#### 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.

FILER IDENTIFICATION NUMBER		REPORT FILED ON BEHALF OF	CANDIDATE	1X	COMMITTEE	2.	LOBBYIST	3.
NAME OF FILING COMMITTEE, CA	INDIDATE OR LOBBYIST  ARY KWIATEK							
street address U3	8 SPRING STREET	7						
BE7 the	itein	STATE CVA-		ZIP CO	3018			
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE M CITY OF BLTHLETTM CITY COUNCIL	DISTRICT NO.	PARTY		MO.	E OF		AR ک کے 1.
2ND FRIDAY PRE-PRIMARY  2ND FRIDAY PRE-PRIMARY	DATES OF DAY YEAR	MO. DAY YEAR			FOR	1	USE ONLY	
30 DAY POST-PRIMARY  6TH TUESDAY PRE-ELECTION  2ND FRIDAY PRE-ELECTION  5.	CASH BALANCE AT END OF REPORTING PERIOD:  TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD							
30 DAY POST-ELECTION 7. ANNUAL 7. REPORT	AMENDMENT YES TERMINATION YES	NO X						
	AFFIDA	VIT SECTION						

#### DADTI

If statement is filed on behalf of a Political Committee or Candidates's Committee, the Treasurer must sign here.

If statement is filed on behalf of a <u>Candidate</u>, the Candidate must sign here. If statement is filed on behalf of a <u>Contributing Lobbyist</u>, the Lobbyist must sign here.

I SWEAR (OR AFFIRM) THAT THE AGGREGATE RECEIPTS OR DISBURSEMENTS OR LIABILITIES INCURRED DURING THE REPORTING PERIOD INDICATED ABOVE DID NOT EXCEED TWO HUNDRED AND FIFTY DOLLARS (\$250.00) AND THIS REPORTIS, TO THE PERIOD WY KNOWLEDGE AND BELIEF, TRUE, CORRECT AND COMPLETE.

R	es	et	Fo	וכ	ī	n	

**Print Form** 



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

	-	e de la compresentação	Separation statement	open and the			21 - 1 2		0.	1:4-4			Committee		[C 4]	Lobbyist	
Filer Identification	on	ac	429112	n	•		iled By	,	Gai	ndidat	le		Communee	l	X	Lonning	
Number					( Ma	ırk X	)						<u> </u>				
Name of Filing C	ommi	ittee, Car	ndidate	or	Hiller	v Kw	iatek F	iier	ds of								
Lobbyist					Hillary Kwiatek, Friends of												
Street Address					638 9	prin	g Stree	t									
Cit.	<del></del>								Sta	te l		····	Zip Code	40040			
City		Bethlehei	m						ال ا		PA		Lip dodo	18018			
Type of Report (Place x under report type)																	
1-6 <sup>th</sup> Tuesday	2- 21	<sup>id</sup> Friday	3-301	av Post	4-6th	Tue	sday	5-2	nd Fr	iday	6-30 D	ay Post	7- Annual	Special 2	<sup>o</sup> Friday	Special 30 l	
		rimary	Prima		Pre-				-	ction	Electio	n		Pre-Electi	on	Post-Election	on
1105 innary		y		· J	"	-104							<del>                                  </del>	<u> </u>		<del> </del>	
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Date Of Election			05/1	R/2021	Yea	Ţ			2021	ı	Report			Report	1011		
(MM/DD/YYYY) 05/18/2021										•	uchou			Heboir			
Summary of Re	ceipts	and	From	Date		T	o Date	<b></b>	1900- 1-062	(A.) (A.) (A.) (A.)			For	Office Use	Only		
Expenditures					_												
			1,	25/2021		5/3/2021											
A. Amount Brou	ight F	orward F	rom La	st Repor	t	\$ 0											
	-3							0						1			
B. Total Moneta	ary Co	ntributio	ons and	Receipt	S	\$		4,98	) E								
(From Schedule	: I)							4,90									
G. Total Funds A	\vailal	ble				\$		4,98	) F								
(Sum of Lines A						·L		4,50			•			•			
D. Total Expend		\$				\$		2,779	340								
(From Schedule						$\perp$		c <sub>4</sub> 112	,: <del>1</del> 9		l						
E. Ending Cash						\$		2,20	5 51								
(Subtract Line I				<u> </u>				_,			ı						
F. Value of In-K		ontributi	ons Rec	eived		\$	-	0			I						
(From Schedule									·								
G. Unpaid Debi		Ì	\$		0												
(From Schedule	: IV)					$oldsymbol{\perp}$					<u> </u>						
										lavit Sı							
Part 1- If this is a	Comm	ittee repo	rt, treas	urer sign	here. I	f this	≛ a Ca	ndid	ate re	port, c	andidate	sign here	).		and en===1	ato .	
I swear (or affirm	) that t	this report	t, includi	ng the att	ached	sche	autes o	n pa	per is	to the	Desi of	ny knowle	eage and belief	true, correct	ana compi	ele.	
Sworn.to and sub	scribe	d before n	ne this								: 7.3	AL	_				

## SCHEDULE I Contributions and Receipts Detailed Summary Page

Piler Identification Number 26-4291120		·
1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor		·
Total for the reporting period (1)	\$	2,390.00
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)	and the second	•
Contributions Received from Political Committees (Part A)	\$	450.00
All Other Contributions (Part B)	8	2,145.00
Total for the reporting period (2)	\$	2,495.00
3. Contributions Over \$250.00 (From Part C and Part D)	Contract of the Contract of th	
Contributions Received from Political Committees (Part C)	\$	0
	\$	0
Contributions Received from Political Committees (Part C)		
Contributions Received from Political Committees (Part C)  All Other Contributions (Part D)	\$	0
Contributions Received from Political Committees (Part C)  All Other Contributions (Part D)  Total for the reporting period (3)	\$	0

#### 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.

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			diamentalistics			Antonia manda kanada a				Amount
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House		Street	Address					Date [MM/DD/YYYY]	\$	
	3163	į	F	ront Street						
City							18052	Date [MM/DD/YYYY]	\$	
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Commi			Friends o	f J William R			┤゜	250.00		
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Commi									1	
House	#	Street	Address					Date [MM/DD/YYYY]	\$	
City		1		State		Zip Code		Date [MM/DD/YYYY]	\$	
						1				

#### 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.)

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	ne anna ann
	26-4291120
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<b>a</b>	

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1 411 1	Hillary Kwiatek									\$	*****
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	638	_		Sprin	ing Street	į.					
City	Bethlehem	i		门	State	PA	Zip Code	18018	Date [MM/DD/YYYY]	\$	
						PA		18010			
Full Nar	me of Contribut	tor							Date [MM/DD/YYYY]	\$	
·		,	Donald Flac	đ					03/7/2021		100.00
House #		Stre	eet Address						Date [MM/DD/YYYY]	\$	
·	231			E Ma	arket Stre	<u>:et</u>			04/15/2021		100.00
City				П	State		Zip Code		Date [MM/DD/YYYY]	\$	
	همون بيرون ومسوف شيعا	المجيدة			L	<u> </u>				_	
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House #	1	Str	eet Address				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Date [MM/DD/YYYY]	\$	
	3346 Chiswick Court, #1-B						03/27/2021		100.00		
City		***************************************	1	State Zip Code		Date [MM/DD/YYYY]	\$				
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City		Stre		S W M	State	reet PA	Zip Gode	18018	Date [MM/DD/YYYY]	S	35.00

#### 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.)

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Filer Identification Number:	
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City		,	State	מו	Zip Code		Date [MM/DD/YYYY]	8	
	Montclair	•	1.						
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		Maria Roda	ile		04/15/2021		100.00		
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	2807	Honeysuckle				·			
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	Bethlehem			PA	- Eth going	18015	Date fraint pot citti		·
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City	Pittsburgh		State	PA	Zip Code	15206	Date [MM/DD/YYYY]	\$	·
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		Beata Kram	ier				04/15/2021	].  -	150.00
House #	1	Street Address	1		***************************************		Date [MM/DD/YYYY]	\$	
	852		Robin Road						
City		<u> </u>	State	1	Zip Code		Date [MM/DD/YYYY]	\$	
	Hillsborough			NJ					
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		Susan Wild					04/17/2021		150.00
House #		Street Address	3				Date [MM/DD/YYYY]	S	
	1386		Doe Trail Ro	ad					,
City	1		State	T	Zip Code	T	Date [MM/DD/YYYY]	S	
	Allentown			PA		18104	pero ferrationi i i i i i		
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		Megan Bes	te	04/05/2021		200.00			
House #	<u> </u>	Street Address		l l	0				
100001	345	9th Avenue	Date [MM/DD/YYYY]	\$					
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City	Bethlehem		State	PA	Zip Code	18018	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.)

	26-4291120		·
		1100080 AZ 100 0 100 0 2 0 0 0 0 0 0 0 0 0 0 0 0 0	
Full Name of Contributor		Date [MM/DD/YYYY]	\$

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Full Na	me of Contrib						Date [MM/DD/YYYY]	\$	
		Eva Burkhart	τ				04/19/2021		75.00
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	307		Tuxedo						
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		Julie Benjam	nin				04/15/2021	1	100.00
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		Kerry Greene	<b>e</b>				03/27/2021	•	100.00
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City	Emmaus		State	PA	Zip Code	18049	Date [MM/DD/YYYY]	\$	•
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_	Bethlehem			PA		18017	Perco Festal/DD/1111]	۳	
						10017	1	ł	

#### 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.

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City			State	Zip Code		Date [MM/DD/YYYY]	\$	
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Full Nar						Date [MM/DD/YYYY]	\$	
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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)

26-42	291120			
Full Name of Contributor			Date [MM/DD/YYYY]	\$
House # Street Ad	dress		Date [MM/DD/YYYY]	\$
Oit.		1 0		
City	State	Zip Code	Date [MM/DD/YYYY]	
Employer Name			Occupation	
Employer Mailing Address / Principal Place of Business				
Full Name of Contributor			Date [MM/DD/YYYY]	\$
House # Street Ad	dress		Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
		•		ľ
Employer Name			Occupation	
Employer Mailing Address / Principal Place of Business				
Full Name of Contributor			Date [MM/DD/YYYY]	\$
House # Street Ad	ldress	**************************************	Date [MM/DD/YYYY]	8.
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name	l		Occupation	<u> </u>
Employer Mailing Address / Principal Place of Business				
Full Name of Contributor			Date [MM/DD/YYYY]	8
House # Street Ad	dress		Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name	<u></u>		Occupation	.
Employer Mailing Address / Principal Place of Business				

#### 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. Filer Identification Number:

The Identification harmon	26-4291120			
Full Name				
	Manak Addana			
	Street Address			
City		State	Zīp Code	Date [MM/DD/YYYY] \$
Receipt Description				<b>1</b>
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description	· .	· .		
Full Name				
House #	Street Address			
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Receipt Description				
Full Name				
House#	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				
Fuli Name				
	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		<u> </u>	.	

#### SCHEDULE II

## **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

Filer Identification Number:	26-4291120		
1 UNITEMIZED IN KIND	CONTRIBUTIONS RECEIVED-VALUE O	E • 50 00 0	DIESS DED CONTRIBUTOD
TOTAL for the reporting period		\$	n LESS PER GUNTRIBUTUR
2. IN-KIND CONTRIBUT	IONS RECEIVED-VALUE OF \$50.01 TO \$	250.00 (FF	OM PART F)
TOTAL for the reporting period	(2)	\$	0
3. IN-KIND CONTRIBUT	ION RECEIVED-VALUE OVER \$ 250.00 (F	ROM PAR	T G)
TOTAL for the reporting period	(3)	\$	0
	TRIBUTIONS DURING THIS REPORTING it totals from boxes 1, 2, and 3; also en Item F)		O

#### SCHEDULE II PART F

#### **In-Kind Contributions Received**

VALUE OF \$50.01 TO \$250

rher wenun	ication Number:	26-4291120						
Full Name	of Contributor	trong turn dissilaren i issilar debili d			Comment of the Commen	Date [MM/DD/YYYY]	\$	
House #	Stre	et Address				Date [MM/DD/YYYY]	\$ .	
City			State	Zip Code		Date [MM/DD/YYYY]	\$	
Description	n of Contributio	n · ·			<u> </u>			
	of Contributor							
run wame	Of Contributor				-	Date [MM/DD/YYYY]	\$	
House #	Stre	et Address			:	Date [MM/DD/YYYY]	\$	
					Ī	<del></del>		İ
City	1	<u> </u>	State	Zip Code	T .	Date [MM/DD/YYYY]	\$	
	n of Contribution	V						
Full Name	of Contributor		The state of the s		er in the state of the second	Date [MM/DD/YYYY]	\$	
	<u></u>							
House #	Stre	et Address		70.00		Date [MM/DD/YYYY]	\$	
City			1 64 .4. 1					
Gity		•	State	Zip Code		Date [MM/DD/YYYY]	\$	
Description	n of Contribution	n · ː						
Full Name	of Contributor	·			Allegia - 1 mas a la l	Desc IMARA (DD /VVVVVI		
	or come				-	Date [MM/DD/YYYY]	\$	
House #	Stre	et Address	<del></del>			Date [MM/DD/YYYY]	\$ .	
		ot riuui coo			ľ	pare familiani 21111		
City			State	Zip Code	T	Date [MM/DD/YYYY]	\$	
			. [					
	n of Contribution	a						
Full Name	of Contributor		, indugation to an action to an ac-			Date [MM/DD/YYYY]	\$	
					,			
House #	Stre	et Address				Date [MM/DD/YYYY]	\$	
O'L.			· * · ·				,	
City		•	State	Zip Code	-	Date [MM/DD/YYYY]	\$	
Description	of Contribution	1						

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

		VALUE OVEK	1 <del>4</del> 230			
Filer Identification Number: 26-4291120						
Full Name of Contributor			Date [MM/DD/YYYY]	-   \$		
House # Street Address			Date [MM/DD/YYYY]	\$		
City	State	Zip Code	Date [MM/DD/YYYY]	8		
Employer Name		<u></u>	Occupation			
Employer Mailing Address / Principal Place of Business			Description of Contribution			
Full Name of Contributor	The Control of Control		Date [MM/DD/YYYY]	\$		
House # Street Address			Date [MM/DD/YYYY]	\$		
City	State	Zip Code	Date [MM/DD/YYYY]	\$		
Employer Name			Occupation			
Employer Mailing Address / Principal Place of Business			Description of Contribution			
Full Name of Contributor			Date [MM/DD/YYYY]	\$ .		
House # Street Address			Date [MM/DD/YYYY]	3		
City	State	Zip Code	Date [MM/DD/YYYY]	3		
Employer Name			Occupation			
Employer Mailing Address / Principal Place of Business			Description of Contribution	of		
Full Name of Contributor			Date [MM/DD/YYYY]	\$		
House # Street Address			Date [MM/DD/YYYY]	\$		
City	State	Zîp Code	Date [MM/DD/YYYY]	.   \$		
Employer Name			Occupation			
Employer Mailing Address / Principal Place of Business	-		Description of Contribution			

# SCHEDULE III Statement of Expenditures

Filer Identification Number:	
The lacinimation trainber.	26 4201120
	26-4291120
and the second s	

To Whom Paid						Date [MM/DD/YYYY]	\$			
	LV Print Center/Harkin's Signs				03/31/2021	1	508.80			
House	# 1701	Street Address	Inion Boule	vard		Description of Expend	Description of Expenditure			
City	Allentown	State PA Zip Code 18109				Printing Services	Printing Services			
To Wh	om Paid	Capitol Promotions,	Inc.				Date [MM/DD/YYYY] 03/31/2021	\$	561.80	
House	#	Street Address			· · · · · · · · · · · · · · · · · · ·		Description of Expendi	ture	<u> </u>	
		Juli Got Madi Got	.O. Box 231				20001PROITO Dipolita			
City	Glenside		State	PA	Zip Code	19038	Printing Services			
To Wh	iom Paid	PNC Bank				•	Date [MM/DD/YYYY]	. \$	16.90	
	7						02/04/2021		1.000	
House	· #	Street Address	.O. Box 609				Description of Expendi	ture		
City	Pittsburgh		State	PA	Zip Code	15230	Check Printing Fee			
To Wi	iom Paid	A -ADI		The Control of the State of the		a a filosofia de responsable de la companya de la c	Date [MM/DD/YYYY]	\$		
		ActBlue					03/31/2021		25.21	
House	#	Street Address	treet Address P.O. Box 44146				Description of Expendi	Description of Expenditure		
City	Somerville		State MA Zip Code 02144				Fundraising Fees	Fundraising Fees		
							<u> </u>			
To Wi	nom Paid	ActRine			<del>- L i</del>		Date [MM/DD/YYYY]	8	2024	
		ActBlue				- <u> </u>	04/30/2021		29.34	
House		Street Address	.O. Box 441	46						
		Street Address	CO. Box 4414	46 MA	Zip Code	02144	04/30/2021			
House City	*#	Street Address p		1		02144	04/30/2021  Description of Expendi			
House City To Wr	Somerville	Street Address		1		02144	04/30/2021  Description of Expendi  Fundraising Fees  Date [MM/DD/YYYY]  05/03/2021	ture		
House City To Wi	Somerville	Street Address ActBlue	State 2.0. Box 441	МА	Code	02144	04/30/2021  Description of Expendi  Fundraising Fees  Date [MM/DD/YYYY]	ture		
House City To Wi House City	Somerville  nom Paid  #  Somerville	Street Address ActBlue	State	МА		02144	04/30/2021  Description of Expendi  Fundraising Fees  Date [MM/DD/YYYY]  05/03/2021	ture	255	
House City To Wi House City	Somerville	Street Address ActBlue	State 2.0. Box 441 State	MA 46	Code Zip		O4/30/2021  Description of Expendi  Fundraising Fees  Date [MM/DD/YYYY]  05/03/2021  Description of Expendi  FUNDIAS INCO  Date [MM/DD/YYYY]	ture	255	
House City To Wi House City	Somerville  somerville  Somerville	ActBlue  Street Address  LV Print Center/Har	State 2.0. Box 441 State	MA 46 MA	Code Zip		O4/30/2021  Description of Expendi  Fundraising Fees  Date [MM/DD/YYYY]  05/03/2021  Description of Expendi	s ture	2.55 ~~\$	
House City To Wit House City To Wit	Somerville from Paid Somerville from Paid	ActBlue  Street Address  LV Print Center/Har	State 2.0. Box 441 State kin's Signs	MA 46 MA	Code Zip		O4/30/2021  Description of Expendi  Fundraising Fees  Date [MM/DD/YYYY]  O5/03/2021  Description of Expendi  FUNDRAS (CC)  Date [MM/DD/YYYY]  O4/22/2021	s ture	2.55 ~~\$	
House City To Wit House City To Wit House City	Somerville Somerville Somerville Tom Paid	ActBlue  Street Address  LV Print Center/Har	State 2.0. Box 441 State kin's Signs Union Boule	MA 46 MA	Zip Code	02144	O4/30/2021  Description of Expendi  Fundraising Fees  Date [MM/DD/YYYY]  05/03/2021  Description of Expendi  FUNDRAS (CO)  Date [MM/DD/YYYY]  04/22/2021  Description of Expendi	s ture	2.55 ~~\$	
House City To Wit House City To Wit House City	Somerville Somerville Tom Paid  # 1701 Allentown	ActBlue  Street Address  LV Print Center/Har	State 2.0. Box 441 State kin's Signs Union Boule	MA 46 MA	Zip Code	02144	Description of Expendi  Fundraising Fees  Date [MM/DD/YYYY]  05/03/2021  Description of Expendi  FUNDRAS (CC)  Date [MM/DD/YYYY]  04/22/2021  Description of Expendi  Printing and Mailing Service	sture \$	2.55 ~~\$	
House City To Wi House City To Wi To Wi	Somerville Somerville Tom Paid  # 1701 Allentown	Street Address  ActBlue  Street Address  LV Print Center/Har  Street Address	State 2.0. Box 441 State kin's Signs Union Boule	MA 46 MA	Zip Code	02144	Description of Expendi Fundraising Fees  Date [MM/DD/YYYY]  05/03/2021  Description of Expendi  Date [MM/DD/YYYY]  04/22/2021  Description of Expendi  Printing and Mailing Servi	sture \$	2.55 ~~\$	

#### 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.

	- 1-0 an angula dobte and obligations which are obligationing at the G	ia or the reporting bettoa.
riici identificadoff Mulliber:	26-4291120	
The same of the sa		
Name of Creditor		Outstanding Balance of Debt

Name of Creditor				Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED	\$
		-	[MM/DD/YYYY]	
City		State	Zip Code	-
Description of Debt			- Dude	
				week and the second sec
Name of Creditor				Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State	Zîp	]
		Utter	Code	
Description of Debt				
Name of Creditor				Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED	\$
		<u> </u>	[MM/DD/YYYY]	1
City		State	Zip Code	1.1
Description of Debt		<u> </u>	- Uouc	
Name of Creditor				Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED	\$
		_	[MM/DD/YYYY]	
City		State	Zip Code	1
Description of Debt		<u></u>	Gode	
Name of Oranidae				
Name of Creditor				Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City	1	State	Zip	1.
Description of Debt		<u></u>	Code	
Name of Creditor				
		<del></del>		Outstanding Balance of Debt
House #	Street Address	_	DATE DEBT INCURRED [MM/DD/YYYY]	3
City		State	Zip	
Description of Debt			Code	
Description of Desc				