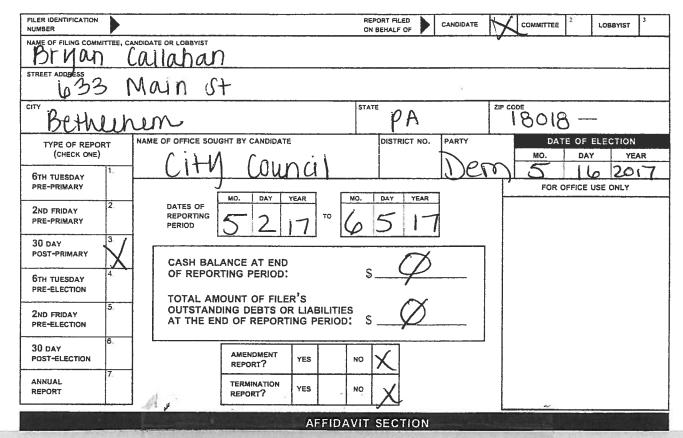
CAMPAIGN FINANCE STATEMENT

File this in lieu of a full report *only if* aggregate receipts, expenditures, or liabilities incurred *each* <u>did not exceed \$250.00</u> during the reporting period.



Commonwealth of Pennsylvania CAMPAIGN FINANCE REPORT

PAGE 1 OF 12

(NOTE:	This report	must be	clear a	and leg	gible. It	may be	typed or	printed	in blue	ог	black	ink.)
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		-	Report Filed By:		CANDIDA	TE 1.	COMM	ITTEE	X	LOB	BYIST	3.	
of Br	yar	calla	han										
lehem					State: PA		1000			- 2005 -			
6TH TUESDAY PRE-PRIMARY	1.			10 C		ЗX			YES		NO	X	
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2

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period
Friends of Bruan Ca	
FILCION OF BINWILLA	From 012/20 To 01012

 I. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR

 TOTAL for the Reporting Period
 (1)

 \$
 Ø

2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)	
Contributions Received from Political Committees (Part A)	\$ Ø
All Other Contributions (Part B)	\$ Ø
TOTAL for the Reporting Period (2)	\$ Ø

3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)	 and the second second
Contributions Received from Political Committees (Part C)	\$ Ø
All Other Contributions (Part D)	\$ Ø
TOTAL for the Reporting Period (3)	\$ Ø

4.	OTHER RECE	EIPTS	-	REFUNDS,	INTEREST	EA	RNED,	RETURNED	CHECKS,	ETC.	(FROM	PART	E)
			-45		TOTAL	for	the R	leporting Per	iod	(4)	\$ (Ø	
												and the second second	

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.)	\$ (ϕ
		/

PAGE 2 OF 12

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.

		han		DATE		
Name of Contributing Committee			MO.	DATE	YEAR	AMOUNT
<u>\</u>						\$
ailing Address			MO.	DAY	YEAR	\$
	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Il Name of Contributing Committee			MO.	DAY	YEAR	
\					TEAN	\$
ailing Address			MO.	DAY	YEAR	\$
ty	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Il Name of Contributing Committee		and the second	MO.	DAY	YEAR	
ailing Address						\$
- ty			<u>MO.</u>	DAY	YEAR	\$
(y	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Il Name of Contributing Committee			MO.	DAY	YEAR	
ailing Address		<u>\</u>		DAY		\$
у		\mathbf{i}	<u>MO.</u>	DAY	YEAR	\$
Ŷ	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
I Name of Contributing Committee		<u> </u>	MO.	DAY	YEAR	
iling Address						\$
			MO.	DAY	YEAR	\$
y	State	Zip Code (Plus 4)	MO.	DAY	YEAR	¢
I Name of Contributing Committee						\$
ling Address	the second s		MB.	DAY	YEAR	\$
			MO.	DAY	YEAR	\$
	State	Zip Code (Plus 4)	MO.	DAX	YEAR	
Name of Contributing Committee						\$
			MO.	DAY	NEAR	\$
ling Address			MO.	DAY	YEAR	
,	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Name of Contributing Committee		_			1570	\$
			MO.	DAY	YEAR	\$
ling Address		-	MO.	DAY	YEAR	
	State	Zip Code (Plus 4)	MO.	DAY	VEAD	\$
				UAT	YEAR	\$
		Detailed Summar		and the second second		PAGE TOTAL

PAGE 4	OF	12

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.)

Friends of Bryan Ca	ulahan		From _	Period 5/2/2	017 To 615/2017
			DATE		AMOUNT
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	L VEAG	\$
Mailing Address				YEAR	\$
		MO.	DAY	YEAR	\$
City State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributor		MO.	DAY	YEAR	
Mailing Address]\$
		MO.	DAY	YEAR	\$
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)				\$
State	-	MO.	DAY	YEAR	\$
Full Name of Contributor		MO.	DAY	YEAR	^
					\$
Mailing Address		MO.	DAY	YEAR	
Play	Zio Code (Plue A)			YEAR	\$
City State	Zip Code (Plus 4)	MO. MO.	DAY	YEAR	\$
City State	Zip Code (Plus 4)				\$
City State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$ \$
City State Full Name of Contributor Mailing Address		M0. M0. M0.	DAY DAY DAY	YEAR	\$
City State Full Name of Contributor Mailing Address City State		MO.	DAY	YEAR	\$ \$
City State Full Name of Contributor Mailing Address City State		M0. M0. M0.	DAY DAY DAY DAY	YEAR YEAR YEAR YEAR	\$ \$ \$ \$
City State Full Name of Contributor Mailing Address City State Full Name of Contributor		MO	DAY DAY DAY DAY	YEAR YEAR YEAR YEAR	\$ \$ \$
City State Full Name of Contributor Mailing Address City State Full Name of Contributor Mailing Address City	Zip Code (Plus 4)	MO. MO. MO.	DAY DAY DAY DAY	YEAR YEAR YEAR YEAR	\$ \$ \$ \$
City State Full Name of Contributor Mailing Address City State Full Name of Contributor Mailing Address City State		MO	DAY DAY DAY DAY	YEAR YEAR YEAR YEAR	\$ \$ \$ \$ \$
City State Full Name of Contributor Mailing Address City State Full Name of Contributor Mailing Address City	Zip Code (Plus 4) 	MO. MO. MO. MO.	DAY DAY DAY DAY DAY DAY	YEAR YEAR YEAR YEAR YEAR	\$ \$ \$ \$ \$ \$ \$ \$
City State Full Name of Contributor Mailing Address City State Full Name of Contributor Mailing Address City State Full Name of Contributor	Zip Code (Plus 4) 	MO. MO. MO. MO. MO.	DAY DAY DAY DAY DAY DAY DAY	YEAR YEAR YEAR YEAR YEAR YEAR	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$
City State Full Name of Contributor Mailing Address City State Full Name of Contributor Mailing Address City State Full Name of Contributor Mailing Address City State Full Name of Contributor	Zip Code (Plus 4) 	MO. MO. MO. MO. MO. MO.	DAY DAY DAY DAY DAY DAY DAY DAY	YEAR YEAR YEAR YEAR YEAR YEAR YEAR	\$ \$ \$ \$ \$ \$ \$ \$
City State Full Name of Contributor Mailing Address City State Full Name of Contributor Mailing Address City State	Zip Code (Plus 4) 	MO. MO. MO. MO. MO. MO.	DAY DAY DAY DAY DAY DAY DAY	YEAR YEAR YEAR YEAR YEAR YEAR	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
City State Full Name of Contributor Mailing Address City State Full Name of Contributor Mailing Address City State Full Name of Contributor Mailing Address City State Full Name of Contributor	Zip Code (Plus 4) Zip Code (Plus 4) Zip Code (Plus 4) 	MO. MO. MO. MO. MO. MO. MO.	DAY DAY DAY DAY DAY DAY DAY DAY DAY	YEAR YEAR YEAR YEAR YEAR YEAR YEAR YEAR	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$

PAGE 5 OF 12

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.

Friends of Br						2017. 6151201
ull Name of Contributing Committee			MO.	DATE DAY	YEAR	AMOUNT
			ino.	DAT	TEAN	\$
Vailing Address			MO.	DAY	YEAR	\$
Sity	State	Zip Code (Plus 4) -	MO.	DAY	YEAR	\$
ull Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
Sity	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
ull Name of Contributing Committee			MO.	DAY	YEAR	
Aailing Address	<u> </u>	12				\$
lity			MO.	DAY	YEAR	\$
	State	Zip Code (Plus 4) 	MO.	DAY	YEAR	\$
ull Name of Contributing Committee			MO.	DAY	YEAR	\$
ailing Address		<u> </u>	MO.	DAY	YEAR	\$
ity	State	Lip Code (Plus 4)	MO.	DAY	YEAR	\$
II Name of Contributing Committee			MO.	DAY	YEAR	
ailing Address						\$
ty	State		<u>MO.</u>	DAY	YEAR	\$
	Siate	Zip Code (Plus 4)	Mo.	DAY	YEAR	\$
I Name of Contributing Committee			MÒ	DAY	YEAR	¢
iling Address			MO.	DAY	YEAR	\$
ty	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
I Name of Contributing Committee		-				\$
iling Address			MO.	DAY	YEAR	\$
- 5 25			MO.	DAY	YEAR	\$
У	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
I Name of Contributing Committee			MO.	DAY	YEAR	
iling Address			MO.	DAY	YEAR	\$
,	State	Žip Code (Plus 4)	MO.	DAY	YEAR	\$
						\$
					61	PAGE TOTAL

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PAGE	6	OF	1	2
PAGE	6	OF		4

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 F	art t	(.)

Name of Filing Committee or Candidate Friends of Bryan	Callahan	Reporting Period From 512	120170 61512017
		DATE	AMOUNT
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 Busines	\$5		
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 Busines	55		and the second
Full Name of Contributor)	MO. DAY YEAR	- ¢
Mailing Address		MO. DAY YEAR	\$
	$\langle \rangle$		\$
City	State Zip Code (Plus 4)	MO. DAY YEAR	\$
Employer Name		Occupation	<u> </u>
Employer Mailing Address/Principal Place of Busines	55	l	
	3N	\mathbf{X}	
Full Name of Contributor		MQ. DAY YEAR	- \$
Mailing Address		MO. DAY YEAR	
City	State Zip Code (Plus 4)	MO. DAN YEAR	\$
	-	MO. DAN YEAR	\$
Employer Name		Occupation	
Employer Mailing Address/Principal Place of Business	S	<u> </u>	X
Full Name of Contributor			\mathbf{h}
		MO. DAY YEAR	\$
Mailing Address		MO. DAY YEAR	\$
City	State Zip Code (Plus 4)	MO. DAY YEAR	<u> </u>
Employer Name			1\$
		Occupation	
Employer Mailing Address/Principal Place of Business	5		
Enter Grand Total of Part D on Sche	edule I, Detailed Summary	Page, Section 3.	PAGE TOTAL
SEB-502 (7-99)			<u>₹ ()</u>

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PAGE I	I OF		

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 Candida	to		Rep	orting Per	ind	
training committee of candida	ruan (ilahan		MI	212017	··· 61512017
Friends of B	mul l	Manut	Fr	rom <u>97</u>	01 2014	0_0.07201
Vull Name						
\						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	Amoun	it
	State	-	MO.		\$	
Receipt Description				l	l'and a second	
necelpt bescription	*					
Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY Y	EAR Amour	ĸ
Respiret Departmenter					¥	
Receipt Description	\mathbf{i}					
Full Name			e skola i sana	Second Second		uideen(禮明), Source and Source
Mailing Address	/					
	````	$\mathbf{i}$				the state of the second st
City	State	Zie Code (Plus 4)	MO.	DAY Y	EAR Amour	it
					\$	
Receipt Description		$\backslash$				
Full Name						
run Name						
Mailing Address			<u></u>			
-			$\mathbf{i}$			
City	State	Zip Code (Plus 4)	MQ.	DAY	EAR Amour	ht .
		-			\$	
Receipt Description			1	1		
				<u> </u>		
Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	EAR	h
		-			N.	
Receipt Description					1	
Full Name						$\backslash$
Mailing Address						$\mathbf{X}$
City	State	Zip Code (Plus 4)	MO.	DAY	EAR Amou	ht
					\$	$\backslash$
Receipt Description						
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Enter Grand Total of Part E	on Schodule L	Detailed Summer	N Dogo S	Section		TOTAL

DSEB-502 (7-99)

# SCHEDULE II PAGE 6 OF 12

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

**Detailed Summary Page** 

Name of Filing Committee	or C	andidate		Reporting Period
Friends	Of	Bryan	Callahan	From 512/201] To 6/5/201

1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR

TOTAL for the Reporting Period

(1) \$

2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)

TOTAL for the Reporting Period

(2)\$

3,	IN-KIND	CONTRIBUTION	RECEIVED	- VALUE	E OVER \$2	50.00 (FRO	M PART	G)			
			тс	TAL for	the Repor	ting Period	(3	)\$	Ø		

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.) \$ Ø

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		4	R	eporting	Period	
Friends of Bryar	) (	allahan		From	512/2	017 то 6/5/2017
TTTUTUE OF DIFFEE						
Full Name of Contributor			MO.	DATE	YEAR	AMOUNT
Pur Name of Contributor				DAI	- ILAIL	\$
Mailing Address			MO.	DAY	YEAR	\$
	1 6	The Order (Diver A)				
City	State	Zip Code (Plus 4)	<u>MO.</u>	DAY	YEAR	\$
Description of Contribution:	1 1					
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	
					12711	\$
City	State	Zip Code (Plus 4)	MQ.	DAY	YEAR	\$
		-	l.			4
Description of Contribution:						
Full Name of Contributor	<u> </u>		MO.	DAY	YEAR	
						\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zin Code (Plus 4)	MO.	DAY	YEAR	· · · · · · · · · · · · · · · · · · ·
		-				\$
Description of Contribution:					l	I
					_	
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address		<del>`</del>	MO.	DAY	YEAR	
						\$
City	State	Zip Code (Plus 4)	MO	DAY	YEAR	\$
Description of Contribution		-			I	<b>*</b>
Description of Contribution						
Full Name of Contributor			MO.	DAY	YEAR	
						\$
Mailing Address			MO.	DAY	YEAR	s
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	· · · · · · · · · · · · · · · · · · ·
						S.
Description of Contribution:	I					
			_			
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>			<u>↓</u>
Seat prior of contributions.						$\setminus$
						PAGE TOTAL
Enter Grand Total of Part F on Sche Summary Page, Section 2.	dule II,	, In-Kind Contributi	ons De	tailed		\$ 2
Summary rage, Section 2.						l ▼ XJ

PAGE	10	OF	12
PAGE	10	OF	12

### SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED VALUE OVER \$250.00

Name of Filing Committee or Candidate	~		R	eporting		
Name of Filing Committee or Candidate Friends Of Bryan	Ca	llahan		From C	12/20	DIT TO 61512017
				DATE		AMOUNT
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	•
						\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer of Contributor	<u> </u>		Occupatio	on		
Employer Mailing Address Principal Place of Business			Descripti	on of Con	tribution	
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
						<b>Þ</b>
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer of Contributor			Occupati	on		
Sectors Meiling Address/Bringing) Discs of Business			Descripti	ion of Con	tribution	
Employer Mailing Address/Principal Place of Business		$\backslash$	UCDUNPT.			
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address		<u> </u>	MO.	DAY	YEAR	¢
						\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer of Contributor	J		Occupati	on		
Employer Mailing Address/Principal Place of Business			Destrinti	ion of Con	tribution	
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
Menning Address				PAT	1 CMIP	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer of Contributor			Occupati	0 <del>1</del>		
						$\backslash$
Employer Mailing Address/Principal Place of Business			Descripti	ion of Con	tribution	
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	
						\$
City	State	Zip Code (Plus 4) -	MO.	DAY	YEAR	\$
Employer of Contributor	4	L	Occupati	on		· · · · · · · · · · · · · · · · · · ·
Employer Mailing Address/Principal Place of Business			Descript	ion of Con	tribution	/
Enter Grand Total of Part G on Sche	dule II	I In-Kind Contribu	itione D	atailad		
Summary Page, Section 3.				eraned		s Ø

DSEB-502 (7-99)

PAGE	1		OF _	12
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### SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
Friends of Bryan Callahar	From 5/2/2017 to 6/5/2017
Apollo Grill	MO. DAY YEAR Amount <b>5</b> 16 2017 \$156.63
Mailing 85 W Broad St	Description of Expenditure ELECTION NIGHT
City Bethlehem PA 18018	(Plus 4) refreshments
Lehigh Vallen Labor Council	MO. DAY YEAR Amount <b>1</b> 4 30 2017 \$ 50.00
P.O. BOX 20226	Description of Expenditure dinner ticket
City Lehigh Vallen PA 18002	_
LV Print Center	MO. DAY YEAR Amount 5 5 2017 \$ 1004 88
Mailing Address Union Blvd	Description of Expenditure DRINT MALTA SIGNS
City AINENTOWN PA 18109	-
To Whom Faid CPLUSTE DEC	MO. DAY YEAR Amount 5 5 2017 \$ 100.00
Mailing Address 647 W Union St	Description of Expenditure CONSULTING
City Whitehall State Zip Code PA 18052	
Freedom High School Football	MO. DAY YEAR Amount 5 20 2017 \$ 355.00
Mailing Address 3149 Chester Ave	Description of Expenditure AOLF HOLP SPONSOR
Bethlehim PA 18020	
To Whom Paid	MO. DAY YEAR Amount
Mailing Address	Description of Expenditure
City State Zip Code	(Pius 4) —
To Whom Paid	MD. DAY YEAR Amount
Mailing Address	Description of Expenditure
City State Zip Code	(Plus 4) —
To Whom Paid	MO. DAY YE R Amount
Mailing Address	Description of Expenditure
City State Zip Code	- (Plus 4)
	PAGE TOTAL
Enter Grand Total of Expenditures on Page 1, Report (	Cover Page, Item D. \$1,666.51

PAGE	i	2	OF	12	

\$

### 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.

Name of Filing Committee or Candidate Friends Of Bryan Co	Mahan	1	Reporting From	5/2/2	2017 To 61512017
Name of Creditor					Outstanding Balance of De
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Mailing Address	DATE	MO.	DAY	YEAR	The second second second
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City		State	Zip Code	(Plus 4)	
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Description of Deb					
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City	INCURRED	State	Zip Code		
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Description of Debt		<u> </u>			
Name of Creditor			N Kraida		Outstanding Balance of De
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Mailing Address	DATE	MO.	DAY	YEAR	
	DEBT INCURRED				이 가슴에 있을까요.
City		State	Zip Code	(Plus 4)	1 년 - 영문법이라.
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Description of Debt	$\mathbf{i}$				
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Name of Creditor					Outstanding Balance of De
Name of Creditor Mailing Address	DATE	MO.	DAY	YEAR	
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	DEBT	MO. State	DAY Zip Code		
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Mailing Address City Description of Debt	DEBT				\$
Mailing Address City Description of Debt Name of Creditor Mailing Address		State	Zip Code	(Plus 4)	\$ Outstanding Balance of Deb
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