Commonwealth of Pennsylvania

CAMPAIGN FINANCE REPORT

PAGE 1 OF COVER PA

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

| Filer Identification Number: | Report Filed By: | X | 2. S. |
|--|--------------------------------------|--|--|
| Name of Filing Committee, Candidate or Lobbyist: (PS (PR (M) C d) C | <u></u> | - Contraction of the Contraction | |
| Street Address: | | | |
| 2106 Basswood Dri | 1 VC | 1 | 212.22 |
| chir Lafayette HIII | | State: PA | zip Code: 19444 – |
| TYPE OF | 2. | X Experience of the second sec | |
| REPORT 4. | 5. | 6. | |
| (place X to the right of report type) (place X to The right of The ri | | | |
| Name of Office Sought by Candidate: | | DATE OF ELECTION | District Office Party County Number Code Code Code |
| County Commissioner | | 5 14 2011 | SEE INSTRUCTIONS FOR CODES |
| Summary of Receipts 5300 | То | 6 6 9011 | |
| A. Amount Brought Forward From Last Report | \$ | Ø | 紀のの日 |
| B. Total Monetary Contributions and Receipts (From Sche | edule I) \$ | 110,00 | 一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个 |
| C. Total Funds Available (Sum of Lines A and B) | \$ | 110.00 | FINED A & |
| D. Total Expenditures (From Schedule III) | \$ | (10.00 | 35 |
| E. Ending Cash Balance (Subtract Line D from Line C) | \$ | Ø | , w +p |
| F. Value of In-Kind Contributions Received (From Sched | dule II) \$ | Ø | / |
| G. Unpaid Debts and Obligations (From Schedule IV) | \$ | Ø | |
| I swear (or affirm) that this report including the NYPANTAL SPEACE COFFEE and complete. ROBIN A BEALL NOTATY Public ABINGTON TWP. MONTGOM My Commission Expires Description of the Commission o | ules, on paper o L MERN COUNTY | computer diskette, are to the service of LESI, E. R.Z. | the best of my knowledge and belief true, Culous S f Person Submitting Report Charas Printed Name 8870 7376 Daytime Telephone Number |
| I swear (or affirm) that to the best of my knowledge and belief (P.L. 1333, No. 320) as amended. Sworn to and subscribed before me this | en alt 1 de Hart Geral | mmittee has not violated an | y provisions of the Act of June 3, 1937 |
| day of 20 | - | Signs | ture of Candidate |
| Signature | } } | | Printed Name |
| My commission expires | | | |
| MO. DAY YR. | , | Area Code | Daytime Telephone Number |

Department of State ● Bureau of Commissions, Elections and Legislation 210 North Office Building ● Harrisburg, PA 17120-0029 ● (717) 787-5280

PAGE 2 OF 12

SCHEDULE !

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

| Name of Filing Committee or Candidate | Reporting Peri | | |
|--|----------------------------|------------------------|-------------------------------|
| Leslie Archards | From 5 3 | [1] | To 6/4/11 |
| | | | |
| | | in a second discovery | |
| | tin Managaran and a second | dia ma | |
| TOTAL for the Reporting Peri | iod (1) | \$ | $\langle \mathcal{S} \rangle$ |
| | | | |
| | | primary and the second | |
| | | | |
| Contributions Received from Political Committees (Part A) | | \$ | Ø |
| All Other Contributions (Part B) | | \$ | Ø |
| TOTAL for the Reporting Per | iod (2) | \$ | X |
| | | · | |
| | | | |
| | | | |
| Contributions Received from Political Committees (Part C) | | \$ | Ø |
| All Other Contributions (Part D) | | \$ | 7% |
| TOTAL for the Departing Per | iod (3) | • | <u> </u> |
| TOTAL for the Reporting Per | 100 (3) | \$ | \varnothing |
| | | | |
| | | | |
| TOTAL for the Reporting Per | | | 110 00 |
| | | 1 | 110.00 |
| | | _ | |
| TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD (Add and enter amount totals from | | | 11000 |
| Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report | | \$ | 110.00 |
| Cover Page, Item B.) | | <u> </u> | |

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 | |
|---------------------------------------|------------------------|--|-------------------|
| Leslie Richards | | From 5 3 (11 | то <u>ю ю 11 </u> |
| Corre money | | DATE | AMOUNT |
| Full Name of Contributing Committee | | AND THE MERIT COMPANY OF THE PARTY OF THE PA | \$ |
| Mailing Address | <u></u> | | |
| | | | \$ |
| City | State Zip Code (Plus 4 | | \$ |
| Full Name of Contributing Committee | | 第170世 新75全 多75 至 | \$ |
| Mailing Address | | | \$ |
| City | State Zip Code (Plus | | • |
| | | | \$ |
| Full Name of Contributing Committee | | | \$ |
| Mailing Address | | 後、77条 2mm 2mm 7.7 8mm 2mm 7 | \$ |
| City | State Zip Code (Plus | | \$ |
| | | | |
| Full Name of Contributing Committee | | | \$ |
| Mailing Address | | | \$ |
| City | State Zip Code (Plus | 4 | \$ |
| Full Name of Contributing Committee | | 55/1922 22-11-#4 E5:/1ub | \$ |
| Mailing Address | | | L - |
| City | State Zip Code (Plus | | |
| | | | \$ |
| Full Name of Contributing Committee | | | 5 |
| Mailing Address | | | \$ |
| City | State Zip Code (Plus | 9 48 74 80 76 87 75 | \$ |
| | | | |
| Full Name of Contributing Committee | | |] \$ |
| Mailing Address | | | * |
| City | State Zip Code (Plus | | \$ |
| Full Name of Contributing Committee | | | \$ |
| Mailing Address | | | \$ |
| City | State Zip Code (Plus | dances essential automatic | \$ |
| | | | PAGE TOTAL |
| Enter Grand Total of Part A on Sch | redule I, Detailed Sun | nmary Page, Section 2. | s K |
| _ | | | $\overline{}$ |

Reporting Period

PART B **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.)

| Name of Filing Committee or Candidate | | Reporting Period | |
|---------------------------------------|----------------------------|--|-------------|
| Leslie Richor | <u>as</u> | From 5 3 11 | To (0)(1) |
| | | DATE | AMOUNT |
| Full Name of Contributor | | | \$ |
| Mailing Address | | # 10 # 27 E # 17 E | \$ |
| City | State Zip Code (Plus - | | \$ |
| Full Name of Contributor | <u> </u> | | |
| Mailing Address | | | \$ |
| City | State Zip Code (Plus | 4) 23 (144) 24 (1.44) | \$ |
| Full Name of Contributor | | | L |
| Mailing Address | | | \$ |
| City | State Zip Code (Plus | 4) 30 74 2 72 47 47 68 | \$ |
| Full Name of Contributor | | | • |
| Mailing Address | | |] \$ |
| City | State Zip Code (Plus | | \$ |
| Full Name of Contributor | | | \$ |
| Mailing Address | , | | 1 \$ |
| City | State Zip Code (Plus | 7.535.2 11 7.515.3 7.515 | \$ |
| Full Name of Contributor | | | \$ |
| Mailing Address | | | \$ |
| City | State Zip Code (Plus | | \$ |
| Full Name of Contributor | | | \$ |
| Mailing Address | | | \$ |
| City | State Zip Code (Plus | 2007 J. 2008 2007 J. J. J. J. Miller W. J. J. S. | \$ |
| Full Name of Contributor | | | Ţ\$ |
| Mailing Address | | ************************************** | * |
| City | State Zip Code (Plus | | \$ |
| Enter Grand Total of Part B on | Schadule 1 Detailed Su- | imary Page, Section 2 | PAGE TOTAL |
| CIRE GREIG LORS OF PERT D ON | Collegate it Perellen Salt | , I was, Carrion E. | |

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.

| Name of Filing Committee or Candidate | | Reporting Period | - (0)(0) |
|---------------------------------------|-------------------------|--|-----------|
| Les(le frichord | 1S | From <u>5 3 11</u> | To W/Q/// |
| | | DATE | AMOUNT |
| Full Name of Contributing Committee | | 这一方式是一个一种 | \$ |
| Mailing Address | | 经工作。 | • |
| | | | \$ |
| City | State Zip Code (Plus 4) | | \$ |
| Full Name of Contributing Committee | | 新元子(新華 125/15/22 高茂 11 西西 | \$ |
| 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 | | | \$ |
| 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 | | Zine in Pitte and in Artist the Artist | \$ |
| City | State Zip Code (Plus 4) | | • |
| Full Name of Contributing Committee | | | \$ |
| Mailing Address | | 95. (FFE) 260A as 40.7% & | * |
| City | State Zip Code (Plus 4) | | 3 |
| Full Name of Contributing Committee | | TOTAL COLUMN COL | 3 |
| Mailing Address | | | \$ |
| City | State Zip Code (Plus 4) | | 3 |
| Enter Grand Total of Part C on Sch | nedule I, Detailed Sumn | nary Page, Section 3. | \$ |
| CLITCL CHALLE LOTER OF LEEF C ON CO. | , | • | |

PART D ALL OTHER CONTRIBUTIONS

PAGE _ (0 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.)

| Leslie Richard | S | · | | from | 151. | TO |
|--|----------|-------------------|---------------------|--|------------------------------|-------------|
| 000110 1110 | | | | DATE | | AMOUNT |
| Name of Contributor | | | | ************************************** | | \$ |
| siling Address | | | Sec. 11 (1) (327.5) | 44.V.V. | ALTO AND | \$ |
| atting Addition | | | | oper ver est | | |
| ty | State | Zip Code (Plus 4) | | | | \$ |
| nptoyer Name | <u></u> | | Occupatio | 'n | <u> </u> | |
| | | | | | <u>.</u> | |
| nployer Mailing Address/Principal Place of Busines | 18 | | | | | |
| il Name of Contributor | | | | | EAN IN E | \$ |
| | | | SEA OF E | 豐沙樓 | | \$ |
| lailing Address | | | | | | 3 |
| lty | State | Zip Code (Plus 4) | H MC | | 整理を | \$ |
| mployer Name | | | Occupation | on | .LL | |
| | | | | | | |
| mployer Mailing Address/Principal Place of Busine | 25 | | | | | |
| ull Name of Contributor | | | EXT.NE | | 量的 一 | \$ |
| | | | | 2067.16.4.188 | | |
| Mailing Address | | | | | | \$ |
| sity | State | Zip Code (Plus 4) | L MO | | | \$ |
| | 1 | | Occupati | ion | | <u> </u> |
| mployer Name | | | | | | |
| Employer Mailing Address/Principal Place of Busin | *** | | | | | |
| full Name of Contributor | | | | | 5 W. Z. W. | s |
| -uli rame of Contributor | | | | S. W. W. F. | | |
| Mailing Address | | | Same | B. Called Street, St. Called | Ma British B - 1 P 1 Chira | \$ |
| City | State | Zip Code (Plus 4) | 26.16型 | 24-73-A | | \$ |
| | | - | Occupat | ion | <u></u> | |
| Employer Name | | | | | | |
| Employer Mailing Address/Principal Place of Busin | -55 | | | | | |
| | <u> </u> | | 25.02 | | a en la la | |
| Full Name of Contributor | | | | | | • |
| Mailing Address | | | 2541°254 | A 600 1.76 | et samme | \$ |
| City | State | Zip Code (Plus 4) | | | a hiji | \$ |
| | | <u> </u> | Öccupa | tion | | L |
| Employer Name | | | | | | |
| Employer Mailing Address/Principal Place of Busin | 200 | | | | | |

PAGE T OF 12

Reporting Period

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.

| I Name Shapiro / Richards P. O. Box 241 Y Abington Ceipt Description II Name State Zip Code (Plus 4) Moiss For trove State Zip Code (Plus 4) Moiss State Zip Code (Plus 4) Moiss State Zip Code (Plus 4) Moiss II Name | 13 (1 | Amount \$ |
|---|-----------|------------|
| P. O. BOX 241 Y Abination PA 1901 - 5 Caipt Description RI Name State Zip Code (Plus 4) State Zip Code (Plus 4) Mozer State Zip Code (Plus 4) | (3 (1 | Amount \$ |
| P. O. BOX 241 Y Abington PA 1901 - 5 Paint Description I Name State Zip Code (Plus 4) Willing Address State Zip Code (Plus 4) PA 201 - 5 PA 1901 - 5 PA | (3 (1 | Amount \$ |
| P. O. BOX 241 Abnoton PA 19001 - 5 Paipt Description I Name Illing Address y State Zip Code (Plus 4) To troue | (3 (1 | Amount \$ |
| Abington PA 1901 - 5 I Name Illing Address y State Zip Code (Plus 4) Calipt Description I Name Illing Address Y State Zip Code (Plus 4) Calipt Description I Name Illing Address Y State Zip Code (Plus 4) Calipt Description I Name | (3 (1 | Amount \$ |
| PINDURSEMENT FOR TROUBLE I Name II Name IV State Zip Code (Plus 4) II Name III Name III Name III Name | | Amount \$ |
| ty State Zip Code (Plus 4) California Description Il Name State Zip Code (Plus 4) State Zip Code (Plus 4) State Zip Code (Plus 4) | | \$ Amount |
| y State Zip Code (Plus 4) State Zip Code (Plus 4) I Name Illing Address Y State Zip Code (Plus 4) | | \$ Amount |
| y State Zip Code (Plus 4) Miling Address Y State Zip Code (Plus 4) Miling Address | | \$ Amount |
| Total Description I Name Illing Address IV State Zip Code (Plus 4) | | \$ Amount |
| Il Name State Zip Code (Plus 4) | | Amount |
| Il Name siling Address ty State Zip Code (Plus 4) | | |
| ty State Zip Code (Plus 4) | | |
| ty State Zip Code (Plus 4) | | |
| '' | | |
| | | \$ |
| | | |
| respt best iption | | |
| II Name | | |
| ailing Address | | |
| ity State Zip Code (Plus 4) | | |
| '' | | \$ |
| sceipt Description | | |
| ill Name | | |
| lailing Address | | |
| | nerowskie | Amount |
| State Zip Code (Plus 4) | | \$ |
| sceipt Description | | |
| ull Name | | |
| Asiling Address | | |
| | | TALKOCH ST |
| State Zip Code (Plus 4) | | \$ |
| eceipt Description | | |

SCHEDULE !!

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

| Name of Filing Committee or Candidate | d2 | Reporting Peri | | TO 6/6/11 |
|--|--|----------------|--------------------------|---------------|
| | | | etter utroatin piesa ete | |
| | The state of the s | | | |
| | TOTAL for the Reporting Period | d (1) | \$ | \wp |
| | | | | |
| | 100 mm | | | |
| Date to the second seco | TOTAL for the Reporting Perio | | \$ | DX . |
| | | | | \sim |
| | | | 75 1.76 | |
| | | | | \sim |
| | TOTAL for the Reporting Perio | d (3) | \$ | \mathcal{L} |
| | | | | |
| TOTAL VALUE OF IN-KIND CONT | TRIBUTIONS DURING THIS | | | \sim |
| REPORTING PERIOD (Add and ente | er amount totals from Boxes 1, 2, | | \$ | \varnothing |
| and 3; also enter on Page 1, Repo | ort cover rays, item () | | I | |

PAGE OF 12

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

| | <u></u> | | Т | Reporting F | Period | |
|-------------------------------------|-----------|-------------------|---------------------|--|--|------------|
| me of Filing Committee or Candidate | | | | From 5 | 13/11 | то (0)(0) |
| Leslie Richards | · | | i | DATE | | AMOUNT |
| il Name of Contributor | | | | WALE OF | AT DIE | \$ |
| | | | program of the last | | | |
| ailing Address | | | | | 1965, p = -11, 1964 | \$ |
| lty | State | Zip Code (Plus 4) | | | | \$ |
| | | | <u> </u> | | | |
| sscription of Contribution | | | | | | |
| ull Name of Contributor | | | | | 型打了等 | \$ |
| | | | - Tr. 1 | - P.A. | | |
| Mailing Address | | | | | | \$ |
| City | State | Zip Code (Plus 4) | | | | \$ |
| | | | | | | • |
| description of Contribution: | | | | | | |
| Full Name of Contributor | | | | | 第7.2.世 | \$ |
| | | | | | SyrAI 1 | |
| Aailing Address | | | | | | \$ |
| Sity | State | Zip Code (Plus 4) | | AN THE | | \$ |
| | | - | | | <u>. </u> | • |
| Description of Contribution: | | | | | | |
| Full Name of Contributor | | | | | | \$ |
| | | | | | | |
| Malling Address | | | | | | \$ |
| City | State | Zip Code (Plus 4) | | 网络《龙沙 》(200 | 新疆。于人,他是 | \$ |
| | | | <u> </u> | | 1 | |
| Description of Contribution: | | | | | | |
| Full Name of Contributor | | | | Marian Na | | \$ |
| | ······ | | | | | |
| Mailing Address | | | | | | \$ |
| City | State | Zip Code (Plus 4) | | | | \$ |
| Description of Contribution: | | | | | | |
| Cuatifying of Camina-1197 | | | | The state of the s | No. and the main a first ser | |
| Full Name of Contributor | | | FOREIGE L | | | \$ |
| Mailing Address | | | | | | s |
| | | | | e e e e e e e e e e e e e e e e e e e | | |
| City | State | Zip Code (Plus 4) | | THE REAL PROPERTY. | | \$ |
| Description of Contribution: | | <u> </u> | | | | |
| | | | | | | DACE TOTAL |
| Enter Grand Total of Part F on Sch | nedule II | , in-Kind Contrib | utions | Detailed | 1 | PAGE TOTAL |
| Summary Page, Section 2. | - ** | | | | | \$ () |
| • | | | | | | |

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

| Name of Filing Committee or Candidate | From 5/3/11 To (c/c/1) |
|--|---|
| Leslie Richards | |
| | DATE AMOUNT |
| Full Name of Contributor | 5 S |
| Mailing Address | ALVER MANAGE STATE \$ |
| City State Zip Code (Plus 4) | at to the at one at the s |
| Employer of Contributor | Occupation |
| Employer Mailing Address/Principal Place of Business | Description of Contribution |
| | |
| Full Name of Contributor | *********** S |
| Malling Address | \$ |
| City State Zip Code (Plus 4) | ### MOTES ### 7. V. 274 #\$ / 5 / 5 / 2. EZ |
| Employer of Contributor | Occupation |
| Employer Mailing Address/Principal Place of Business | Description of Contribution |
| Full Name of Contributor | 数 · 数 · 公 条 B · / / / / \$ |
| Mailing Address | S S |
| City State Zip Code (Plus 4) | 高麗山(紫麗) 海際中人(大阪) 2017年 5 |
| Employer of Contributor | Occupation |
| Employer Mailing Address/Principal Place of Business | Description of Contribution |
| Full Name of Contributor | ************************************** |
| Mailing Address | 35.00 S |
| City State Zip Code (Plus 4) | \$ \$ |
| Employer of Contributor | Occupation |
| Employer Mailing Address/Principal Place of Business | Description of Contribution |
| Full Name of Contributor | |
| Mailing Address | |
| | |
| | Occupation |
| Employer of Contributor | Gecupation |
| Employer Mailing Address/Principal Place of Business | Description of Contribution |
| | PAGE TOTAL |
| Enter Grand Total of Part G on Schedule II, In-Kind Contri Summary Page, Section 3. | butions Detailed \$ |

SCHEDULE III

STATEMENT OF EXPENDITURES

| Condidate | | | Reporting Period | |
|--|---------|-------------------|---|---------------|
| ame of Filing Committee or Candidate | ~~~ | <u></u> | From 5/3/11 To 6/4/11 | |
| , LESITE INC | UU | | | |
| o Whom Paid | | | Amount 5 00 | 7 |
| BITTENHOUSE Philodelphio | | | Description of Expenditure | |
| 210 W. RITTENHOUSE SC | a var (| ვ | paking | |
| 31.y | State | Zip Code (Plus 4) | | |
| philodelphia | PA | | Amount O | ~ |
| E-7 Park | | · | 3 14 11 15 00.0 | 0 |
| alling Address | | - | Description of Expenditure | |
| 2101 Chestnut Street | | Zip Code (Plus 4) | | |
| " Philadelphia | PA | 19103 - | Amount | |
| a Whom Paid | | | 3 (8 1) \$ | DC |
| Kennedy House | | | Description of Expenditure | |
| 1901 JFK BOULEVORD | State | Zip Code (Plus 4) | ALKING | |
| Philadelphia | 1 1 | 19103 - | , | |
| o Whom Paid | | | Amount \$ | DT |
| Philadelphia Parking Asiling Address | +10+ | horty_ | Description of Expenditure | <u> </u> |
| 1500 Arch Street | | | paking | |
| city . | State | Zip Code (Plus 4) | () | |
| Philadelphia. | 77 | | Amount | \mathcal{M} |
| To Whom Paid Place Corogl | | | 3 2 1 S S S S S S S S S S S S S S S S S S | <u> </u> |
| | | | POY KING | |
| 1650 Market St, # 650 | State | | | |
| Philadelphia | PA | 19103 - 723 | Amount | |
| To Whom Paid | | | S | |
| Mailing Address | | | Description of Expenditure | |
| | State | Zip Code (Plus 4) | | , |
| City | | _ | | |
| To Whom Paid | | | Amount \$ | |
| | | | Description of Expenditure | |
| Mailing Address | | | | |
| City | State | Zip Code (Plus 4) | ' | |
| To Whom Paid | | | Amount | |
| | | | Description of Expenditure | · |
| Mailing Address | | | | |
| City | State | Zip Code (Plus 4) | , | |
| | | | PAGE TOTAL | |
| Enter Grand Total of Expenditures on I | Pade 1. | Report Cover | Page, Item D. \$ 110 | 10 |
| Enter Grand Total Of Experiences Of I | -3- " | | 110.0 | <u> </u> |

PAGE OF Q

STATEMENT OF UNPAID DEBTS

Use this Section to Itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

| ame of Filing Committee or Candidate | | F | Reporting P | | |
|--|--------------------------|--|---------------|---|--|
| Leslie Richards | | | From <u>5</u> | 3(11 | To Well |
| | | | | | Outstanding Balance of Deb |
| me of Creditor | | | | | \$ |
| ailing Address | DATE DEBT INCURRED | | | Table 1 | |
| ty | INCORRED | State | Zip Code (| (Plus 4) | 15 P. 19 |
| escription of Debt | | 1 1 | | | |
| | | | | | Outstanding Balance of Del |
| ame of Creditor | • | 100 TA 100 A 100 | | | \$ |
| ailing Address | DATE DEBT INCURRED | MO.2 | | | |
| ity | | State | Zip Code | (Plus 4) | |
| escription of Dabt | | | | | |
| | | <u> </u> | | <u></u> | Outstanding Balance of De |
| ame of Creditor | | | | | \$ |
| failing Address | DATE DEBT INCURRED | MO | - BAY | YBAR | |
| ity | | State | Zip Code | (Plus 4) | |
| escription of Debt | | | <u> </u> | | |
| | | | | | Outstanding Balance of De |
| ame of Creditor | | | | E NOVEMBER OF THE PROPERTY OF | \$ |
| falling Address | DATE DEBT INCURRED | MOS | DAY. | THE STATE OF | |
| City | | State | Zip Code | (Plus 4) - | |
| Description of Debt | | | 1 | | |
| | | <u>_</u> | | | Outstanding Balance of De |
| teme of Creditor | <u> </u> | 197284345 | | 2 ************************************ | \$ |
| Mailing Address | DATE DEBT INCURRED | ************************************** | | | |
| Hiy | | State | Zip Code | (Plus 4) | and the second s |
| Description of Debt | | | <u> </u> | | |
| Name of Creditor | | | | | Outstanding Balance of De |
| | T | \$100 PM | | S ASSESSED OF | S |
| Mailing Address | DATE DEBT INCURRED | 11. 1 | | | |
| City | | State | Zip Code | (Plus 4) | |
| Description of Debt | | | <u></u> | | |
| | | | | | PAGE TOTAL |
| Enter Grand Total of Unpaid Debts on Page | 1, Report Cove | r Page, | Item G. | | \$ Ø |
| mitter within the same of a special sections | - | | | | |