	Commonw	realth of	Pennsylva	ania
CAMP	AIGN	FINA	NCE	REPORT

PAGE 1 OF \_\_\_\_ (COVER PAGE)

<b>1</b> 5	Thic	renort	must	ho	alasr	and	logible	14	 ha	typad	~~	m r i m t m d	 <u>- 1</u>	 61-1	

(NOTE: This report must be clear an	id legible. It may	be typed or printe	ed in b	lue or black ir	nk)			
Filer Identification	Report Filed By:		1.	COMMITTEE	$\mathbf{X}^{2}$			
HANES FOR REGIST Street Address: 313 MARVIN RD.	ERO	F WILL	S			<b></b>		
ELKINS PARK		State PA-		Zip Code 9027				
TYPE OF 6TH TUESDAY 1. 2ND FRIE REPORT PRE-PRIMARY PRE-PRIM	· · · · · · · · · · · · · · · · · · ·	30 DAY POST PRIMARY	З.	AMENDMENT REPORT?	YES	NO		
(place X to		30 DAY POST ELECTION	ŧ.	TERMINATION REPORT?	YES	NO		
the right of ANNUAL 7. YEAR	1	ILING METHOD		PAPER		DISKETTE		
Name of Office Sought by Candidate MONTGOMERY CONTY		DATE OF ELECT	48	District Offici Number Code		Party Code EM 46		
REGISTER OF WILLS		5 18 20	10	SEE IN	ISTRUC	TIONS FOR CODES		
MO. DAY	YEAR	MO. DAY YEA	AR	FOR OF		JSE ONLY		
Summary of Receipts	DID TO	5 4 201		NON CON				
A. Amount Brought Forward From Last Report	\$ ]	89.13			PA I			
B. Total Monetary Contributions and Receipts (From Sch	hedule I) \$   C	00.00		မ်းမှု	1	()		
C. Total Funds Available (Sum of Lines A and B)	\$16	8912		Shu sha	-			
D. Total Expenditures (From Schedule III)	\$ 2	35.00		TOT	Þ	ليتا		
E. Ending Cash Balance (Subtract Line D from Line C)	\$ 7	354,13		S <sup>H</sup>	т ђ			
F. Value of In-Kind Contributions Received (From Sche	idule II) \$	00.00		/	4S t			
G. Unpaid Debts and Obligations (From Schedule IV)	Ş	00.00		$\checkmark$				
	AFFIDAVIT SEC							
PART I - If this is a Committee report, treasurer sign I swear for affirm) that this report, including the attached scheme								
Sworn to and subscribed before mediative ALTH OF PENNSY		computer diskette, an	e to ine	A Dest of my kno	wiedge	and belief true,		
	010]	Edward				~		
A Trans Jent Mar Board Internet		EDWARD	LIC	HSTEIN	j <del>n</del> epor	τ		
My commission expires		215	Pr	635-3	15	4		
MO. DAY YR.	J ~	Area Code				ne Number		
PART II - If this is a report of a Candidate's Authoria	zed Committee.	candidate shall sig	Abera					
I swear (or affirm) that to the best of my knowledge and belief (P.L. 1333, No. 320) as a COMMONWEALTH OF PENNSYLVA Sworn to and subscribed before me NOTARIAL SEAL day of before me NOTARIAL SEAL DONNAL. MURPHY, Notary Public denking on Montgomery Count My Commission Expires May 9 2014 Signature	f this political co			revisions of the re of Candidate NES inted Name X12 - 14	Act o	1 June 3, 1937		
My commission expires	J	Area Code	- 6	<u>X15-14</u> Daytime T		18 Number		

DSE8-502 (7-99)

ľ

5

Department of State 
Bureau of Commissions, Elections and Legislation
210 North Office Building
Harrisburg, PA 17120-0029
(717) 787-5280

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			R	eporting	Period	·
HANES FOR REGIS	TER	OF WILLS		From 1	-1-2	2010 to 5-4-2010
				DATE		AMOUNT
Full Name of Contributing Committee			MÓ.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	
City						<b>\$</b>
uay .	State	Zip Code (Plus 4)	MO.	DAY	YEAR	<b>^</b>
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
					TEAD	\$
Meiling Address			MO.	DAY	YEAR	¢
City	State	Zip Code (Plus 4)				\$
		-	<u>MO.</u>	DAY	YEAR	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	
Mailing Address						\$
			<u>M0.</u>	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
		—				\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	4
					1 52.111	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	<i>ф</i>
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
					220	\$
Mailing Address			MO	DAY	YEAR	¢
City	State	Zip Code (Plus 4)				\$
		-	<u>MD.</u>	DAY	YEAR	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	
Mailing Address						\$
			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MQ.	DAY	YEAR	
		NP				\$
Full Name of Contributing Committee			<u>MO.</u>	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	
City	State	Zip Code (Plus 4)				\$
	21016	-	<u>MO.</u>	DAY	YEAR	\$
Full Name of Contributing Committee			MQ.	DAY	YEAR	
Mailing Address	<u> </u>					\$
· · · · · · · · · · · · · · · · · · ·			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
						\$
Enter Grand Total of Part A on Sche	dule I.	Detailed Summary	Page	Section	2	PAGE TOTAL
				222110	1 44.	\$ 60.00

DSEB-502 (7-99)

Ê`

•

- L	L	12
PAGE	l OF	

# 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.)

HANES FOR REGIST	20	er.	6.)		Reporting	Period	2010 705-4-2010
	212	VF	will	>		1 2	
Full Name of Contributor				MO.	DATE DAY	YEAR	AMOUNT
Mailing Address							\$
				<u>MO.</u>	DAY	YEAR	\$
City	State	Zip C	ode (Plus 4)	MO.	DAY	YEAR	
							\$
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address			····	MO.	DAY	YEAR	
City							\$
τοτηγ	State	Zip C	ode (Plus 4)	MO.	DAY	YEAR	¢
Full Name of Contributor				Mo.	DAY	YEAR	\$
				<u> </u>		.500	\$
Mailing Address				<u>M0.</u>	DAY	YEAR	\$
City	State	Zip Co	ode (Plus 4)				*
			_	<u>MO.</u>	DAY	YEAR	\$
Full Name of Contributor				MO.	DAY	YEAR	
Mailing Address							\$
·····				MO	DAY	YEAR	\$
City	State	Zip C.	ode (Plus 4)	MO.	DAY	YEAR	·
							\$
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	
							\$
City	State	Zip Co	de (Plus 4)	MO.	DAY	YEAR	
Full Name of Contributor							\$
FUL NAME OF CONTIDUTOR				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	
City	State	1.0.00	201	<u> </u>			\$
-	June		de (Plus 4)	<u> </u>	DAY	YEAR	\$
Full Name of Contributor	i			MQ.	DAY	YEAR	
Mailing Address							\$
				<u>MO;</u>	DAY	YEAR	\$
City	State	Zip Co	de (Plus 4)	MO.	DAY	YEAR.	
							\$
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	VEAD	4
				- into,		YEAR	\$
City	State	Žip Cö	de (Plus 4)	MO.	DAY	YEAR	<u>~</u>
					Ì		\$
Enter Crand Tatel of Deet Deet Of		<b>.</b>		_	_		PAGE TOTAL
Enter Grand Total of Part B on Sched	ule I,	Uetaileo	Summary	Page,	Section	2.	\$ 60,00

DSEB-502 (7-99)

Ê,

•

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.

				DATE		AMOUNT
uli Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			M0.	DAY	YEAR	1
City	State	Zip Code (Plus 4)				\$
	Stote	21p Cobe (Plus 4)	MO.	DAY	YEAR	\$
ull Name of Contributing Committee			MO.	DAY	YEAR	
Nailing Address			· MQ.			\$
			MU.	DAY	YEAR	\$
Sity	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
ulf Name of Contributing Committee			MO.	DAY	YEAR	₽
Mailing Address						\$
സംവന്നും സാവരാമ		· · · · · · · · · · · · · · · · · · ·	MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	· · · · · · · · · · · · · · · · · · ·
						\$
ull Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	
ζιτγ	State	Zip Code (Plus 4)				\$
	- Lord		MO.	DAY	YEAR	\$
ull Name of Contributing Committee			MO.	DAY	YEAR	
failing Address			MO.	DAY	VEAD	\$
				UAT	YEAR	\$
21ty	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
ull Name of Contributing Committee			MO.	DAY	VEAD	·
				UAT	YEAR	\$
failing Address			MQ. 1	DAY .	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	·
ul Nome of Constitution						\$
ull Name of Contributing Committee			<u>MO.</u>	DAY	YEAR	\$
failing Address			мо.	DAY	YEAR	\$
ity	State	Zip Code (Plus 4)	MO.	DAY	YEAR	• <b>47</b>
		<del>~~</del>			· 2010	\$
ull Name of Contributing Committee			<u>MO.</u>	DAY	YEAR	\$
laiting Address			MD.	DAY	YEAR	
i{y	State	Zip Code (Plus 4)				\$
	ວເອເຍ	Lip Loue (P(US 4)	MO,	DAY	YEAR	\$
				1		PAGE TOTAL

Ŧ

•

PART D ALL OTHER CONTRI	BUTIC	NS	Ρ	AGE 6 OF 12
OVER \$250.00				
Use this Part to itemize all other contribution over \$250.00 in the report	ina perio	bd		
Exclude contributions from political comm	nittees r	eported		t C.)
Name of Filing Committee or Candidate HANES FOR REGISTER OF WILL	S	Reporting From	Period - ( - )	2010.5-4-201
		DATE		AMOUNT
Full Name of Contributer RICHARD SAND AND KATHIE DALEY Mailing Address	MO. 3	DAY 22	ZOIO	\$ 1500,00
8201 FENTON ROAD	<u>MO</u>	DAY	YEAR	\$
LAVEROCK PA (9038-714	3 Occupat		YEAR	\$
SAND & SAIDEL, PC Employer Mailing Andress/Principal Place of Business	AT	TORN	124	
Employer Mailing Address Principal Place of Business [135.21 ST. PHILADELPHIA, PA 19	103			
Full Name of Contributor	<u>MO.</u>	DAY	YEAR	\$
Mailing Address	MÖ.	DAY	YEAR	\$
City State Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer Name	Occupat	ion	4	······
Employer Mailing Address/Principal Place of Business				
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	<u>M0.</u>	DAY	YEAR	
City State Zip Code (Plus 4)	мо.	DAY	YEAR	\$
Employer Name	Occupat	on		\$
Employer Mailing Address/Principal Place of Business				
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City State Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer Name	Occupati	оп	L	· · · · · · · · · · · · · · · · · · ·
Employer Mailing Address/Principal Place of Business	ļ			
Full Name of Contributor	MQ.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City State Zip Code (Plus 4)	MO	DAY	YEAR	\$
mployer Name	Occupati	on	<b>İ</b>	
Employer Mailing Address/Principal Place of Business	I			
Enter Grand Total of Deric Day 2014 111 1 2017		-	1	PAGE TOTAL
Enter Grand Total of Part D on Schedule I, Detailed Summa	ry Page,	Section	n 3.	

DSE8-502 (7-99)

\$ 500,00

· ·

PA	ART	E	
OTHER	RE	CEIPTS	į

#### REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC.

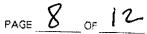
Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Name of Filing Committee or Candidate HANES FOR REGISTER OF WILLS

PAGE 7 OF 12

Full Name					
Mailing Address		. <u>, ", ", , , , , , , , , , , , , , , , ,</u>	·	·	
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					\$
aceipt 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
					\$
leceipt Description					
ul) Name					
Mailing Address					·····
City	State	Zip Code (Plus 4)	MO. DAY	YEAR	Amount
Receipt Description					\$
				-	
ull Name					
Aailing Address					······································
Cíty					
vit ¥	State	Zip Code (Plus 4)	MO. DAY	YEAR	Amount
Receipt Description			.		\$
· •					
					PAGE TOTAL
Inter Grand Total of Part	C on Cohodula I I	Datailad Comm	. D		
Inter Grand Total of Part	e on schedule I, I	Jetailed Summary	/ Page, Sectio	n 4.	\$ 00,00
EB-502 (7-99)					

SCHEDULE II



### 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		
comp of Fang Committee of	Candidate	Reporting Period
LANCO TOO		
ITAN'SC LAP	DSCISTO MELLING	1 - 1 - 1 - 7 - 7 - 7 - 7 - 7 - 7 - 7 -
	REGISTER OF WILLS	$From (-(-20)0_{To}5 - 4-20)d$

UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR

TOTAL for the Reporting Period

(1) \$

2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)

TOTAL for the Reporting Period

(2) \$

3. IN-KIND CONTRIBUTION I	RECEIVED - VALUE OVER \$250.00 (FROM F	ART C	5) : T	
	TOTAL for the Reporting Period	(3)	\$	
		,	1 -	

TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS	
<b>REPORTING PERIOD</b> (Add and enter amount totals from Boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F.)	\$ 00.00

	q		12
PAGE	/	QF	10

#### SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate		1	F	Reporting	Period	
HANES FOR REGISTE	RE	OF WILLS		From <u>l</u>	-1-2	2010 10 5-4-201
ull Name of Contributor				DATE		AMOUNT
			<u>MO.</u>	DAY	YEAR	\$
Aaiing Address			MO.	DAY	YEAR	\$
ity	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
escription of Contribution:		_	<u> </u>			-
Il Name of Contributor						
			<u>MQ.</u>	DAY	YEAR	\$
ailing Address		· · · · · · · · · · · · · · · · · · ·	MO,	DAY	YEAR	\$
ity	State	Zip Code (Plus 4)	MQ.	DAY	YEAR	<b></b>
escription of Contribution.						\$
II Name of Contributor			MO.	DAY	YEAR	æ
alling Address			мо.	DAY		\$
			<u></u>	DAY	YEAR	\$
ty	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
sscription of Contribution:		· · · · · · · · · · · · · · · · · · ·	L		I	
III Name of Contributor			MO.	DAY	YEAR	
siling Address						\$
			<u>M0.</u>	DAY	YEAR	\$
tγ	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
scription of Contribution:		· · · · · · · · · · · · · · · · · · ·				
1 Name of Contributor						
			<u>MO.</u>	DAY	YEAR	\$
illing Address			мо.	DAY	YEAR	\$
1y	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
scription of Contribution:						\$
II Name of Contributor			MO.	DAY	YEAR	\$
illing Address		······	MO.	DAY	YEAR	
V	State	Zip Code (Plus 4)				\$
			MO.	DAY	YEAR	\$
scription of Contribution:						
ter Grand Total of Part F on Sched	iulo II	In-Kind Contailout				PAGE TOTAL
immary Page, Section 2.	aute II,	in-King Contributio	ons Dei	tailed		\$00,00

-

PAGE	10	OF	12
	Advances		

#### SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

HANES FOR RE		ST_ CIL	10	nehornui	y r,eriod	-2010ro 5-4
LIANCZ FOR RA	BIJIZK	OF WIG	-(>			
II Name of Contributor			MO.	DATS DAY	YEAR	AMOUNT
					TEAN	\$
eiling Address			MO.	DAY	YEAR	¢
ity .						- \$
	State	Zip Cade (Plus 4)	MO.	DAY	YEAR	ŝ
nployer of Contributor	<u> </u>	·····	Occupat			
			C stappe.			
ployer Mailing Address/Principal Place o	of Business		Descript	tion at Co	ntribution	
II Name of Contributor			MO.	DAY	YEAR	
illing Address		••••••••••••••••••••••••••••••••••••••				\$
U			<u>MO.</u>	DAY	YEAR	\$
:Y	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
						\$
player of Contributor	<u>-</u> L		Occupat	ion	<u> </u>	J
oloyer Mailing Address/Principal Place o	f Business		Descript	ion of Co	ntribution	
Name of Contributor			MO.	DAY	YEAR	\$
ailing Address			MO.	DAY	YEAR	
			1412.	DAT	TEAH	\$
Y	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
		-				]\$
oyer of Contributor			Occupati	on		_L
loyer Mailing Address/Principal Place of	f Bucinase					
,	្ត ដូចនិវារថ្មវិទ័		Descript	ion of Co	ntribution	
Name of Contributor						
			<u>MO.</u>	DAY	YEAR	\$
iling Address			MO.	DAY	YEAR	
	· · · · · · · · · · · · · · · · · · ·			I	1	<b>\$</b>
y	State	Zip Code (Plus 4)	мо.	DAY	YEAR	e
player of Contributor				<u> </u>	<u> </u>	] \$
			Occupati	0.0		
loyer Mailing Address/Principal Place of	Business		Descripti	on of Cor	tribution	
			[	55 OF COF	GETUGLIQ()	
Name of Contributor			MO.	DAY	YEAR	
						\$
ling Address			M0,	DAY	YEAR	
						\$
	Ştate	Zip Code (Plus 4) —	MO.	DAY	YEAR	\$
layer of Contributor	<u></u>		Occupatio	on.	1	
oloyer Mailing Address/Principal Place of	Business		Descriptio	on of Con	tribution	
						PAGE TOTAL
ter Grand Total of Part G of	n Schadula II	In-Kind Comment			1	FAGE FOTAL

DSEB-502 (7-99)

•

PAGE	]]	OF	12

### SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
HANES FOR REGISTER OF WILL	S From 1-1-2010 To 5-4+2010
FRIENDS OF LARRY CURRY Mailing Address	MO. DAY YEAR Amount 2 3 2010 \$ 00,00 Description of Expenditure
Mailing Address 250 WYNCOTE RD,	MO. DAY YEAR AMOUNT 2 13 2070 \$ 00.00 Description of Expenditure FINANCIAL
JENKINTOWN PA 19046	
MONTCOMERY CO. DEM. COMMITTEE	4 8 2010 \$ 500,00
Mailing Address 21 & AST AIRY ST.	Description of Expenditure FINANCIAL
NORRISTOWN, PA 19401	
CAREN MOSKOVITZ	MO. DAY YEAR Amount 4 6 2010 \$ 50,00 Description of Expenditure
528 PINETREE RD.	Description of Expenditure STATE COMMITTEE
JENKINTOWN PA 1904-6	CAMPAIGN
COLONIAL AREA DEMOCRATS	MO. DAY YEAR Amount 4 6 2010 \$ 50.00 Description of Expenditure
4025 KOTTLAR DR.	Description of Expenditure FINANCIAL
L'AYFAYETTE HILL PA 1944	
ABINGTON-ROCKLEDGE DEMOCRATS	Amount 4 6 2010 \$ 90,00 Description of Expenditure
POBOX 132	Description of Expenditure FINANCIAL
ABINGTON PA-19001-	
FRIENDS OF KEVIN BOYLE	MD. DAY YEAR Amount 4 19 2010 \$ 00,00 Description of Expenditure
326 LONEY ST.	Description of Expenditure FINANCIAL
PHILADELPHIA PAHIGIII-	
CHECTENHAM DEM. COMMITTEE	MO DAY YEAR Amount 45,00
209 FERNBROOK AVE.	Description of Expenditure FINANCIAC
WYN COTE PA 19095	
To Whom Paid	MO. DAY YEAR Amount
Mailing Address	Description of Expenditure
State Zip Code (Plus 4)	
Enter Grand Total of Expenditures on Page 1, Report Cover Page	PAGE TOTAL
a contraction of the second contraction of the second cover P	age, Item D. \$1335.00

-

,

PAGE	120	DF 12
------	-----	-------

:

#### SCHEDULE IV 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	
HTHNES FOR K2615/2	R OF WILLS From 1-1-2	010 105-4-2010
		·····
lame of Credito:		Outstanding Balance of Deb \$
lailing Address	DATE MO. DAY YEAR	
ity	INCURRED State Zip Code (Plus 4)	
escription of Debt		ř
ame of Croditor		Outstanding Balance of Det
ailing Address	DATE MO. DAY YEAR	<b>\$</b>
ιtλ	State Zip Code (Plus 4)	
escription of Debt	t t	
ame of Creditor		Outstanding Balance of Del
failing Address	DATE MO. DAY YEAR	<b>\$</b>
	DEBT INCURRED	
ty	State Zip Code (Plus 4)	
escription of Debt		
lame of Creditor		Outstanding Balance of Deb
ailing Address	DATE MO. DAY YEAR	<b>-</b>
tγ	INCURRED State Zip Code (Plus 4)	
ascription of Debt		
ema of Creditor	DATE MO. DAY YEAR- DEBT	Outstanding Balance of Det \$
amo of Creditor arting Address	DEBT INCURRED	
anno of Creditor alfing Address	DEBT	
eme of Creditor ailing Address ity escription of Debt	DEBT INCURRED	<b>\$</b>
anno of Creditor alfing Address	DEBT INCURRED	\$ Outstanding Balance of Deb
emo of Creditor arting Address ty escription of Debt	DEBT INCURRED State Zip Code (Plus 4) 	\$
ailing Address ailing Address iy escription of Debt ame of Creditor ailing Address	DEBT INCURRED State Zip Code (Plus 4)	\$ Outstanding Balance of Deb
ailing Address iv scription of Debt ame of Creditor ailing Address	DEBT INCURRED State Zip Code (Plus 4) 	\$ Outstanding Balance of Deb
amo of Creditor ailing Address ily escription of Debt ame of Creditor	DEBT INCURRED State Zip Code (Plus 4) 	Outstanding Balance of Deb

۰**۰** 

4

F