Commonwealth of Pennsylvania - Campaign Finance Report (Note: This report must be clear and legible. It should be typed)

Filer Identifiation Number	Report Filed By (Mark X)	Candidate	Committee		Lobbyist
Name of Filing Committee, Candidate or Lobbyist		in M	actell		
Street Address	1117 6				
City Della	11911 3	tehr S State Da	Zip Code	2-11/	
BETW	event	IPH		18018	
NAME OF OFFICE SOUGHT BY CANDIDAT	E Bethlehem	City Co	oncil		
1-6th Tuesday 2- 2nd Friday 3-30 Day	Post 4-6th Tuesday 5-		ay Post 7- Annual	Special 2 nd Friday	Special 30 Day
Pre-Primary Primary Primary	Pre- Election Pro	e- Election Election	,	Pre-Election	Post-Election
Date Of Election	Year	Amend		Termination	
(MM/DD/YYYY)	\$ 10 m	Report		Report	
Summary of Receipts and From Da	te To Date		For	Office Use Only	
Expenditures	1 1011				
	15 6/8/15				Special England
A. Amount Brought Forward From Last F	Report 5				
B. Total Monetary Contributions and Re	ceipts \$				
(From Schedule I)	0				
C. Total Funds Available	\$ 0	THE PARTY			
(Sum of Lines A and B) D. Total Expenditures	S				
(From Schedule III)	13 1				
E. Ending Cash Balance	S				
(Subtract Line D from Line C)					
F. Value of In-Kind Contributions Received	ed \$				
(From Schedule II)					
G. Unpaid Debts and Obligations (From Schedule IV)					
(From scriedule IV)		Milday is Continu			
Part 1- If this is a Committee report, treasurer	sign here. If this is a Candida	Affidavit Section	an here		
I swear (or affirm) that this report, including the	ne attached schedules on par	per, is to the best of m	knowledge and belief t	rue, correct and comple	ate.
AND THE PARTY OF T	STEEL ST	Territoria	SET BEFORE		ALC: U
					S A LONG
		- Aman SiPurpicara		D 4003	10.1 1222 NO.320) as
					10.320/ 83
					MATERIAL VICTOR
化放射性 医二次 医二种					
是张国家主义 医二克马克氏病					33.802
MO. DAY	YR.	MA AND MAIN	AFARL LEGIE	AND ROLL OF THE PARTY OF	STALL STALL
VIO. BAY	A.V.	Area Code	Day	time Telephone Numbe	er .

Commonwealth of Pennsylvania - Campaign Finance Report (Note: This report must be clear and legible. It should be typed)

Filer Identifiati	on		Report Filed (Mark X)	By Candida	te	Committee		Lobbyist
Name of Filing Lobbyist	Committee, Ca	ndidate or	Frie	nds =	5 90	awn	Marte	U
Street Address		A BENDER			SI	000	1.0.1.0	
City	120	ethele	11917	Stehr State	DA	Zip Code	18018	
		Name and Address of the Owner, or other Party	-	- 1:	THE RESIDENCE IN COLUMN 2 IS NOT THE OWNER,	_	1,00,0	
NAME OF OFFI	The same of the sa	1-	sethleh	NAME AND ADDRESS OF THE OWNER, WHEN PERSON NAMED IN	1 Council			
1-6 th Tuesday Pre-Primary	2- 2 nd Friday Pre-Primary	3- 30 Day Post Primary	4-6th Tuesday Pre-Election	y 5- 2 nd Friday' Pre- Election	6- 30 Day Post Election	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
		X						
Date Of Electio (MM/DD/YYYY			Year		Amendment Report		Termination Report	
Summary of Re	ceipts and	From Date	To Da	te		For	Office Use Only	
Expenditures		5/5/15	GI	18/15				
	ASITE ALEXANDER	rom Last Repor	\$ 10.	849.74	Take 1	1		
(From Schedule	e I)	ons and Receipts		100.00				
C. Total Funds (Sum of Lines A	Carry of the State of the P.	Carlow Co	\$ 11,	549.14				
D. Total Expen			5 5	255,24	13 and			
E. Ending Cash (Subtract Line	Balance	基础 新发光度	\$ (0	29450				
F. Value of In-	(ind Contribution	ons Received	5 0					
	ts and Obligation	ons	\$ 0					
				Affidavit Se	ction			
					andidate sign here.			
No. of the last of	n) that this report oscribed before m		sched schedules	on paper, is to the	best of my knowled		rue, correct and comple	ete.
								0.320) as
amended.								9.520, 33
Sw								
-								
M								
	My Commission	n Expires Feb. 1, 20	016		N 12 10 12 1 1 1 1	A 1 2 3 3 3		
	SMRED PENNEYLVAN	NIA ASSOCIATION OF	NOTARIES		A			

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

Filer Identification Number	
1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor	
Total for the reporting period (1)	\$ 0
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)	
Contributions Received from Political Committees (Part A)	\$ 200
All Other Contributions (Part B)	\$ 500
Total for the reporting period (2)	\$ 700
3. Contributions Over \$250.00 (From Part C and Part D)	
Contributions Received from Political Committees (Part C)	\$ 0
All Other Contributions (Part D)	\$ 7
Total for the reporting period (3)	\$ 0
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)	
Total for the reporting period (4)	\$ 0
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)	\$ 160

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.

Filer Identification Number

	TANK DEL						
							Amount
Full Name of C	Contributing	2. Le	CR.	Deadles	Date [MM/DD/YYYY]	\$	0
	Tria	1003	of Bob ishire	Devicines	5/6/2015		200
House #	Street Address		1	N -	Date [MM/DD/YYYY]	\$	Lyf Hair th
3	Street Address	Devor	ishire	01			
City	ethlehem	State	A Zip Code	1001	Date [MM/DD/YYYY]	\$	
15	ethlenem	1	M	18017			
Full Name of C	Contributing	0 10			Date [MM/DD/YYYY]	\$	
Committee							
House #	Street Address	8-74-2		11.4	Date [MM/DD/YYYY]	\$	Tara Labora
City		State	Zip Code		Date [MM/DD/YYYY]	\$	
Full Name of C	Contributing				Date [MM/DD/YYYY]	\$	
Committee							
House #	Street Address	711.77		19	Date [MM/DD/YYYY]	\$	
City		State	Zip Code	1	Date [MM/DD/YYYY]	S	
				Divide in	•		
Full Name of C	Contributing				Date [MM/DD/YYYY]	\$	
Committee							
House #	Street Address	SE MILL			Date [MM/DD/YYYY]	\$	
City		State	Zip Code		Date [MM/DD/YYYY]	\$	The state of
Full Name of C	Contributing				Date [MM/DD/YYYY]	\$	
Committee							
House #	Street Address				Date [MM/DD/YYYY]	\$	
City	Constitution of the	State	Zip Code		Date [MM/DD/YYYY]	\$	
					100000000000000000000000000000000000000		
Full Name of C	Contributing				Date [MM/DD/YYYY]	\$	
Committee							
House #	Street Address				Date [MM/DD/YYYY]	\$	
City		State	Zip Code		Date [MM/DD/YYYY]	\$	

PART B

All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Filer Identification Number:			
Full Name of Contributor		Date lasse loo hound A	

E HAVE CO		ALCOHOLD COLL	ALTO COLON AND AND ADMINISTRATION OF THE PARTY OF THE PAR			The second second
Full Name of Contrib	utor	- D	· · · ·	Date [MM/DD/YYYY]	\$	
	Jame	s Bysz	-EWSLI	5/13/2015	100	200
	SOURCE STREET	1				0
House #	Street Address			Date [MM/DD/YYYY]	\$	
1 (Ce		universi	ty Ave			
25/21/2/2019/01/01	A TOTAL CONTRACTOR OF THE PARTY		1			
City	1.4	State	Zip Code	Date [MM/DD/YYYY]	\$	
Cha	tham	107	Zip Code 07928			
	AND DESCRIPTION OF THE PARTY OF					
Full Name of Contribu	utor 1	+		Date [MM/DD/YYYY]	\$	
	LO	vis Ir	itile	5/14/2015		200
10	A	-1			DESCRIPTION OF THE PERSON OF T	0
House #	Street Address		11 - 64	Date [MM/DD/YYYY]	\$	
1941		Chan	cellor St			
	建筑器高温度				12.50	
City	lertown	State 20	Zip Code	Date [MM/DD/YYYY]	\$	
Hel	ler town	114	18055			
Full Name of Contribu	utor			Date [MM/DD/YYYY]	\$	
Tall Hame of Contrib	/-	5.1	y Keenan	1 /	THE SECOND	
	Cleor	ge & HM	y feenan	5/15/2015		100
House #		0	/	Date [MM/DD/YYYY]	t	100
1 CUI	Street Address	1. , (-1-	Date [WIWI/DD/1111]	3	
10911	V	Main	57			
				Date [MM/DD/YYYY]	\$	
Dald	nlehem	State	Zip Code 18017	Date [MM/DD/1111]	3	
betv	renem	VI	1701		10000	
The state of the s		THE RESERVE AND ADDRESS OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS	THE REAL PROPERTY IN CO.		227	
		11,	(0-1	Date IMM/DD/WWW	ċ	
Full Name of Contrib			10	Date [MM/DD/YYYY]	\$	F 34 300
		111	(0 - 1	Date [MM/DD/YYYY]	\$	
Full Name of Contrib	utor		(0 **)			
			(0 **)	Date [MM/DD/YYYY] Date [MM/DD/YYYY]	\$	
Full Name of Contrib	utor		(0 **)			
Full Name of Contribution	utor			Date [MM/DD/YYYY]	\$	
Full Name of Contrib	utor	State	Zip Code			
Full Name of Contribution	utor			Date [MM/DD/YYYY]	\$	
Full Name of Contribution	Street Address			Date [MM/DD/YYYY]	\$	
Full Name of Contribution House #	Street Address			Date [MM/DD/YYYY] Date [MM/DD/YYYY]	\$	
Full Name of Contribution House #	Street Address			Date [MM/DD/YYYY] Date [MM/DD/YYYY]	\$	
Full Name of Contribution House #	Street Address			Date [MM/DD/YYYY] Date [MM/DD/YYYY]	\$	
Full Name of Contribution City Full Name of Contribution	Street Address			Date [MM/DD/YYYY] Date [MM/DD/YYYY] Date [MM/DD/YYYY]	\$	
Full Name of Contribution City Full Name of Contribution	Street Address	State		Date [MM/DD/YYYY] Date [MM/DD/YYYY] Date [MM/DD/YYYY]	\$	
Full Name of Contribution City Full Name of Contribution	Street Address			Date [MM/DD/YYYY] Date [MM/DD/YYYY] Date [MM/DD/YYYY]	\$	
Full Name of Contribution House # City Full Name of Contribution House #	Street Address	State	Zip Code	Date [MM/DD/YYYY] Date [MM/DD/YYYY] Date [MM/DD/YYYY]	\$ \$	
Full Name of Contribution House # City House # City City	Street Address utor Street Address	State	Zip Code	Date [MM/DD/YYYY] Date [MM/DD/YYYY] Date [MM/DD/YYYY] Date [MM/DD/YYYY]	\$	
Full Name of Contribution House # City Full Name of Contribution House #	Street Address utor Street Address	State	Zip Code	Date [MM/DD/YYYY] Date [MM/DD/YYYY] Date [MM/DD/YYYY]	\$ \$	
Full Name of Contribution House # City House # City City	Street Address utor Street Address	State	Zip Code	Date [MM/DD/YYYY] Date [MM/DD/YYYY] Date [MM/DD/YYYY] Date [MM/DD/YYYY]	\$	
Full Name of Contribution House # City Full Name of Contribution City Full Name of Contribution	Street Address Street Address	State	Zip Code	Date [MM/DD/YYYY] Date [MM/DD/YYYY] Date [MM/DD/YYYY] Date [MM/DD/YYYY] Date [MM/DD/YYYY]	\$ \$	
Full Name of Contribution House # City House # City City	Street Address utor Street Address	State	Zip Code	Date [MM/DD/YYYY] Date [MM/DD/YYYY] Date [MM/DD/YYYY] Date [MM/DD/YYYY]	\$	
Full Name of Contribution House # City House # City Full Name of Contribution	Street Address Street Address	State	Zip Code	Date [MM/DD/YYYY] Date [MM/DD/YYYY] Date [MM/DD/YYYY] Date [MM/DD/YYYY] Date [MM/DD/YYYY]	\$ \$	
Full Name of Contribution House # City Full Name of Contribution House # House #	Street Address Street Address	State	Zip Code	Date [MM/DD/YYYY] Date [MM/DD/YYYY] Date [MM/DD/YYYY] Date [MM/DD/YYYY] Date [MM/DD/YYYY] Date [MM/DD/YYYY]	\$ \$	
Full Name of Contribution House # City House # City Full Name of Contribution	Street Address Street Address	State	Zip Code	Date [MM/DD/YYYY] Date [MM/DD/YYYY] Date [MM/DD/YYYY] Date [MM/DD/YYYY] Date [MM/DD/YYYY]	\$ \$	
Full Name of Contribution House # City Full Name of Contribution House # House #	Street Address Street Address	State	Zip Code	Date [MM/DD/YYYY] Date [MM/DD/YYYY] Date [MM/DD/YYYY] Date [MM/DD/YYYY] Date [MM/DD/YYYY] Date [MM/DD/YYYY]	\$ \$	

PART C

Contributions Received From Political Committees

Over \$250.00

Filer Identification Number:

Use this Part to itemize only contributions received from Political Committees with an aggregate value over \$250.00 in the reporting period.

Full Name of Contributing Co	mmittee			Date [MM/DD/YYYY]	\$
House #	Street Address	de de		Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Co	mmittee			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Co	mmittee			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Co	mmittee			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Co	mmittee	No. of the Control of		Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Co	mmittee		Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$

PART D

All Other Contributions

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period. (Exclude contributions from political committees reported in Part C)

Filer Identification Number:

Full Name of Co	ontributor			Date [MM/DD/YYYY]	\$	
House #	Street Addres			Date Issue In house		
nouse #	Street Addres	SS		Date [MM/DD/YYYY]	\$	
City	(9145.467.15	State	Zip Code	Date [MM/DD/YYYY]	\$	
Employer Name				Occupation		
Employer Mailin						
Full Name of Co				Date [MM/DD/YYYY]	\$	
House #	Street Addres	SS		Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Employer Name				Occupation		
Employer Mailin Principal Place				The second secon		
Full Name of Co				Date [MM/DD/YYYY]	\$	
House #	Street Addres	55		Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Employer Name				Occupation		
Employer Mailin						
Full Name of Co				Date [MM/DD/YYYY]	\$	
House #	Street Addres	ss		Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Employer Name	2			Occupation		
weekle de la company de la com						

PART E

Other Receipts

REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Filer Identification Nu	mber:			
Full Name		MARKET NO.		
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		I STATE OF THE PARTY OF THE PAR	and a constant	
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description	1			distribution in the same
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description	1	AND MAKES	PRODUCE SALES	
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description	1			
Full Name		Here in		
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				
Full Name			The state of the state of	
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description	1			

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECIEVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD DETAILED SUMMARY PAGE

Filer Identification Number:				
UNITEMIZED IN-KIND CONTR	IDITIONS RECEIVED VA	LUE OF \$50.00 O	OD LESS DED CONTRIBUTOR	
TOTAL for the reporting period	(1)	\$	OR LESS PER CONTRIBUTOR	
2. IN-KIND CONTRIBUTIONS REC	CEIVED-VALUE OF \$50.0	1 TO \$250.00 (FR	ROM PART F)	
TOTAL for the reporting period	(2)	\$	D	
3. IN-KIND CONTRIBUTION RECE	EIVED-VALUE OVER \$250	0.00 (FROM PAR	RT G)	
TOTAL for the reporting period	(3)	\$	0	
TOTAL VALUE OF IN-KIND CONTRIBUTION PERIOD (Add and enter amount totals from Page 1, Report Cover Page, Item F)		20 (12 (12 (12 (12 (12 (12 (12 (12 (12 (12	0	

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Number:	

Full Name of Contri	butor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City	THE PARTY OF THE P	State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Cont	ribution			Weeklands.	
Full Name of Contril	butor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Conti	ribution				
Full Name of Contril	butor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contr	ribution				
Full Name of Contril	butor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Conti					
Full Name of Contril	butor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contr	ribution			March and Table	

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer Identification Number:		

Full Name of Contributor			Date [MM/DD/YYYY] \$		
House # Street Address			Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name	e			Occupation	
Employer Maili Place of Busine	ng Address / Principal ss			Description of Contribution	
Full Name of Co	ontributor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	_ \$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name			Occupation		
Employer Mailin	ng Address / Principal ss			Description of Contribution	
Full Name of Co	ontributor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name				Occupation	
Employer Maili Place of Busine	ng Address / Principal ss			Description of Contribution	
Full Name of Co	ontributor		WIND WILL	Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name	Employer Name		1770 EN 1970 EN 1970	Occupation	
Employer Maili Place of Busine	ng Address / Principal ss			Description of Contribution	

SCHEDULE III

Statement of Expenditures

Filer Identification Number:	

To Whom Paid	Date [MM/DD/YYYY] \$
h> Luvt	5/11/2015 672.85
House # 177 Street Address Mikron Rd	Description of Expenditure
City Bethlehem State PA Zip Code 18020	Door Hangers
To Whom Paid	Date [MM/DD/YYYY] \$ 2,157.78
Lehigh Valley Print Center	3/11/00:0
House # 306 Street Address Broadherd Ave	Description of Expenditure
City Betherem State PA Zip Code 18015	Mail & Postage
To Whom Paid PS Print	Date [MM/DD/YYYY] \$ 43.45
House # 177 Street Address Mikron Rd	Description of Expenditure
City Betheren State PA Zip Code 18020	Campaign Stickers
To Whom Paid	Date [MM/DD/YYYY] \$
Facebook	5/18/2015 5.26
House # 1601 Street Address Willow Road	Description of Expenditure
City Menlo Park State CA Zip Code 94025	Facebook Ad
To Whom Paid Lenigh Valley Print Center	Date [MM/DD/YYYY] \$ 2,157.78
House # Street Address	5/14/20/5 01.10 Description of Expenditure
366 Broadhead Ave	Description of Expenditure
City Bethelpern State PA Zip Code 18015	mail & Postage
To Whom Paid Martellucci's Pizza	Date [MM/DD/YYYY] \$
	5/19/2015 116.87
House # 1419 Street Address Easton Ave	Description of Expenditure
City Between State PA Zip Code 18018	Election night food
To Whom Paid Jefferson Democratic Club	Date [MM/DD/YYYY] \$ 101.25
House # 1002 Street Address Linden St	Description of Expenditure
City Bethlehem State PA Zip Code 18018	Election night refreshments
To Whom Paid	Date [MM/DD/YYYY] \$
House # Street Address	Description of Expenditure
City State Zip Code	

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.

Filer Identificatio	n Number:			
Name of Credit	or			Outstanding Balance of Debt
House #	Street Address	ress DATE DEBT INCU		\$
City		State	Zip Code	
Description of I	Debt			
Name of Credit	or			Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State	Zip Code	
Description of I	Debt			
Name of Credit	or			Outstanding Balance of Debt
House #	Street Address	9 19	DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State	Zip Code	
Description of I	Debt		1007-10-10-10-10-10-10-10-10-10-10-10-10-10-	
Name of Credit	or			Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State	Zip Code	
Description of	Debt			
Name of Credit	or			Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State	Zip Code	
Description of	Debt			
Name of Credit	or			Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State	Zip Code	
Description of	Debt			