

10016

Commonwealth of Pennsylvania - Campaign Finance Report

Filer Identification Report Filed By (Mark X) Candidate Committee Name of Filing Committee, Candidate or Committee Committee Committee	Lobbyist					
Name of Filing Committee, Candidate or						
LOOBBYIST FRIENDS OF BRYAN CALLAHAN						
Street-Address 633 MAIN ST						
City BETHLEHEM State PA Zip Code "	1898					
Type of Report (Place x under report type)						
1- 6th Tuesday 2- 2 rd Friday 3-30 Day Post 4-6th Tuesday 5-2 rd Friday 6-30 Day Post 7-Annual	Special 2 nd Friday Special 30 Day					
Pre-Primary Pre-Primary Pre-Election Pre-Election Election	Pre-Election Post-Election					
Date Of Election (MM/DB/YYYY) II/05/2013 Year Amendment Report	Termination Report					
Expenditures	office Use Only					
06/11/2013 10/21/2013 A. Amount Brought Forward From Last Report \$						
B. Total Monetary Contributions and Receipts \$						
(From Schedule.I) 8539,76						
(Sum of Lines A and B) 11, 037, 27						
b. Total Expenditures \$ 2748,36						
F. Encling Cash Balance (Subtract Line D from Line C)						
F. Value of In-Kind Contributions Received \$						
(From Scheoule II) G. Unratif Debro and Obligations						
(From Schedule IV) 2000.00						
Affidavit Section Part 1- If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here. I swear (or affirm) that this report, including the attached schedules on paper, is to the best of my knowledge and belief true, correct and complete.						
I swear (or affirm) that this report, including the attached schedules on paper, is to the best of my knowledge and belief true sworn to and subscribed before me this	e, correct and complete.					
	·····································					
$\mathcal{P}_{\mathcal{O}}$						
My Cor						
Part II-						
I swear amended.						
물건 방법 영화가 되었다. 여러는 동안 감독 가격에 가격한 것이다. 이번 경험을 하지 않는 것을 알려야 한다.						
Sworn 19						
My Ca						
My Commission Expires Jul 7, 2014						

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SCHEDULE I Contributions and Receipts

Detailed Summary Page

1.Unitemized Contributions and Receip	ts-\$50.00 or Less per Contributor			
	Total for the reporting period	(1)	\$	
				130.00
2. Contributions of \$50.01 to \$250.00 (Part A and Part B)	From			
Contributions Received from Political Con	mmittees (Part A)		\$	450.00
All Other Contributions (Part B)			\$	450.00
	Total for the reporting period	(2)	\$	2904,76
3. Contributions Over \$250.00 (From Pa	rt C and Part D)			
Contributions Received from Political Cor	nmittees (Part C)	And the second	\$	2000,00
All Other Contributions (Part D)			\$	3500,00
	Total for the reporting period	(3)	\$	5500,00
4. Other Receipts-Refunds, Interest Earn	ied, Returned Checks, ETC. (From Part E)		1.5 ² -1	3300100
			S	
	Total for the reporting period	(4)	\$	

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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		÷.		
				Amount
Full Name of Contributing			Date [MM/DD/MYM]	
Committee	FOTENDS OF J.	WILLIAM REYNOLD	5 09/23/2013	250.00
House # Street A	ddress		Date [MM/DD/YYY]	
34	W.ELTZ	ABETH AVE		
BETHLEHER	State	Zip Code 18018	Date [MM/DD/\\\\\]	
Full Name of Contributing	national distance with the solution		Date [MM/DD/YYYY]	
Committee	RETUCIEM CET	Y DEMOCRATIC COMM	09/09/2013	200.00
House# Street			Date [MM/DD/YYY]	
	PO BOX	1792		
City De autore	state PA	Zip.Code 18016	Date [MM/DD/YYY]	
Full Name of Contributing		10010	Date (MM/DD/YYY)	
Committee				
House # Street /	Address		Date [MM/DD/YYY]	
City	State	Zip Code	Date [MM/DD/AVAY]	
			Date [MM/DD//YYY]	
Full Name of Contributing Committee				
House # Street	Address		Date [MM/DD/YYYY]	
City	State	Zip Code	Date [MM/DD/YYY]	
Full Name of Contributing		学家的思想的意思	Date [MM/DD/YYY]	5
Committee				
House # Street	the second se		Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date IMM/DD/YYYYI	\$
Full Name of Contributing		Kana kana kana kana kana kana kana kana	Date IMM/DD/ATTI	\$
Committee				
House # Street	Address		Date [MM/DD/YYY]	\$
City	State	Zip Code	Date [MM/DD/YYY]	\$ 10 10

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PART B

All Other Contribu

\$50.01 TO \$250 Use this Part to itemize all other contributions w \$50.01 TO \$250 in the reporti

(Exclude contributions from political comm

Filer Identification Number-	na santa sa sanang mana sa manang masa sa santa na sa sa	
TulNameonContributor	Date [MM/DD/WYY]	6
DONALD F. SPRY II		250.00
House# Street Address	Date [MM/DD/YYY]	
3503 MARGATE RD		
City BETHLEHEM State PA Zip. Code 18020	Date MM/DD/AAMS S	
Eul Name of Contributor	Date [MM/DD/YYY]	
JOHN J MCGEEHAN	09/23/2013	250.00
House# Street Address	Date [MM/DD/YYY] \$	
City State Zip Code	DateIMM/DD/MAYI	
BETHLEHEM PA 18018		
Foll Name of Contributor	Date [MM/DD/YYY]	
JEFFREY A PARKS	09/07/2013	200.00
House# Street Address	Date [MM/DD/X771]	
E. CHURCH ST	Date (MM/DD/PYY)	
BETHLEHEM PA 18018		
Full Name of Contributor	Date [MM/DD/TYY]	
KATHERINE E HILGERT	09/11/2013	200.00
House# StreetAddress	Date [MM/DD/MAA]	
1160 YORKSHIRE RD	Date [MN/DD/AY/E]	
CARY BETHLEHEM State PA ZIPICONE 18017		
Fall Name of Contributor	Date [MM/DD/YYY]	<u>我</u>
GERALD J. GREEN	09/23/2013	200,00
100058 # Street Address 219 MOUNT AZEY AVE	Date [MM/DD/YYY] S	
icity BETHLEHEM State PA ZID Gode 18018	Date IMM/DD/YTYYI	
Full Mame of Contributor	Date MM/DD/STTYL	977 94 94
	09/23/2013	100
HOUSE # STREET Additress STONY LANE	Oate]MM/00/YYYY S	
State Zip Code	Date [MIW/DD/AYYY]	
GLADWYNE PA 19035		

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 (dentification Number:	an a server menta a server manager an and a server server	
	Date MM/DD/AYATE SS	
Full Name of Contributor	CONTRACTOR OF THE OWNER OWNER OF THE OWNER OWN	100.00
ANGLE V BRONG	09/15/2013	100,00
House # Street Address	Date [MM/DD/YYY] \$	-
	語語	
264 WEDGEWOOD RD		
City O State On ZinCode	Date [MM/DD/YYYY] \$	
BETHLEHEM PA 18017	安 約第	
Full Name of Contributor	Date INIM/DD/YYNA	
	09/24/2013	100.00
BIANCA VILLANI	Incard Incard	100100
House#. Street Address	Date (MM/DD/CTY) \$	21 (A)
334 E STIWEIN ST		
	Date [MM/DD/YCY1-S	
	DEGELAR/DDATEM S	
Curi Innite Of Contributor		
BRUNO D. SCI PIONE JR.	09/15/2013	100.00
	Date IMM/DD/MOVIE S	
4034 EASTON AVE		
City State Zip Code	Date [MM/DD/YYYY] \$	
BETHLEHEM HA 18020	ಬ್ ಸಿ ಸಿ ಕೃಷ್ಣ ಸ ಸಿ ಸಿ ಸಿ	
	Date MAM/DD/MWT/2	
		150 00
SCOTT B. ALLENSON	09 23/2013	150.00
House # Street Address	Date [MM/DD/YYY] 5	
	Date [MM/DD/YYY] S	
ALIENTOWN State PA ZIPCOde 18104		
ALLENTOWN PA 18104	という。	
Ful Nameo Contributor	Date [MM/DD/YYYY] \$	1
J. B. NOFF MEJER, JR.	09/23/2013	150.00
And a second sec	Date [AMM/DD/AYYYA] \$	
74 W. BORDAD ST SUITE 200		
State Zip Code	Date [MM/DD/YYYY]	6
BETHLEHEM PA 18018		
Full Name of Commonor	Date MM/DD/XXYII. S-	
		100 00
FRANK J. KORPICS, JR	09 30/2013	100.00
House # Street Address	Date [MM/DD/YYY] \$	
	Date [MM/DD/YYYY] \$	
City State PA ZpCode		
HELLEPTOWN PA 18055		

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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.)

a Files Hentification Number:		
	Date IMM/0D/YC/T	
Full Name of Contributor	09/23/2013	150.00
House # Street Address	Date [MM/DD/VYYY] \$	
(thy State Tip Code CODE)	Date [MM/DD/TYY] \$	
GIEN GARDNER NJ 08826	Date [MM/DD/MTC]	5
Full Name of Contributor	10-2	250,00
LEO DEVETO	09/16/2013 Date MM/DD/MYY1 \$	250,00
House # Street Address		
38 W. MARKET ST	Date IMM/DD/MYYI \$	
City BETHEHEM State PA 18018		
FullName of contributor	Date [MM/UD/YYYY] \$	
ROBERT VIDONI	08/18/2013	154.76
House # Street Address	Date [MM/DD/WW] \$	
600 SPRING ST	Date MM/DB/VYY	
City BETHLEHEM State PA ZipCode 18018	Concerned and the second secon	
Full Name of Contributor	Date [MM/DD/YYY]	
Flouse # Street Address	Date [MM/OD/YYY] \$	
	Date [MM/0D/YYY] \$	
City State Zip Code	Date Hand DD/11111	
Full Name of Contribution	Date MM/DD/MTAT	7
Full Hatthe of Contribution		
tiouse # Street Address	Date IMM/DD/YYYYI	
City State Zip Code	Date [MIW/DD/YYY]	
	Date (MAN/DD/MAY)	·····································
Full Name of Contributor		
	Date [MM/DD/YYY]	
House # Street Address	A second s	
City State Zip Code	Date [MM/DD/YYY]	5

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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.

Flecidentification Number:		ತ್ರ ಸಬಸ್ ಆರ್ಟ್ ಪ್ರಾರ್ಥ್ ಸಾಧಾನ್ಯ ಕ್ರಮ ಕ್ರಮ ಕ್ರಮ ಕ್ರಮ ಕ್ರಮ	
			DD/MAAMI SI
Full Name of Contributing Committee	FRIENDS OF BOB DONC	HEZ 09/20,	2013 500.00
House# Stree	DEVONSHITE D	R	
BETHLEHE	En State Pa ZipiCode	18017	
Full Name of	FREENDS OF JOHN GA	UDHAN 08/13/	10.23
	PO BOX 1403	Date IMM/C	D/XYII S
BETHLEHEN	State Zip Code	18016	BAYAN S
Full Name of Contributing Committee		(Date (WIM/D	PD/SYCRITE S
Rouse# Stree	et Address	(Date (MIN/D	D/YMY S
City	State Zip.Code	Date MM/D	DINYYI
Foll Name of Contributing Committee		Date IMM/D	B/AVAN S
flouse # Stree	et Address	Date (MIN/D	DXXXII
City	State Zip Code	Date [MM/D	DAYICE S
Full Name of Contributing Committee		Date (MM//D	D//YYY
	et Address	Date (MM/D	D/XYYY] 5
City	State Zip Code	Date IMM/D	
Full Name of Contributing Committee		Date IMM/D	e/wyyj s
House # Stree	er Address	Date (MM/D	<u>DIVITI S</u>
City	State Zip Code	Date (MM/D	<u>e/tyrti</u> \$

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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 Numbers	
Full Name of Contributor	Date [MNI/DD/.oXXI 5
JEAN A BOYLE	09/06/2013 500.00 Date [MM/00/MM] \$
SEAN A BOYLE 2516 Street Address (UDWTG COURT	
CARY MACUNGEE STATE PA TIP Code 18062	Date [MIV/DD/YYY] 5
BOYLE CONSTRUCTIONS MANGMT.	PERSEDENT
Principal Place of Business / 1209 HAUSMAN RD, SUETE B, ALLEN	TONON, PA 18104
Hull Came of Contributors.	Date [MIV/90/7998] \$ 09/17/20/3 1,000.00
LEO DELQUE, J.R.	Date [MM/00///Y9] \$
55 HEDDEN MEADOW (N	
EASTON SHIPE PA ZIPCOULE 18049	Date [MM/DD//YYY] \$
ASHLEY DEVELOPEMENT	OUNER
Employer Mailling Address / Principal Place of Business	
Full Name of Contributor	Date [MINI/DD/TYY] S
JOHN J. GALLAGHER	09/20/2013 500,00
House # Sheet Address FORDEST RD	
HARRISBURG PA ZID Gode 17112	Date [MIN/DD/WYY] S
Employer Narpe: Self	Occupation ATTORNEY
Employer Walling Address /. Principal Place of Bosiness	
Full Name of Contributor,	Date INK0/DD/XYYYI S
DINO P. CANTELMI	09/23/2013 500.00 Date (MOV/00/1111) 5
2854 LINDEN ST	
BETHLEHEM State PA 18017	Date [MM/DD/WW]
Employer Name CANTELMI HARDWARE	OWNER
Employer Mailing Address / 521 EUT4 St, BETHEHEM, PA 18	

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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)

Fler Identification Number:	
DENNES BENNER	10ate [MM/DD/NYY] \$ 09/23/2013 1,000.00
2005 CITY LENE RD, SUITE 106	Date [MM/DD/YYY] \$
City BETHLEHEM State PA ZTO Code 18017 Employee Manee Sec. C	Date [MM/DD/YYY] \$
Employer Maring Address / Principal Place of Business	ATTORNEY
Full Name of Contributor	Date [MM/DD/YYY] \$
House# Street Address	Date (MM/DD/YYY)
City State Zip Code	Date [MM/DD/YYY] \$
Employer Name Employer Mailing Address /	Occupation
Principal Place of Business Full Name of Contributor	Date IMM/DD/YYYYI S
Housen Street Address	Date [MM/DD/YYY] \$
Criv State Zip Code	Date [MM/DD/YTYY] \$
Employer Name Employer Mailing Address /	Occupation
Principal Place of Business Full Name of Contributor	Date [MIM/DB/mm]
House # Street Address	Date HMW/DD/YWYI
Cléy State Zip Code	Date MM/DD/MM/
Employer Name Employer Mailing Address / Principal Place of Business	Occupation

PART E

10-110

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.

eller identification Numb	342.77			
Tall Name House# City Receipt Description		State	Zip Code	Date [MM/DD/MYY] 5
Full Name House # City Receipt Description	Street Address	State	Zip Code	Date IMM/DD/NYYA
City Receipt Description		Stite	Conc	Date IMM/0D/AXAA
Full Name House # City Receipt Description	Street Address	State	Zip Code	Date [MM/DD/MY1]
Full Name House# City Receipt Description.	Street Address	State	Zip Code	Date IMM/DD/WYYI S
Full Name House # City Receipt Description	Street Address	State	Zip Casle	Date [MM/DD/YYYY] \$

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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:	
1. UNITEMIZED IN GIND CONTRIBUTIONS RECEIVED VALUE OF \$5	CCOLORAESSPER CONTRIBUTOR
TOTAL for the reporting period (1)	\$ 0
22. SIN-KIND COMINIBUTIONS RECEIVED VALUE OF \$50.01 TO \$250	INTERINA DADE 21
2. IN-KIND CONTRIBUTIONS RECEIVED VALUE OF \$50.01 (0.5250	
TOTAL for the reporting period (2)	\$ 0
3. IN KIND CONTRIBUTION RECEIVED VALUE OVER \$250.00 (ERO)	MPAREG
Table 1 and (2)	S ~
TOTAL for the reporting period (3)	° 0
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)	\$

120110

SCHEDULE II PART F In-Kind Contributions Received VALUE OF \$50.01 TO \$250

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File depute tion Number 4

Full Name of Contributor		Date IMM/DD/YYYYI
House# Street Address		Date (MM//DD/YYYY) 5
City:	ite Zip Code	Date [MM/DD/WYY] S
Description of Contribution		
FGIIName of Contributor		Date [MM//DD/YYYY]; SS
House # Street Address		Date[MM/DD/XYYY] 5
Construction of the second sec	tte ZipCode	Date IMM/DD/XXX11 S
Description of Contribution		
EUL Name of Contributor		Daæ [MM/DD/27771]. \$
House # Street Address		Date NAM/DD/XXXXI S
City Sta Description of Contribution		Date IMM/DD/AVYXI \$
Full Name of Contributor		Date [MM/DD/YYYY] \$
House # Street Address		
City Star Description of Contribution	fe ZipCode	Date MM/DD/YYYY] 5
Eulf Name of Contributor		Date [MM/DD/XYYY] \$
House# Street Address		Date [MM/DD/YWY] \$
City		Date RAM/DD/XXX1 \$
Description of Contribution		

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SCHEDULE II Part G In-Kind Contributions Received VALUE OVER \$250

Filer Mentification Numbers :

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Full Manage of Contributor		DiteIMM/DD/YYYT 5
tigase# Street Address		Date [MM/DD/YYY] \$
City	State Zip Code	Date IMM/DD/ANYXI
Employer Name		Generation
Employer Mailing Address / Principal Place of Business		Description Of Contribution
Full Name of Contributor		Dane (KiM/DD/ACAWI
House# Street Address		Date MM2/DD/AYYY] \$
GRA	State Zip Sode	Date [MM/DD/4732] \$
Employer Name		Occupation
Employer Mailing Address / Principal Place of Business		Besetption of Contribution
Pull Name of Contribution		Date DAM/DD/YYYY
House# Street Address		Date [MIN/DD/YYYY] S
City	State Zip Code	Date [MIM/DD/RVY] \$
Employer Name		Occupation
Employer Mailing Address / Principal Place of Business		Description of Contribution
Full Name of Contributor		Date [KiM/DD/AVYY] \$
House # Street Address		Date [MM/DD/CCC] \$
Stry .	State Zip Code	Date [MM/DD/1113] \$
Employer Name:		Occupation
Employer Mailing Address / Principal Place of Business		Description of Contribution

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Statem ne of Expenditures

THE REAL PROPERTY AND INCOME.

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PORT AL

filer Identification umber:	
	-1-4-47 1-11 Mad - Boserie
To Whom Paid Date [MM/DD/YYYY] \$	
BRYAN CAUAHAN 05/29/2013 310.	19
House # Street Address Description of Expenditure	
633 MAEN ST	
City BETHLEHEM State PA Code 18018 CAMPATE PA	
ToWnom Faid	
THE GOODFELLOWS SOCIAL CIUR 06/01/2013 75.C	SO
House # Street Address Op Op of Church Description of Expenditure	
$\frac{1}{10000000000000000000000000000000000$	
City BETHLEHEM State PA Code 18018 DUES	
Date MM/DD/XYYA S	
BILL HOY 07/05/2013 450.1	∞
House # Description of Expenditores	
390 PERSE TOP TRAEL	
City BETHLEHEM State PA Conte 18017 WEBSITE MAINTENAN	re l
To Whom Kaid	
BLACK & GOLD GREDERON CIUB 07/28/2013 100,0	$\underline{0}$
House # 3149 Street Address CHESTER RD	
City C	
BETHLEHEM PA Code 18020 PROGRAM AD	
To Whom Paid Date DMW/DD/XYYY 5	A
LIBERTY H.S. BOOSTER (JUB 07/28/2013 90.0	
House # Description of Expenditure	
CRY A State A State	
BETHEHEM ("A BOM PROGRAM AD	
To Whom Paid	\sim
Mouse # Street address 2 16010	
House # Street Address PO Box 1792	
	0
	D
To When Pail BOYAN CALLAHAN OB 105/2013 2,100	\sim
633 MAENST.	
City BETHLEHEM State PA Code 18018 REPAY LOAN	
To Whom Paid	
BFILHOY 08/1 100.0	$n \beta$
House # Description Description Description of Expenditure	
House # 390 Street Address PENE TOP TRAFIL	

at t pndt

21 21 22

Filer Identification Number:

ToWnem Paid	Date HMM/DD/ACTOR
FREEDOM HS BOYS BASKETBALL BOOSTER CLUB	08/25/2013 100,00
House # 3149 Street Address CHESTER RD	Description of Expenditure
enty BETHLEHEM state P code 180.20	PROGRAM AD
To Whom Paid	Date MM/DD/WYI 5
BETHICHEM BREWWORKS	08/29/2013 300.00
House # 569 Street Address MAEN ST	Description of Expenditure
City BETHLEHEM State PA Code 18018	EVENT DEPOSET
ToWnomean	Date [MM//DD/XYY] 5
Nouse # CHPESTMAS GETY PRENTING	09/ /2013 135.68 Description of Expenditure
861 IUTH AVE	
BETHLEHEM PA code 18018	PRINTING Date MM/DD/MM/
PJ'S PUB	09/07/2013 69.65
House # 3345 Street Address HEGH PATINT BUD	Description of Expenditure
City BENHEHEM State PA Eade 18017	CAMAPTEN MTG.
To Whom Paid	Data Mind/OD/WAYLE S
HOUSE # STREAMERS	09/06/ 69.00
535 WOOD ST	
BETHEHEM PA code 18018	Pos
TO Whom Paid STAPLES	Date [MM//DH/VYY] \$ 09/10/2013 28,58
House # 2138 Street Address W. UNTON BUD	Description of Expenditure
City BETHIEHEM State PA Case 18018	Envelopes
To Whom Pald	DECOMBUTER/CONT.
HOUSE # Street Address	Description of Expenditure
CATASAUQUA RD	
BETHLEHEM PA Goden 18018	BAUDONS
TO WHOM Paid CAPITOL PROMOTIONS	09/ 2013 729,28
House # Street Address PO BOX 231	Description of Experiditing
	4 120 500005
City GLENSEDE SHITE PA Cure 19038	4ARD STENS

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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.

Flier Identification Number.	
633 City Description of Debt	BRYAN CAUAHAN CANDING CAUAHAN CANDING CAUAHAN
City Description of Debr	et Address DATE DEBT INCURRED S State Zip Code
Name of Creditor Figure 4 Stre City Description of Debt Name of Creditor	Outstanding Balance of Debt Stare Zip Code Outstanding Balance of Debt
	EAddress DATE DEBUTINCURRED \$ DATE DEBUTINCURRED \$ INIM/ODD/27/979[State Coole
House # Stree	EAddress DATE DEBI INCORRED IMMU/CO/WYYI State Zip Code
Varie of Creditor Boose #Stree Jby Jescription of Dehr	Address Address State State Zip Code