| City   | State  | Zip Code (Plus 4)          | MO.          | DAY              | YEAR  | \$   |
| Employer Name  |  |                            | Occupati     | on               |   | Ψ  |
|  |  |                            | 4            | - 1715           |   |  |
| Employer Mailing Address/Principal Place of Business   |  |                            |              |                  |   |  |
| Full Name of Contributor   | ALES DAVES THE   | A THE STORY WAS ALLESS AND | MO.          | DAY              | YEAR  |  |
| Malita Address   |  |                            |              |                  |   | \$   |
| Mailing Address  |  |                            | MO.          | DAY              | YEAR  | \$   |
| City   | State  | Zip Code (Plus 4)          | MO.          | DAY              | YEAR  | \$   |
| Employer Name  |  |                            |              |                  |   | Þ  |
| chiptoyer Name   |  | Occupati                   | on           |                  |   |  |
| Employer Mailing Address/Principal Place of Business   |  |                            |              |                  |   |  |
|  | (B) 与 (B) (A) (B) (E)  |                            | and the same | A total a second |   | O'C C TO BE A TOWN THE SHOW THE STATE OF   |
| Full Name of Contributor   |  |                            | MO.          | DAY              | YEAR  | \$   |
| Mailing Address  |  |                            | MO.          | DAY              | YEAR  | \$   |
| City   | State  | Zip Code (Plus 4)          | 2000         | of the are       |   | Ψ  |
| The state of the s | 0.0.0  | -                          | MO           | DAY              | YEAR  | \$   |
| Employer Name  |  |                            | Occupati     | on               |   |  |
| Employer Mailing Address/Principal Place of Business   |  |                            |              |                  |   |  |
|  |  |                            |              |                  |   |  |
| Full Name of Contributor   | CONTRACT DES   | A CONTRACTOR SHAW          | MO.          | DAY              | YEAR  | \$   |
| Mailing Address  |  |                            | MO.          | DAY              | YEAR :-   | <b>3</b>   |
| 557 C 241  |  |                            | as once      | a unit           | and the contract of the   | \$   |
| City   | State  | Zip Code (Plus 4)          | Mo∵          | DAY              | YEAR  | \$   |
| Employer Name  |  | Occupati                   | on           |                  | A 111 - 111 |  |
| Employee Molling Address Print 191   |  |                            |              |                  |   |  |
| Employer Mailing Address/Principal Place of Business   |  |                            |              |                  |   |  |
| Enter Grand Tatal of Book B an Oct 1   | ula I n  | atallad Co                 |              |                  | MELS ILED   | PAGE TOTAL   |
| Enter Grand Total of Part D on Sched   | ule I, C   | retailed Summary           | / Page,      | Sectio           | n 3.  | \$ 500.  |

DSEB-502 (7-99)

|      | ~_7 |    | - |  |
|------|-----|----|---|--|
| PAGE | - 1 | 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.

| ERIC WEISS FOR ALLENTON  | MN                         | r               | From   | 10/25/          | 2011 To 11/28/2011          |
|--|----------------------------|-----------------|--|-----------------|-----------------------------|
| Name of Creditor   | Che Maria Printer Stranger |                 |  | entremitistical | Outstanding Balance of Deb  |
| Malling Address  | DATE<br>DEBT<br>INCURRED   | мо.             | DAY  | YEAR            | Tarana and a second         |
| City   | MOONNED                    | State           | Zip Code   | (Plus 4)        |                             |
| Description of Debt  |                            | <u> </u>        |  |                 |                             |
| Name of Creditor   |                            |                 | Participants   | -               | Outstanding Balance of Deb  |
| Mailing Address  | DATE<br>DEBT               | Mo.             | DAY  | YEAR            | \$                          |
| City   | INCURRED                   | State           | Zip Code   | (Plus 4)        |                             |
| Description of Debt  |                            | L               |  |                 |                             |
| Name of Creditor   | INPEROXYON MESS, MESS.     |                 | and the same   | SALES HARRISON  | Outstanding Balance of Deb  |
| Mailing Address  | DATE                       | MO.             | DAY  | YEAR            | \$                          |
| City   | INCURRED                   | State           | Zip Code   | (Plus 4)        |                             |
| Description of Debt  |                            | 1 1             |  |                 |                             |
| Name of Creditor   | Marian Control             | al instances    |  | 1001100110000   | Outstanding Balance of Debi |
| Malling Address  | DATE<br>DEBT               | MO.             | DAY  | YEAR            | \$                          |
| Cîty   | INCURRED                   | State           | Zip Code   | (Pius 4)        |                             |
| Description of Debt  |                            | 1               |  |                 |                             |
| Name of Creditor   | and the second second      | neouesta e      | No. of the last of | EXCLUSIVE .     | Outstanding Balance of Debt |
| Mailing Address  | DATE<br>DEBT               | MO.             | DAY  | YEAR            | \$                          |
| City   | INCURRED                   | State           | Zip Code (   | Plus 4)         |                             |
| Description of Debt  |                            |                 | :\ <del>=</del> :  |                 |                             |
| Name of Creditor   | CONTRACTOR MANAGEMENT      |                 | 92 PASSES  |                 | Outstanding Balance of Debt |
| Mailing Address  | DATE                       | MO              | DAY  | YEAR            | \$                          |
| City   | DEBT<br>INCURRED           | State           | Zip Code (   | Plus 4)         |                             |
| Description of Debt  |                            |                 |  |                 |                             |
| The Control of the Co |                            | ar respectively | mesta sadio  |                 |                             |
| Enter Grand Total of Unpaid Debts on Page 1, Re  | port Cover P               | age, Ita        | em G.  |                 | PAGE TOTAL \$ \( \rangle \) |
|  |                            | ₹.              |  | Į.              |                             |