	CAN	MPAIGN F	INANCE REP	ORT			
	Name and Ad	ldress of Fil	ing Candidate	or Com	mitte	e	
Name:		Friends of N	lorma A. Cusick				
Address:		535 E Emmaus Ave					
City, State, Z	ip:	Allentown P	PA 18103				
		Repoi	rt Filed By				
Candidate			Committee		X		
Type of Repo	ort 2 nd Friday F	Pre-Primary	Election Date	Amend	ed	Termination	
	·	•	05/21/2013				
Office Sough	Party	County					
Lehigh County	Lehigh County Commissioner Dist #5 R Lehigh						
	Sumn	nary of Rec	eipts & Expend	litures		· ·	
From:	03/12/2013		To:	05/06/2	013		
A. Amount B	rought Forwa	rd From Las	t Report		0.00		
B. Total Mon	etary Contribu	utions & Rec	eipts (from Scho	edule I)	10,000.00		
C. Total Fun	ds Available (S	Sum of Lines	A & B)		10,000.00		
D. Total Expenditures (from Schedule III)					4,15	0.00	
E. Ending Cash Balance (Subtract Line D from Line C)					5,8500.00		
F. Value of In	F. Value of In-Kind Contributions Received (from Schedule II)					0.00	
G. Unpaid De	ebts & Obligat	ions (from S	chedule IV)		10,0	00.00	

^{*}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 Friends 05 N	orma A Cusick	Reporting Period From <u>03-14-13</u> To <u>05-6-2013</u>

1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER	CONT	RIBL	JTOR	Company of the Company	
TOTAL for the Reporting Period	(1)	\$	00	.00	

2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)	
Contributions Received from Political Committees (Part A)	\$ 10,00
All Other Contributions (Part B)	\$ 00,00
TOTAL for the Reporting Period (2)	\$ 10,00

3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)	
Contributions Received from Political Committees (Part C)	\$ 00,00
All Other Contributions (Part D)	\$ 10,000.00
TOTAL for the Reporting Period (3)	\$ 10,000,00

4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECK	(S, ET(: (F	ROM PA	AT E	
TOTAL for the Reporting Period	(4)	\$	00	100	

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	\$ 10,000,00
Cover Page, Item B.)	10,000,00

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 /

DSE8-502 (7-99)

Name of Filing Committee or Candidate		Λ Λ		Reporting	Period	
Friends of NON	na	H. Cusick		From _c	3/14	<u>-13 то 5-6-13</u>
				DATE		AMOUNT
Full Name of Contributing Committee	-		MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	ā l
	Щ	-				\$
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			MQ.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	
City	State	Zip Code (Plus 4)	Mo.	DAY	YEAR	\$
					1 Con	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	s
Mailing Address			MO.	DAY	YEAR	
City	State	Zip Code (Plus 4)				\$
	"	Zip 0000 5	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	<u> </u>		MO.	DAY	YEAR	
Mailing Address			MO.	DAY	YEAR	\$
City	State	Blue A				\$
	3.0	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	<u> </u>		MO.	DAY	YEAR	
Mailing Address			MO.	DAY	YEAR	\$
City	T Frate	A Mine 4				\$
Unity	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	<u> </u>		MO.	DXY	YEAR	
Mailing Address			MO.		-	\$
City		·	5.1.V	VAI	YEAR	\$
sity	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee			MO	DAY	YEAR	
Mailing Address			MO.	DAY	YEAR	\$
City			-		YEAR	\$
Sity	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
			<u> </u>	<u></u>	\rightarrow	PAGE TOTAL
Enter Grand Total of Part A on Sched	Jule I,	, Detailed Summary	/ Page,	Section		\$ 10,00

PART B **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.)

Traine of Filling Committee of Cardidate		A A L	ノー	Reporting	Period	2 = 1 0
Friends of NO	ima	It, WISIUM		From 2	<u>,-17-</u>	·13 to 5-6-13
Full Name of Contributor				DATE		AMOUNT
			MO.	DAY	YEAR	\$
Mailing Address			MO.	. OAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
Full Name of Contributor		_	MO.	DAY	YEAR	\$
Mailing Address			MO.			\$
					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)	<u> </u>			\$
		_	MO.	DAY	YEAR	\$
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	
City	State	Zip Code (Plus 4)	MO.	DAY	Array .	\$
		-			YEAR	\$
Full Name of Contributor			MQ.	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					YEAR	\$
		!	MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	мо.	DAY	YEAR	*
		_	<u></u>			\$ PAGE TOTAL
Enter Grand Total of Part B on Sch	iedule I,	Detailed Summary	Page,	Section	2.	\$ 00,00
SER-502 (7-90)					J	00.00

DSEB-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.

Friends of Norma	<u>, </u>	Cusick		From 3-14	1-13 to 5-6-13
				DATE	AMOUNT
Full Name of Contributing Committee			MO.	DAY	
Mailing Address	***************************************		MO.	DAY	
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.	PAY YEAR	\$
Full Name of Contributing Committee			MO.	DAY YEAR	\$
Mailing Address			MO.	DAY AYEA	\$
City	State	Zip Code (Plus 4)	Mo.	DAY YEAR	s
Full Name of Contributing Committee			MO.	DAY	\$
Mailing Address			MO.	SAY YEAR	\$
City	State	Zip Code (Plus 4) —	MO.	DAY YEAR	\$
Full Name of Contributing Committee			Mo.	DAY YEAR	s
Mailing Address			MO.	DAY YEAR	\$
City	State	Zip Code (Plus 4) —	MO.	DAY YEAR	\$
Full Name of Contributing Committee			MO.	DAY YEAR	s
Mailing Address City			MO.		\$
	State	Zip Code (Plus 4) —	MO.		\$
Full Name of Contributing Committee Mailing Address			MO.		\$
City	State	Zip Code (Plus 4)	MO.	DAY YEAR	\$
	3.2.	Zip Code (Plus 4)	MO.		\$
Full Name of Contributing Committee Mailing Address				DAY SYFAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY YEAR	\$
		-	MO.	DAY YEAR	\$
Enter Grand Total of Part C on Sched	dule i	, Detailed Summary	Page	, Section 3.	\$ 70.00

DSEB-502 (7-99)

PAGE 6 OF 12

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	$\overline{\Lambda}$	Λ / ,	F	Reporting	Period	1 _ 1 \
Friends of Norma	H.	Cusick		From <u>출</u>	<u> 5-14-</u>	-13 to 5-6-13
				DATE		AMOUNT
Full Name of Contributor Mailing Address			3	14	13] \$ 10,000.0U
535 E, Emmau	َ, ک	Am	MO.	DAY	YEAR	\$
Allentoun	PA	Zip Code (Plus 4)	MÓ.	DAY	YEAR	\$
Employer Name Loan From	(0)	endidate	Occupati		· ~~	eker
Employer Mailing Address/Principal Place of Business		// / / / · · ·	1	Urice	<u> </u>	Krep
Full Name of Contributor			Mo.	DAY	VEAD	
			Miu.		YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
Employer Name			Occupation	ion	<u></u>	\$
Address (Business Diseased Dunings						
Employer Mailing Address/Principal Place of Business			balance and a second			
Full Name of Contributor			MO.	DAY	YEAR	他
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			Ĺ			
Full Name of Contributor			MO.	DAY	YEAR	
Mailing Address			MO.	DAY		\$
					YEAR	\$
City	State	Zip Code (Plus 4)	MG.	DAY	YEAR	\$
Employer Name	L		Occupatio	on		4
Employer Mailing Address/Principal Place of Business						
Employer mailing Address Timology (1885 S. 20011805						
Full Name of Contributor			MO.	DAY	YEAR	
Mailing Address						\$
City	T		MO.		YEAR	\$
	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer Name			Occupation	ō		
Employer Mailing Address/Principal Place of Business		•				
Enter Grand Total of Part D on Schedu	ale i, '	Detailed Summary	Page,	Section	1 3.	PAGE TOTAL

DSEB-502 (7-99)

PAGE 1 0F 12

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.

Friends of Now	na 1+	1. Cusick	From 3	-/~/ -	13 to 5-6-13
Full 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 &
Receipt Description					\$
Full 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)	MOI DAY	YEAR	Amount \$
Receipt Description					
Full 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 \$
Receipt Description					
					PAGE TOTAL

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

SCHEDULE II

PAGE 8 0F/2

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 Period
Friends of NOIMa A. Cusick	From 3-4-13 To 5-6-13
V	
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF	50.00 OR LESS PER CONTRIBUTOR
TOTAL for the Reporting Period	d (1) \$ 80 00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$25	50.00 (FROM PART F)
TOTAL for the Reporting Period	(2) \$ 70,00
3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FRO	M PART G
TOTAL for the Reporting Period	(3) \$ 00,00
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.)	\$70,00
	_

PAGE 9 OF 12

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Friends of Norma	aa	Lusick		From $\underline{\partial}$		1-13 to 5-6-13
				DATE		AMOUNT
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	s
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:						
Full Name of Contributor		****	MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
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:						
Full Name of Contributor			Mo.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4) —	MO.	DAY	YEAR	\$
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:						
Enter Grand Total of Part F on Sched Summary Page, Section 2.	iule II,	In-Kind Contribut	ions D	etailed		\$ TO , TO

PAGE 10 OF 12

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate /		^ 1	,	Reporting	Period	
Name of Filing Committee or Candidate	ma	14. Pusici	ℓ	From 2	14-1	3 TO 5-6-13
J				DATE		AMOUNT
Full Name of Contributor			MO.		YEAR	
Meiling Address				4] 3
Matting Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	_
		_				\$
Employer of Contributor	-		Occupa	ition	1	
Project Adultion Address/Bringing Disco of Rusiness			<u> </u>			
Employer Mailing Address/Principal Place of Business			Descri	ption of Con	tribution	
Full Name of Contributor			MO.	DAY	YEAR	(
					11.65	\$
Mailing Address			MO.	DAY	YEAR	\$
						•
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer of Contributor			Occupa	ition	<u></u>	
				· · · · · · · · · · · · · · · · · · ·		
Employer Mailing Address/Principal Place of Business			Descrip	ption of Con	tribution	
					····	
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			73.0			*
maining riverses			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
		-		Ī		\$
Employer of Contributor			Occupa	tion		
Employer Mailing Address/Principal Place of Business			<u> </u>	· 5 Ooa		
Employer Maining Address Fineign Fines of Seemess			Descrip	otion of Con	tribution	
Full Name of Contributor			MO.	DAY	VEAD	
Foli Home of Commission			anu.	- UAI	YEAR	\$
Mailing Address			MO.	DAY	YEAR	
						\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	s
Employer of Contributor	لــــــا		Occupa	•ion		
			V ,	tio.		
Employer Mailing Address/Principal Place of Business			Descrip	otion of Con	tribution	
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address						3
mening Addition			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
						\$
Employer of Contributor			Occupat	tion		
Employer Mailing Address/Principal Place of Business						
Employer Mailing Address/Frincipal Flace of Business			Descrip	tion of Cont	tribution	
						BACE TOTAL

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

\$ 70.00

SCHEDULE III

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate/	Λ	^ -	Reporting	Period	
Friends of Norma	/	Cusick			1-13 to 5-6-13
Frences of volvia	4	Lusur			113 10 5 - 6 1 2
· · · · · · · · · · · · · · · · · · ·		***			
To Whom Paid erly H. Orsa	_		MO. DAY 5 3	13	Amount \$ 4,750
Mailing Address			Destription of Ex		1 Herselana
City L L ()	State	Zip Code (Plus 4)	T CHILD	XIGYI	DIWOJUCE
To Whom Paid	1714	18017			
TO WHOM Para		•	MO. DAY	YEAR	Amount \$
Mailing Address			Description of Ex	penditure	
City	State	Zip Code (Plus 4)			·
To Whom Paid			MO. DAY	YEAR	Amount
Mailing Address			Description of Ex	 penditure	\$
City	State	Zip Code (Plus 4)			

To Whom Paid			MO. DAY	YEAR	Amount \$
Mailing Address			Description of Ex	penditure	3
City	State	Zip Code (Plus 4)			
		_			
To Whom Paid			MO. DAY	YEAR	Amount \$
Mailing Address			Description of Ex	penditure	
City	State	Zip Code (Plus 4)			
To Whom Paid		Manual Control of the			
			MO. DAY	YEAR	Amount \$
Mailing Address			Description of Ex	penditure	
City	State	Zip Code (Plus 4)		***************************************	
To Whom Paid		***	MO. DAY	YEAR	
Mailing Address			Description of Ex	penditure	\$
City	State	Zip Code (Plus 4)			
To Whom Paid			MG. DAY	YEAR	Amount
Mailing Address			Description of Ex	penditura	\$
City	State	Zip Code (Plus 4)			

-					PAGE TOTAL
Enter Grand Total of Expenditures on Pag	ge 1, i	Report Cover Pa	age, Item D.		s4150

PAGE 12 OF 12

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 Frience Of Wolma (resect	Repo	orting om 3	Period	13 to 5-6-13
The state of the s					
Name of Creditor ND-Mag G Cusick					Outstanding Balance of Debt \$ 10,000,00
Mailing Address 535 E, EMMCaus (lux	DATE DEBT INCURRED		DAY 14	YEAR	
Mertous				(Plus 4)	
Coanto Campaian	_				
Name of Creditor					Outstanding Balance of Debt
Mailing Address	DATE	MO.	DAY	YEAR	
City	DEBT INCURRED	tate Zip	Code	(Plus 4)	The state of the s
			-	(r 105 4)	
Description of Debt					
Name of Creditor					Outstanding Balance of Debt
Mailing Address	DATE	MO.	DAY	YEAR	
City	DEBT INCURRED	ate Zip	Code	(Plus 4)	Brown (ed.) Brown (ed.) Company (ed.) Compan
	3	Zip	Code	Trius 41	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Description of Debt					
Name of Creditor					Outstanding Balance of Debt
Name of Creditor Mailing Address	DATE	MO:	DAY	YEAR	Outstanding Balance of Debt \$
	DEBT INCURRED				· · · · · · · · · · · · · · · · · · ·
Mailing Address City	DEBT INCURRED			YEAR	· · · · · · · · · · · · · · · · · · ·
Mailing Address	DEBT INCURRED				· · · · · · · · · · · · · · · · · · ·
Mailing Address City	DEBT INCURRED				S Outstanding Balance of Debt
Mailing Address City Description of Debt	DEBT INCURRED SI	ate Zip			
Mailing Address City Description of Debt Name of Creditor	DATE DEBT INCURRED	ate Zip	Code	(Plus 4)	S Outstanding Balance of Debt
Mailing Address City Description of Debt Name of Creditor Mailing Address	DATE DEBT INCURRED	ate Zip	Code	(Plus 4)	S Outstanding Balance of Debt
Mailing Address City Description of Debt Name of Creditor Mailing Address City Description of Debt	DATE DEBT INCURRED	ate Zip	Code	(Plus 4)	Services of the services of th
Mailing Address City Description of Debt Name of Creditor Mailing Address City	DATE DEBT INCURRED	ate 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	DATE DEBT INCURRED SI	MO. Zip	Code	(Plus 4)	Services of the services of th
Mailing Address City Description of Debt Name of Creditor Mailing Address City Description of Debt	DATE DEBT INCURRED SI	MO. Zip	Code	YEAR	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 SI	MO. Zip	Code	YEAR	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	DATE DEBT INCURRED SI	MO. Zip	Code	YEAR	Outstanding Balance of Debt S
Mailing Address City Description of Debt Name of Creditor Mailing Address City Description of Debt Name of Creditor Mailing Address City City	DATE DEBT INCURRED ST	MO. Zip	Code Code	YEAR	Outstanding Balance of Debt Outstanding Balance of Debt