CAMPAIGN FINANCE REPORT Name and Address of Filing Candidate or Committee Name: John Donches Address: 559 Minor St City, State, Zip: Emmaus PA 18049 Candidate X Committee Type of Report **Election Date** Amended Termination 2017 – 2nd Friday Pre-Primary 05/16/2017 **Termination Report?** Office Sought By Candidate **Party** County Lehigh County Commissioner Dist #5 R Lehigh Summary of Receipts & Expenditures From: 02/14/2017 To: 05/01/2017 A. Amount Brought Forward From Last Report 0.00 B. Total Monetary Contributions & Receipts (from Schedule I) 0.00 C. Total Funds Available (Sum of Lines A & B) 0.00 D. Total Expenditures (from Schedule III) 1,635.75 E. Ending Cash Balance (Subtract Line D from Line C) (-1,635.75)F. Value of In-Kind Contributions Received (from Schedule II) 0.00 G. Unpaid Debts & Obligations (from Schedule IV) 0.00

^{*}Complete reports including signatures are on file in the Office of Voter Registration.

SCHEDULE I

PAGE 2 OF _____/3

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Pe	riod		
John Donches	From 2	14 20	17 TO 5/1	2017
			,	
I UNITENIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS	HEIT ON	TRIBU	ioi	GH (72) 22 org
TOTAL for the Reporting Period	d (1)	\$	0	
2. CONTRIBUTIONS \$50.01 TO \$250.00 FROM PART A AND PART.	B) -		THE STREET STREET	
Contributions Received from Political Committees (Part A)		\$	0	
All Other Contributions (Part B)		\$	0	
TOTAL for the Reporting Period	d (2)	\$	0	
		<u> </u>		
8 GONTRIBUTIONS OVER \$250.00 FROM PART C AND PART D)				
Contributions Received from Political Committees (Part C)		\$	0	
All Other Contributions (Part D)		\$	0	
TOTAL for the Reporting Period	d (3)	\$	0	
4 DITHER RECEIPTS - REFUNDS, INTEREST, EARNED, RETURNED C	EKATE	. Ent		
TOTAL for the Reporting Period	(4)	\$	0	
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.)		\$	0	

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 John Don Lhes			Reporting	Period	1017 To 5/1/2017
JOHN JUHENES			From _	2/14/	NIT TO 3[1] N'T
Full Name of Contributing Committee		3555	DATE	YEAR	AMOUNT
			1 0020000 1 000 X	1 Mar 1 7 1 1000	\$
Mailing Address		MO.	DAY	YEAR	\$
City	e Zip Code (Plo	us 4) Mo.	DAY	YEAR	\$
Full Name of Contributing Committee		Mo.	DAY	YEAR	
Mailing Address		MO.	DAY	YEAR	\$
					\$
City	Zip Code (Pli	us 4) <u>MO.</u>	DAY	YEAR	\$
Full Name of Contributing Committee		MO.	DAY	YEAR	\$
Mailing Address	· · · · · · · · · · · · · · · · · · ·	Moa	DAY	YEAR	\$
City State	Zip Code (Plu	is 4) MO.	DAY	YEAR	\$
Full Name of Contributing Committee		MO.	DAY	YEAR	9
Mailing Address					\$
		MO.	DAY	YEAR	\$
City State	Zip Code (Plu	MO.	DAY	YEAR	\$
Full Name of Contributing Committee		MO.		YEAR	\$
Mailing Address		MQ.	DAY	YEAR	\$
City	Zip Code (Plu	s 4) MO.	DAY	YEAR	
					\$
Full Name of Contributing Committee		MO.	DAY	YEAR	\$
Mailing Address		Мо	DAY	YEAR	\$
City	Zip Code (Plu	s 4) MO.	DAY	YEAR	\$
Full Name of Contributing Committee		MO.	DAY	YEAR	
Mailing Address		MO:	DAY	Vers	\$
				YEAR	\$
City State	Zip Code (Plu	s 4) MO.	DAY	YEAR	\$
Full Name of Contributing Committee		##### T F F F F F F F F F F F F F F F F	- DAY	YEAR	\$
Mailing Address		MARKO N	DAY	YEAR	\$
City	Zip Code (Plu	s 4) MO.	DAY	YEAR	7
					\$
Enter Grand Total of Part A on Schedule	l, Detailed Su	mmary Page	, Section	n 2.	\$

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.)

John Donal	. 05			Keporting From		2017 TO 5/1/2017
	,		1		-1-11	
Full Name of Contributor			I Mo.	DATE	YEAR	AMOUNT
						\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	s s
Full Name of Contributor	<u>-</u>		MO.	DAY	HYEAR	
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	1 40			7
		_	MO.	DAY	YEAR	\$
Full Name of Contributor			MG.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	
City	State	Zip Code (Plus 4)	Мо.	DAY	YEAR	\$
		-				\$
Full Name of Contributor			MO.	DAY	YEÁR	\$
Mailing Address			MO.	DAY	YEAR	s
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address						\$
City			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	\$
Full Name of Contributor			MO.	-/ V	YEAR	4
Mailing Address			2001			\$
_			Mo.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	•
Full Name of Contributor					See on the	\$
			MO,	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	•
						\$
Enter Grand Total of Part B on Sci	redule I, I	Detailed Summary	Page,	Section	2.	PAGE TOTAL \$
EB-502 (7-99)		•				

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.

John Donchas	From λ	14 20	17 то 5/1/2017
	DATE		AMOUNT
Full Name of Contributing Committee Mi		**************************************	\$
Mailing Address	0	YEAR	\$
City State Zip Code (Plus 4) Mi	O. DAY	- V-/5:	\$
Full Name of Contributing Committee	OVER ISSOCIATION	YEAR	\$
Mailing Address M	O. DAY	YEAR	\$
City State Zip Code (Plus 4)	O. DAY	YEAR	\$
Full Name of Contributing Committee	O. DAY	YEAR	\$
Mailing Address M	O. DAY	ENYEAR	\$
City State Zip Code (Plus 4) M	O. DAY	YEAR	\$
Full Name of Contributing Committee	(0. EDAY	YEAR	\$
Mailing Address	O. DAY	YEAR	\$
City State Zip Code (Plus 4)	DAY	YEAR	\$
Full Name of Contributing Committee	IO. DAY	YEAR	\$
Mailing Address	IO. DAY	YEAR	\$
City State Zip Code (Plus 4) M	IO. DAY	YEAR	\$
Full Name of Contributing Committee	IO.	YEAR	\$
Mailing Address	IOAS DXV	YEAR	\$
City State Zip Code (Plus 4) —	O	YEAR	\$
Full Name of Contributing Committee	IO. SAY	Y-An	\$
Mailing Address	IO. DAY	YEAR	\$
City State Zip Code (Plus 4)	lo. DAY	YEAR	\$
Full Name of Contributing Committee	IO. DAY	YEAR	\$
Mailing Address	IO.	YEAR	\$
City State Zip Code (Plus 4)	IO. DAY	YEAR	\$
Enter Grand Total of Part C on Schedule I, Detailed Summary Pa	ige, Sectio	n 3.	PAGE TOTAL \$

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			F	Reporting	Period	Cl 1 .
John Donches				From _	4141%	017 To 5 1 2017
				DATE		AMOUNT
Full Name of Contributor) (G	DAY	YEAR	\$
Mailing Address			MO	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer Name	<u> </u>		Occupati	ion		1 3
Employer Mailing Address/Principal Place of Business			1			
Full Name of Contributor	·		MO	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	
	·			Service Control of the Control of th		\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer Name	4		Occupati	ion	1	
Employer Mailing Address/Principal Place of Business			<u> </u>			
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	1	I
Employer Mailing Address/Principal Place of Business			<u> </u>		· · · · · · · · · · · · · · · · · · ·	
Full Name of Contributor			MO.	DAY	HEYEAR:	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4) —	MO.	DAY	YEAR	\$
Employer Name	·		Occupation	on .	<u> </u>	
Employer Mailing Address/Principal Place of Business						
Full Name of Contributor			NO.	DAY	YEAR	
			atrades	The state of the s		\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4) —	MO.	DAY	YEAR	\$
Employer Name	<u></u>		Occupation	on		
Employer Mailing Address/Principal Place of Business			<u>t </u>		·	
-: 0 1-:11.00						PAGE TOTAL
Enter Grand Total of Part D on ScheooseB-502 (7-99)	Jule I,	Detailed Summary	Page,	Section	n 3.	\$ ©

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.

John	n Donchas		From _	시 내 20	117 to 5/1/2017
uil Name					
failing Address					
City	State	7. 2. 1. 101 (1)			
uity	State	Zip Code (Plus 4) —	MO. DAY	YEAR	Amount \$
Receipt Description				<u> </u>	
Full Name					
Mailing Address					
City	State	Zip Code (Plus 4)	MO. TOAY	YEAR	Amount
Receipt Description					\$
Full Name					
Mailing Address					
City	State	Zip Code (Plus 4)	MO. DAY	YEAR	Amount \$
Receipt Description				<u> </u>	4
Full Name					
Mailing Address					
City	State	Zip Code (Plus 4)		100 100 100 100 100 100 100 100 100 100	
···,		ZIP Code Irius 🗤	MORES DAVE	YEAR	Amount \$
Receipt Description					
Full Name					
Mailing Address					
City	State	Zip Code (Plus 4)	MO DAY	YEAR	Amount
Receipt Description		-			\$
Full Name					
Mailing Address					
Dity	T State T				
	State	Zip Code (Plus 4) —	E-Mo.	YEAR	Amount \$
Receipt Description	1				φ
Star Grand Total of Part	·	<u>.</u>		l'	PAGE TOTAL
Enter Grand Total of Part	. E on Schedule I, I	Detailed Summary	/ Page, Section	1 4.	\$

DSEB-502 (7-99)

SCHEDULE II

PAGE 8 OF 13

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	Reporting P	eriod			
John Donches			017 To	5/1/20	17
	ार अस्त अस्य स्थान । साम अस्य				
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF	50.00 OR	LESS	PER 6	ONTRIBU	ron i
TOTAL for the Reporting Period	d (1	\$	0		
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$25	50.00 (FRO	M PA	RT F)		
TOTAL for the Reporting Period	400,000		Ŋ		
3 N-KIND CONTRIBUTION RECEIVED - VALUE OVER CONTRIBUTION RECEIVED					
3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FRC	M PART				
TOTAL for the Reporting Period	(S) t	\$	0		
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.)		\$	0		

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate				Reporting	Period	
John Donches				From _	시내 교	017 To 5/1/2017
						AMOUNT
Full Name of Contributor			MC.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	
						\$
City	State	Zip Code (Plus 4) —	MO.	DAY	YEAR	\$
Description of Contribution:					<u> </u>	
Full Name of Contributor			MO.	DAY	YEAR	
						\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Description of Contribution:	<u> </u>	<u> </u>	<u>.</u>		l	
Full Name of Contributor			MO.	DAY	YEAR	
Tall Name of Contribution			aro.			\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Description of Contribution:	<u> </u>	<u> </u>	.1		<u> </u>	
Full Name of Contributor						
rail Name of Collettator			MO.	DAT	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Description of Contribution:	<u> </u>		<u> </u>		<u> </u>	<u> </u>
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	RABY	
Description of Contribution:	<u> </u>	_	<u> </u>		<u></u>	\$
Full Name of Contributor			MO.	EAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	*
	<u> </u>					\$
Description of Contribution:						
						PAGE TOTAL
Enter Grand Total of Part F on School Summary Page, Section 2.	dule ii	l, In-Kind Contribut	ions E	etailed		s ()

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

John Donch	1			From _		017 TO 5 1 2017
			, ,			
Full Name of Contributor	7		MO.	DATE	YEAR	AMOUNT
						\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MQ.	DAY	YEAR	\$
Employer of Contributor		L	Occupa	tion	<u> </u>	
Employer Mailing Address/Principal Place of Business			Descrip	tion of Co	ntribution	
Full Name of Contributor				E SEE		
ruii Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer of Contributor	_J		Occupat	tion		1
Employer Mailing Address/Principal Place of Business			Descrip	tion of Co	ntribution	
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			Descript	ion of Co	ntribution	
Full Name of Contributor			MO.	DAY	YEAR	
					T. SEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
Employer of Contributor	<u> </u>				<u> </u>	\$
			Occupat	ion		
Employer Mailing Address/Principal Place of Business			Descript	ion 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		
Employer Mailing Address/Principal Place of Business			Descript	ion of Con	tribution	
Enter Grand Total of Dart Com Co						PAGE TOTAL
Enter Grand Total of Part G on Sched Summary Page, Section 3.	aule II,	, In-Kind Contribu	itions De	etailed	ļ	s ()
CER_E02 (7-00)						<u> </u>

SCHEDULE III

STATEMENT OF EXPENDITURES

N Consider a Consider		10	0	· · · · · · · · · · · · · · · · · · ·
Name of Filing Committee or Candidate		Reporting		nin - 11/1 2000
John Donchas		From _	714/ 20	717 To 5/1/2017
To Whom Paid County of Lehigh fixed Office		MO. DAY	YEAR 2017	Amount \$ 5.00
Mailing Address 17 S 17 th St.		Description of Exp	anditure GJS	District 5 map
	Zip Code (Plus 4) / \$10]			•
To Whom Paid EG Notary		MO. DAY 3 4 Description of Expo	YEAR 2017	Amount 90,00
Mailing Address 925 Chest nut St		Description of Exp Motari Za	anditure	f atitions
Emmans State	Zip Code (Plus 4) / 2049-			
County of Lehigh		MO. DAY	YEAR 2017	Amount 3.75
Mailing Address 17 5. 17th St.		Copy of		
Allentown PA	Zip Code (Plus 4) / g/ 7/ -			
To Whom Paid County of Cehigh		MO. DAY 3 /0 Description of Expe	YEAR 2017	Amount \$ 25.30
17 5. 17th St.		Description of Expe	enditure FAE	,
Allentoun PA	Zip Code (Plus 4) /½/0/ —			
To Whom Paid Vista Print				Amount \$ 2/4.62
Mailing Address VIStalnint, com		Palm Cov	anditure	
Biston	Zip Code (Plus 4) -			
To Whom Paid Lehigh Valley Commen tator		MO. DAY 3 ン/	YEAR 2017	Amount \$ 68,00
10 Box 596		Description of Expe	enditure	
	Zip Code (Plus 4) /8049-			
To Whom Paid Go Jaddy		MO. DAY	YEAR 2017	Amount \$ 204.94
Mailing Address Go Daddy, com		Description of Expe		
City Gilbert AZ	Zip Code (Plus 4)			
To Whom Paid Office Depot		MO. DAY 3 29	YE 18 2017	Amount \$ 203, 52
Mailing Address 480 S. Cedar Crest Bh	Id.	Plyer pr	enditure	
Allentown PA	Zip Code (Plus 4) / 8/04 -		P	
				PAGE TOTAL
Enter Grand Total of Expenditures on Page 1, Re	port Cover Pag	ge, Item D.	1	\$ 814.83

SCHEDULE III

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			R	eporting		1 1
John Donchas				From _	414/21	717 To 5/1/2017
Sault Sallours					7	
To Whom Paid			For this source	T.	granger	Amount
Manles			мо. 3	DAY クム	YEAR	\$ 17,34
Mailing Address 3900 Lehigh St		***************************************	Descripti	on of Exp	anditure	\$ 11, 1/4
3300 Lehiah St			o d	Lica .	anditure	<
City	State	Zip Code (Plus 4)	 	MICE.	10/4/1-	·
Allantown	State	18103-	1			:
To Whom Gold	11.77	1210	National Control of the	200000000000000000000000000000000000000	Have a solving to the state of	
Office Depot			MO.	DAY	YEAR	Amount
Mailing Address			Descripti	on of Eve	AU / /	Amount \$ 17.54a
Mailing Address 480 S Cedar Cres	L (3)	vd.	Joseph Pt.		coal.	
City O	State	Zip Code (Plus 4)	 	UTTICE	svppli	e 3
Allentown	PA	18104-]			
	[[]	1001	<u> </u>		The least section of	
To Whom Paid Signs on the Cheap Mailing Address			MO.	DAY	YEAR	Amount
Mailing Address			Descripti	on of Exp	ADJ/	\$ 686.00
11525A Stonehollow Dr.	5,	te 100	1	_		
City 0	State	Zip Code (Plus 4)	1 10	<u>ird si</u>	gns	
Austin	State	78758	•	•		
						A
To Whom Paid County of Lehigh Fise Mailing Address 17 S. 17th St.	41	ACC.	мо. 3	DAY 6		Amount \$ / 00
Mailing Address		UPFICE		on of Expe	2017	\$ 100-2
17 S. 17th St			Descripti	OII OI EXP	silaitai e	
	State	Zip Code (Plus 4)	 			
Allentown	PA	1810/-	l			
To Whom Paid	57	1010)	Action and the second			
10 ANUON LAID			MO.	DAY	YEAR.	Amount
Mailing Address			Docariati	on of Expe	n dia	\$
			Description	un on Expe	and ture	•
City	State	Zip Code (Plus 4)	ļ			
		_				
To Whom Paid	<u> </u>		Mark Street Street Street	The later than the same of the		
TO WHOM I ald			MO.	DAY	YEAR	Amount
Mailing Address			Description	on of Expe	nditura	\$
			2030115111	on or expe	artare	
City	State	Zip Code (Plus 4)		····		VIII
		-				
To Whom Paid	<u> </u>					Amount
			MO.	DAY	YEAR	Amount
Mailing Address			Description	on of Expe	nditura	\$
-			Coscilipan	on Cape	muntare	
City	State	Zip Code (Plus 4)		·		
		_				
To Whom Paid	L					
			MO.	DAY	YE AR	Amount
Mailing Address			Description	on of Expe	nditura	\$
				APC		
City	State	Zip Code (Plus 4)				
		-				
			<u> </u>		······································	
Enter Grand Total of Francisco			_	_		PAGE TOTAL
Enter Grand Total of Expenditures on Page	ge 1, I	Report Cover Pa	age, ite	m D.		\$ 820.92

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			Reporting	ng Period	
John Donches		,	From	2/14/3	1017 TO 5/1/2017
				<u> </u>	11 10 11 1 21 1
Name of Creditor					Outstanding Balance of Deb
Mailing Address	DATE				\$
	DEBT INCURRED	~MQ.			
City	•	State	Zip Cod	de (Plus 4)	
Description of Debt				_	
Name of Creditor					Outstanding Balance of Deb
Mailing Address	DATE	Mo.	DAY	YEAR	_
City	DEBT INCURRED				
City		State	Zip Code	de (Plus 4)	
Description of Debt			<u></u>		
				-	
Name of Creditor					Outstanding Balance of Deb
Mailing Address	DATE	MO.	DAY	YEAR	<u> </u>
City	DEBT INCURRED				
		State	Zip Code	le (Plus 4)	
Description of Debt			1		
Name of Creditor					
					Outstanding Balance of Deb
Mailing Address	DATE DEBT	MO.	DAY	YEAR	L \$
City	INCURRED	State		e (Plus 4)	
			21p 00	_ (Pius -, ,	
Description of Debt				<u> </u>	
Name of Creditor					
				1	Outstanding Balance of Deb \$
Mailing Address	DATE DEBT	MO.	DAY	YEAR	4
City	INCURRED	State	Zip Code	(Plus 4)	
Description of Debt			_	- !	
Jescription of Dept			1		Change of the Control
Name of Creditor					Outstanding Balance of Debt
Mailing Address			₹-		S Salance of Debi
•	DATE DEBT INCURRED	. M 0.	DAY	YEAR	
City	INCURRED	State	Zip Code	(Plus 4)	
Description of Debt			-		<u> </u>
		_	-		
					PAGE TOTAL
Enter Grand Total of Unpaid Debts on Page	1. Report Cover	Page, I	tem G.	1	\$ ()
	V	· ~o~.	Gir	7	/ * · · ·