	CA	MPAIGN F	INANCE REP	ORT			
Name:		Brown for C	Commissioner				
Address:		902 Lawren					
City, State, Zi	p:	Emmaus PA	18049				
Candidate Committee				•	X		
Type of Report			Election Date	Amend	ed	Termination	
2017 – ANNU	JAL REPORT						
Termination	Report?	. =0				-	
Office Sought By Candidate			Party	County	County		
Lehigh County Commissioner Dist #5			R	Lehigh			
	Sumi	mary of Rec	eipts & Expend	litures	•		
From:	11/28/2017		To: 12/312017				
A. Amount B	rought Forwa	rd From Las	t Report		2,192.44		
P. Total Mon	etary Contrib	utions & Rec	ceipts (from Scho	edule D	152.00		
D. I CLAI WICH	ctary contrib	utions & ite	corpus (irom some	, a.a. 20 2)			
C. Total Funds Available (Sum of Lines A & B)				2,344.44			
D. Total Expenditures (from Schedule III)				2,33	1.59		
E. Ending Cash Balance (Subtract Line D from Line C)				12.8	25		
F. Value of In-Kind Contributions Received (from Schedule II)				0.00			
G. Unpaid D	ebts & Obligat	tions (from S	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 Period
Brown for Commissioner	From 11-28-2017 To 12-31-2018

1. UNITEMIZED CONTRIB	CUTIONS AND RECEIPTS - \$50,00 OR LESS	PER CONT	TRIBUTOR	
	TOTAL for the Reporting Period	(1)	\$ 0.00	

2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)	
Contributions Received from Political Committees (Part A)	\$ 0.00
All Other Contributions (Part B)	\$ 104.00
TOTAL for the Reporting Period (2)	\$ 104.00

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	3) \$	0.00

4. OTHER RECEIPTS - REFUNDS,	INTEREST E	ARNED,	RETURNED	CHECKS,	ETC	. (FROM PAR	ГВ
	TOTAL fo	or the Re	eporting Per	riod	(4)	\$	48.00

Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B.) 152.00

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			F	Reporting	Period	
Brown for Commissioner				From _	11-28-2	017 _{To} 12-31-2018
				DATE		AMOUNT
Full Name of Contributing Committee			MO.	DAY	YEAR	
Mailing Address			MO.	DAY	YEAR	\$
						7 \$
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	\$
			MQ.	DAY	TEAN	\$
City	State	Zip Code (Plus 4) —	MO.	DAY	YEAR	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	
Mailing Address		-		DAY		\$
			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	c .
Full Name of Contributing Committee						\$
			MO.	DAY	YEAR	\$
Mailing Address			MQ.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
		<u>-</u>				\$
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	\$
						PAGE TOTAL
Enter Grand Total of Part A on Sch	nedule i,	Detailed Summar	y Page,	Section	n 2.	\$ 0.00
SEB-502 (7-99)						

ALL OTHER CONTRIBUTIONS

4 05 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
Brown for Commissioner	From 11-28-2017 To 12-31-2017

Sull Name of Contrib				DATE		AMOUNT
Full Name of Contributor Nathan Brown			MO.	DAY	YEAR	\$404.00
Mailing Address			12	19	17	\$ 104.00
902 Lawrence Drive			MO.	DAY	YEAR	\$
City	1 64-4-	3: 4 / 15				*
Emmaus	State PA	Zip Code (Plus 4) 18049	MO.	DAY	YEAR	
Emmads		10045 _				\$
Full Name of Contributor			MO.	DAY	YEAR	
						† \$
Mailing Address			MO.	DAY	YEAR	
] \$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
		-	1 1] \$
Full Name of Contributor			MO.	DAY	YEAR	
						1 \$
Mailing Address			MO.	DAY	YEAR	
					1.500	† \$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
		_	1	<u> </u>	TEAN	\$
Full Name of Contributor						
Tan traine of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	VEAR	
			mo.	DAT	YEAR	\$
City	State	Zip Code (Plus 4)				
	3.0.0		MO.	DAY	YEAR	
						\$
Full Name of Contributor			MO.	DAY	YEAR	*
Mailing Address						\$
maning Addition			MO.	DAY	YEAR	\$
City						"
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
		<u> </u>				\$
Full Name of Contributor			MO.	DAY	YEAR	
						\$
Mailing Address			MO.	DAY	YEAR	
						\$
City	State	Zip Code (Plus 4)	MQ.	DAY	YEAR	
				I		\$
Full Name of Contributor			MO.	DAY	YEAR	
						\$
Mailing Address			MO.	DAY	YEAR	
						\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
		_			LEM	\$
Full Name of Contributor			MO.	DAY	VEAC	T
				יאס	YEAR	\$
Mailing Address			+ 40	BAU	" Var 2020	-
			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	1			<u> </u>
			MO.	DAY	YEAR	
		_				\$
						PAGE TOTAL

Enter Grand Total of Part B on Schedule I, Detailed Summary Page, Section 2.

PAGE TOTAL \$ 104.00

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 of Candidate			[]	Reporting	_	
				From _	11-28-20	017 _{To} 12-31-2017
				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	
		, <u>-</u>	- 11		I bon.	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	
Mailing Address						\$
Minimity Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
	'					\$
Full Name of Contributing Committee			MO.	DAY	YEAR	
Mailing Address				1		\$
			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	*
				1	TEAN	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
- man and a Committee of Commit						\$
Full Name of Contributing Committee		_	MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	
City		·				\$
sity	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee			4 40			<u> </u>
			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	
City	State	Zip Code (Plus 4)	 '	'		\$
		Alp Code y ide	MO.	DAY	YEAR	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	
Mailing Address						\$
nothing reacted			MO.	DAY	YEAR	\$
City	State	Žip Code (Plus 4)	MO.	DAY	VEAR	
		· 	mv.	DAT	YEAR	\$
			-		-	PAGE TOTAL
Enter Grand Total of Part C on Schedu	ule I,	Detailed Summar	v Daga	Santion	1	\$ 0.00

DSEB-502 (7-99)

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.)

Brown for Commis	From 11-28-2017 To 12-31-2017							
				DATE		AMOUNT		
Full Name of Contributor			MO.	DAY	YEAR	\$		
Mailing Address			MO.	DAY	YEAR	\$		
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$		
Employer Name	<u> </u>		Occupation					
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				Occupation				
Employer Mailing Address/Principal Place of Business								
Full Name of Contributor			MO.	DAY	YEAR	\$		
Mailing Address				DAY	YEAR	\$		
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$		
Employer Name	Occupation							
Employer Mailing Address/Principal Place of Business								
Full Name of Contributor			MO.	DAY	YEAR	\$		
Mailing Address			MO.	DAY	YEAR	\$		
City	State	Zip Code (Pius 4) —	MO.	DAY	YEAR	\$		
Employer Name		Occupation						
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	<u> </u>		Occupa	tion	 			
Employer Mailing Address/Principal Place of Business								
Fater County Total of Dort D. on Coho	ا مانیام	Detailed Con	n. Daga	Castio	- 0	PAGE TOTAL		

S 0.00

6 65 12

PARI E OTHER RECEIPTS

7 0= 12

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.

Reporting Period

				Reporting Period			
Brown for Commissioner			1	From 11-28-2017 To 12-31-2017			
Full Name							
BB&T Corporation							
Mailing Address							
200 West Second Street	·	A)	<u>-</u> -	=			
City Winston-Salem	State NC	Zip Code (Plus 4)	<u>мо.</u> 12	13	YEAR 17	\$48.00	
	1		12	15	1/	Ψ4δ.00	
Receipt Description Refund of monthly service charges							
Full Name							
Mailing Address							
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$	
Receipt Description					<u> </u>	-	
Heceipt Description			_				
Full Name							
I			_				
Mailing Address							
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount €	
<u></u>				'	<u> </u>	\$	
Receipt Description							
Full Name							
1							
Mailing Address							
<u></u> _							
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount	
				'	<u> </u>	\$	
Receipt Description							
Full Name							
Full Name							
Mailing Address							
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount	
			l		'	\$	
Receipt Description							
Full Name							
Mailing Address							
Mailing Address							
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount	
		- [·	T		\$	
Receipt Description							
						PAGE TOTAL	
Enter Grand Total of Part E on Sche	edule I	Detailed Summary	Pagr	a, Sectio	n 4.	\$ 48.00	

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 Per	iod
Brown for Commissioner	l ' '	28-2017 _{To} 12-31-2017
DIOWIT TOT GOTTON	Prom	10
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF S	\$50.00 OR L	ESS PER CONTRIBUTOR
TOTAL for the Reporting Period	d (1)	\$
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$25	50.00 (FROM	PART F)
TOTAL for the Reporting Period	d (2)	\$
3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FRO	OM PART G	
TOTAL for the Reporting Period	d (3)	\$
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1, 2,		\$ 0.00

and 3; also enter on Page 1, Report Cover Page, Item F.)

SCHEDULE II PART F

IN-KIND CONTRIBUTIONS RECEIVED

9 of 12

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate				Reporting	Period	
Brown for Commissioner				From	11-28-20	17 _{To} 12-31-2017
				DATE		AMOUNT
Full Name of Contributor			MO.		YEAR	\$
			ļ.,,	<u> </u>		3
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	*
		_				\$
Description of Contribution:						
Full Name of Contributor			MQ.	DAY	YEAR	
						\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
	"	-		1 00	1201	\$
Description of Contribution:	<u>!</u>		<u> </u>	1	L	
Fill Name of Contribution		· · · · · · · · · · · · · · · · · · ·	MO.	DAY	YEAR	
Full Name of Contributor			MU.	DAT	TEAR	\$
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	
Full Name of Contributor			IMO.		IEAN	\$
Mailing Address			MO.	DAY	YEAR	\$
						4
City	State	Zip Code (Plus 4) —	MO.	DAY	YEAR	\$
Description of Contribution:	1		.			
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	
						\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Description of Contribution:					Ii	Y
Description of Contribution.						
Full Name of Contributor			MO.	DAY	YEAR	÷
			<u> </u>			\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Description of Contribution:	<u> </u>	_		1	<u> </u>	
best prior of contribution.						,
		L V. 10		No. 4 c 11		PAGE TOTAL
Enter Grand Total of Part F on Sched Summary Page, Section 2.	aure II	, in-Kind Contribut	cions E	etalled		\$ 0.00

PART G IN-KIND CONTRIBUTIONS RECEIVED

10 64 12

VALUE OVER \$250.00

Name of Filing Committee or Candidate			I'	Reporting			
Brown for Commissioner				From	11-28-20	2017 To 12-31-2017	
				DATE		AMOUNT	
Full Name of Contributor			MO.	DAY		\$	
Mailing Address			MO.	DAY	YEAR		
					-	\$	
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$	
Employer of Contributor			Occupat	tion		1	
Employer Mailing Address/Principal Place of Business	,		Descript	otion of Con	itribution		
Full Name of Contributor			MO.	DAY	YEAR	1	
						\$	
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	,		Descrip ^e	otion of Con	ntribution		
Full Name of Contributor	_		MO.	DAY	YEAR	\$	
Mailing Address		·	MQ.	DAY	YEAR		
						\$	
City	State	Zip Code (Plus 4)	Mo.	DAY	YEAR	\$	
Employer of Contributor	<u></u>		Occupati	tion			
The second second second second							
Employer Mailing Address/Principal Place of Business			Descript	tion 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		_				\$	
Employer of Contributor			Occupati	ion	_		
Employer Mailing Address/Principal Place of Business			Descript	tion of Cont	tribution		
Full Name of Contributor			MO.	DAY #	YEAR	\$	
Mailing Address			MQ.	DAY	YEAR		
City	1 T	(Div. 4)				\$	
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$	
Employer of Contributor	<u> </u>		Occupation	ion			
Employer Mailing Address/Principal Place of Business			Concript	Con	*******		
Employer Morning President Company			Descripti	tion of Cont	ribution		
T (Complete of Book C on Coho						PAGE TOTAL	
Enter Grand Total of Part G on School Summary Page, Section 3.	dule 11,	In-Kind Contribu	itions De	etailed		\$ 0.00	

DSEB-502 (7-99)

SCHEDULE III

STATEMENT OF EXPENDITURES

11 05 12

Name of Filing Committee or Candidate Brown for Commissioner	Reporting Period From 11-28-2017 To 12-31-2017						
To Whom Paid Communication Concepts			мо. 12	19	2017	Amount \$ 2,331.59	
Mailing Address 2906 William Penn Highway Suite 401			Description of Expenditure Campaign Mailer				
city Easton	State PA	Zip Code (Plus 4) 18045 —					
To Whom Paid			Mo.	DAY	YEAR	Amount \$	
Mailing Address			Description	on of Expe	anditure		
City	State	Zip Code (Plus 4)					
To Whom Paid	1		MO.	DAY	YEAR	Amount \$	
Mailing Address	,		Description	on of Expe	enditure		
City	State	Zip Code (Plus 4) —					
To Whom Paid			MO.	DAY	YEAR	Amount \$	
Mailing Address			Descripti	ion of Expe	enditure		
City	State	Zip Code (Plus 4)					
To Whom Paid			MO.	DAY	YEAR	Amount \$	
Mailing Address			Descripti	ion of Expe	enditure		
City	State	Zip Code (Plus 4)		<u></u>			
To Whom Paid			MO.	DAY	YEAR	Amount \$	
Mailing Address			Descripti	ion of Expe	enditure		
City	State	Zip Code (Plus 4)					
To Whom Paid			MO.	DAY	YEAR	Amount \$	
Mailing Address			Descripti	ion of Exp	enditure		
City	State	Zip Code (Plus 4)					
To Whom Paid			MO.	DAY	YE AR	Amount \$	
Mailing Address			Descripti	ion of Exp	enditura	4.7	
City	State	Zip Code (Plus 4)	1				
Enter Grand Total of Expenditures or	n Page 1,	Report Cover F	Page, It	em D.		PAGE TOTAL \$ 2,331.59	

SCHEDULE IV STATEMENT OF UNPAID DEBTS

12 6F 12

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		F	Reporting	Period	
Brown for Commissioner				11-28-20	017 _{To} 12-31-2017
			110		10
					The Pales of Dont
Name of Creditor					Outstanding Balance of Debt
Mailing Address	DATE	1 un	DAY	UEAD	\$
manning reactions	DEBT INCURRED	MO.	DATE	YEAR	Andrews III II Dieden is 2000 Laber in A. E. Japaniere. La Constantina A. Santania estada del frantismo del francio de la Constantina del frantismo del frantismo del La Constantina del Constantina del frantismo del francio del frantismo del
City	INCORNED	State	Zip Code	(Plus 4)	
			-	•	
Description of Debt					A CONTROL OF THE PARTY OF THE P
Name of Creditor					Outstanding Balance of Debt
					\$
Mailing Address	DATE	Mo.	DAY	YEAR	
	DEBT INCURRED				
City		State	Zip Code	(Plus 4)	
				·	
Description of Debt					
Name of Creditor					Outstanding Balance of Debt
		•	024		\$
Mailing Address	DATE DEBT	MO.	DAY	YEAR	
	INCURRED		<u> </u>	L	
City		State	Zip Code	(Plus 4)	
			-		
Description of Debt					
					The Parent of Doot
Name of Creditor					Outstanding Balance of Debt
Mailing Address	LOTE	1 - 20	T	reside <u>a j</u>	\$
Mailing Address	DATE DEBT	MO.	DAY	YEAR	The Property of the State of th
	•	1	•	<u> </u>	
City	INCURRED	State	Zip Code	(Plus 4)	
City	INCURRED	State	Zip Code	(Plus 4)	
City Description of Debt	INCURRED	State	Zip Code	(Plus 4)	
	INCURRED	State	Zip Code	(Plus 4)	
	INCURRED	State	Zip Code	(Plus 4)	
Description of Debt	INCURRED	State	Zip Code —	(Plus 4)	Outstanding Balance of Debt
Description of Debt	DATE	State	Zip Code	(Plus 4)	Outstanding Balance of Debt \$
Description of Debt Name of Creditor					Outstanding Balance of Debt \$
Description of Debt Name of Creditor	DATE DEBT			YEAR	Outstanding Balance of Debt \$
Description of Debt Name of Creditor Mailing Address	DATE DEBT	MO.	DAY	YEAR	Outstanding Balance of Debt \$
Description of Debt Name of Creditor Mailing Address	DATE DEBT	MO.	DAY	YEAR	Outstanding Balance of Debt \$
Description of Debt Name of Creditor Mailing Address City	DATE DEBT	MO.	DAY	YEAR	Outstanding Balance of Debt \$
Description of Debt Name of Creditor Mailing Address City	DATE DEBT	MO.	DAY	YEAR	Outstanding Balance of Debt \$ Outstanding Balance of Debt
Description of Debt Name of Creditor Mailing Address City Description of Debt Name of Creditor	DATE DEBT	MO.	DAY Zip Code	YEAR	Outstanding Balance of Debt \$
Description of Debt Name of Creditor Mailing Address City Description of Debt	DATE DEBT INCURRED	MO.	DAY	YEAR	Outstanding Balance of Debt \$ Outstanding Balance of Debt \$
Description of Debt Name of Creditor Mailing Address City Description of Debt Name of Creditor Mailing Address	DATE DEBT INCURRED	MO. State	Zip Code	YEAR (Plus 4)	Outstanding Balance of Debt \$ Outstanding Balance of Debt \$
Description of Debt Name of Creditor Mailing Address City Description of Debt Name of Creditor	DATE DEBT INCURRED	MO. State	DAY Zip Code	YEAR (Plus 4)	Outstanding Balance of Debt \$ Outstanding Balance of Debt \$
Description of Debt Name of Creditor Mailing Address City Description of Debt Name of Creditor Mailing Address City	DATE DEBT INCURRED	MO. State	Zip Code	YEAR (Plus 4)	Outstanding Balance of Debt \$ Outstanding Balance of Debt \$
Description of Debt Name of Creditor Mailing Address City Description of Debt Name of Creditor Mailing Address	DATE DEBT INCURRED	MO. State	Zip Code	YEAR (Plus 4)	Outstanding Balance of Debt \$ Outstanding Balance of Debt \$
Description of Debt Name of Creditor Mailing Address City Description of Debt Name of Creditor Mailing Address City	DATE DEBT INCURRED	MO. State	Zip Code	YEAR (Plus 4)	Outstanding Balance of Debt \$ Outstanding Balance of Debt \$
Description of Debt Name of Creditor Mailing Address City Description of Debt Name of Creditor Mailing Address City	DATE DEBT INCURRED	MO. State	Zip Code	YEAR (Plus 4)	Outstanding Balance of Debt \$ Outstanding Balance of Debt \$