	CA	MPAIGN	FINANCE REP	ORT		
	Name and A	ddress of I	Filing Candidate	or Comi	nitte	e
Name: Address:		Friends of PO Box 6	f Don Cunningham			
	in		1 PA 18016			
City, State, Z	ih		ort Filed By			
		тср	ort Phea By			
Candidate			Committee	····		X
Type of Repo	rt 30 Day Posi	Election	Election Date	Amend	ed	Termination
			11/08/2011			•
TERMINATIO	ON REPORT			No		No
Office Sough	t By Candida	te	Party	County	7	
Lehigh County Executive D Lehigh			Lehigh	h		
	Sum	mary of R	eceipts & Expend	litures		
From:	10/25/2011		To:	11/28/2	011	
A. Amount B	rought Forwa	rd From L	ast Report		372,588.83	
B. Total Mor	etary Contrib	outions & R	Receipts (from Scho	edule I)	1,85	50.00
C. Total Funds Available (Sum of Lines A & B)					374,438.83	
D. Total Expenditures (from Schedule III)					2,32	28.81
E. Ending Cash Balance (Subtract Line D from Line C)					372	,110.02
F. Value of I	n-Kind Contr	ibutions Re	ceived (from Sche	dule II)	0.00	
G. Unpaid D	ebts & Obliga	tions (from	Schedule IV)		0.00	)

<sup>\*</sup>Complete reports including signatures are on file in the Office of Voter Registration.

SCHEDULE I PAGE 2 OF 12

### CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page			
Name of Filing Committee or Candidate	Reporting Perio	od	
Friends of Don Cunningham	From 10	1 <b>) (</b>	11/48
1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS	PER CONT	HBUTOR -	
TOTAL for the Reporting Period	d (1)	\$ (	)
2. CONTRIBUTIONS \$50.01 TO \$250.00 FROM PART A AND PART	<b>D</b>		
Contributions Received from Political Committees (Part A)		\$ -	<del></del>
All Other Contributions (Part B)		\$ 6	00,00
TOTAL for the Reporting Period	d (2)	\$ 600	0,00
3. CONTRIBUTIONS OVER \$280.00 (FROM PART C AND PART D)			
Contributions Received from Political Committees (Part C)		<b>\$</b> —	<del></del>
All Other Contributions (Part D)		\$ 1,2	50.00
TOTAL for the Reporting Period	(3)		50.00
4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED C	ECKS, ETC	(FROM P	Mada ja sa
TOTAL for the Reporting Period	i (4)	\$ 1,85	0.00
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.)		\$ 1,85	o. 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	1-11	Reporting Period	
Friends of Don Cun	1, ngh & my	From	5 To 11/28
		DATE	AMOUNT
Full Name of Contributing Committee		MO DAY YEAR	<b>\$</b>
Mailing Address		MO. DAY YEAR	
City	ate   Zip Code (Plus 4)		\$
	- Zip Code (Files 4)	MO. DAY YEAR	<b>\$</b>
Full Name of Contributing Committee		MO DAY YEAR	
Mailing Address	·	MO. DAY YEAR	\$
			\$
City	ate Zip Code (Plus 4)	MO. DAY YEAR	\$
Full Name of Contributing Committee		MO. DAY YEAR	\$
Mailing Address		MO. DAY YEAR	
City   Si	ate Zip Code (Plus 4)		<b>  \$</b>
	-	MO	\$
Full Name of Contributing Committee		WOOD TO STATE	\$
Mailing Address		AND THE DAYS INVEAT	s
City	ate Zip Code (Plus 4)	MO DAY YEAR	
	-		\$
Full Name of Contributing Committee			\$
Mailing Address		Moyal BOAVA EYEAR	\$
City	ate Zip Code (Plus 4)	ETOM STATE BYANK	\$
Full Name of Contributing Committee			
Mailing Address			\$
radical			\$
City	ate Zip Code (Plus 4)	MONE DAY ATAN	s
Full Name of Contributing Committee			
Mailing Address			\$
			\$
City	tte Zip Code (Plus 4)		\$
Full Name of Contributing Committee			\$
Mailing Address			s
City	te Zip Code (Plus 4)		
	_		\$
Enter Grand Total of Part A on Schedule	e I, Detailed Summary	Page, Section 2.	\$ O

### 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		<u> </u>		Reporting	Period		· · · · · · · · · · · · · · · · · · ·
Friends of Dan Cunn	ighz	m					To11/28
				DATE			AMOUNT
Full Name of Contributor			MC.	10	JO11	\$	250,00
Full Name of Contributor  Julio Gusida  Mailing Address  1039 N. 1445  City  Allo	ζ./.		MO.			s	470,00
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	*	
17 (Ibutonv	PA	18102 - 115				\$	
Full Name of Contributor TAMES G, le			MO.	31	JOLI	\$	250,00
			MO.	DAY			0 70,00
City (54, 72)	L   State	7in Code (Plus 4)				\$	
171 St. Rt. Asbury	NJ	08807 -	MO.	DAY	YEAR	\$	_
Full Name of Contributor			MO.	DAY	YEAR	1	
Thomas Strac	6.3	liebormy	II.	- G	2011	] <b>\$</b>	100,00
1480 Keysta	ene	Road	MO.	DAY	YEAR	\$	
Allente	State	Zip Code (Plus 4)	MO.	DAY	YEAR	1	
Full Name of Contributor	1/41	18105-				\$	
			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	<del>                                     </del>	
City	State	Zip Code (Plus 4)				<b>]</b> \$	
	]	Zip Code 11-146	MO.	DAY	YEAR	\$	
Full Name of Contributor				, PAY	YEAR	\$	
Mailing Address			MQ.	DAY	YEAR	<u> </u>	
					L. C.	\$	
City	State	Zip Code (Plus 4)	MO	DAY	YEAR		
Full Name of Contributor				DAY	YEAR	\$	
Mailing Address	<del></del>					\$	
			MO.	DAY	YEAR	\$	
City	State	Zip Code (Plus 4)	A Vo.	DAY	YEAR	H	
Full Name of Contributor		_				\$	
				DAY	YEAR	\$	
Mailing Address			100.	DAY	YLAR	\$	
City	State	Zip Code (Plus 4)		DAY	暴化為主	_	
		-				\$	
						PAGE	E TOTAL
Enter Grand Total of Part B on Schede	ule I,	Detailed Summa	ary Page,	Section	1 2.	\$	600.00

#### 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	N-a Cupasa	1.		eporting From	10/20	5 To 11124
(Cita) of	DOV COUNTY	NEM				
ull Name of Contributing Committee			No.	DATE	YEAR	AMOUNT
					TEMA	\$
Mailing Address			MO.	DAY	YEAR	
City						\$
rity	State	Zip Code (Plus 4)	MO.	DAY	YEAR	s
ull Name of Contributing Committee					 	
on Name of Contributing Committee			MO.	DAY	YEAR	s
Mailing Address			MO.	DAY	YEAR	
		_				\$
City	State	Zip Code (Plus 4)	MQ.	DAY	YEAR	
						\$
ull Name of Contributing Committee			MO.	DAY	YEAR	\$
lailing Address			MO.	DAY	YEAR	
					12411	\$
ity	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
		_				\$
ull Name of Contributing Committee			MQ.	DAY	YEAR	
lailing Address						\$
isiting Address			MO.	DAY	YEAR	\$
lty	State	Zip Code (Plus 4)				Ψ
			MO.	DAY	YEAR	\$
ull Name of Contributing Committee	<u></u>		MO.	DAY	YEAR	
						\$
lailing Address			MO.	DAY	YEAR	*
ity						\$
ny	State	Zip Code (Plus 4)	MC.	DAY	YEAR	\$
III Name of Contributing Committee				- characteristic common		
M Name of Contributing Committee			MO.	DAY	YEAR	\$
ailing Address		<del> </del>	мо.	DAY	YEAR	-
						\$
ity	State	Zip Code (Plus 4)	MQ.	DAY	YEAR	\$
		_				<b>.</b>
III Name of Contributing Committee		-	NO.	DAY	YEAR	\$
ailing Address				DAY	- week.	<del>-</del>
			MO.		YEAR	\$
ty	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
						\$
II Name of Contributing Committee			MO.	6AY	and the	*
ailing Address		<u> </u>			l	\$
ALL CONTRACTOR OF THE SECOND O			MO.	DAY	YEAR	\$
ity	State	Zip Code (Plus 4)		5 <b>K. K.</b>		<del>-</del>
			<b>3.5</b>	DAY	YEAR	\$
						PAGE TOTAL
Ann Guard Tatal of D C.	6.6					_
nter Grand Total of Part C	on Schedule I, I	Detailed Summar	y Page, 🤄	Section	1 3.	\$

### PAGE 6 OF / )

### 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			R	eporting	Period	
Friends of Don	Cur	ningham		From	10125	To 11/28
				DATE	·	AMOUNT
Full Name of Contributor			MO.		YEAR	
Mailing Address Sugar Biggica			10	31	2011	500.00
156 Cedar Ave.			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
Hershey	14	17033 -1514				\$
Employer Name			Occupation	on	Н	umenaker
Employer Mailing Address/Principal Place of Business						
Full Name of Contributor			MO.	DAY	YEAR	\$ 700.00
Brita R. Tiptor			I (	DAY	YEAR	750.00
3075 Hutchison	K:	ver Rd.	into,			\$
3075 Hutchinson  City Phillipsburg	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
Employer Name	<u>√</u> 2	08865 - 734	Occupation	n n		
Florio, Perrucia Stein				"A Ho	rney	
Employer Mailing Address/Principal Place of Business (0) W, Brode 54	B	ethlehen P4	15014		(	
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	
				Tileneum		\$
City	State	Zip Code (Plus 4) —	MO.	DAY	YEAR	\$
Employer Name	•		Occupation	วก		
Employer Mailing Address/Principal Place of Business	-				Ü	
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.	<u> </u>	
Employer Mailing Address/Principal Place of Business	-					
Full Name of Contributor			Mo.	DAY		
					ITAN	\$
Mailing Address			MO.	PAYE	YEAR	\$
City	State	Zip Code (Plus 4)	EE MOVES	DAY	YEAR	\$
Employer Name			Occupation	n n	1	
Employer Mailing Address/Principal Place of Business				<del>, ,</del>		
Enter Grand Total of Part D on Sched	ule I,	Detailed Summary	Page,	Section	n 3.	S 1,25000

## 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			Cum	inghemy		Reporting From _	Period (u l)	-5 to 11/18
Full Name								
Mailing Address								
City			State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$
Receipt Description	on		I	<del></del>			<u>l</u> _	
Full Name								
Mailing Address								
City	<u></u>		State	Zip Code (Plus 4)	T PARAME		Town	Amount
					MO.	DAY	YEAR	\$
Receipt Description	on .							-
Full Name								
Mailing Address								
City		<del></del>	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount
Receipt Descriptio	n .					1		\$
Full Name								
Mailing Address								
							_	
City			State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$
Receipt Descriptio	n		<del></del>		<u> </u>	<u> </u>	<u> </u>	
Full Name								
Mailing Address								
City			State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount
Receipt Descriptio	n							\$
				-				
Full Name								
Mailing Address		· · · · · · · · · · · · · · · · · · ·	<del></del> -	· · · · · · · · · · · · · · · · · · ·		<del> </del>	<del>, , ,</del>	
City			State	Zip Code (Plus 4)	No.	PAY.	YAR	Amount
Receipt Description	7							\$
			<u>-</u>					PAGE TOTAL
Enter Grand	Total of Par	rt E on Sch	neduie I, D	Detailed Summar	y Page,	Section	1 4.	\$
CER-502 /7-00)							i	

#### 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 Pe	riod	
Friends of Don Cunningham	From <u>\</u>	NDE _	To 11/28
I. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF S	\$50,00 OR	LESS PE	R CONTRIBUTOR
TOTAL for the Reporting Period	d (1)	\$	
2007 - 20011111 100 AND			
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$25	50.00 (FRO)	U PART	
TOTAL for the Reporting Period	d (2)	s	
	- ''		
3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FRC	M PART (		
TOTAL for the Reporting Period	d (3)		
TOTAL TOT the Reporting Period	(6)	\$	
			_
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS			
REPORTING PERIOD (Add and enter amount totals from Boxes 1, 2,		\$	Q
and 3; also enter on Page 1, Report Cover Page, Item F.)		j	)

PAGE	9 0	17

# SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate	of Filing Committee or Candidate				
Friends of Dan	Cun	nightm	From	10/H TO (1/29	
			DATE	AMOUNT	
Full Name of Contributor			MANUAL MANUAL STATE	ΔL≡E S	
Mailing Address		, <u>, , , , , , , , , , , , , , , , , , </u>	MOSE SEDAYEE SAY		
				\$	
City	State	Zip Code (Plus 4)	MO. DAY SYE	AR S	
Description of Contribution:					
Full Name of Contributor	-		MO. DAY YE	AR	
				\$	
Mailing Address		_	MO. DAY A	\$	
City	State	Zip Code (Plus 4)	MG. DAY YE	<u> </u>	
Description of Contribution:					
Full Name of Contributor			ELEMONE EUDAYAN (SY)	79 Make	
				\$	
Meiling Address			MOTE STATE	\$	
City	State	Zip Code (Plus 4)	MO. DAY YE	\$	
Description of Contribution:	<u>.ll</u>				
Full Name of Contributor		<u> </u>			
			MO. DAY YE	\$	
Maifing Address			EMPONE SOLVE SAL	<b>\$</b>	
City	State	Zip Code (Plus 4)	EMPORE ENDAYED MYS	\$	
Description of Contribution:	<u>.</u>				
Full Name of Contributor		<del></del>	SOURCE TO THE REAL PROPERTY OF THE PARTY OF		
			SECURITY SECURITY	\$	
Meiling Address			MO. DAY YE	\$	
City	State	Zip Code (Plus 4)	## YOUR ## YYAR ## YY	\$	
Description of Contribution:	<u> </u>				
Full Name of Contributor				Accidental	
				\$	
Mailing Address				\$	
City	State	Zip Code (Plus 4)	<b>地</b> (小地 海(八) 1077.	\$ <b>\$</b>	
Description of Contribution:			1. 1		
Enter Grand Total of Part F on Sched Summary Page, Section 2.	ule II,	In-Kind Contribut	ions Detailed	PAGE TOTAL	
, <u> </u>				<u> </u>	

## SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

Name of Filing Committee or Candidate	,		<b> </b>	Reporting		- 41	
Friends of Do		NVV VORSON		From _	(01)	5 To (1) 4	
				DATE		AMOUNT	
Full Name of Contributor			NO.	DAY	YEAR		
Mailing Address			MO.	DAY	YEAR		
City		<del></del>				\$	
city	State	Zip Code (Plus 4)	MQ.	DAY	YEAR	\$	
Employer of Contributor		<u> </u>	Occupat	ion	<u> </u>		
Employer Mailing Address/Principal Place of Busines		<del> </del>	0	tion of 6	4-71		
	•		Descript	tion of Co	ntribution		
Full Name of Contributor			MO.	DAY	YEAR	\$	
Mailing Address			MO.	DAY	YEAR		
						1 \$	
City	State	Zip Code (Plus 4) —	MO.	DAY	YEAR	\$	
Employer of Contributor			Occupat	ion	]	<u>.                                    </u>	
Employer Mailing Address/Principal Place of Busines:			Descript	ion of Cor	tribution		
			Jessinp		iti ibation		
Full Name of Contributor			MQ.	DAY	YEAR	\$	
Mailing Address	****		MO.	DAY	YEAR		
						1 \$	
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$	
Employer of Contributor			Occupet	ion	<u> </u>		
Employer Mailing Address/Principal Place of Business			Description of Contribution				
			Joseph	1011 01 001	ili ibatian		
Full Name of Contributor			MO.	DAY	YEAR	e	
Mailing Address	<del></del>	· · · · · · · · · · · · · · · · · · ·	MO	DAY	YEAR	\$	
A.						\$	
City	State	Zip Code (Plus 4)	MC.	DAY	YEAR	\$	
Employer of Contributor			Occupati	ion	L	<u> </u>	
Employer Mailing Address/Principal Place of Business							
			Descript	ion of Can	tribution		
Full Name of Contributor			MO.	DAY	7.7	\$	
Mailing Address			MO.	DAY	YEAR	<b>4</b>	
						\$	
City	State	Zip Code (Plus 4)	MO	DAY	YEAR	\$	
Employer of Contributor			Occupati	on	<u> </u>		
Employer Mailing Address/Principal Place of Business			Descripti	ion of Con	tribution		
		<u></u>	300011001				
Enter Grand Total of Part G on Sche	dule II	In-Kind Contrib	Itione D	atailed		PAGE TOTAL	
Summary Page, Section 3.	H		ALIVIIS DI	-vallet		\$	
ATR TOO /3 00)							

#### SCHEDULE III

### STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate		Reporting Period
Friends of Don C	Curringham	From 10/35 To 11/28
To Whom Paid Morcy Ledining Cen Mailing Address	nter	MO. DAY YEAR Amount 10 30 0011 \$ 150.00
1040 Flexer Aug.		Description of Expanditure  Event tickets
Allentown, PA 18103	State Zip Code (Plus 4)	11 40013
To Whom Paid Capital one		MO: DAY YEAR Amount
80 Box 7(083		Description of Expenditure
Acworth	State Zip Code (Plus 4) GA 30101 -	CAMPAIGN CREdit card
To Whom Paid  Verizon on line wire		MO. DAY YEAR Amount  11 7 3011 \$ 259,71
Po 304 4003		Description of Expenditure  CAMPAGON CELL PHONE 3:11
chirle He	State Zip Code (Plus 4)  NC 2011 -	
To Whom Paid Shoriff Russi 2012		11 % 2011 \$ 300.00
Mailing Address 1215 Pericles Place		Description of Expenditure
whitehell	State Zip Code (Plus 4)	CAMPAICH OF IN 15th
To Whom Paid	PA 16052-	CAMPAIGN election night capage MO: DAY YEAR Amount
US(S		Description of Expenditure
Soo wood St.	A-4- Mina A	Description of Expendicular
Bethleham	State Zip Code (Plus 4)	STAMPS
To Whom Poid CAMPAIGN Contribution. C	com	MC. DAY YEAR Amount 11 10 3011 \$ \$ 100
205 Pensylvais Au	ie, NE	Description of Expenditure
weshing for	State Zip Code (Plus 4) DC 2000 3 -	online contribution processing for
To Whom Paid Michael George		MO. DAY YEAR Amount  1 25 201 \$ 5.00.00
Mailing Address 716 W. Brush St.		Description of Expenditure
Bethlehen	State Zip Code (Plus 4)	Fundraiser coordination
To Whom Paid	1 /A (4016 -	Mo. DAY YEAR Amount
Mailing Address		Description of Expenditura
City	State Zip Code (Plus 4)	
	-	
E-ter Grand Total of Evnenditures on De	The set Cover E	PAGE TOTAL
Enter Grand Total of Expenditures on Pag	ge 1, Report Cover P	Page, Item D. \$ 3,336,41

## 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 o					Reporting	Period		(C   \ m
Friends	_of	1)00	Cunninghar	m	From	10/9	<u> </u>	1128
Name of Creditor	· · · · · · · · · · · · · · · · · · ·					· · · · · · · · · · · · · · · · · · ·		
							Outstanding Ba	alance of Deb
Mailing Address			DATE DEBT	MÓ.	DAY	YEAR	13	
City		· · · · · · · · · · · · · · · · · · ·	INCURRE					
				State	Zip Code	e (Plus 4)	To the second second	
Description of Debt								
Name of Creditor		*			-			
Traine of Greator						-	Outstanding Ba	lance of Deb
Mailing Address			DATE DEBT	MO	DAY	YEAR		
City		<u></u>	INCURRE					
				State	Zip Code	(Plus 4)		
Description of Debt				<u></u>	<u> </u>			
Name of Creditor								
Name of Creditor					· · · · ·		Outstanding Ba	lance of Deb
Mailing Address		<del></del>	DATE	MO.	DAY	YEAR	<u>  \$</u>	
City	<del></del>	·····	DEBT INCURRED					
Sitty				State	Zip Code	(Plus 4)	STORY WAY, LOVE	
Description of Debt			<del></del>	<u> </u>		-		50 1 - 5 CH LUG
Name of Creditor			· · · · · · · · · · · · · · · · · · ·				Outstanding Ba	ance of Deb
Mailing Address		<del></del>	DATE	MQ.	DAY	YEAR	L\$	
City			DEBT INCURRED	-		1824	\$ 15 District ACTION	e Tally Martine Marie
Gity				State	Zip Code	(Plus 4)		
Description of Debt					·	· 		
Name of Creditor							Outstanding Bal	ance of Debi
Mailing Address		<del></del> -	DATE	MO.	DAY	YEAR	\$	No. of the last of
City			DEBT INCURRED	******				grade la Participa
city				State	Zip Code	(Plus 4)		
Description of Debt	<del></del> -				_		er system. Profesion	1779-19
Name of Creditor			······································			_	Outstanding Bala	ance of Debt
Mailing Address		<del></del>	DATE	Mo	640		L\$	
			DEBT INCURRED		DAY	TEAH	A 100 100 100 100 100 100 100 100 100 10	
City				State	Zip Code	(Plus 4)	E., Sory (1-2	
Description of Debt								Yengi Aliter alki
					ī i		PAGE TOTAL	
inter Grand Total of U	npaid De	bts on Pa	ge 1, Report Cov	er Page, I	tem G.		\$ ()	 