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

		1,2040.				70 H. H.				<u> </u>			
Filer Identificat Number		•	Report (Mark		By	Candida	ıte	X	Committee			Lobbyist	
Name of Filing Lobbyist	Committee, Ca	indidate or	J. Willia	m Reyr	rolds								
Street Address			1718 N	New St	treet								
City	Bethlehe	em	I			State	PA		Zip Code	18018			
Type of Report	(Place x under	report type)											
1-6 th Tuesday Pre-Primary	2- 2 nd Friday Pre-Primary	3-30 Day Post Primary	4- 6 th Tu Pre- Elec	-		Friday Election	6- 30 Da Election		7- Annual	Special 2 nd Fr Pre-Election	iday	8pecial 30 Post-Elect	
			· 	1		X					$\overline{}$		
Date Of Election	<u> </u>		Year			<u> </u>	Amendr	nent		Termination			
(MM/DD/YYYY)		11/04/25			2	:025	Report			Report	·		
Summary of Re Expenditures	celpts and	From Date		o Date	}			o, granica	For	Office Use Only			
Expenditures		06/10/2025		10/	/20/202	25							
A. Amount Brou	ight Forward F	rom Last Report	. 8		0								
B. Total Moneta		ns and Recelpts	\$		0								
(From Schedule C. Total Funds A			\$!		Oct	² 4 2025			
(Sum of Lines A					0	·		Outh	2	4 200			
D. Total Expend (From Schedule		•	3		0	į		FI	OFNOR	4 2025			
E. Ending Cash B			8				66	in PC	t_0	a_{m_n}			
(Subtract Line D		Dkd			0		1	" Wa	Shir UlVisi	$O_{r}^{(N)}$			
F. Value of In-Kir (From Schedule		n s Heceived	\$		0	Ż	4018	iton.	D. gton	O, :			
G. Unpaid Debts	and Obligation	ns ·	\$		0			,	Of North tion Division Shington PA. 1804	<i>ॅ</i> र्			
(From Schedule	IV)					ldavit Sect	tion		04.	<u> </u>			
Part 1- If this is a Co	ommittee report	, treasurer sign he	re. If this I	s a Cano	lidate	report, car	ididate s igr	here.	·.				
I swear (or affirm) t			hed sched	ule s on	paper,	is to the b	est of my k	nowledg	je and bellef tru	ie, correct and co	mplete.		
Sworn to and subso	,						• -		n .				
day of (JCI.OPE	20					- Sigi	nature o	f Person Submit	tting report		-	
	Ignatura	***************************************		r		-		J. W.	1) ism Rey Printed Name	no 1ds			
•	ignature	Panneylyania - No	tary Seal	1			<i>(</i> 10			18-8692			
My Commission exp	Dires Paul E. Ros	sko, Notary Publigh Pounty YR.	ic			Are	610 ea Code	_		me Telephone N	umber		
M	commission e	xpires February	18, 2026		-4b-	il alaa bas							
Part II- If this is a rej I swear (or affirm)	orzed and odden	me a mutaonta o si me kanawa a a a a a a a a a a a a a a a a a	emmittee	candid is politi	ate sna cal con	ın sıyn ner nmittee ha	e. Is not viola	ted any i	provision s of the	e Act of June 3, 1	937 (P.L.	. 1333, NO.3	20) as
amended.				-									
Sworn to and subscr	ibed before me	this											
day of		20	•	1				enni?	ture of Candida	ł o			
				1				_					
Si	gnature		•	1				Pr	inted Name				
My Commission expi		IAV VD					a Code		Doutim	e Telephone Nun	her		
	M0. [AY YR.				Wifi	a 0006		Dayilli	e reiopholic iduli	,501		

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

Filer Identification Number		·	Report Filed E (Mark X)	Bỳ Cándio	late		Committee		Lobbyist		
Name of Filing Com Lobbyist	mittee, Ca	indidate or	Friends of J. V	Villiam Reynol	nolds						
Street Address	,		1718 N New S	Street	٥			•			
City	Bethleh	em .		State	PA ·	·	Zip Code	18018			
Type of Report (Plac	e x under	report type)									
		3- 30 Day Post	4-6th Tuesday. Pre-Election	5- 2 nd Friday Pre- Election	1	-	7- Annual	Special 2 nd Fridate Pre-Election	Special 30 Day Post-Election		
Pre-Primary Pre	-Primary	Primary	Pre- Election	FIE: CIECTION	Licotion	1	<u> </u>				
				X] .					
Date Of Election (MM/DD/YYYY)		11/04/25	Year	2025	Amend Report	ment		Termination Report			
Summary of Receipt	s and	From Date	To Date	}			For	Office Use Only			
Expenditures		6//11/25	1 10	0/20/25		: .					
A. Amount Brought	Forward F	rom Last Report	\$ \$2	6,091.68				· · · · · · · · · · · · · · · · · · ·			
B. Total Monetary C	ontributio	ns and Receipts	8			"25	Or Northan Poton St.				
(From Schedule I)				0.00 .		7/5		A			
C. Total Funds Availa (Sum of Lines A and			\$ \$20	6,091.68 _. *	රික	\ <u>`</u>	Org .	OCT .			
D. Total Expenditure			\$ \$2	2,174.90	C. OS	40	10/74 B	007 24 20			
(From Schedule III) E. Ending Cash Balan	ce	•	- - 		NO.	(PO)	(N. P.	~ (V)	25		
(Subtract Line D fron	n Line C)		\$23	3,916.10			00 00 C				
F. Value of In-Kind Co (From Schedule II)	ontributio	ns Received	\$ \$15	5,000.00	l	*Y,	(S.)(V.	•			
G. Unpaid Debts and	Obligatio	ns :	. 8	0.00			00 X	.•			
(From Schedule IV)		and the production of the second seco		0.00							
Part 1- If this is a Comm	i ttee report	, treasurer sign hei	re. If this is a Cand	lidate report, c	andidate sig	n here.					
I swear (or affirm) that t			ned schedules on	paper, is to the	best of my	knowledg	je and belief tru	ie, correct and compl	ete.		
Sworn to and subscribed											
day of	7600	20 25	.]		. 510	nature o	reisun auunin	ւայլ ւթրոււ Հ			
		ر nwealth of Penr	nsvivanja - Notary	Seal	ANDRE	W/M	. 612/450 Printed Name	>V			
		Paul E. Rosko,	Notary Public	, 532.	(II)		C	247-367	1		
My Commission expires	Md.Myo	behigh compaission expir	es February 18,	2026	rea Code		(<u>/ (</u>	<u>r</u> er		
		Commission nu	mper 1140991					•			
Part II- If this is a report o I swear (or affirm) that to amended.	the best o	rte's Authorized Co f my knowledge an	d belief this politi	ate snall sign no cal committee	ere. nas not viola ·	ited any i	provisions of th	e Act of June 3, 1937	(P.L. 1333, NO.320) as		
Sworn to and subscribed	before me	this									
211 day of 0 c=			4 4						•		
<u>⊘∵ r</u> uay u <u>r r ≥ </u>	, <u>(() () () () () () () () () () () () () </u>		1			Signa	ture of Candida	te	,,		
			,			<u> エル</u> Pr	1. 1). im (cyn les			
du Commission audi	606 i	8,2026	. !		610			8-8692	i		
My Commission expires 7	monwealth Moaul E	o Pennsylvania - Rosko, Notary Pu	Notary Seal	Aı	ea Code	-		e Telephone Number			
	L	ehigh County.									
iviyo		n expires Februa sion number 1140				· · · · · · · · · · · · · · · · · · ·					
Mem	ber. Penns	ylvania Association	of Notaries								

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)	
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)	and and an extract an
Contributions Received from Political Committees (Part A)	[8]
All Other Contributions (Part B)	8
Total for the reporting period (2)	S Company of the Comp
3. Contributions Over \$ 250.00 (From Part C and Part D)	
Contributions Received from Political Committees (Part C)	
All Other Contributions (Part D)	8
Total for the reporting period (3)	8
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)	
Total for the reporting period (4)	
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)	8

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 Identificatio	n Number						
						An	nount
Full Name of Co Committee	ontributing				Date [MM/DD/YYYY] 8	
House #	Street Address				Date [MM/DD/YYYY] 8	
City		 State	Zip Code		Date [MM/DD/YYYY	8	
egye Vergessee		940 F. T.	production (Section)	- 1-		1.00	
Full Name of Co Committee	ontributing				Date [MM/DD/YYYY]	8	
House #	Street Address			44.44	Date [MM/DD/YYYY]	8	
City		State	Zip Code		Date [MM/DD/YYYY]	8	
AMERICAN STREET		an dalah	ราชอยาก จะผู้รับก				
Full Name of Co Committee	ntributing				Date [MM/DD/YYYY]	8	
House #	Street Address				Date [MM/DD/YYYY]	8	
			١				
City		State	Zip Code		Date [MM/DD/YYYY]	8	
Full Name of Cor Committee	ntributing				Date [MM/DD/YYYY]	8	
House #	Street Address	19-10-4-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-			Date [MM/DD/YYYY]	8	
City		State	Zip Code		Date [MM/DD/YYYY]	8	
oth comme							
Full Name of Con Committee	tributing				Date [MM/DD/YYYY]	8	
House #	Street Address				Date [MM/DD/YYYY]	8	100
City	<u> </u>	State	Zip Code	T	Date [MM/DD/YYYY]	8	
.5		0, 121	11.6			- Control	
Full Name of Con Committee	tributing				Date [MM/DD/YYYY]	3	
House #	Street Address	**************************************			Date [MM/DD/YYYY]	8	
City		State	Zip Code		Date [MM/DD/YYYY]	8	
we.			+ 4				

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 Identificatio	n Number:	·			
Full Name of Co	ontributor			Date [MM/DD/YYYY] 8	
House #	Street Address	N - 1 - 1 - 1		Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Co	ontributor			Date [MM/DD/YYYY] \$	3 · · · · · · · · · · · · · · · · · · ·
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] 8	
Full Name of Co	ontributor		, ngasar kirin di sama	Date [MM/DD/YYYY] \$	
House #	Street Address	- THE		Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Co		AND THE SECOND SECOND		Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City Full Name of Co	nV-likuzes	State	Zip Code	Date [MM/DD/YYYY] \$	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
House #	Street Address	-		Date [MM/DD/YYYY] \$	
City	onest Address	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Co	ntributor :			Date [MM/DD/YYYY] 8	
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] 8	

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.

Filer Identification	on Number:				
Full Name of Contributing C	a-milton			Date [MM/DD/YYYY]	
House #	Street Add	ress		Date [MM/DD/YYYY]	<u> </u>
City		State	Zip Code	Date [MM/DD/YYYY]	8
Uity		Julia	ZIP 6006	Date [MIMI/DD/1111]	
Full Name of		201774-9-2019000000		Date [MM/DD/YYYY]	
Contributing Co	ommittee			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
House #	Street Add	ress		Date [MM/DD/YYYY]	
City		State	Zip Code	Date [MM/DD/YYYY]	3
Full Name of				Date [MM/DD/YYYY]	
Contributing Co	mmittee				
House #	Street Addr	ress		Date [MM/DD/YYYY]	8
0.000-1000-000-000-000-000-000-000-000-0	***************************************				
City	1	State	Zip Code	Date [MM/DD/YYYY]	
Full Name of				Date [MM/DD/YYYY]	
Contributing Co	mmittee			The state of the s	
House #	Street Addre	ess		Date [MM/DD/YYYY]	8
City	•	State	Zip Code	Date [MM/DD/YYYY]	*
Full Name of				Date [MM/DD/YYYY]	
Contributing Cor	mmittee				
House #	Street Addre	288		Date [MM/DD/YYYY]	8
City		State	Zip Code	Date [MM/DD/YYYY]	
ull Name of				Date [MM/DD/YYYY]	
Contributing Con	nmittee				
louse#	Street Addre	58		Date [MM/DD/YYYY]	
ity		State	Zip Code	Date [MM/DD/YYYY]	3

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		er kerrigis e	Date [MM/DD/YYYY] 8	
House #	Street Address	Alexander Astronomica (Alexander Alexander Ale		Date [MM/DD/YYYY] 8	
City		State	Zip Code	Date [MM/DD/YYYY] 8	3 9
Employer Name				Occupation	
Employer Maili Principal Place	ng Address / of Business	10 S	er versus og sind at det en		
Full Name of Co	MINOR PROGRAMMA COMPANION OF THE SAME SAME SAME SAME SAME SAME SAME SAM			Date [MM/DD/YYYY] 8	
House #	Street Address			Date [MM/DD/YYYY] \$	
City	The second secon	State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Name				Occupation	
Employer Maili Principal Place	ng Address / of Business				
Full Name of Co				Date [MM/DD/YYYY] 8	
House #	Street Address			Date [MM/DD/YYYY] 8	
City		State	Zip Gode	Date [MM/DD/YYYY] \$	
Employer Name		ISSESSE		Occupation	
Employer Mailir Principal Place o					
Full Name of Co	ntributor			Date [MM/DD/YYYY] 8	
House #	Street Address		w'	Date [MM/DD/YYYY] \$	
City		State	Zip Gode	Date [MM/DD/YYYY] \$	
Employer Name				Occupation	
Employer Mailir Principal Place o					

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 Identificat	ion Number:			
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] 8
Receipt Descr				
Full Name			<u> </u>	
House #	Street Address			
City	And Assume	State	Zip Gode	Date [MM/DD/YYYY]
Receipt Descr	iption	Para	* Practice and	
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] 8
Receipt Descri	ption			
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] 1
Receipt Descri	ption	The stages of	appear entre un	300
Full Name	And the second s			
House #	Street Address			
City		State	Zip Gode	Date [MM/DD/YYYY] \$
Receipt Descrip	otion	Topicol Diseases		
Full Name				
House #	Street Address		The first the destroyed	
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Descrip	tion			

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:	
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50	.00 OR LESS PER CONTRIBUTOR
TOTAL for the reporting period (1)	8 0
2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.	DO (FROM PART F)
TOTAL for the reporting period (2)	8 0
3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$ 250.00 (FROM	PART G)
TOTAL for the reporting period (3)	\$ \$15,000
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)	\$15,000

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identificati	ion Number:				
Full Name of C	Pontributor				
Fun Name of d)OURIDURO:			Date [MM/DD/YYYY] \$	
House #	Street Addre	SS8	· · · · · · · · · · · · · · · · · · ·	Date [MM/DD/YYYY] \$	
City		State	Zip Gode	Date [MM/DD/YYYY] \$	
Description of	Contribution				
Full Name of C	ontributor			Date [MM/DD/YYYY] \$	
House #	Street Addre	55		Date [MM/DD/YYYY] 8	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Description of (Contribution				
Full Name of Co	ontributor	-		Date [MM/DD/YYYY] \$	
House #	Street Addres	8	···	Date [MM/DD/YYYY] \$	
City	Become and the second s	State	Zip Code	Date [MM/DD/YYYY] \$	
Description of C	Contribution		Secure of the Secure of Management of Secure		
Full Name of Co	ntributor	enterent services		Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Description of Co	ontribution	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			***************************************
Full Name of Cor	ntributor			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
lity		State	Zip Code	Date [MM/DD/YYYY] \$	
Description of Go	ontribution		Proceedings of the second		· · · · · · · · · · · · · · · · · · ·

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$ 250

	ing penjang apakang kananan manakan kang ang anakan da ang an	
Filer Identification Number:		

Full Name of Contribut	A				Date [MM/DD/YYYY] \$
Full Name of Continuer	Michael Perru	ıcci			07/08/2025 \$15,000
	Street Address				Date [MM/DD/YYYY] \$
2351	W	ashington Lane			
City Bethlehem		State PA	Zip Code 1801	15	Date [MM/DD/YYYY] 8
Employer Name		Self Employed			Occupation Attorney
Employer Mailing Addr	ess / Principal	Sell Employed			Description Associates
Place of Business		2351 Washingt	on Lane Bethlehem, PA	18015	Of Shared state and regional polling data
Full Name of Contribute					Date [MM/DD/YYYY] 3
House #	treet Address				Date [MM/DD/YYYY] \$
City		State	Zip Code	n navyte y	Date [MM/DD/YYYY] 8
Employer Name					Occupation
Employer Mailing Addr	ess / Principal		-		Description
Place of Business					of Contribution
Full Name of Contribute		Commission of the Commission o			Date [MM/DD/YYYY] 8
House #	treet Address				Date [MM/DD/YYYY] 8
City	· · · · · · · · · · · · · · · · · · ·	State	Zip Code		Date [MM/DD/YYYY] \$
Employer Name					Occupation
Employer Mailing Addre Place of Business	ess / Principal				Description of Contribution
Full Name of Contributo	O r .	3		· .	Date [MM/DD/YYYY] &
House #	treet Address				Date [MM/DD/YYYY] \$
City		State	Zip Code		Date [MM/DD/YYYY] \$
Employer Name				1107	Occupation
Employer Mailing Addre	ess / Principal		. *	, a constant	Description
Place of Business				STATE OF THE STATE	of Contribution

Statement of Expenditures

1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	nages expenses a magnification of	CHANGE THE COLUMN THE PROPERTY OF THE PROPERTY	
Filer Identification Number:	- •		

To Whom Paid					Date [MM/DD/YYYY] \$			
Squarespace					06/19/25 \$34.98			
House # 225	Street Address	/arick Stre	et #12		Description of Expenditure			
City New York		State	NY	Zip Code 10	0014	Website Hosting		
To Whom Paid Lehigh Valley For All					Date [MM/DD/YYYY] 8			
					07/16/25 \$500.00			
House #	Ouse # Street Address PO BOX 442					Description of Expenditure		
City Bethlehen	1	State	PA	Zip Code 18	3016	Campaign Contribution		
To Whom Paid	Kovin Monulty					Date [MM/DD/YYYY] \$		
Kevin Mcnulty						07/17/25 \$500.00		
House # 3026	Street Address R	ambeau R	load			Description of Expenditure		
City Bethlehem State PA Zip 18018			018	Primary Campaign Work				
To Whom Paid					Date [MM/DD/YYYY] \$			
	Squarespace					07/19/25 \$34.98		
House # 225	Street Address Varick Street #12				Description of Expenditure			
City New York State NY Zip 10014					Website Hosting			
To Whom Paid Friends of Tara Zrinski				Date [MM/DD/YYYY] \$ \$500.00				
House # Street Address					08/01/25 #3505.00 Description of Expenditure			
1341 Street Address Linden Street								
City Bethlehem	•	State	PA	Zip Code 180)18	Campaign Contribution		
To Whom Paid					Date [MM/DD/YYYY] \$			
	Squarespace					08/19/25 \$34.98		
House # 225	Se # 225 Street Address Varick Street #12				Description of Expenditure			
City New York		State	NY	Zip Code 100	14	Website Hosting		
To Whom Paid					Date [MM/DD/YYYY] 8			
Bethlehem City Democratic Committee					10/6/25 \$500.00			
House # Street Address PO BOX 1792					Description of Expenditure			
Bethlehem		State	PA	Zip Code 180	16	Campaign Contribution		
o Whom Paid Squarespace					Date [MM/DD/YYYY] \$ \$69.96			
fouse # Street Address					10/19/25 possible properties the properties of t			
225 Varick Street #12					pescription or exhaunting			
New York		State	NY	Zip Code 1001	4	Website Hosting		

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 Identification Nu	mber:	and the second of the second o	un gent warte vie e
	2000 (1914)		
Name of Creditor House #	Inc. 1844	DATE DEDT INCLIDED	Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	
City		State Zip Code	
Description 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		[Extractional Control of the Control	Francis
Name of Creditor			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	8
City		State Zip Code	
Description 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		[Biographics and Control of the Cont	
Name of Creditor			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	
City		State Zip Code	
Description of Debt		Newson and the second s	
Name of Creditor			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	
City		State Zip Code	
Description of Debt			4.5