CAMPAIGN FINANCE REPORT

Name:		John Donches 4 Commissioner						
Address:		559 Minor St						
City, State, Z	ip:	Emmaus PA	4 18049					
011, 1, 2010, 2	- P ·			<u></u>				
Candidate			Committee			X		
Type of Repo	ort	l	Election Date	Amend	ed	Termination		
2017 – 30 Day	Post-Electic	\sim	11/07/2017			YES		
Termination	Report?							
Office Sought By Candidate			Party	County	County			
Lehigh County Commissioner Dist #5		er Dist #5	R	Lehigh				
	Sumi	nary of Re	ceipts & Expend	litures				
From:	06/10/2017	To: 12/04/2017						
A. Amount B	Frought Forwa	rd From La	st Report	<u> </u>	4,176.59			
B. Total Monetary Contributions & Receipts (from Schedule I)				0.00				
C. Total Funds Available (Sum of Lines A & B)				4,176.59				
D. Total Expenditures (from Schedule III)				4,176.59				
E. Ending Cash Balance (Subtract Line D from Line C)				0.00				
F. Value of In-Kind Contributions Received (from Schedule II)				dule II)	0.00			
G. Unpaid Debts & Obligations (from Schedule IV)					-1,3	23.41		

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

SCHEDU	JLE I	
CONTRIBUTIONS	AND	RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period
John Donches 4 Commissioner	From 6/10/2017 To 12/4/2017

UNITEMIZED CONTRIBUTIONS AND RECEIPTS -	\$50.00 OR LESS PER CON	THIEU	TOR
TOTAL for the	Reporting Period (1)	\$	0

2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART & AND PART B)	
Contributions Received from Political Committees (Part A)	\$ 0
All Other Contributions (Part B)	\$ 0
TOTAL for the Reporting Period (2)	\$ 0

3. CONTRIBUTIONS 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 (3)	\$ Ø

A. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC	2. (FR		9
TOTAL for the Reporting Period (4)	\$	Q	

TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD (Add and enter amount totals from	¢	D
Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report	♥	9
Cover Page, Item B.)		

PAGE 3 OF 12

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 Donches 4 Com	nm135	ioner		Reporting From	Period 6/10/a	017 To 12/4/2017
				DATE		AMOUNT
Full Name of Contributing Committee			MO.	DAY	YEAR	
Mailing Address		······	MO.	DAY	YEAR	\$
-				T		\$
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)	MQ.	DAY	YEAR	\$
Full Name of Contributing Committee	I . I		MO.	DAY	YEAR	\$
Mailing Address		994 (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) —	MÓ.	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			MC.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4) 	MG.	DAY	YEAR	\$
Full Name of Contributing Committee					YEAR	\$
Mailing Address			MO;	DAY	YEAR	\$
City	State	Zip Code (Plus 4) —	MO.	DAY	YEAR	\$
Enter Grand Total of Part A on Sch	edule I,	Detailed Summar	ry Page	, Sectio	on 2.	PAGE TOTAL \$

ALL OTHER CONTRIBUTIONS

PAGE 4 OF 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	17 To 12/4/2017
John Donches 4 Commission	oner	From _	6/10/27	То 199 2011
		DATE		AMOUNT
Full Name of Contributor		新作業 2.(0)開始 (新聞の)(A) (新聞	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		HO. DAY	YEAR	\$
Mailing Address				\$
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	_		YEAR	\$
				\$
Mailing Address		MO. DAY	YEAR	\$
City State	Zip Code (Plus 4)	MO. DAY	YEAR	•
Full Name of Contributor		MO. DAY	YEAR	\$
Mailing Address				\$
		NO. 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	¢
	L			\$ PAGE TOTAL
Enter Grand Total of Part B on Schedule I	. Detailed Summary	v Page, Sectio		\$ ()
DSEB-502 (7-99)		,	··	- V

PAGE 5 OF 12

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 Candida	ite		Reporting	Period	H1 To 12/4/2017
John Donchez 4	Commissi	oner	From	4/10/1/	To
			DATE		AMOUNT
Full Name of Contributing Committee			MO: DAY	YEAR	\$
Mailing Address			MO. DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MD. DAY	YEAR	
		_			\$
Full Name of Contributing Committee			NO. DAY	YEAR	\$
Mailing Address		_ ,	MO. DAY	YEAR	
City	State	Zip Code (Plus 4)			\$
5,			MO. DAY	YEAR	\$
Full Name of Contributing Committee			MO. DAY	YEAR	\$
Mailing Address			MO. DAY	YEAR	Ψ
					\$
City	State	Zip Code (Plus 4)	MO. DAY	YEAR	\$
					.
Full Name of Contributing Committee			MO. DAY	YEAR	\$
Mailing Address		. <u></u>	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	+
		-	mo. ori		\$
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	Ψ
-				I ICAN	\$
Mailing Address			MO. DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO. DAY	YEAR	\$
	_				PAGE TOTAL
Enter Grand Total of Part C	on Schedule I.	Detailed Summar	v Page, Sectio	on 3.	s ()

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PART D ALL OTHER CONTRIBUTIONS

PAGE	Lo	OF	12
PAGE	1.	UF	

OVER \$250.00

Use this Part to itemize all other contributions with an aggregate value of over \$250.00 in the reporting period. (Exclude

lude	contributions	trom	political	committees	reported	in Part	C.)
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Name of Filing Committee or Candidate			R	eporting	Period	
John Donches 4 Commi	5510n	ŧC		From (10/201	17 To 12/4/2017
				DATE		AMOUNT
Full Name of Contributor			NO .	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	I State	Zip Code (Plus 4)		- PAV	VP A D	4
	State		MO.	DAY	YEAR	\$
Employer Name		L.,,	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	I	L	Occupati	l on		
Employer Mailing Address/Principal Place of Busines:						·····
Employer Marring Addressminicipal mace of Busines.	3					
Full Name of Contributor			MO.	DAY	YEAR	¢
Mailing Address			MO.	DAY	YEAR	\$
						\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer Name		L	Occupati	on		
Employer Mailing Address/Principal Place of Busines:	6					
Full Name of Contributor			MO.	DAY	YEAR	
Maillon Addroop						\$
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	5					
Full Name of Contributor			NO.	DAY	YEAR	
						\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer Name			Occupati	00		
Employer Mailing Address/Principal Place of Busines:	5	<u>n.u.</u>				
						PAGE TOTAL
Enter Grand Total of Part D on Scho	edule I	, Detailed Summar	ry Page,	Sectio	n 3.	\$ 0
DSEB-502 (7-99)						

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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 Candidate	
	-	-1^{-1}		
	_)	6hn	Donches 4 Commissioner	
	\sim			

Reporting Period From <u>(4/10/2017</u> To <u>12/4/2017</u>

ull Name					
failing Address					
Sity	State	Zip Code (Plus 4)	MO. DAY	YEAR	Amount
		-			\$
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ull Name					
failing Address					
	State	Zip Code (Plus 4)	MO. DAY	YEAR	Amount
Dity	State			J. 1997. 27.7.	\$
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and the manufacture of the second sec					
ful! Name					
Mailing Address	······································				
City	State	Zip Code (Plus 4)	MO. DAY	YEAR	Amount
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Receipt Description				-	
Full Name					
Mailing Address					
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Receipt Description				l	
receipt Description					
Full Name					
Mailing Address					
				-	
City	State	Zip Code (Plus 4)	MO. DAY	YEAR	Amount c
			<u> </u>	<u> </u>	\$
Receipt Description					
Full Name					
				<u></u>	
Mailing Address					
City	State	Zip Code (Plus 4)	MO. DAY	YEAR	Amount
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Receipt Description		L	I		
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Enter Grand Total of Par	t E on Schedule I,	Detailed Summa	ry rage, Section	JII 4.	

SCHEDULE II IN-KIND CONTRIBUTIONS AND VALUAB	BLE THING	PAGE &	
USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIB DURING THE REPORTING PER Detailed Summary Page		ALUABLE THI	NGS
Name of Filing Committee or Candidate John Donally 4 Commissioner	Reporting Peri From 410	1	12/4/2017
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE O	E ≤.0 00 07		
TOTAL for the Reporting Pe	and any and an any advertised		alinational in contraction and an
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO	\$250.00 (FRON	PARTE	
TOTAL for the Reporting Pe		\$ ()	
3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (
TOTAL for the Reporting Pe	-	\$ ()	
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1, 2	2,	s ()	

and the second sec

REPORTING PERIOD (Add and enter amount totals from Boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F.)

PAGE	9	OF	1	2	

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

John Donches 4	Commission	26	From	6/10/2017	то 12/4/2017
full Name of Contributor			DATE	VEAD	AMOUNT
				\$	
Aailing Address			MO. DAY	YEAR \$	
Sity	State	Zip Code (Plus 4)	MO. DAY	YEAR \$	
Description of Contribution:	<u> </u>			<u> </u>	
ull Name of Contributor			MO. DAY	YEAR	
lailing Address				\$	
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ity	State	Zip Code (Plus 4) —	MO. DAY	YEAR \$	
escription of Contribution:	d				· · · · · · · · · · · · · · · · · · ·
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ty	State	Zip Code (Plus 4)	MO. DAY		
escription of Contribution:		· · · · · · · · · · · · · · · · · · ·			
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			MO. DAY	YEAR \$	
ailing Address			MO. DAY	YEAR \$	
ty	State	Zip Code (Plus 4) —	MO. DAY	YEAR \$	
escription of Contribution:	L				

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SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate			Reporting Period			
John Don Als 4 Com	n 1551	oner	From (410 2017 To 12/4/2017			
	DATE AMOUNT					
Full Name of Contributor			MG. DAY YEAR S			
Mailing Address			MO DAY WEAR			
-			\$			
City	State	Zip Code (Plus 4) 	MO. DAY YEAR S			
Employer of Contributor	nployer of Contributor					
Employer Mailing Address/Principal Place of Business		<u> </u>	Description of Contribution			
Full Name of Contributor			MO. DAY YEAR S			
Mailing Address			MO. DAY YEAR \$			
City	State	Zip Code (Plus 4) —	MO. DAY YEAR \$			
Employer of Contributor		n <u>general</u>	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. A DAY YEAR			
Employer of Contributor	4		Occupation			
Employer Mailing Address/Principal Place of Business			Description of Contribution			
Full Name of Contributor			MO. DAY YEAN \$			
Meiling 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			Occupation			
Employer Mailing Address/Principal Place of Business			Description of Contribution			
Enter Grand Total of Part G on Scheo Summary Page, Section 3.	dule II	, In-Kind Contribu	tions Detailed			

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page _// __OF ____

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			I B	eporting	Period	
John Donches 4 Commiss	13-01	C			110/2	617 To 12/4/2017
John Jonchez T Jonnin 33	שודטיו	f		From	<u>- 1</u>	
	_				.	A
To Whom Paid Lehigh County			<u>мо.</u> С	DAY / 3	YEAR 2017 enditure	Amount \$ 15.00
Mailing Address			Description	on of Exp	enditure	
	•		N	stary		
City	State	Zip Code (Plus 4)				
To Whom Paid / a 1						Amount
To Whom Faid Key Bank			MO. G	DAY 30	YEAR 2017	\$ 3.00
Mailing Address P. O. Box 93885			Description	on of Exp	enditure	~
P. O. BOX 93885			Sta	terne	nt f	ee
city Cleveland	State	Zip Code (Plus 4) 44131 -5885	ł			
	UII	44101-5245				
To Whom Paid Kay Bank Mailing Address		1	MO. 77	31 31	2017	Amount \$ 3, 30
Mailing Address			Descripti	on of Exp	enditure	
Mailing Address P. O. BOX 93885			Sta	tems	nt f	ee
City Cleveland	State 1714	Zip Code (Plus 4) 44/07 - 5885	Į –			
	Un	99101-5000				
To Whom Paid Key Bank			MO.	2/	YEAR 2017	Amount
Mailing Address L. O. Box 93885 City			⊖ Descripti	on of Exp	enditure	\$ 3.00
1. O. BOX 93 485			sta	terne	nt f	ee
City Alascala I	State	Zip Code (Plus 4) 44101 -5885				
Cleve land	UN	44101-2042				■ ■ ···
To Whom Paid Kay Bank			мо. <i>д</i>	DAT 29	YEAR 2017	Amount \$ 3.00
Mailing Address			Descripti	on of Exp	2017 enditure	
Mailing Address L.O. Box 93285			Sta	teme	nt fe	e
City	State กับป	Zip Code (Plus 4) 44101-5885				
Cleve land	Un	44101-2002	<u> </u>	10000		·····
To Whom Paid Key Agmk			MO. 10	DAY 31	YEAR 2017	Amount \$,3,00
Matting Address		······································	Descripti	ion of Exp	enditure	
K.O. BOX 93885			Sta	te me	nt f	14
City Cleveland	State 0H	Zip Code (Plus 4) 44101-5885	Ţ			
	VI	44101-2040				
To Whom Paid John Donchas			MO.	21	YEAR 2017	Amount \$ 4,146,59
				ion of Exp	penditure	
559 Minor St.			rein	mburs	iemen	t of loan to PAC
City Fire and M	State	Zip Code (Plus 4)				
Emmaus	1PA	18049-				
To Whom Paid			MO.	DAY	YE AR	Amount \$
Mailing Address			Descript	ion of Exp	l penditura	
City	State	Zip Code (Plus 4)	Γ			
				_		PAGE TOTAL
Enter Grand Total of Expenditures on Pa	age 1,	Report Cover P	age, ite	em D.		\$ 4,174.59

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Mailing Address DATE DEST MO: DAY YEAR City State Zip Code (Plus 4)	John Donches 4 Committee	missioner		Reporting From	Period 10/27	17 To 12/4/201-
Mining Address Date Drescription of Debt Date Description of Debt Date Description of Debt Name of Creditor Date Description of Debt Date Description of Debt Date Description of Debt Name of Creditor Date Description of Debt Date Description of Debt Name of Creditor Date Description of Debt Name of Credit	John Donches					Outstanding Balance of
State Zip Code (Plus 4) Description of Debt Loam to PAC Warne of Creditor Outstanding Balance Mailing Address DAYE DEST MO. DAYE Zip Code (Plus 4) Sity State Sity State Sity State Description of Debt Daye Atom to Creditor Outstanding Balance Sity State Description of Debt Daye Imme of Creditor Outstanding Balance State Zip Code (Plus 4)	559 Minor St	DEBT			and the second se	
escription of Debt where of Creditor Outstanding Balance ailing Address DATE ty State ty State ailing Address DATE ty State	Emmaus			Zip Cod	e (Plus 4)	
me of Greditor DATE DATE DY State Y State State Zip Code (Plus 4) State DATE DATE DATE DV State State Zip Code (Plus 4) State DATE DATE Outstanding Balance State DATE DATE DATE DATE DATE DET MO: DATE Outstanding Balance State Zip Code (Plus 4) State Zip C	scription of Debt			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
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scription of Debt me of Creditor Ting Address DATE DET Y Creditor Coutstanding Balance S Coutst	iling Address		MO.	DAY	YEAR	
scription of Debt me of Creditor Ting Address DATE DET Y Creditor Coutstanding Balance S Coutst	У	INCURRED	State	Zip Code	(Plus 4)	
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e of Creditor ing Address of Creditor ing Address DATE DEBT INCURRED State Zip Code (Plus 4) - Outstanding Balance o \$ Outstanding Balance	-	DEBT	MO.	DAY	YEAR	
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ing Address DATE DEBT INCURRED State Zip Code (Plus 4) - Unitstanding Balance o State Debt Outstanding Balance o State Debt Outstanding Balance o S	cription of Debt			<u> </u>		
DATE DEBT INCURRED State Zip Code (Plus 4) - Cutstanding Balance o \$	e of Creditor					Outstanding Balance of D
ription of Debt e of Creditor Outstanding Balance o \$	ing Address		MO.	DAY	YEAR	\$
e of Creditor Outstanding Balance o \$			State	Zip Code	(Plus 4)	
Outstanding Balance o \$	ription of Debt					
ing Address	e of Creditor					Outstanding Balance of D
	ing Address	DATE				
DEBT INCURRED		DEBT		UAY	YEAR	
DEBT		DEBT				

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