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.)

Filer Identification			Report		i i			11.			2		hara-	3
Number:			Filed I			CANDIE	DATE		COMM	ITTEE -	X	LOB	BYIST.	
Fr	ittee, Candidate or Lobbyist: IENDS of Hill	ary Ku	viati	ek										
attoct magicas.	38 Spring St	- /											***************************************	
City:	thlehem	rea			S	tate:	PA	***************************************	Zip Co	de: 180	18-			
TYPE OF	6TH TUESDAY 1.	2ND FRIDA		2.	30 D	AY		3.	AMEND		YES		The Maria	V
REPORT	PRE-PRIMARY 6TH TUESDAY 4.	PRE-PRIMA 2ND FRIDA		5.	90S	AY	VRY	6.	REPORT TERMIN	Control Control			NO	^
(place X to	PRE-ELECTION 7.	PRE-ELECTI	ION			r ELECT	***************************************		REPORT? YES		YES		NO	Х
report type)	REPORT 7.	> TEAR				CHECK			PAPI	ER		DISK	ETTE	
Lehigh (ounty Commi	ssione	r		DА мо. 5		7	AR	District Number	Offic Code OTH		Party Code EM	3	
Summary of Reand Expenditur		. DAY YE	AR 09	To	мо. 5	DAY 4	200	AR 29		OR OF	FICE L	JSE C	NLY	
A. Amount Brought	Forward From Last Repo	ort		\$	()		ń						
B. Total Monetary	Contributions and Receipt	s (From Sche	dule I)	\$	1,2	93.	00							
C. Total Funds Ava	ilable (Sum of Lines A ar	nd B)		\$	name and a second section	93.	ACREA DATA CONTRACTOR	OSCHOOM/COODEWOXAMESSA						
D. Total Expenditur	res (From Schedule III)	***************************************		\$	-	10.								
E. Ending Cash Bal.	ance (Subtract Line D fro	m Line C)		\$	1.0	CONTRACTOR OF THE PARTY OF THE	TO SHARE WAS ASSESSED.	MAL COMMONOCORD						
F. Value of In-Kin	d Contributions Received	(From Schedu	ule II)	\$		75.								
G. Unpaid Debts an	nd Obligations (From Sche	dule IV)		\$	***************************************		00							
			\FFIDAV	IT SI	ECTION									
PART I - If this is	s a Committee report, tre	easurer sign h	ere. If	this	is a C	andidat	è rep	ort, ca	ndidate s	ign her	e.			
I swear (or affirm) th correct and complete.	at this report, including the a	attached schedu	les, on p	aper o	or compu	iter disk	ette, a	re to ti	ne best of	my kno	wledge	and b	elief tr	ue,
Sworn to and subscr	ibed before me this	•												
day or	f	20_					٥.							
							Signa	iture of	Person S	ubmittin	g Repor	t		
86.	Signature					***************************************	***************************************	F	rinted Na	me		7	*************	
My commission exp	MO. DAY	YR.	•	J	-	Area Cod	de		D	aytime 1	elepho	ne Num	ber	
											1970			
	s a report of a Candidat at to the best of my knowled									50 of 4b		4 1		
(F.L. 1333, NO. 320) 8:	s amended.		po			- mus ill	J. #1016	accu an	PIOVISIO	ns of th	E ACT C	ır June	3, 193	
day of		20		1										
			***************************************					Signat	ure of Ca	ndidate				
	Signature							P	rinted Nar	ne				
My commission expi	MO. DAY	YR.				rea Coc	fa			01/4 im- = "	ala-t		,	

PAGE 2 OF 12

SCHEDULE I

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate Reporting		
		09 To 5/4/09
		,
1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CO	NTRIB	UTOR
TOTAL for the Reporting Period	1) \$	890.00
2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)		
Contributions Received from Political Committees (Part A)	T \$	
All Other Contributions (Part B)	\$	403.00
TOTAL for the Reporting Period	2) \$	403.00
3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)		
Contributions Received from Political Committees (Part C)	\$	0.00
All Other Contributions (Part D)	\$	0.00
TOTAL for the Reporting Period	3) \$	0.00
4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, E	TC. (F	ROM PART E)
TOTAL for the Reporting Period	4) \$	0.00
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.)	\$	1293.00

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 Friends of Hillary Kwia	tek		R	eporting From _	Period 2/19/1	09 To 5/4/09
, ,				DATE		AMOUNT
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4) —	MO.	DAY	YEAR	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address	***************************************		MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee		9	MO.	DAY	YEAR	\$
Mailing Address			Mo.	DAY	YEAR	\$
City	State	Zip Code (Plus 4) —	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	'		MO.	DAY	YEAR	\$
Mailing Address	660-000-00-7-00-0		MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address	***************************************		MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4) —	MO.	DAY	YEAR	\$
Full Name of Contributing Committee		N	MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4) —	MO.	DAY	YEAR	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address	***************************************		MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee		·	MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4) —	MO.	DAY	YEAR	\$ -
Enter Grand Total of Part A on Sche	dule I,	Detailed Summar	y Page,	Sectio	n 2.	PAGE TOTAL \$ - 0 -

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 Hillary	Kwia	tek	I.	rom _	2/19/	09 To 5/4/09
				DATE		AMOUNT
Full Name of Contributor Lane E. Wider			мо. 5	DAY	YEAR 09	\$ 103.00
Mailing Address			Mo.	3 DAY	YEAR	,,,,,,,
730 Prospect ave						\$
Bethlehem	PA	Zip Code (Plus 4) /80/8 -	MO.	DAY	YEAR .	\$
Full Name of Contributor			Mo.	DAY	YEAR	
Full Name of Contributor Rosalind Glatt Mailing Address			3	26	09	\$ 100.00
5012 Adrian St.			MO.	DAY	YEAR	\$
Rockville	State MD	Zip Code (Plus 4) 20853 -	MO.	DAY	YEAR	
		2000-	1116	1		\$
Joseph S. Kwiatek	_		3	26	VEAR 09	\$ 100.00
			MO.	DAY	YEAR	
1234 N. 19th	State	Zip Code (Plus 4)				\$
Allentown	PA	18/04 -	Mo.	DAY	YEAR	\$
Full Name of Contributor			MO.	DAY	YEAR	
Full Name of Contributor Stephen Zakos Mailing Address		***************************************	3	5	09	\$ 100.00
252 North St.			MO.	DAY	YEAR	\$
Emmaus	PA	Zip Code (Plus 4) 18049-	Mo.	DAY	YEAR	*
Full Name of Contributor	1771	10071	MO.	DAY	YEAR	\$
Maritin Addition						\$
Mailing Address			MO.	DAY	YEAR	S
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
·		with the same of t			ICAN	\$
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			Mo.	DAY	YEAR	
City						\$
Sity	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	*
		-			1 = 0,1	\$
Full Name of Contributor			Mo.	DAY	YEAR	\$
Mailing Address			Mo.	DAY	YEAR	
A	***************************************			201	ILAN	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$.
						PAGE TOTAL
Enter Grand Total of Part B on Sch	edule I	Detailed Summer	v Pana	Santin	2 2	
SEB-502 (7-99)			, raye,	Section	I dans	\$ 403.00

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.

11 11				DATE		AMOUNT
ull Name of Contributing Committee			MO.	DAY	YEAR	s
lailing Address			Mo.	DAY	YEAR	
						1\$
ity	State	Zip Code (Plus 4) —	MO.	DAY	YEAR	\$
ull Name of Contributing Committee			Mo.	DAY	YEAR	\$
lailing Address			MO.	DAY	YEAR	
					-	\$
ity	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
ull Name of Contributing Committee			MO.	DAY	YEAR	\$
ailing Address			МО	511/		*
• • • • • • • • • • • • • • • • • • • •			MO.	DAY	YEAR	\$
ty	State	Zip Code (Plus 4)	Mo.	DAY	YEAR	\$
III Name of Contributing Committee				541/	l viere	<u> </u>
an name of contributing confinities			MO.	DAY	YEAR	\$
ailing Ad <mark>d</mark> ress			MO	DAY	YEAR	\$
ty	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
] \$
III Name of Contributing Committee			MO.	DAY	YEAR	\$
ailing Address	The second secon		MO.	DAY	YEAR	
			,			\$
ty	State	Zip Code (Plys 4) —	MO.	DAY	YEAR	\$
II Name of Contributing Committee			MO.	DAY	YEAR	
ailing Address	***************************************		MO.	DAY	YEAR	\$
			1110.		JEAN.	\$
ty	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
		NO.				\$
III Name of Contributing Committee			MO.	DAY	YEAR	\$
ailing Address			MO.	DAY	YEAR	
ty						\$
• •	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
II Name of Contributing Committee			MO.	DAY	YEAR	\$
ailing Address	***************************************		MO.	DAY	VEAD	-
			1810.	DAY	YEAR	\$
ty	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
			1		l	PAGE TOTAL

PAGE 6 OF 12

0.00

Reporting Period

PART D ALL OTHER CONTRIBUTIONS

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 Friends of Hillary Kwi	atek		1	porting From $\frac{2}{}$	19/0	9 To 5/4/09
,,,,,,	Vi -		'	DATE		AMOUNT
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address		,	MO.	DAY	YEAR	\$
-					N=15	•
City	State	Zip Code (Plus 4) —	MO.	DAY	YEAR	\$
Employer Name			Occupatio	n	•	
Employer Mailing Address/Principal Place of Business						
employer Mailing Address/Principal Flace of Susmoss						
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address		*	MO.	DAY	YEAR	\$
•	-					9
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer Name				n	1	
			1			
Employer Mailing Address/Principal Place of Business						
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	
Maring Addition						\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer Name			Occupation	on		
				M		
Employer Mailing Address/Principal Place of Business		* .				
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	
manning Addition						\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer Name		N. C.	Occupati	on		8
Employer Mailing Address/Principal Place of Business						
Full Name of Contributor			Mo.	DAY	YEAR	\$
Mailing Address	********************************		MO.	DAY	YEAR	
matting Address			1410.			\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer Name			Occupati	ion		
			No. of the last of			
Employer Mailing Address/Principal Place of Business						
Edward Tatal of Dark Dark Call	ا جاريات	Detailed Commen	n. Dogo	Casti	n 2	PAGE TOTAL
Enter Grand Total of Part D on Sche	dule I,	Detailed Summa	ry rage,	Section)n 3.	* 111

DSEB-502 (7-99)

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.

Name of Filing Committee or Friends of Hil	Candidate lary Kwiatek		Report From	ing Period 2 19/	02 10 5/4/09
-ull Name					
Mailing Address		P	***************************************	***************************************	
City	State	Zip Code (Plus 4)	MO. DA		Amount
Receipt Description				•	\$
uli Name					
Mailing Address			57		
Dity	State	Zip Code (Plus 4)	MO. DA	Y YEAR	Amount
Receipt Description					\$
ull Name			·		
Mailing Address					
ity *	State	Zip Code (Plus 4)	MO. DA	Y YEAR	Amount
eceipt Description					\$
ull Name					
failing Address				***************************************	
			*		
ity	State	Zip Code (Plus 4)	MO. DA	Y YEAR	Amount \$
eceipt Description					
ull Name			-		
Mailing Address		`			
ity	State	Zip Code (Plus 4)	MO. DA	Y YEAR	Amount \$
eceipt Description					3
ull Name					
failing Address					
Tity	State	Zip Code (Plus 4)	MO. DA	Y YEAR	Amount
eceipt Description					\$
					PAGE TOTAL
inter Grand Total of Pa	rt E on Schedule I, I	Detailed Summary	y Page, Sect	ion 4.	\$ 0.00

DSEB-502 (7-99)

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

Name of Filing Committee or Candidate . Friends of Hillary Kwiatek	Reporting Peri		то 5/4/09
			*
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF	\$50.00 OR L	ESS PE	R CONTRIBUTOR
TOTAL for the Reporting Perio	d (1)	\$	
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$2	50.00 (FRON	PART	
TOTAL for the Reporting Perio	d (2)	\$	75.00
3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FRO	OM PART G		
TOTAL for the Reporting Perio	d (3)	\$	
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.)		\$	75.00

SCHEDULE II PART F

IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Di A Sili O in O in							
Name of Filing Committee or Candidate	, ,		R	eporting			_ 1 /
Friends of Hillary Kwia	tek			From 2	11910	9	To 5/4/09
The same of the same of the same	, 0,10						
5			~~~	DATE			AMOUNT
Full Name of Contributor Glatt Photo Mailing Address 5012 Addrian St.	nov.	a Dlace	MO.	DAY	YEAR	\$	75 00
Mailing Address	911	yng	3		09	_	75.00
5012 Advision St.	0		MO.	DAY	YEAR	\$	
City D							
Rockville /	State UD	Zip Code (Plus 4)	MO.	DAY	YEAR	\$	
Description of Contribution:	10	20853 -					
Description of Contribution:							
Full Name of Contributors							
Full Name of Contributor			MO.	DAY	YEAR	\$.H
Bootiles Address	***************************************		<u> </u>			3	
Mailing Address			MO.	DAY	YEAR	\$	
	***************************************					4	
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	6	
		***				\$	
Description of Contribution:					***************************************	***************************************	
Full Name of Contributor			MO.	DAY	YEAR	6	
						\$	
Mailing Address			MO.	DAY	YEAR		
						\$	
City	State	Zip Code (Plus 4)	Mo.	DAY	YEAR		ABSOLUTION
*		-				\$	
Description of Contribution:	***************************************				1	1	
Full Name of Contributor			MO.	DAY	YEAR		
						\$	
Mailing Address			MO.	DAY	YEAR	<u> </u>	
						\$	
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	_	
		* 7		2111	157777	\$	
Description of Contribution:						<u> </u>	
Full Name of Contributor			Mo.	DAY	YEAR		
			78.00	DAI	TEAN	\$	
Mailing Address			Mo.	DAY	YEAR		
			T. I.O.	501	ILAR	\$	
City	State	Zip Code (Plus 4)	Mo.	DAY	YEAR .		
		-	iero.		IEAN:	\$	
Description of Contribution:			<u> </u>				
Full Name of Contributor							
			MO.	DAY	YEAR	\$	
Mailing Address	***************************************		110			4	
			MO.	DAY	YEAR	\$	
City	State T	710 Code (0)					
	State	Zip Code (Plus 4)	Mo.	DAY	YEAR	\$	
Description of Contribution:						42	
See service of contributions					C		
Fatau Caral Tari I Co		2000 CONTROL OF THE TOTAL CONTROL OT THE TOTAL CONTROL OF THE TOTAL CONT				PAGI	TOTAL

Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.

\$ 75.00

SCHEDULE II PAGE 10 OF 12 PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate Friends of Hillary Kwill	atek		R	eporting From 2	11012	9 To 5/4/09	
				DATE		AMOUNT	
Full Name of Contributor			MO.	DAY	YEAR	\$	
Mailing Address			MO.	DAY	YEAR	\$	
City	State	Zip Code (Plus 4)	Mo.	DAY	YEAR	\$	
Employer of Contributor	adamenta and a factor of the f		Occupati	on			
Employer Mailing Address/Principal Place of Business	***************************************		Descripti	on of Cor	tribution		
Full Name of Contributor			MO.	DAY	YEAR	\$	
Mailing Address			Mo.	DAY	YEAR	\$	
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$	
Employer of Contributor	Occupati	on		<u> </u>			
Employer Mailing Address/Principal Place of Business			Descripti	on of Con	tribution		
Full Name of Contributor			MO.	DAY	YEAR	\$	
Mailing Address		***************************************	MO.	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			MO.	DAY	YEAR		
,						\$	
Mailing Address	,		MO.	DAY	YEAR	\$	
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$	
Employer of Contributor		V	Occupation	on	į		
Employer Mailing Address/Principal Place of Business			Descripti	on of Con	tribution		
Full Name of Contributor			MO.	DAY	YEAR	\$	
Mailing Address			MO.	DAY	YEAR	\$	
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$	
Employer of Contributor	rteccorrece concessor and from		Occupation	on			
Employer Mailing Address/Principal Place of Business			Description	on of Con	tribution	*	
Enter Grand Total of Part G on School Summary Page, Section 3.	dule II,	In-Kind Contribu	tions De	etailed		PAGE TOTAL \$ - 0 -	

DSEB-502 (7-99)

SCHEDULE III

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	,		F	Reporting	/ /	-1100
Friends of Hillary Kwiat	ek			From	419/	09 TO 5/4/09
To Whom Paid	2104104	:Hao	Mo.	DAY	YEAR	Amount 25
Lehigh County Democratic (Mailing Address	Urnrn	ince	Descript	ion of Exp	enditule,	\$ 154.25
P. O. Box 33	State	Zip Code (Plus 4)	Vot	er re	gistr	ation file
Allentown	PA	18105 -		,		-
To Whom Paid Click and Pledge			мо.	/O ion of Exp	YEAR 09	\$ 50.00
Mailing Address 2200 Kraft Dr., Sul	te 11	75	On-I	ion of Exp	enditure Donat	tions activation
Blacksburg	VA	Zip Code (Plus 4) 24060 -	,			·
To Whom Paid I contact Mailing Address		•	мо. 4	DAY 15 ion of Exp	YEAR	Amount \$ 5.97
2635 Meridian Park	way		Descript MC	on of Exp	enditure ACCO	unt fee;
Durham	NC.	Zip Code (Plus 4) 2713 -	1			ributions
To Whom Paid			Mo.	DAY	YEAR	Amount \$
Mailing Address			Descript	ion of Exp	enditure	
City	State	Zip Code (Plus 4)			***************************************	
To Whom Paid			MO.	DAY	YEAR	Amount
Mailing Address			Descript	ion of Exp	enditure	\$
City	State	Zip Code (Plus 4)	ļ	90000000000000000000000000000000000000	W///	
			,	M.		
To Whom Paid		•	MO.	DAY	YEAR	Amount \$
Mailing Address			Descript	ion of Exp	enditure	
City	State	Zip Code (Plus 4)				
To Whom Paid		,	Mo.	DAY	YEAR	Amount \$
Mailing Address			Descript	on of Exp	enditure	3
City	State	Zip Code (Plus 4)				
To Whom Paid		TARKAN	Mo.	DAY	YEAR	Amount
Mailing Address		90000000000000000000000000000000000000		on of Exp	=	\$
City	State	Zip Code (Plus 4)				
		-				
Enter Grand Total of Expenditures on Pa	ne 1 C	Seport Cover D	ano li		4	PAGE TOTAL
Grand Ivial of Expenditures on Fa	ge i, f	report Cover Pa	age, ite	em D.		\$ 210.22

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 Hillary Kwiatek			Reporting From _	1 . 1	09 To 5/4/09
J					
Name of Creditor				***************************************	Outstanding Balance of Debt
Mailing Address	DATE DEBT	Mo.	DAY	YEAR	\$
City	INCURRED '	State	Zip Code	/Dlue 41	
		State	Zip Code	(Fius 4)	
Description of Debt			***************************************		
Name of Creditor				•	
Assistant of Graditor					Outstanding Balance of Debt \$
Mailing Address	DATE DEBT	M.O.	DAY	YEAR	
City	INCURRED	State	Zip Code	(Plus 4)	
	*	State	Zip Code	1F1US 4/	
Description of Debt					
Name of Creditor					
Traine of oreartor					Outstanding Balance of Debt \$
Mailing Address	DATE	Mo.	DAY	YEAR	
City	DEBT INCURRED				
		State	Zip Code	(Plus 4)	
Description of Debt					
Name of Creditor					
waite of Creditor					Outstanding Balance I B Li
Mailing Address	DATE	MO.	DAY	YEAR	\$
	DATE DEBT INCURRED			YEAR	
Mailing Address City	DEBT	MO.	Zip Code		
	DEBT				
City Description of Debt	DEBT				
City Description of Debt	DEBT				\$ Outstanding Balance of Debt
City Description of Debt	DEBT		Zip Code	(Plus 4)	\$
City Description of Debt Name of Creditor Mailing Address	DEBT	State			\$ Outstanding Balance of Debt
City Description of Debt Name of Creditor	DEBT INCURRED	State	Zip Code	(Plus 4)	\$ Outstanding Balance of Debt
City Description of Debt Name of Creditor Mailing Address	DEBT INCURRED	State MO.	Zip Code	(Plus 4)	\$ Outstanding Balance of Debt
City Description of Debt Name of Creditor Mailing Address City Description of Debt	DEBT INCURRED	State MO.	Zip Code	(Plus 4)	\$ Outstanding Balance of Debt
City Description of Debt Name of Creditor Mailing Address City	DEBT INCURRED	State MO.	Zip Code	(Plus 4)	Outstanding Balance of Debt Outstanding Balance of Debt
City Description of Debt Name of Creditor Mailing Address City Description of Debt	DEBT INCURRED	State MO.	Zip Code	(Plus 4) YEAR (Plus 4)	Outstanding Balance of Debt
City Description of Debt Name of Creditor Mailing Address City Description of Debt Name of Creditor Mailing Address	DEBT INCURRED DATE DEBT INCURRED DATE DEBT INCURRED	State MO.	Zip Code	(Plus 4)	Outstanding Balance of Debt Outstanding Balance of Debt
City Description of Debt Name of Creditor Mailing Address City Description of Debt Name of Creditor	DEBT INCURRED DATE DEBT INCURRED	State MO.	Zip Code Zip Code DAY Zip Code	YEAR (Plus 4)	Outstanding Balance of Debt Outstanding Balance of Debt
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City Description of Debt Name of Creditor Mailing Address City Description of Debt Name of Creditor Mailing Address City	DEBT INCURRED DATE DEBT INCURRED DATE DEBT INCURRED	MO. State	Zip Code Zip Code Zip Code	YEAR (Plus 4)	Outstanding Balance of Debt \$ Outstanding Balance of Debt