	CAN	MPAIGN F	INANCE REP	ORT	***************************************			
	Name and Ac	ddress of Fi	ling Candidate	or Com	mitte	e		
Name:	Name: Choose Scott Aquila							
Address:		6707 Mink	•					
City, State, Z	in:	Macungie F						
	- F ·	·	rt Filed By					
Candidate			Committee		X			
Type of Repo	ort 2 nd Friday I	Pre-Primary	Election Date	Amend	ed	Termination		
			05/21/2013					
Office Sought By Candidate Party County				County				
Lehigh County	y Commissioner	r Dist #2	R	Lehigh				
	Sumr	nary of Rec	eipts & Expend	litures				
From:	02/19/2013		To: 05/06/2013					
A. Amount B	rought Forwa	rd From Las	t Report	I	0.00	d Termination		
B. Total Mon	etary Contrib	utions & Rec	ceipts (from Sche	dule I)	5,98.	5.00		
C. Total Funds Available (Sum of Lines A & B)						5.00		
D. Total Expenditures (from Schedule III)					5,55	6.39		
E. Ending Cash Balance (Subtract Line D from Line C)					428.	61		
F. Value of In-Kind Contributions Received (from Schedule II)					2,25	0.00		
G. Unpaid Debts & Obligations (from Schedule IV)								

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

SCHEDULE I

PAGE 2 OF __/2_____

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period
CHOOSE SCOTT AQUILA	From 02/19/2013 To 05/06/2013

1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OF	LESS PER CONT	RIBL	JTOR
TOTAL for the Reporting	Period (1)	\$	235.00

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)	\$ 250.00
TOTAL for the Reporting Period (2)	\$ 250.00

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)	\$ 5,500.00
TOTAL for the Reporting Period (3)	\$ 5,500.00

4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC	. (FROM PART E)
TOTAL for the Reporting Period (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.)	\$5,985.00

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.

Traine of Filing Committee of Candidate	Reporting Period	1 1
CHOOSE SCOTT AQUILA	From 02/19 /2	1013 To 05/06/2013
	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	\$
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		\$
Mailing Address	MO. DAY YEAR	\$
	MO. DAY YEAR	\$
City State Zip Code (Plus 4)	MO. DAY YEAR	\$
Full Name of Contributing Committee	MO. DAY YEAR	
Mailing Address		\$
City State Zin Code (Plus 4)	MO. DAY YEAR	\$
City State Zip Code (Plus 4)	MO. DAY YEAR	\$
		PAGE TOTAL
Enter Grand Total of Part A on Schedule I, Detailed Summary	Page, Section 2.	\$
SEB-502 (7-99)	(

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.)

Name of Filing Committee or Candidate	Reporting Period	
CHOOSE SCOTT AQUILA	From 02/19/2013 To	OS/06/2013

	. 4 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9			DATE		AMOUNT
Full Name of Contributor SCOTT AQUILA			ØZ	19	2013	\$ 250.00
Mailing Address		, <u>1844, 1844, 1845, 1846, 184</u>	MO.	DAY	YEAR	\$
Full Name of Contributor SCOTT AQUILA Mailing Address G704 MINK ROAD City MACUNGIE	State	Zip Code (Plus 4) 18062 - 9495	MO.	DAY	YEAR	¢
Full Name of Contributor	pry	18062 - 171)	MO.	DAY	YEAR	\$
Mailing Address				DAY	WE AD	\$
Walling 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	7
						\$
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						\$
maning Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address		- monomic	MO.	DAY	YEAR	
City	State	Zip Code (Plus 4)				\$
	o.c.c	21p code (11d3 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	
		_				\$
Enter Grand Total of Part P as Sa	hodula !	Datailed Comme	. Bons	Cantin	_	\$ 250.00
Enter Grand Total of Part B on Sc	neaule I,	, Detailed Summary	y rage,	Section	1 Z.	コ

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.

Name of Filing Committee or Candidate		· · · · · · · · · · · · · · · · · · ·		Reporting	Period	A STATE OF THE STA
CHOOSE SCOTT AQUILA				From <u>0</u>	2/19/	2013 To 05/06/2013
				DATE		AMOUNT
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	мо.	DAY	YEAR	\$
Full Name of Contributing Committee	1		MO.	DAY	YEAR	
Mailing Address		TOTAL				\$
			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 \$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	7		MO.	DAY	YEAR	\$
Mailing Address	/_		MO.	DAY	YEAR	
City	State	Zip Code (Plus 4)				\$
j.,	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee			Mo.	DAY	YEAR	\$
Mailing Address			in Mo.	DAY	YEAR	3
C14-						\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	*
City	T 64.40 T					\$
317	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)				\$
	0.0.0	-	MO.	DAY	YEAR	\$
Full Name of Contributing Committee			MQ.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	
City	Leuri				, mr. 1170	\$
Vity	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
						PAGE TOTAL
Enter Grand Total of Part C on School	dule I,	Detailed Summary	/ Page	, Section	1 3.	\$
SEB-502 (7-99)						

ALL OTHER CONTRIBUTIONS

PAGE 6 OF 12

\$5,500.00

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		1, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3,		Reporting	Period	
CHOOSE SCOTT AQUILA		*				2013 To 05/06/2013
Choose Just Haulen		1194		TION _	411	10 0 5/00/2015
	-,· -,·			DATE		AMOUNT
Fujl Name of Contributor			MO.	DAY	YEAR	\$ 500.00
SCOTT AQUILA Mailing Address			09	76	2013	• >00,00
6707 MINK ROAD			MO.	DAY	YEAR	† \$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
		18062 -9495	WO.	DAT	TEAN	\$
MACUNGIE Employer Name		M-01-0-1	Occupat	ion		
CEHIGH CARBON COMMUNI Employer Mailing Address/Principal Place of Business	TY P	DILEGE		EAN		
4525 EdUCATION PARK DE,	SCHI	VECKS VILLE, P	A 18	8078		
Full Name of Contributor			MO.	DAY	YEAR	
LISA J- SCHELLER			03	01	2013	\$ 2,500.00
			MO.	DAY	YEAR	s
751 BENNER ROAD						.3
ALLENTOWN	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
Employer Name	PA	18104 -				\$
	. M.		Occupat			
SILBERLINE MANUFACTURING Employer Mailing Address/Principal Place of Business	> CO.			o		
130 LINCOLN DRIVE; TAMAQU						
Full Name of Contributor	N/T	511 1001L	1 440	1 544		
ELMER W. HEINEL			03	DAY	YEAR	\$ 2,500.00
Mailing Address			MO.	DAY	2013 YEAR	7,000
9 PROSPECT HILL AVE					1	\$
	I State	Zip Code (Plus 4)	MO.	DAY	YEAR	
SUMMIT	NJ	07901 -				\$
Employer Name			Occupat		L	
SELF-EMPLOYED			SELI	E- EMI	PLOYED	
Employer Mailing Address/Principal Place of Business			· · · · · · · · · · · · · · · · · · ·		***************************************	
9 PROSPECT HILL AVE; SU	MMIT	NT 07901				<u> </u>
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address						*
•			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	*
	i I		- '''o'		I EAN_	\$
Employer Name			Occupati	ion		
Employer Mailing Address/Principal Place of Business						
Full Name of Contributor		MILLING TO THE PARTY OF THE PAR	MO.	DAY -	YEAR	Maritime - compression
						\$
Mailing Address		A STATE OF THE STA	MO.	DAY	YEAR	A
City	71-40					\$
uni,	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer Name			Denimati			*
			Occupati	on		_
Employer Mailing Address/Principal Place of Business						
,						
						0.05 70711
Enter Grand Total of Part D on Sched	lule I,	Detailed Summary	Page,	Section	າ 3.	PAGE TOTAL

DSEB-502 (7-99)

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 Candi			Reporting	Period	05/06/2013
CHOOSE SCOTT 1	AQVILA		From 🛂	2/17/2013 T	00/06/2013
Full Name					
Mailing Address	10				
City	State	Zip Code (Plus 4)			
	J. State	Zip Code (Fids 4)	MO. DAY	YEAR Amoun	
Receipt Description	•				
Full Name					
Mailing Address					
City	State	Zip Code (Plus 4)	MO. DAY	YEAR Amoun	t
		- .		\$	
Receipt Description					
Full Name)				
Mailing Address					
City	State	Zip Code (Plus 4)	MO. DAY	YEAR Amoun	t
Receipt Description				. P	
Full Name:					
Mailing Address					
City	1 2000	71 2 4			
City	State	Zip Code (Plus 4)	MO. DAY	YEAR Amoun	t
Receipt Description					
Full Name					
run (yame					
Mailing Address	/				
City		7. 2. 2.			
City	State	Zip Code (Plus 4)	MO. DAY	YEAR Amoun	τ
Receipt Description		· · · · · · · · · · · · · · · · · · ·			
Full Name					
Mailing Address)				
City	State	Zip Code (Plus 4)	MO. DAY	YEAR Amoun	
Decele Constitution				\$	
Receipt Description					
				PAGE 1	TOTAL
Enter Grand Total of Part E	on Schedule I I	Datailed Comme	v Dogo Continu		
Enter dialist rotal of Fait E	on somedule I, I	Seraned Summar	y rage, Section	4. \$	

DSEB-502 (7-99)

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	
CHOOSE SCOTT AQUIL	LA	From <u>02</u> /	19/2013 To 05/06/2013
1. UNITEMIZED IN-KIND CONTR	IBUTIONS RECEIVED - VALUE OF \$	50.00 OR I	ESS PER CONTRIBUTOR
	TOTAL for the Reporting Period	d (1)	\$
2. IN-KIND CONTRIBUTIONS RE	CEIVED - VALUE OF \$50.01 TO \$25	0.00 (FROM	A PART F)
	TOTAL for the Reporting Period	(2)	\$
3. IN-KIND CONTRIBUTION REC			
3. HE KIND CONTRIBUTION RECE	EIVED - VALUE OVER \$250.00 (FRO	M PART G	
	TOTAL for the Reporting Period	(3)	\$ 2,250.00
TOTAL VALUE OF IN-KIND CON' REPORTING PERIOD (Add and enti and 3; also enter on Page 1, Repo	er amount totals from Boxes 1, 2,		\$ 2, 250.00

SCHEDULE II PART F

IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate	Reporting Period	1 /
CHOOSE SCOTT AQUILA	From 02/14/20	13 To 05/66/2013
	DATE	AMOUNT
Full Name of Contributor	MO. DAY YEAR	\$
Mailing Address		Y
	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	
	MO. DAY YEAR	\$
Description of Contribution:		
Full Name of Contributor	MO. DAY YEAR	
Mallia Addi		\$
Mailing Address	MO. DAY YEAR	A
		\$
State Zip Code (Plus 4)	MO. DAY YEAR	\$
Description of Contribution:		*
Full Name of Contributor	MO. PAY YEAR	
		\$
Mailing Address	MO. DAY YEAR	*
City State Zio Code (Plus 4)		\$
State Zip Code (Plus 4)	MO. DAY YEAR	\$
Description of Contribution:		
Full Name of Contributor	MO. DAY YEAR	
	DAI TEAR	\$
Mailing Address	MO. DAY YEAR	_
City State Tim Code (Glue 4)		\$
State Zip Code (Plus 4)	MO. DAY YEAR	\$
Description of Contribution:		Þ
Full Name of Contributor	MO. DAY YEAR	
	MO. DAY YEAR	\$
Malling Address	MO. DAY YEAR	
City		\$
City State Zip Code (Plus 4)	MO. DAY YEAR	A
Description of Contribution:		\$
Enter Grand Total of Part F on Schedule II, In-Kind Contributi	ons Detailed	PAGE TOTAL
Summary Page, Section 2.		\$
	L	

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate			Reporting Period			
CHOOSE SCOTT AQUILA				From Q	2/19/2	2013 To 05/06/2013
				DATE		AMOUNT
Full Name of Contributor			MO.	DAY	YEAR	\$ 2,250.00
VOTE SLOTT OTT		Martin Commonwealth Common Com	04	01		
			MO.	DAY	YEAR 2013	\$ COVERS PERIOD BETWEEN THES
1230 MAHOOD ROAD	State	Zip Code (Plus 4)	05 Mo.	21 DAY		BETWEEN PHIES
WEST SUNBURY Employer of Contributor	PA	1	WO.	UAT	YEAR	\$
Employer of Contributor	1700		Occupa	tion	L .	
SELF EMPLOYED			COA	USULT	NG	
Employer Mailing Address/Principal Place of Business			Description of Contribution			
1236 MAHOOD ROAD; WEST SU	NBUR	4. PA 16061	CONS	ULTINO	- SEK	LVICES OF KIAL VIDE
Full Name of Contributor				DAY		
				T		\$
Mailing Address			MO.	DAY	YEAR	&
	,					\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer of Contributor				1		
chiployer or contributor			Occupat	non		
Employer Mailing Address/Principal Place of Business			Donorio	tion of Cor		
			Descrip	tion of Cor	iti ibutton	
Full Name of Contributor		Professional Control	1 240	1 510	1500	
run Manie of Conditiontor			мо.	DAY	YEAR	\$
Mailing Address			Mo.	DAY	YEAR	
						\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
		_				\$
Employer of Contributor			Occupat	ion		
Employer Mailing Address/Principal Place of Business			Description of Contribution			
Full Name of Contributor			MO.	DAY	YEAR	A
Mailing Address		- Annual management	4			\$
Marring Madiese			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY		
		_	WIO.	DAY	YEAR	\$
Employer of Contributor			Occupat	ion		
Employer Mailing Address/Principal Place of Business			Descript	ion of Con	tribution	
Full Name of Contributor			MO.	DAY	YEAR	
						\$
Mailing Address			MO.	DAY	YEAR	
C: *:						\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	œ.
Employer of Contributor			1			\$
- the state and security and			Occupati	on		
Employer Mailing Address/Principal Place of Business			I December 1			
2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			Descript	ion of Con	ribution	
			1			

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

PAGE TOTAL \$ 2, 250.00

SCHEDULE III

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			I r		Desired	Charles and the second
			Reporting Period			
CHOOSE SCOTT AQUILA				From 💇	2/19/2	013 To 05/06/2013
					W. W. T. H. T. T. W. T.	- 1146 A 1111- 177 - 177
To Whom Paid			MO.	DAY	YEAR	Amount
COMMUNICATION CONCEPTS			03	26	2013	\$ 781,22
Mailing Address				on of Exp		
2906 WILLIAM PENN HUDY				m c		
City	State	Zip Code (Plus 4)	1			
EASTON	PA	18045-				
To Whom Paid	300					Amount
COMMUNICATION CONCEPTS			MO.	DAY	YEAR 2013	
Mailing Address			<i>T</i>	on of Expe		\$ // 200
2906 WILLIAM PENN HWY	•		ID	CALL		
City	State	Zip Code (Plus 4)				
EASTON	PA	18045-				
To Whom Paid		10013	MO	513		Amount
			MO.	05	YEAR	\$ 1090,74
CAPITOL PROMOTIONS Mailing Address				on of Expe		\$ 40707.7
PO BOK Z31				D 510		
City	State	Zip Code (Plus 4)	1	-		
GLENSIDE	PA	19038-				
To Whom Paid	, , ,		MO	DAY	VEAD	Amount
COMMUNICATION CONCEPTS			0 Y		YEAR 2013	
COMMUNICATION CONCEPTS Mailing Address				on of Expe		\$ 2/30 1/60
2906 WILLIAM PENN HUY				D Mr		S.
	State	Zip Code (Plus 4)		,	77.077	
EASTON	PA	18045-	DESI	6N,	PRINT	T, MAIL
To Whom Paid	111	70075				
			0 4	23	YEAR 2013	
COMMUNICATION CONCEPTS Mailing Address				on of Expe		\$
2906 WILLIAM PENU HWY				DMATE		411
City	State	Zip Code (Plus 4)	FILLE	UNIMIC	· C	766
EASTON	PA	18045-				
To Whom Paid	,	10011				Amount
			Mo.	DAY	YEAR	\$
Mailing Address			Descripti	on of Expe	nditure	2
City	State	Zip Code (Plus 4)				
		-				
To Whom Paid			MO.	DAY	YEAR	Amount
			O.	DAT	TEAR	\$
Mailing Address			Descripti	on of Expe	nditure	
City	State	Zip Code (Plus 4)				
		Attail.				
To Whom Paid			MO.	DAY	YE AR	Amount
			18110.	DAT	7 E 4H	\$
Mailing Address			Descripti	on of Expe	nditura	¥
City	State	Zip Code (Plus 4)				
						PAGE TOTAL
Enter Grand Total of Expenditures on Page 1, Report Cover Page						
Lines Grand Total of Expenditures on Pag	je 1, i	report Cover Pa	ige, Ite	m D.		\$ 5.551 39

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		Reporting Period	AMORPOLICA STATE OF THE STATE O
CHOOSE SCOTT AQUILA		From 02/19/2	013 то 05/06/2013
Name of Creditor		. I desired a consistent a cons	Outstanding Balance of Debt
Mailing Address	DATE	MO. DAY YEAR	\$
City	INCURRED	State Zip Code (Plus 4)	
Description of Debt			
Name of Creditor			20100-1010
			Outstanding Balance of Debt \$
Mailing Address	DATE DEBT	MO DAY YEAR	
City	INCURRED	State Zip Code (Plus 4)	
Description of Debt			
Name of Creditor			Outstanding Balance of Debt \$
Mailing Address	DATE	MO. DAY YEAR	1 3
City	INCURRED	State Zip Code (Plus 4)	
Description of Debt		786	
Name of Creditor			Outstanding Balance of Debt
Mailing Address	DATE DEBT	MO. DAY YEAR	\$
City	INCURRED	State Zip Code (Plus 4)	
Description of Debt			
Name of Creditor			Outstanding Balance of Debt
Mailing Address	DATE DEBT	MO. DAY YEAR	1 \$
City	INCURRED	State Zip Code (Plus 4)	
Description of Debt			
		•	
Name of Creditor			Outstanding Balance of Debt
Mailing Address	DATE	MO. DAY YEAR	\$
City	DEBT		
Description of Debt		State Zip Code (Plus 4)	
Season, person of Beat			
		1100-11	PAGE TOTAL
Enter Grand Total of Unpaid Debts on Page 1,			