	CAN	//PAIGN F	FINANCE REP	ORT		
	Name and Ac	ldress of Fi	ling Candidate	or Com	mitted	е
Name:		Friends of I	David Jones			
Address:	1	1942 W Che	ew St			
City, State, Z	Lip:	Allentown F				
		Repor	rt Filed By			
Candidate			Committee			X
Type of Repo	ort 2 nd Friday P	re Election	Election Date	Amend	ed	Termination
			11/05/2013			
Office Sough	t By Candidate		Party	County		
Lehigh Count	ty Commissioner	· Dist #3	D	Lehigh		
	Sumn	nary of Rec	eipts & Expend	itures		
From:	06/11/2013		To:	10/21/20	013	
A. Amount B	Brought Forwar	d From Las	t Report		130.9	79
B. Total Mon	etary Contribu	itions & Rec	eipts (from Sche	dule I)	500.00	
C. Total Fund	ds Available (S	um of Lines	A & B)		630.9	79
D. Total Expe	enditures (from	Schedule II	(I)		340.0	00
E. Ending Ca	ish Balance (Su	btract Line	D from Line C)		290.9	19
			ived (from Sched	ule II)	1,500).00
G. Unpaid De	ebts & Obligati	ons (from Sc	chedule IV)		0.00	

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

SCHEDULE I

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Peri			. / /-
Friends of David Jones	From <u>6</u>	1-13	_ To _	10/21/13
. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS	S PER CONT	RIBUTO	R	
TOTAL for the Reporting Perio	od (1)	\$		
2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART	·B			
Contributions Received from Political Committees (Part A)		\$		
All Other Contributions (Part B)		\$		
TOTAL for the Reporting Period	od (2)	\$		
3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Contributions Received from Political Committees (Part C)		\$		
All Other Contributions (Part D)		\$		500.00
TOTAL for the Reporting Period	od (3)	\$	5	500.00

4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED	CHECKS, ET(; (FRO	M PA	RT B
TOTAL for the Reporting Period	od (4)	\$		
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.)		"	٢	500.00

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			Ru	eporting I	Period	112/20113
Friends of David Uc	anes			From <u>C</u>	·-11-19	то 10/2///3
				DATE		AMOUNT
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MÓ,	DAY	YEAR	
						\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	¢
		_			V= -	\$
Full Name of Contributing Committee			MQ.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	
						\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Morra of Cont " 11 Cont		_	200	BAN	VELF	-
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	1 64 ·	7in Pode IR	*****	,	: sz= - :	_
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	-
• • •		-	MU.		· soft	\$
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	
·			:#U.	VAT	. 5-01	\$
City	State	Zip Code (Plus 4)	MQ.	DAY	YEAR	
						\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	
I						\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	•
		_	. 110	BAA.	Verr	\$
Full Name of Contributing Committee			MO.	PAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	•
City	1 64	710 0-2-10-				\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
		-				PAGE TOTAL
Enter Grand Total of Part A on Scho	edule i	, Detailed Summar	y Page,	Section	n 2.	\$ - 0-
						* U-
DCER_E02 (7-99)						

ALL OTHER CONTRIBUTIONS

h 06 12

\$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	
Friends of David clones	From 6-11-13	To 10/21/13_
167131 61 56019 170119	DATE	AMOUNT

triends of Dau	id vone	<u>,S</u>				10 <u>10 21 10</u>
				DATE		AMOUNT
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.	DAY	YEAR	\$
Mailing Address	<u> </u>		MQ.	DAY	YEAR	\$
Dity	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.	DAY	YEAR	\$ - \$
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	\$
						\$
Full Name of Contributor			MO.		YEAR	\$
Mailing Address		(61 A)	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.	DAY	YEAR	\$
Mailing Address			MO.	DAY.	YEAR	s
City	State	Zip Code (Plus 4) -	MO.	DAY	YEAR	\$
						PAGE TOTAL

s - 0-

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			l Ke	porting i	-11-12	To 10-21-12
Friends of Davi	d vor	nes			111	
			T 200 T	DATE	YEAR	AMOUNT
Full Name of Contributing Committee			MO.	DAY	I EMIT	\$
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	\$
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			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4) 	MO.	DAY		\$
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 C on	Schedule I,	Detailed Summar	y Page,	Section	on 3.	S = O =

ALL OTHER CONTRIBUTIONS

OVER \$250.00

60612

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			Reporting Period				
Friends of David	_cla	nes		From 6	<u>,-11-12</u>	ь то <u>/6/2///3</u>	
				DATE		AMOUNT	
Full Name of Contributor	<i>a</i> -	+ Vicinital	MO. 7	DAY (8	JOI3	\$ 500.00	
Full Name of Contributor Carpenters PAC of Philo Mailing Address	<u>u ·`</u>	· VICIOITY	MO.	DAY	YEAR	\$	
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$	
Employer Name	<u></u>	L	Occupation	on			
Employer Mailing Address/Principal Place of Business							
Full Name of Contributor	********		MO.	DAY	YEAR	\$	
Mailing Address			MO.	DAY	YEAR	\$	
City	State	Zip Code (Plus 4) —	MO.	DAY	YEAR	\$	
Employer Name			Occupation	on			
Employer Mailing Address/Principal Place of Business							
Full Name of Contributor			MO.	DAY	YEAR	\$	
Mailing Address			MO.	DAY	YEAR	\$	
City	State	Zip Code (Plus 4) —	MO.	DAY	YEAR	\$	
Employer Name			Occupati	ion			
Employer Mailing Address/Principal Place of Business							
Full Name of Contributor			MO.	DAY	YEAR	\$	
Mailing Address			MO.	DAY	YEAR	\$	
City	State	Zip Code (Plus 4) —	MO.	DAY	YEAR	\$	
Employer Name			Occupati	ion			
Employer Mailing Address/Principal Place of Business							
Full Name of Contributor			MO.	DAY	YEAR	\$	
Mailing Address			MO.	DAY	YEAR	\$	
City	State	Zip Code (Plus 4) —	MO.	DAY	YEAR	\$	
Employer Name			Occupati	ion			
Employer Mailing Address/Principal Place of Business							
						DACE TOTAL	

Enter Grand Total of Part D on Schedule I, Detailed Summary Page, Section 3.

Reporting Period

PARI 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 Candidate		1 -	Reporting	Period	то 10/21/13
Friends of Da	<u>vid</u>	dones	From _(0-11-13	To 10/21/15
Full Name					
Mailing Address			-		
City	State	Zip Code (Plus 4)	MO. DAY	YEAR	Amount
City	Julia	-	ino.	1	\$
Receipt Description					
Full Name					
Mailing Address					
City	State	Zip Code (Plus 4)	MO. DAY	YEAR	Amount
City		-			\$
Receipt Description					
Fuli Name					
Mailing Address					
City	State	Zip Code (Plus 4)	MO. DAY	YEAR	Amount
		-			\$
Receipt Description					
Full Name					
Mailing Address					
City	State	Zip Code (Plus 4)	MO. DAY	YEAR	Amount
		_	<u> </u>	<u> </u>	\$
Receipt Description					
Full Name					
Mailing Address					
Mailing Address					
City	State	Zip Code (Plus 4)	MO. DAY	YEAR	Amount \$
Receipt Description					
necespt Description					
Full Name					
Mailing Address					
City	State	Zip Code (Plus 4)	MO. DAY	YEAR	Amount \$
Receipt Description				<u> </u>	
					IDACE TOTAL
					PAGE TOTAL

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	Reporting Peri	iod
Friends of David Jones	From 6-1	11-13 to 10/21/13
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE O	F \$50.00 OR L	ESS PER CONTRIBUTOR
TOTAL for the Reporting Pe		\$
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO	¢250 00 (FRO)	J PART FI
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.0. TO	7200.00 p	
TOTAL for the Reporting Pe	eriod (2)	.
3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART C	
TOTAL for the Reporting Pe		
CONTRIBUTIONS DURING THIS		
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1.2)	2,	\$
REPORTING LETTOR (Add die Creek Smooth 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			R	eporting	Period	. 1. 1.
Friends of David de	mes	S		From _	G-11-1	3 To 10/01/13
				DATE		AMOUNT
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>	
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>	
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>		L		L.
Full Name of Contributor			MO.	DAY	YEAR	
						\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Description of Contribution:	لـــــــا			<u> </u>	<u></u>	
P. U. Nama of Contributor						
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			Mo.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	4
		-	Pool,	<i>V</i> a.	I Kent	\$
Description of Contribution:						
Full Name of Contributor			MO.	DAY	YEAR	
						\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Description of Contribution:		L		<u> </u>		
Enter Grand Total of Part F on Sche	dule II	, In-Kind Contribut	tions De	tailed		PAGE TOTAL
Summary Page, Section 2.		•				\$ ~ 0

10 -12

PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate		Reporting Period	> 1 1 1 m			
Friends of David (From 6-11-1	From 6-11-13 To 10/21/13				
THORE OF EGO	,0110	DATE	AMOUNT			
Full Name of Contributor		MO. DAY YEAR	\$ 1500.00			
Michael Laws Mailing Address		MO. DAY YEAR	730000			
202 Faucon View) 6		\$			
City		MO. DAY YEAR	\$			
bethlehem	18015 -	Occupation				
Employer of Contributor						
Employer Mailing Address/Principal Place of Business		Description of Contribution				
		Managina Ca	merion			
Full Name of Contributor		MO. DAY YEAR	\$			
Mailing Address		MO. DAY YEAR	\$			
			4			
City	State Zip Code (Plus 4)	MO. DAY YEAR	\$			
Employer of Contributor		Occupation				
Employer of contributes.						
Employer Mailing Address/Principal Place of Business		Description of Contribution				
		MO. DAY YEAR				
Full Name of Contributor		MO. DAY YEAR	\$			
Mailing Address		MO. DAY YEAR	\$			
•			7			
City	State Zip Code (Plus 4)	MO. DAY YEAR	\$			
Employer of Contributor		Occupation				
Employer of Contributor		·				
Employer Mailing Address/Principal Place of Business		Description of Contribution				
		MO. DAY YEAR				
Full Name of Contributor		MO. DAY YEAR	† \$			
Mailing Address		MO. DAY YEAR	\$			
			4			
City	State Zip Code (Plus 4)	MO. DAY YEAR	\$			
Employer of Contributor		Occupation				
Employer Mailing Address/Principal Place of Business		Description of Contribution				
		MO. DAY YEAR				
Full Name of Contributor		MIO.	† \$			
Mailing Address		MO. DAY YEAR	\$			
		MO. DAY YEAR	4			
City	State Zip Code (Plus 4)	MO. DAY YEAR	\$			
Employer of Contributor		Occupation				
Employer Mailing Address/Principal Place of Business		Description of Contribution				
			PAGE TOTAL			

Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.

\$ 15 Oo ,00

11 9 12

SCHEDULE III

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	~ ~ ~		R	eporting (From	Period	3 TO 10/21/13
Friends of David Vor	150					
To Whom Paid			MO.	DAY	YEAR	Amount
Lehigh County Demoratic	Con	nmittee	B	on of Expe	13	\$ 250.00
Mailing Address			_ `	que	ì	
City	State	Zip Code (Plus 4)		7		
		18101 -				Amount
TO Whom Paid Bank			M O.	25	YEAR 13	\$ 90.00
i Mailing Address			Descripti	on of Expe	nditure	c ne Ctl
Tilghman Ste 194h	State	Zip Code (Plus 4)	1200	Kree	COR	or Draft)
Allentour	PA	18104 -				
To Whom Paid			MO.	DAY	YEAR	Amount
Mailing Address			Descripti	on of Expe	enditur e	\$
City	State	Zip Code (Plus 4) —				
To Whom Paid	<u> </u>		MO.	DAY	YEAR	Amount
Marillan, Address			Descripti	on of Expe	enditure	\$
Mailing Address			Descripti	011 01 224		
City	State	Zip Code (Plus 4)				
		_				Amount
To Whom Paid			MO.	DAY	YEAR	\$
Mailing Address			Descripti	on of Exp	enditure	
City	State	Zip Code (Plus 4)				
		_				
To Whom Paid			MO.	DAY	YEAR	Amount
Mailing Address			Descripti	on of Exp	enditure	\$
	Υ					
City	State	Zip Code (Plus 4)				
To Whom Paid	<u> </u>	<u> </u>	MO.	DAY	YEAR	Amount
Mattian Address			Descript	on of Exp	enditura	\$
Mailing Address			Descripti	OII OI EXP	enu luí E	
City	State	Zip Code (Plus 4)				
To Whom Boid		_	1	1- BZU	l ve n	Amount
To Whom Paid			MO.	DAY	YE AR	\$
Mailing Address			Descript	on of Exp	enditura	
City	State	Zip Code (Plus 4)	 			
		_				
						PAGE TOTAL
Enter Grand Total of Expenditures on Pa	ge 1,	Report Cover P	age, It	em D.		\$ 340.00

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.

ame of Filing Committee or Candidate			Reporting Period		
Friends of David Jones			Reporting Period From 6-11-B To 10/21/13		
1110/2001 20/20					
Name of Creditor					Outstanding Balance of Debt
					\$
Mailing Address	DATE DEBT	MO.	DAY	YEAR	
	INCURRED			<u></u>	
City		State	Zip Code	(Plus 4)	
Description of Debt					
Description of Desc					
Name of Creditor					Outstanding Balance of Debt
					\$
Mailing Address	DATE DEBT	MO.	DAY	YEAR	
	INCURRED				
City		State	Zip Code	(Plus 4)	
Description of Debt					
Name of Creditor					Outstanding Balance of Debt
Name of Clanto					\$
Mailing Address	DATE	MO.	DAY	YEAR	9
	DEBT INCURRED				1
City		State	Zip Code	(Plus 4)	
Description of Debt					
4					
	1				
Name of Creditor					
	LDATE	L		T vere	Outstanding Balance of Debt
Name of Creditor Mailing Address	DATE DEBT	MO.	DAY	YEAR	
		MO.	DAY Zip Code		
Mailing Address	DEBT				
Mailing Address	DEBT				
Mailing Address City	DEBT				
Mailing Address City	DEBT				\$ Outstanding Balance of Debt
Mailing Address City Description of Debt Name of Creditor	DEBT INCURRED	State	Zip Code	(Plus 4)	\$
Mailing Address City Description of Debt	DEBT INCURRED DATE DEBT				S Outstanding Balance of Debt
Mailing Address City Description of Debt Name of Creditor	DEBT	State	Zip Code	(Plus 4)	S Outstanding Balance of Debt
Mailing Address City Description of Debt Name of Creditor Mailing Address	DEBT INCURRED DATE DEBT	State Mo.	Zip Code	(Plus 4)	S Outstanding Balance of Debt
Mailing Address City Description of Debt Name of Creditor Mailing Address	DEBT INCURRED DATE DEBT	State Mo.	Zip Code	(Plus 4)	S Outstanding Balance of Debt
Mailing Address City Description of Debt Name of Creditor Mailing Address City	DEBT INCURRED DATE DEBT	State Mo.	Zip Code	(Plus 4)	S Outstanding Balance of Debt
Mailing Address City Description of Debt Name of Creditor Mailing Address City	DEBT INCURRED DATE DEBT	State Mo.	Zip Code	(Plus 4)	S Outstanding Balance of Debt
Mailing Address City Description of Debt Name of Creditor Mailing Address City Description of Debt Name of Creditor	DATE DEBT INCURRED	State Mo.	Zip Code	YEAR (Plus 4)	Outstanding Balance of Debt \$
Mailing Address City Description of Debt Name of Creditor Mailing Address City Description of Debt	DATE DEBT INCURRED	State Mo.	Zip Code	(Plus 4)	Outstanding Balance of Debt \$ Outstanding Balance of Debt
Mailing Address City Description of Debt Name of Creditor Mailing Address City Description of Debt Name of Creditor Mailing Address	DATE DEBT INCURRED	MO. State	Zip Code Zip Code	YEAR (Plus 4)	Outstanding Balance of Debt \$ Outstanding Balance of Debt
Mailing Address City Description of Debt Name of Creditor Mailing Address City Description of Debt Name of Creditor	DATE DEBT INCURRED	State MO.	Zip Code	YEAR (Plus 4)	Outstanding Balance of Debt \$ Outstanding Balance of Debt
Mailing Address City Description of Debt Name of Creditor Mailing Address City Description of Debt Name of Creditor Mailing Address	DATE DEBT INCURRED	MO. State	Zip Code Zip Code	YEAR (Plus 4)	Outstanding Balance of Debt \$ Outstanding Balance of Debt
Mailing Address City Description of Debt Name of Creditor Mailing Address City Description of Debt Name of Creditor Mailing Address City City City City City City	DATE DEBT INCURRED	MO. State	Zip Code Zip Code	YEAR (Plus 4)	Outstanding Balance of Debt \$ Outstanding Balance of Debt
Mailing Address City Description of Debt Name of Creditor Mailing Address City Description of Debt Name of Creditor Mailing Address City City City City City	DATE DEBT INCURRED	MO. State	Zip Code Zip Code	YEAR (Plus 4)	Outstanding Balance of Debt \$ Outstanding Balance of Debt \$
Mailing Address City Description of Debt Name of Creditor Mailing Address City Description of Debt Name of Creditor Mailing Address City City City City City City	DATE 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