Commonwealth of Pennsylvania

CAMPAIGN FINANCE REPORT

PAGE 1 OF _

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

Filer Identification	D	Report Filed B		ANDIDATE 1.	COMMI	TIEE X	Login	3. (\$1
Name of Filing Committee, Candidate or Lobbyses: Name of Filing Committee, Candidate or Lobbyses: Name of Filing Committee, Candidate or Lobbyses:								
Street Address:	of Karin Ge	nal					441-4	
city: Tenkin	tanin)		Sta	PA	Zip Cod	46	-	
TYPE OF	LESTE LESTANDE 1.	E SEN VANA	2. 30 D/	Y 3.	AMENDA REPORT		1	NO I
REPORT		240 FRIDAY	5. 20 5 <i>)</i>	V 14 14 14 16 6.	TERM NO	TION	id Sid	NG :
(place X to the right of report type)	ANNUAL XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	YEAR 2015	EUNC		PAP		DISKE	
Name of Office Sough	nt by Candidate:		THE STREET	TE OF ELECTION	District Number	Office Code	Party Code	County Code
Par	troller		1/L	03 2015	1	(SEE INSTI	RUCTIONS	FOR CODES)
COI.	-							NEXT THE
Summary of R and Expenditur	eceipts	DAY VEAR	To 1/2	BAY YEAR				
A. Amount Brough	t Forward From Last Re	port	\$ 5.95	57.98	1		·	
B. Total Monetary	Contributions and Receip	ots (From Schedule I)	\$	}			:	
C. Total Funds Av.	ailable (Sum of Lines A	and B)	\$ 5,9	51.98			e ^r	
D. Total Expenditu	res (From Schedule III)		\$ 1.6	91.14			:	
E. Ending Cash Ba	lance (Subtract Line D fi	rom Line C)	\$ 4,266.84					
F. Value of In-Kir	nd Contributions Receive	d (From Schedule II)	\$ (<u> </u>			150	
G. Unpaid Debts a	nd Obligations (From Sci	nedule IV)	s ¿	Υ				
	i v. II Politimirtos (1814)		VIT SECTION			777 TT 14 15 T		
L swear (or affirm) t	hat this report, including the	attached schedules, Qn	Deblatypy comb	uter diskette, are to	the best o	of my knowl	edge and b	elief true,
correct and complete	hat this report, including the a.	MONWEALTH OF PENNS Notarial Seal Notary P	wite i			//		
	of Javan	Dillio, "X Come	V CHUILLE (VAN	W ha	/)h.g	tais	<u> </u>	
		MONWE Notarial Seal Notarial Seal Dianna Dillio, Notary P Norrisown Boro, Plontogree Norrisown Boro, Plontogre	ON OF NOTARIES	Signature		Submitting 1	Report	
1 - FH	Signature MEN	BER GERNSTLVAIS	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	- 1111a - 111	Printed N	ame	60	
My commission ex	pires 7 / Co	V VR		// Area Code		Daytime Tel	クラ ephone Nur	nber
PAGINITERING	that to the best of my know	eter Authorized Con	nmittee, cark	Sidate shall sign I	ere.	Land of the	Act of June	. 3 1937
i swear (or affirm) (P.L. 1333, No. 320)	that to the best of my know as amended.	riedge and belief this po-	-NNSYLVANIA					, - -
Sworn to and subs	cribed before me this	COMMONWEALTH DE P	an public	Anon W	1 / 2/	Sem	ckle	
day day	of January	Disting Offine way	Somery County		nature of C	andidate	<u> </u>)
1-P	(Signature	MEMBER PENNSYLVANIA ASS	Ma Ch 10 OF NICE	MERRY GE	Printed N	augus Iame	0.0	
My commission ex		· · · · · · · · · · · · · · · · · · ·	1 3	Area Cade	91	Daytime Te	lephone Nur	mber

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

SCHEDULE I

PAGE 2 OF _____

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Peri	od	1.1.1
Friends of Karin Gield Sunchez	From ///	24	_ то <u>/2/3//2015</u>
Marie Company of the	7		,
1 UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS	PER CONT	RIBUT	
TOTAL for the Reporting Perio		\$	K
2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART	B)	5 (5-1 5 (1-16 (5-16)	
Contributions Received from Political Committees (Part A)		\$	\triangle
All Other Contributions (Part B)		\$	X)
TOTAL for the Reporting Perio	od (2)	\$	X
CONTRIBUTIONS OVER \$250.00 FROM PART C AND PART D			
Contributions Received from Political Committees (Part C)		\$	Q
All Other Contributions (Part D)	·	\$	<i>X</i> 0
TOTAL for the Reporting Period	od (3)	\$	$\widehat{\mathcal{K}}$
4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED (CHECKS, ET	J. (FR)	
TOTAL for the Reporting Period	od (4)	\$	Q
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.)		\$	D

AGE	<u> </u>	OF	

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	12/2010
Friendsof Karen Gel	1.50	nchez	From //	1/24	то 12/31/2015
			DATE'		AMOUNT
Full Name of Contributing Committee	""		MOTE THE DAY	YEAR	\$
Mailing Address			MO. DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO. DAY	YEAR	\$
Full Name of Contributing Committee			MO. TO DAY		\$
Mailing Address			MO. BODAY		\$
City	State	Zip Code (Plus 4)	MO DAY	YEAR	\$
Full Name of Contributing Committee			MO. DAY		\$
Mailing Address			Mo. DAY		\$
City	State	Zip Code (Plus 4) —	MO. DAY	YEAR	\$
Full Name of Contributing Committee				PEAR	\$
Mailing Address			Mo. DAY		\$
City	State	Zip Code (Plus 4)	MO EEDAY		\$
Full Name of Contributing Committee			EZMOZE EL DAY	E TYPARE	\$
Mailing Address			MO. DAY		\$
City	State	Zip Code (Plus 4)		HIYEAR M	\$
Full Name of Contributing Committee			⊕ MOVE MOAY		\$
Meiling Address			MO. PAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO. DAY	YEAR	\$
Full Name of Contributing Committee			MO. DAY	E VEYEARE	\$
Mailing Address	· · · · · ·		MO. SI MEDAY	YEAR	\$
City	State	Zip Code (Plus 4)	MEMORIE SEEOXY		s
Full Name of Contributing Committee			一般は大の変形 場場・XV		\$
Mailing Address			BERMONE BIRDAY		\$
City	State	Zip Code (Plus 4) —	EMORET STIDAY	展 版字本 華	\$
Enter Grand Total of Part A on So	hedule	i, Detailed Summ	ary Page, Sect	ion 2.	\$

PAGE_____ OF_____

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)	2 1	Reporting	Period	12/2/2
Friends Of Kann (9	eld	Sorchez	From <u>//</u>	124	то <u>/2/3//20</u> /5
			DATE		AMOUNŤ
Full Name of Contributor			MO. DAY	YEAR	\$
Mailing Address			MO DAY	YEAR	\$
City	State	Zip Code (Plus 4)	W MO. T. E DAY	YEAR	P
		-			\$
Full Name of Contributor			MO: DAY	RABY	\$
Mailing Address			MO DAY	YEAR	\$
City	State	Zip Code (Plus 4)	Mo. DAY	YEAR	*
		_			\$
Full Name of Contributor			∴ MO. ⇒ DAY	YEAR	\$
Mailing Address			MO. DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO. DAY	YEAR	7
,				Z II SAN	\$
Full Name of Contributor			MO. DAY	YEAR	\$
Mailing Address			MO. DAY	YEAR	\$
City	State	Zip Code (Plus 4)	AMO. DAY	YEAR	•
		_		THE AR	\$
Full Name of Contributor		18-18-11-11	MO	YEAR	\$
Mailing Address			MO. DAY	YEAR	
City	State	Zip Code (Plus 4)			\$
cny	State		MO. DAY	YEAR	\$
Full Name of Contributor			MOWER	YEAR	\$
Mailing Address			MO. DAY	YEAR	-
City	State	Zip Code (Plus 4)	THE PERSON NAMED OF TAXABLE PARTY.		\$
oney	0.2.0		MO. DAY	YEAR	\$
Full Name of Contributor			FIRMONE, TELDAYARE	YEAR	\$
Mailing Address			MO. TO DAY	YEAR	\$
City	State	Zip Code (Plus 4)	WMO:	YEAR	J
		_		E COLD TO PARTY OF A LOS	\$
Full Name of Contributor			MO. DAY	YEAR	\$
Mailing Address			MO. DAY	YEAR	
City	State	Zip Code (Plus 4)	n MOTO MEDAYS	EYEAR	\$
		-	ASSESSMENT OF THE PROPERTY OF		\$
					PAGE TOTAL
Enter Grand Total of Part B on Sche	dule I,	Detailed Summar	y Page, Sectio	n 2.	\$ (X
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AGE	 OF	

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 William Grant G	ld	Sanchoz	, ne	From //	124 24	то 12/3//2015
	4//			DATE		AMOUNT
full Name of Contributing Committee			MO.	i DAY: Vic	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
Str	ate	Zip Code (Plus 4) —	Mo.	DAY	YEAR	\$
full Name of Contributing Committee	<u>i</u>		MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	FAR	\$
City	tate	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			мо.	DAY	YEAR	\$
City	tate	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	tate	Zip Code (Plus 4)	·· MO.	DAY	YEAR	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address		······································	MO, ::-	DAY	YEAR	\$
City	tate	Zip Code (Plus 4)	* MO.	DAY	YEAR	\$
Full Name of Contributing Committee			Mo.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	itate	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	<u>_</u>		© MO.€	DAY	YEAR	\$
Malling Address			MO.	DAY	YEAR	\$
City	tate	Zip Code (Plus 4) —	MO.	DAY	YEAR	\$
Full Name of Contributing Committee			-мо.	PAY	HYEARE	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4) —	MO	E DAY	YEAR	\$
Enter Grand Total of Part C on Schedu	ile I,	Detailed Summar	y Page,	Sectio	n 3.	PAGE TOTAL \$

ALL OTHER CONTRIBUTIONS

PAGE	_/_	OF	
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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	11	\circ 1	I Re	porting I		- 12/2/2010
Friends of Karren 6	reld	Sarchez		From	1/24	то <u>/ а/ 3//201</u> 5
9				DATE	/	AMOUNT
Full Name of Contributor			MO	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	A
						\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer Name			Occupation	on .	1	
			1			
Employer Mailing Address/Principal Place of Business	5					
Full Name of Contributor			. Mo.	DAY	YEAR	*
						\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
		_				\$
Employer Name			Occupati	on		
Employer Mailing Address/Principal Place of Business	3					
Full Name of Contributor			MÓ.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	<u> </u>
						\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer Name	<u> </u>		Occupati	on	[
Employer Mailing Address/Principal Place of Busines	5					
Full Name of Contributor			Mo.	DAY	YEAR	
						\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
		_				\$
Employer Name			Occupati	on		
Employer Mailing Address/Principal Place of Busines	s		<u> </u>			
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			. MO.	DAY	YEAR	
						\$
City	State	Zip Code (Plus 4)	<u> MO</u>	DAY	YEAR	\$
Employer Name	L		Occupati	on	<u> </u>	
Employer Mailing Address/Principal Place of Busines	•3					
		Datalla d C	0	041		PAGE TOTAL
Enter Grand Total of Part D on Sch	eaule l	, Detailed Summai	ry rage,	Sectio	n 3.	s ()
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PART E OTHER RECEIPTS

PAGE	OF	_
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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.

State Zip Code (Plus 4) Sipt Description Name Ling Address	DAY I	To 12,	
Name State Zip Code (Plus 4) MO. eipt Description Name ling Address			
State Zip Code (Plus 4) eipt Description Name Name			
ceipt Description Il Name siling Address			
ailing Address			
eceipt Description ull Name failing Address State Zip Code (Plus 4) MO.			
Mailing Address			
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ity State Zip Code (Plus 4) MO.			
	DAY	YEAR Amount	
		\$	
eceipt Description			
uli Name			
Mailing Address			
Sity State Zip Code (Plus 4) MO), DAY	YEAR Amount	
Receipt Description			
uli Name			
Mailing Address			
City State Zip Code (Plus 4) MG	DAY.		
-		\$	
Receipt Description			الكنائب الم
Full Name		-	
Mailing Address			
		YEAR Amount	
City State Zip Code (Plus 4) MC	J	\$	
Receipt Description			
Full Name	<u></u>		
Mailing Address			
	Ö. DAY	Amount \$	
Receipt Description			

DSEB-502 (7-99)

SCHEDULE II

PAGE / OF

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 Wiends of Karen Geld Sarrhez From	g Perio	od 2.4	то /2/31/2015
	/		
UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00	OR L	ESS P	ER CONTRIBUTOR
TOTAL for the Reporting Period	(1)	\$	\bigcirc
2 IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 \$	ROM	PARI	
TOTAL for the Reporting Period	(2)	\$	
		No.	
3 IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PAI	RT G		
TOTAL for the Reporting Period	(3)	\$	\nearrow
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.)		\$	

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SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate	` .		Reporting Period	12/2/200
Friends of Karen (nold	Sanchez	From 11/24	то <u>/2/3//2015</u>
			DATE	AMOUNT
Full Name of Contributor			MO.SEE BEDAYER SIYEA	* \$
Mailing Address			MO. DAY WYEA	R S
		Ti- Cada (Blue 4)	HEMONE REDAY WYEA	
City	State	Zip Code (Plus 4)	HAND, HE DAY HE WEA	" \$
Description of Contribution:				
			ENOUGH BUONYAN BYEN	R *
Full Name of Contributor				\$
Mailing Address			MO. DAY YEA	\$
City	State	Zip Code (Plus 4)	MG. JEDAYES CYEA	ALI A
		-		\$
Description of Contribution:				
Full Name of Contributor			MO. DAY YE	11.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1
				\$
Mailing Address			MO. DAY YE	\$
City	State	Zip Code (Plus 4)	MO. DAY YEA	\$
		_		3
Description of Contribution:				
Full Name of Contributor			MO. DAY YE	\$
Mailine Addrone			MO. DAY MYE	· · · · · · · · · · · · · · · · · · ·
Mailing Address				\$
City	State	Zip Code (Plus 4)	MO. DAY YE	\\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\
Description of Contribution:		<u></u>	<u> </u>	
Full Name of Contributor			MO. DAY YE	\$
Mailing Address			MO. DAY YE	Kin a
	l paras	Zip Code (Plus 4)	MO. DAY YE	\$
City	State	£1p Code (Flu3 4/	AUGUST BEDATES	\$
Description of Contribution:	<u> </u>			
Full Many of Contributor			MENONE MONYES BIVE	
Full Name of Contributor				3
Mailing Address	···		MOSE MEDAYER BY	AR \$
City	State	Zip Code (Plus 4)	MODE EDAYED EXE	
				\$
Description of Contribution:				
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Enter Grand Total of Part F on School Summary Page, Section 2.	egule i	i, in-Kind Contribl	Itions Vetalled	s (X)

PAGE ___OF ___

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate	110.1	Reporting Period	- 12/2/2015		
Name of Filing Committee or Candidate Thurs of William Gre	ld Sanchez		To 12/31/2015		
		DATE /			
Full Name of Contributor			\$		
Mailing Address		MOLT DAY YEAR	\$		
city	State Zip Code (Plus 4)	MO. DAY YEAR	\$		
Employer of Contributor		Occupation			
Employer Mailing Address/Principal Place of Business		Description of Contribution			
Full Name of Contributor		E MOTES BEDAYES BYEAR	\$		
Mailing Address		MO. E DAY YEAR	\$		
City	State Zip Code (Plus 4)	BIS MORE BEIDAYASI BAYEA; BE	\$		
Employer of Contributor		Occupation	440		
Employer Mailing Address/Principal Place of Business		Description of Contribution			
Full Name of Contributor		MO DAY YEAR	\$		
Mailing Address		MO. DAY A EXPARE	\$		
City	State Zip Code (Plus 4)	MO. DAY YEAR	\$		
Employer of Contributor		Occupation	44/4-57		
Employer Mailing Address/Principal Place of Business		Description of Contribution			
Full Name of Contributor		MODE EDAYER EVEARE	\$		
Mailing Address		MO DAY YEAR	\$		
City	State Zip Code (Plus 4)	MO. DAY EYEAR	\$		
Employer of Contributor		Occupation			
Employer Mailing Address/Principal Place of Business	3	Description of Contribution			
Full Name of Contributor			\$		
Mailing Address	and the state of t	REMOVER SECOND	\$		
City	State Zip Code (Plus 4)	第四人では は は は は は は に は に に に に に に に に に に に に に	\$		
Employer of Contributor		Occupation			
Employer Mailing Address/Principal Place of Busines	*	Description of Contribution			
Enter Grand Total of Part G on Sch	edule II. In-Kind Contrib	utions Detailed	PAGE TOTAL		
Summary Page, Section 3.			\$ 6		

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SCHEDULE III

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	1 1	· · · · · · · · · · · · · · · · · · ·	Reporting Period
Friends of Kaven Ger	dS	anchez	From 11/24 To 12/31/2015
To Whom Paid Geld Sanchez	_		MO. DAY YEAR Amount 12 03 3015 \$ 289.69 Description of Expenditure
356 Exercise Road			Description of Expenditure
City 7	State	Zip Code (Plus 4)	ramsurement
Venkinta WA	199	19046-	check #147
Karen Greld Sanchez			12 11 206 \$ 42.51
356 Evergreen Road			Description of Expenditure Aebit Card
Tenkinton	State	Zip Code (Plus 4) 19046 -	lunch W/ Deb Given
# RDC - Ahington Rockledge	i De	vecali Comitte	MO. DAY YEAR Amount \$ /08.94
P.O. Box 132	1_		debit Card
Abinaton	PA	Zip Code (Plus 4) 1900 -	(Holiday event)
Frends of Madeleine Dea	'n		12 23 205 \$250.00 Description of Expenditure
POBOX 381			Description of Expenditure (Irunk #148
Glenside	PA PA	Zip Code (Plus 4) 19038 - 038/	1
Mailing Address - Montgowery County	Dino	cralie Comulter	MO. DAY YEAR Amount -01 04 2016 \$ 1000.00
21 East Airy Street			Description of Expenditure
Nomistourn DA	State	Zip Code (Plus 4)	Check # 149
To Whom Paid			MO SEDAY SYEAR ! Amount
Mailing Address	**-		Description of Expenditure
City	State	Zip Code (Plus 4)	
To Whom Paid		_	
TO WHOM Paid			MO
Meiling Address		····	Description of Expenditure
City	State	Zip Code (Plus 4)	
To Whom Paid			MO TO THE DAY OF THE AMOUNT
Mailing Address			Description of Expenditure
City	State	Zip Code (Plus 4)	
		_	
Enter Grand Total of Expenditures on Pag	ge 1, l	Report Cover Pa	sge, Item D. \$ 1,691,14

PAGE	_/	OF	
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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.

Name of Filing Committee or Candidate		Re	eporting		1-1-10
Friends of Karen Geld Sur	2che2		From _/	1/24	то <u>12/31/201</u> 5
				7	,
Name of Creditor					Outstanding Balance of Debt \$
Mailing Address	DATE DEBT	MO.	DAY	YEAR	
City	INCURRED	State	Zip Code	(Plus 4)	
			_		
Description of Debt		_	_ -		
Name of Creditor					Outstanding Balance of Debt
Mailing Address	DATE	MO.	DAY	YEAR	 \$
	DEBT INCURRED				
City	_	State	Zip Code -	irlus 4)	The special control of the second of the sec
Description of Debt	Taliana and the History				
Name of Creditor		L			Outstanding Balance of Debt
			····		S Substanting Balance of Debt
Mailing Address	DATE DEBT	MO.	DAY	YEAR	A Martin Commence of the Comme
City	INCURRED	State	Zip Code	(Plus 4)	
Description of Debt				-	
Name of Creditor					Outstanding Balance of Debt
Mailing Address	DATE	∑ MO, o∧	DAY	YEAR	
City	DEBT INCURRED		Zip Code		
Description of Debt					
Name of Creditor					Outstanding Balance of Debt
	DATE		- R28		\$
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	
City		State	Zip Code	(Plus 4)	
Description of Debt		<u> </u>			
	<u> </u>				Outstanding Polymer 1
Name of Creditor					Outstanding Balance of Debt \$
Mailing Address	DATE DEBT	MO.	DAY	YEAR	
City	INCURRED	State	Zip Code	(Plus 4)	
Description of Debt					
Description of Debt			 =		
					PAGE TOTAL
Enter Grand Total of Unpaid Debts on Page 1, Re	eport Cover i	Page, It	em G.		