Commonwealth of Pennsylvania

CAMPAIGN FINANCE REPORT

PAGE 1 OF 12

(NOTE: This report must be clear and legible, it may be typed or printed in blue or black ink.)

(NOTE: This report must be clear and	Report	17 DO 17	- I	March 1994 of the State of the	2.		3.
Filer Identification Number:	Filed By:		15	PATRICE AND	Х		
Name of filing Committee, Candidate or Lobbyist:							
FRIENDS OF CASEY Street Address:							
2500 WEST END AVENUE		State:		Zip Code			
City: POTTSVILLE		State: PA		179			·
TYPE OF	2.		3.				v
REPORT	5.		20 E	Santana. Zavovaj			
		Magazia Tiraka Magazia Tiraka Magazia					X
(place X to the right of 7. YEAR	10 To				1 7	x District	
report type) Name of Office Sought by Candidate:		DATE OF	ELECTION	District	Office	Party	County
Name of Office Sought by Campidate:		BATTE AND THE		Number	Code	Code	Code 54
CLERK OF COURTS		05 16	2023] }	OTH (SEE INSTE	REP	FOR CODES
				1 2000			
Summary of Receipts			to the same of the same of	PA VARIANCE			
and Expenditures from: 01 01 20	.023 то	05 01	2023		j	- :	
A. Amount Brought Forward From Last Report	\$	5	564.22	1			· •
B. Total Monetary Contributions and Receipts (From Scho	nedule I) \$	24,0	058.14	1		100	1
C. Total Funds Available (Sum of Lines A and B)	8		522.36	1	- ;	4 ,	
D. Total Expenditures (From Schedule III)	8.	~	256.50	;	,	. 3	1
E. Ending Cash Balance (Subtract Line D from Line C)	ş		365.86	1			
F. Value of In-Kind Contributions Received (From School	dule II) \$		539.54	1	+·· 1		
G. Unpaid Debts and Obligations (From Schedule IV)	\$		NONE	1			
	AFFIDAVIT S	SECTION			SABIA S		
I swear (or affirm) that this report, including the attached sched						adge and br	elief true,
correct and complete.	Mariana y					-	
Sworn to said subscribed before me this Commonwealth of Pennsylvania-Notary Seal	• 23 1	n	· RZ	Totter	*		
d=6artah Louist Certaini, Notary Public 20	142	_/lorma	Signature o	of Person St	ubmitting R	eport	
HOLL & Nr. Commission Engines May 10 12025	}	NORM.	AN R. LE	Printed Nar			
Commission Rumber 1394291 My commission expires 10 2025	- 1	(570		FIRMS	Top .		I
My commission expires // 10 /00 /3 /R.	_ <u>J</u>	Area Co		D	aytime Tele	iphone Num	iber
BETTALER STORE AND THE STORE S	sarrava serialis)			and the second control			and the second
I swear (or affirm) that to the best of my knowledge and belief		committee has t	not violated a	ny provisio	ins of the	Act of June	3, 1937
(P.L. 1333, No. 320) as amended.	une person	Doi:		4	-		
Sworn to and subscribed before me this	an 1	-	as/	· ,	1		
Commonwealth of Phynsylvania-Notary Seal 20	023		1/ag	sature of Ca	indidate,	-	
Alexand Soffwylkill County (I Lavi)	}	MARIA	CASEY		1		
/ My Commission Existes May 10, 2025 Commission Number 1394291 27	-	(570	a)	Printed Ner	Me		

Department of State

Bureau of Commissions, Elections and Legislation

210 North Office Building

Harrisburg, PA 17120-0029

(717) 787-5280

Area Code

Daytime Telephone Number

MO.

DAY

SCHEDULE I PAG

PAGE 2 OF 12

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Per	riod	
FRIENDS OF CASEY	From <u>()1/()</u>	1/2023	To 05/01/2023
to the contraction of the contra			
TOTAL for the Reporting Period	d (1)	\$	NONE
· · · · · · · · · · · · · · · · · · ·	-		
FAR CONTROL OF THE PROPERTY OF			
Contributions Received from Political Committees (Part A)		\$	NONE
All Other Contributions (Part B)		\$	NONE
TOTAL for the Reporting Period	(2)	\$	NONE
BOZEGNIEGIUSTORSKOVEDSPAJO OD FRIODEZNEROM NACESTEO)			
Contributions Received from Political Committees (Part C)		\$	NONE
All Other Contributions (Part D)		\$	24,058.14
TOTAL for the Reporting Period	1 (3)	\$	24;058.14
entrification de la companie de la c			
TOTAL for the Reporting Period	ı (4)	\$	NONE
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.)		\$	24,058.14

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.

Name of Filing Committee or Candidate				Reporting Period	
FRIENDS OF CASEY		,		From <u>01/01/20</u>	23To05/01/2023
				DATE	AMOUNT
Full Name of Contributing Committee			MO.	DAY 2 SYEAR	\$
Mailing Address			» MO.	S. S. STEPANY AND CONVERSE	
					\$
City	State	Zip Code (Plus 4)	MO.	DAY SEAR	\$
Full Name of Contributing Committee			: MO.	A SEAR	\$
Mailing Address			, MO.	DAY YEAR	
City	State	Zip Code (Plus 4)	MO.	J. DAY J. SKEAR	\$
		-	i nec	DAY A YEAR	
Full Name of Contributing Committee					\$
Mailing Address				O PAY I YEAR	\$
City	State	Zip Code (Plus 4)	s Mes		\$
Full Name of Contributing Committee			Mig	NOTAY (STATE	\$
Mailing Address			3. A. V. (6)		
		*** O-d- /D) A			
City	State	Zip Code (Plus 4)	28.51(0)	in de Dayor & Cean	\$
Full Name of Contributing Committee			86.9		\$
Mailing Address			23 9 (0)	(\$
City	State	Zip Code (Plus 4)	o an Oa		\$
Full Name of Contributing Committee			\$ (2.dig)		\$
Mailing Address	·		MOS	CAS SEA	\$
City	State	Zip Code (Plus 4)	MO	E AY SEAST	
		_		Z SIPPAYAS SAASAS	\$
Full Name of Contributing Committee			an U.		* \$
Mailing Address	, 	1944 1949	MG	LAN YEAR	\$
Sity	State	Zip Code (Plus 4)	MÖ.	I WATE STAN	s
full Name of Contributing Committee	_11		SHAMO.	A DAYO AYEAR	
Mailing Address			:MO:	CAY (CYEAR	¥
	State	Zip Code (Plus 4)		A TORY OF A R	\$
City	State		samus.		\$
			_		PAGE TOTAL
enter Grand Total of Part A on Sche	edule i,	Detailed Summar	y Page	, Section 2.	\$ NONE

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 CASEY	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		From U1/U	01/2023 To 05/01/2023
Full Name of Contributor			DATE	AMOUNT
Full Name of Contributor				\$
Mailing Address				\$
City	State	Zip Code (Plus 4)		\$
Full Name of Contributor				
Mailing Address			50 10 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
City	State.	Zip Code (Plus 4)		
Full Name of Contributor	<u> </u>	_		\$
Mailing Address				\$
	1 54			•
City	State	Zip Code (Plus 4)		\$
Full Name of Contributor				\$
Mailing Address				\$
Sity	State	Zip Code (Plus 4)		\$
ull Name of Contributor				
Mailing Address		-		
Sity	State	Zip Code (Plus 4)		2.336 T
ull Name of Contributor			NATION SECURITION	\$ e
failing Address			875.3872.4 44.02.22.4	\$
lty	State	Zip Code (Plus 4)		*
		-		\$
ull Name of Contributor				\$
ailing Address	_			\$
itx	State	Zip Code (Plus 4)		\$
III Name of Contributor				
ailing Address			2 2.42.50	
ty	State	Zip Code (Plus 4)		
•	1 1			\$

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 CASEY			Ì	From 01/01/2	2023 To 05/01/2023
				DATE	AMOUNT
Full Name of Contributing Committee	-				\$
Mailing Address		<u></u>		e de la companya de l	
City	State	Zip Code (Plus 4)			\$
Full Name of Contributing Committee				te la 2000 de la como	\$
Mailing Address					\$
City	State	Zip Code (Plus 4)	\$5,0108		s .
Full Name of Contributing Committee				2000 St. 100 St	•
Mailing Address					\$
City	State	Zip Code (Plus 4)			\$
Full Name of Contributing Committee					\$
Mailing Address	***************************************				\$
City	State	Zip Code (Plus 4)			\$
Full Name of Contributing Committee					\$
Mailing Address			\$CM		\$
City	State	Zip Code (Plus 4)			\$
Full Name of Contributing Committee				TO THE STATE OF TH	\$
Mailing Address					\$
City	State	Zip Code (Plus 4)			\$
Full Name of Contributing Committee					\$
Mailing Address		<u></u>			┐ \$
City	State	Zip Code (Plus 4)			\$
uil Name of Contributing Committee					\$
failing Address					\$
lity	State	Zip Code (Plus 4)			\$
inter Grand Total of Part C on Sched	iule I,	Detailed Summar	y Page,	Section 3.	PAGE TOTAL NONE

PART D ALL OTHER CONTRIBUTIONS

PAGE 6 OF 12

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 Part C.)

Name of Filing Committee or Candidate			F	Reporting Per	iod	
FRIENDS OF CASEY			1	From 01/01	/2023	To <u>05/01/2023</u>
				DATE		AMOUNT
Full Name of Contributor		•			\$	
FREDERICK J & JILL E FANELLI Mailing Address			1		23	3,000.00
16772 BRIGHTLING WAY			Kelt and trade	Contraction of the contraction o	\$	
City	State	Zip Code (Plus 4)				
NAPLES	FL	34110 -			\$	
Employer Name	<u> </u>	1	Occupati			
FANELLI, EVANS & PATEL, PC			ATT	ORNEY		
Employer Mailing Address/Principal Place of Business 1 MAHANTONGO ST, POTTSVILLE		17001	ı			
Full Name of Contributor	2, I A	1/901			- A	
JEFF PARKER			1		\$	1,500.00
Mailing Address			147.10A		\$	
857 WYNONAH DRIVE	T C	Zip Code (Plus 4)			į i	
AUBURN	State PA	17922 -			\$	
Employer Name	سنبد	11722	Occupation	ion i		
SELF-EMPLOYED			CON	SULTANI	Γ	
Employer Mailing Address/Principal Place of Business		A SAME AND				
N/A				- n-more dance describe, shale soon		
Full Name of Contributor MARIA T CASEY			5	1 2	\$	19,558.14
Mailing Address		· · · · · · · · · · · · · · · · · · ·			20022	********
207 ARLENE ST					\$	
MINERSVILLE	State PA	Zip Code (Plus 4) 17954 —			\$	
Employer Name SCHUYLKILL COUNTY	_		Occupation CLER	on RK OF CO	URTS	
Employer Mailing Address/Principal Place of Business 401 N 2ND ST, POTTSVILLE, PA 17	/901					
Full Name of Contributor			And have a feet of the second		\$	
Mailing Address					\$	
City	State	Zip Code (Plus 4)				
		<u> </u>			\$	
Employer Name	<u> </u>		Occupatio	on .		
Employer Mailing Address/Principal Place of Business			<u> </u>			
Employer maining Addressift morper . 1820 C						
Full Name of Contributor					\$	
Mailing Address			and according to \$4.5%			
-	-				\$	
City	State	Zip Code (Plus 4)		XXXXX	\$	
Employer Name			Occupatio	n .		
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.

Meiling Address City State Zip Code (Plus 4) Amount \$ Receipt Description Full Name Mailing Address City State Zip Code (Plus 4) Amount \$ Receipt Description Full Name Mailing Address City State Zip Code (Plus 4) Amount \$ Receipt Description Full Name Mailing Address City State Zip Code (Plus 4) Amount \$ Receipt Description Full Name Mailing Address City State Zip Code (Plus 4) Amount \$ State Zip Code (Plus 4) Amount \$ State Zip Code (Plus 4) Amount \$	Name of Filing Committee or Candidate				Reporting I		07/01/0000
Meiling Address City State Zip Code (Plus 4) Amount State State Zip Code (Plus 4) Amount Sta	FRIENDS OF CASEY		·		FromD1/	01/2023	то 05/01/2023
Mailing Address City State Zip Code (Plus 4) Amount S Receipt Description Full Name Mailing Address City State Zip Code (Plus 4) Amount S Receipt Description Full Name Mailing Address City State Zip Code (Plus 4) Amount S Receipt Description Full Name Mailing Address City State Zip Code (Plus 4) Amount S Receipt Description Full Name Mailing Address City State Zip Code (Plus 4) Amount S Receipt Description Full Name							
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City State Zip Code (Plus 4) Receipt Description Full Name Mailing Address City State Zip Code (Plus 4) Receipt Description Amount \$ Amount	Receipt Description		-				\$
Mailing Address City State Zip Code (Plus 4) Amount \$ Receipt Description Meiling Address City State Zip Code (Plus 4) Amount \$ Receipt Description							
Receipt Description Full Name Mailing Address City State Zip Code (Plus 4) Amount - \$ Receipt Description	Full Name						
Receipt Description Full Name Mailing Address City State Zip Code (Plus 4) Amount Receipt Description	Mailing Address		, , , , , , , , , , , , , , , , , , , 	***************************************			
Receipt Description Full Name Mailing Address City State Zip Code (Plus 4) Amount - \$ Receipt Description	City	State	Zip Code (Plus 4)			7-	Amount
Mailing Address City State Zip Code (Plus 4) Amount \$ Receipt Description			-				
City State Zip Code (Plus 4) Armount \$	Receipt Description						
State Zip Code (Plus 4) Amount \$	-uli Name						
State Zip Code (Plus 4) Receipt Description Full Name	Mailing Address						
Receipt Description							
all Name	lity	State		Maria de la			
	eceipt Description						
failing Address	uli Name	<u> </u>					
Mailing Address	A-1120 A A-1000						
State Zip Code (Plus 4) Amount	ity	State		\$40,000			
eceipt Description	eceipt Description		-	نـِـــــــــــــــــــــــــــــــــــ			;
PAGE TOTAL	and the second s			·			
inter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4. NONE	nter Grand Total of Part E on Sc	:hedule i, Do	stailed Summary	Page,	Section 4	4. \$	NONE

SCHEDULE II

PAGE 8 OF 12

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

lame of Filing Committee or Candidate		Reporting Per	iod	
FRIENDS OF CASEY		From <u>01/0</u>	1/2023	To <u>05/01/2023</u>
·				
	TOTAL for the Reporting Period	I (1)	\$	NONE
		Andrews (Marie Marie)	2. (1. (1. (1. (1. (1. (1. (1. (1. (1. (1	
	TOTAL for the Reporting Period	i (2)	\$	NONE
			and the second	
	TOTAL for the Reporting Period	(3)	\$	539.54
1				
OTAL VALUE OF IN-KIND CONT				
EPORTING PERIOD (Add and enter nd 3; also enter on Page 1, Repor			\$	539.54

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate FRIENDS OF CASEY				Reporting P 01/ From	eriod /01/2023	то05/01/2023
				DATE		AMOUNT
Full Name of Contributor			SOM(9)		\$	
Mailing Address			S AMO	(1) A (1)	\$	
City	State	Zip Code (Plus 4)	We.	1. (b/xy.)	STEAR S	
Description of Contribution:						
Full Name of Contributor			3,5(5)	\$ (5.0.8%) E	\$	
Mailing Address			. MO.	S SAY S	\$	
City	State	Zip Code (Plus 4)	MOZ		S S	
Description of Contribution:	<u>L</u>		<u>l</u>		<u>,</u>	
Full Name of Contributor			3.06 8		S S	
Mailing Address			\$654.62K		\$	
City	State	Zip Code (Plus 4)	525,000		l -	
Description of Contribution:			<u>f</u>			
Full Name of Contributor			3281.637		SEARCH S	
Mailing Address		**************************************	8/0188		\$	
City	State	Zip Code (Plus 4)			\$	
Description of Contribution:				<u> </u>		
Full Name of Contributor			S. Olega		\$	
Mailing Address		·	Sec. 2.10 20 5			
City	State	Zip Code (Plus 4)				
Description of Contribution:				<u> </u>		
uli Name of Contributor		,	SPECIAL SEC		\$	
failing Address			8 Auris			
ity	State	Zip Code (Plus 4)	2000	27.50 D.71		
escription of Contribution:	11				\$	
inter Grand Total of Part F on Sche Summary Page, Section 2.	dule II,	In-Kind Contribu	tions De	tailed	PAGE \$	NONE NONE

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate				Reporting	g Period		
FRIENDS OF CASEY			1		01/01/202	23	то <u>05/01/2023</u>
				DATE	Ē		AMOUNT
Full Name of Contributor			- MO .	5.1 (3.0)/8%	S. WEAR	\$	
CHRISTINE A. HOLMAN Mailing Address			03	17	2023		539.54
204 E BROAD ST						7 \$	
City	State	1	2010	J.DAY	ST STERF		
TAMAQUA	PA	18252 -				\$	
Employer of Contributor SELF-EMPLOYED		·		TORNE			
Employer Mailing Address/Principal Place of Business N/A				ption of Co MPAIGN	ontribution N MATE	ERIA'	L
Full Name of Contributor			HMO.	A SEAY	1	\$	
Mailing Address			- WiG	. SDAY	V-6H	_	
				<i>2</i>	\$ 1800 to	\$	
City	State	Zip Code (Plus 4)	.Mo.	- DAY	YEAR	\$	
Employer of Contributor			Occupat	-tion		1	
Employer or Contributor	•		0	,io.		•	
Employer Mailing Address/Principal Place of Business			Descrip	ption of Cor	ntribution	<u> </u>	
Full Name of Contributor			, Mack	all statement	A REPORT	\$	
Mailing Address	·		7. W (0)	0 8 8 9 A 6 8	\$ 457#XP&	\$	
City	State	Zip Code (Plus 4)	S.MO.S	- CAY	Last All S		
	'	_				\$	
Employer of Contributor	<u> </u>		Occupat	ion	<u> </u>		
Employer Mailing Address/Principal Place of Business			Descript	otion of Con	ntribution	***************************************	
Full Name of Contributor			# NEG.	\$ -500 ps/st	\$ 3.0±0.536	\$	
Mailing Address			-Lawrence	S (DA)	10000 (Sec. 10)		
Mailing Address			Paralle and	Edit Con		\$	
City	State	Zip Code (Plus 4) —	* Ma			\$	
Employer of Contributor			Occupati	ion	<u> </u>		
Employer Mailing Address/Principal Place of Business			Descript	tion of Con	itribution		
Full Name of Contributor			MOZS		SMEATUR		
Mailing Address				1 EX	7.5	<u> </u>	
						\$	·
City	State	Zip Code (Plus 4) —		S PAYASS	MEARS	\$.	
Employer of Contributor			Occupation	on		***************************************	,
Employer Mailing Address/Principal Place of Business			Descripti	tion of Cont	tribution		
,						PAGE	TOTAL
Enter Grand Total of Part G on Sched Summary Page, Section 3.	iule II,	, In-Kind Contribut	tions De	etailed	1	\$	539.54

SCHEDULE III STATEMENT OF EXPENDITURES

				Reporting	Period			
Name of Filing Committee or Candidate						23: ·	ro <u>05/01/2023</u>	i
FRIENDS OF CASEY				710	1/(11/24)			_
To Whom Paid			salvio.	1 SEAY	y Véwe	Amou		
SAC SALES			2	24	23	\$_	2,676.50	
Mailing Address 381 W MAHANOY AVE			SIG	tion of Ex	penaiture	ě		
City	State	Zip Code (Plus 4)	1 510					
GIRARDVILLE	PA	17935 -						
To Whom Paid POTTSVILLE CITY REP COMMITT	EE		. *MO 2*	24	23	Amour \$	nt 500.00	
Mailing Address			Descrip	tion of Ex	penditure	- L-Y		
BOX 449	7	Zip Code (Plus 4)	CO	NTRIB	UTION			
POTTSVILLE	State PA	17901 -						
To Whom Paid					YEAR			
SACRAMENTO FIRE COMPANY			3 Descrip	2 tion of Ex	23	\$	80.00	
Mailing Address 2206 E MAIN STREET				NTRIB				
City	State	Zip Code (Plus 4)						
SACRAMENTO	PA	17968 -			J. WESS	Amour	nt	
To Whom Paid		·	ands of			\$		
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City	State	Zip Code (Plus 4)						
		_				Amour		
To Whom Paid			ESECONY	DAY.		\$	ıı	
Mailing Address			Descrip	tion of Ex	penditure			
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To Whom Paid			5/2/03	S DAVE	(3)(5)(3)	Amour \$	it	
Mailing Address			Descrip	ion of Ex	penditure			
	10.4.1	Tie Code (Disc A)						
City	State	Zip Code (Plus 4)	1					
To Whom Paid				(CODA)		Amour	t	
			Descript	ion of Exp	yanditura.	\$		
Mailing Address			Descript	1011 UI EX	renantare			
City	State	Zip Code (Plus 4)		· · · · · · · · · · · · · · · · · · ·				
		· •			4	Amoun	+	
Fo Whom Paid	•		-MO.	2.44	PE ST.	\$		
Mailing Address			Descript	ion of Exp	enditure			
City	State	Zip Code (Plus 4)	 					
						PAGE		
Enter Grand Total of Expenditures on	Page 1. F	Report Cover P	age. It	em D.		s	3,256.50	

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

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 CASEY			Reporting Period	2023 To <u>05/01/2023</u>
TALINDS OF CASE I				
Name of Creditor				Outstanding Balance of Debt
Mailing Address	DATE DEBT INCURRED	lui?).		
City	Modifica	State	Zip Code (Plus 4)	
Description of Debt			L	Place to a cold a policy and the cold page of the cold and the cold an
Name of Creditor				Outstanding Balance of Debt \$
Mailing Address	DATE	i we		
City	INCURRED	State	Zip Code (Plus 4)	
Description of Debt				
Name of Creditor				Outstanding Balance of Debt
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Name of Creditor				Outstanding Balance of Debt \$
Mailing Address	DATE DEBT INCURRED			
City	Mounted	State	Zip Code (Plus 4)	
Description of Debt		· · · · · · · · · · · · · · · · · · ·		
Name of Creditor				Outstanding Balance of Debt \$
Mailing Address	DATE DEBT INCURRED	7-002		
City	INCORNED	State	Zip Code (Plus 4)	
Description of Debt				
lame of Creditor				Outstanding Balance of Debt
failing Address	DATE DEBT	1 /16		
ity	INCURRED	State	Zip Code (Plus 4)	
escription of Debt	· · · · · · · · · · · · · · · · · · ·			
				PAGE TOTAL
Enter Grand Total of Unpaid Debts on Pa	age 1, Report Cover	Page, I	tem G.	\$ NONE