	C	Comm Comm	onwealth of N FIN			RT	PAGE 1		12	<u> </u>
	(NOTE: This report mu						blue or black in		COVER FAG	E.)
Filer Identificatio	on 🕨		Report		CANDIDATE	1.	COMMITTEE	NZ	OBBYIST 3	I.
Name of Filing Come	mittee, Candidate or Lobby S FOR K	EGISTE	ER 81	F	WILL	S	L			
Street Address: 313	MARVINI	RD.			<u>v - , </u>					
City: ELKIN	JS PARK	<u>`</u>			State: PA-	•	21°9°87			
TYPE OF REPORT	OTH TUESDAY	2ND FRIDA PRE-PRIMA		1	DAY ST PRIMARY	ľχ	AMENDMENT REPORT?	YES	NO	
place X to	OTH TUESDAY 4. PRE-ELECTION	2ND FRIDA	1		DAY	6,	TERMINATION REPORT?	YES	NO	
the right of report type)	ANNUAL 7. REPORT 7.	YEAR			G METHOD CHECK ONE		PAPER		SKETTE	
	Ht by Candidate: ERY COUNTY (- ERK OF THE OK			-> <u>Mo</u>			District Office Number Code	Part Cod		e
					5 17 20	011	UTP	1	NS FOR COD	
Summary of R and Expenditur	eceipts 📐 🗂	10. DAY YE		мо 6	1/120		FOR OF	ICE USE	ONLY	
A. Amount Brought	t Forward From Last Re	port	\$	90	49.43	7				
······	Contributions and Recei		dule I) \$	2	.50 .07	Ċ	25	8		
	ailable (Sum of Lines A	and B)	\$	92	99.47	2	이 아이			
	res (From Schedule III) ance (Subtract Line D fi		\$	18	32.67	2		NUL	~ /	
	d Contributions Receive		\$ le } \$	+4	66. th			5		
	d Obligations (From Sc)		s		<u>50. JU</u> 90. NO		/ <u>2≤0</u> -₀⊙ 4	σ	\leq	
		6	FFIDAVIT S			I		2		
	s a Committee report,	treasurer sign h	ere. If this	is a C	andidate repo					-
I swear for affirm) the correct and complete.	at this report, including the	a attached schedul	es, on paper	or comp	uter diskette, a	re to the	best of my know	vledge and	belief true,	, T
Sworn to and subscri	ibed before me this A			5	L.	, 4	7.1 4.			
day of	June	20			Signe	ture of I	Person Submitting	Report'		-
Latte	Signature	<u>u</u>	- }		-DWA-PY		LICHS 7	<u>e11</u>	• -	
My commission expi	H OF PENNSYLVANIA	0/ 2014 YR.	- J	2	Area Code		635- Daytime To	-315	1 umber	-
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swalling without	Monupinery County	edge and belief th	is political c	ommitte	ndate snall signal signal	ted any	provisions of the	Act of Ju	ne 3, 1937	
Sworn to and subscri	ibed before me this		<i>"</i>]	V	\mathbf{Y}	The	2			
Satat	The Com	te 20_1	<u> </u>	∕\;	TD.	Signatur SRV		125		•
My commission expi	Signature ires /// 3 MO. DAY		_	2	15		\$13-1	100		
COMMON MEALEN		ў Я.			Area Code		Daytime Te	lephone Ni	Imber	
WARDER FOR MARCO	AL SEAL DSTA, Notary Public Aontoerneri Coliniy as November 30, 2014 de E	State & Bu rea Building & Ha	u of Comr rrisburg, P/	mission A 171	s, Elections a 20-0029 ●	and Leg (717)	jislation 787-5280			

Detailed Summary Page

Name of Filing Committee or Candidate		
Name of Hing Committee or Candidate		Reporting Period
HANSE TOO DECLECO	• - • • • •	
HANZS HOR REGISTER	$\Delta \mathbf{C}$ ())//C	From 5-2-11 To 10-6-11
TOP NEODIEN	UP WILLS	

1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR

TOTAL for the Reporting Period

(1) \$ 50.00

2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)	
Contributions Received from Political Committees (Part A)	\$ 200,00
All Other Contributions (Part B)	\$ 00.00
TOTAL for the Reporting Period (2)	\$ 200.00

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)	\$ 00.00
TOTAL for the Reporting Period (3)	\$

4.	OTHER RECEIPTS - REFUNDS	INTEREST EARNED,	RETURNED CHECKS,	ETC	(FR	OM PART E)	
		TOTAL for the R	eporting Period	{ 4}	\$	00.00	

TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD (Add and enter amount totals from	+ 250 m
Boxes 1, 2, 3 and 4; also enter this amount on Page 1. Report	\$ 250.00
Cover Page, Item B.)	-

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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	TER	OF WILLS		From	5-2-	11 то 6-6-11
		01 00 1002		DATE		AMOUNT
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Meiling Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
Full Name of Construction Operations		-				\$
Full Name of Contributing Committee			MQ.	DAY	YEAR	\$
Meiling Address			MO,	DAY	YEAR	\$
Сіту	State	Zip Code (Pius 4)	- MO	DAY	YEAR	
Full Name of Contributing Committee		••••				\$
			MO.	DAY	YEAR	\$
Meiling Address			MO,	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DĂŸ	YEAR	•
Full Name of Contributing Committee		_		D 4 14	1000	\$
			<u>MO.</u>	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
Full Name of Contributing Committee		_	мо.	DAY	YEAR	\$
		·····			TCAN	\$
Mailing Address			<u>MO.</u>	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	- MD.	DAY	YEAR	
ull Name of Contributing Committee			MO.	DAY	YEAR	\$
Aniling Address					1 CMI	\$
			<u>MO.</u>	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	M0. 1	DAY	YEAR	¢
ull Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address						\$
			<u>MÓ.</u>	DAY	YEAR	\$
Sity	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
uli Name of Contributing Committee			MO.	DAY	YEAR	-
Aailing Address			MO.	DAY	YEAR	\$
T: (\/						\$
City	State	Zip Code (Plus 4) —	MO.	DAY	YEAR	\$
Enter Grand Total of Dark A 0		Detailed Original	<u> </u>			PAGE TOTAL
Enter Grand Total of Part A on So	nedule i,	Detailed Summary	' Page,	Section	n 2.	\$ 00.00

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Αιι		art b Contrib			P	AGE_	4 OF 12
₹ blacks			UTIC	NN2			
Use this Part to itemize a \$50.01 to		TO \$250.00	with an				
\$50.01 to (Exclude contributions							
Name of Filing Committee or Candidate	nom pon					t A.}	
HANES FOR REGISTER	OFL	Juis		Reporting From	Period 5-2-	11	то6-6-11
JAMES FLEMING			MO.	DATE DAY	L VEAD	,	AMOUNT
Mailing Address	1		5	4	ZOIL	\$	200.00
Address 3 ALDERBERRY COURT			MO.	DAY	YEAR	\$	
INYLAND	54 18	974	MO.	DAY	YEAR	\$	
Full Name of Contributor			MO.	DAY	YEAR		
Mailing Address			MO.	DAY	YEAR	\$	
City	ate Zio (ode (Plus 4)				\$	
			MQ.	DAY	YEAR	\$	
Full Name of Contributor			MO.	DAY	YEAR	\$	
Mailing Address			MO.	DAY	YEAR		
City	ate Zip C	ode (Plus 4)				\$	······································
			<u>MO.</u>	DAY.	YEAR	\$	
Full Name of Contributor			MQ.	DAY	YEAR	\$	
Mailing Address			MO.	DAY	YEAR		
City	ate Zip C	ode (Plus 4)	MQ.	DAY	YEAR	\$	
Full Name of Contributor		-				\$	
		ŀ	MO.	DAY	YEAR	\$	
Meiling Address			MO.	DAY	YEAR	\$	
City Sta	ite Zip Ci	ode (Plus 4)	MÒ.	DAY	YEAR		
Full Name of Contributor			- un			\$	
Mailing Address			MO.	DAY	YEAR	\$	
•		ŀ	мо.	DAY	YEAR	\$	
City Sta	te Zip Co	de (Plus 4)	MO.	DAY	YEAR	æ	
Full Name of Contributor	<u> </u>		- <u>M0</u> .	DAY	YEAR	\$	
Mailing Address			MO.	DAY	YEAR	\$	
Спу			- mg ,		TEAN	\$	
Sta	te Zip Co	de (Plus 4)	мо.	DAY	YEAR	\$	
Full Name of Contributor			MO.	DAY. "	YEAR		
Mailing Address	Hinteren an		MO.	DAY .	YEAR	\$	
City Sta	te Zin Co	de (Plus 4)				\$	
		-	<u>MO.</u>	DAY	YEAR	\$	
							TOTAL
Enter Grand Total of Part B on Schedule	I, Detaileo	i Summary F	Page, S	Section	2. L	\$ 2	200.00

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PAGE 5 OF 2

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.

HANES FOR REG				DATE		- <u> </u> то <u>6-6- </u> амоилт
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Meiling Address			MO.	DAY	YEAR	-
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
ull Name of Contributing Committee		-				\$
Mailing Address	·····		MO.	DAY	YEAR	\$
narmy Address			<u>MO,</u>	DAY	YEAR	\$
ity	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
II Name of Contributing Committee	<u>I</u>		MO.	DAY	YEAR	
eiling Address			MO.	DAY	VEAD	\$
ity				UAT	YEAR	\$
ιι γ	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Il Name of Contributing Committee			M0,	DAY	YEAR	\$
ailing Address				DAY	YEAR	
ity	State	Zip Code (Plus 4)	Mo.	DAY	YEAR	\$
		-			TEAG	\$
II Name of Contributing Committee			MO.	DAY	YEAR	\$
ailing Address				DAY	YEAR	\$
ty	State	Zip Code (Plus 4)	MO.	DAY.	YEAR	· · · · · · · · · · · · · · · · · · ·
I Name of Contributing Committee					• 200 - 10 · 11	\$
iling Address			<u></u>	DAY	YEAR	\$
-			MO.	DAY	YEAR	\$
ίγ	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
II Name of Contributing Committee	I			DAY	YEAR	
ailing Address			MO.	DAY	YEAR	\$
ty	State	Zip Code (Plus 4)				\$
·	0.0.0		<u>MO.</u>	DAY	YEAR	\$
Name of Contributing Committee			MO.	DAY	YEAR	\$
iling Address			MO.	DAY	YEAR -	\$
у	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
						\$ PAGE TOTAL

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Exclude contribut	V MI 3 / 7	other co	ng renort	100 BONIA			
Name of Filing Committee or Candidate	TER	OF	WIL	LS	Reporting From	Period 5-2	-11 To 6-6-1
all Name of Contributor				MO	DATE		AMOUNT
Mailing Address							\$
City				<u>MO.</u>	DAY	YEAR	\$
	State	Zip Co	ide (Plus 4) —	MO.	DAY	YEAR	\$
mployer Name				Occupat	l	L	
mployer Mailing Address/Principal Place of Busine	\$5						
ull Name of Contributor				<u>. MO.</u>	DAY	YEAR	\$
Aailing Address				MO	DAY	YEAR	\$
City	State	Zip Co	de (Plus 4)	MO.	DAY	YEAR	
mployer Name			Here				\$
				Occupati	on		
mployer Mailing Address/Principal Place of Busine:	\$3						
ull Name of Contributor				MO.	DAY	YEAR	
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-				MO.	DAY	YEAR	\$
ity	State	Zip Cor	te (Plus 4) —	MO.	DAY	YEAR	\$
mployer Name		<u> </u>		Occupatio	on		
mployer Mailing Address/Principal Place of Busines	5						······································
	_						
ull Name of Contributor				MO.	DAY	YEAR	S
ailing Address				мо.	DAY	YEAR	
ty	State	Zip Cod	e (Plus 4)	MO.	DAY	VEAD	\$
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nployer Name				Occupatio	n		······
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ill Name of Contributor				MO.	DAY	YEAR	
ailing Address							\$
				MO.	DAY	YEAR	\$
ty	State	Zip Cod	e (Plus 4)	MO.	DAY	YEAR	\$
nployer Name				Occupatio			
				F			

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PA	ART E
OTHER	RECEIPTS

PAGE 7 OF 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.

Name of Filing Committee or Candidate

HANES FOR	r Candidate REGISTER	OF WILL	S Re	From	Period	11 то 6-6-1
uli Name						
siling Address		······································				
ty	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount
ceipt Description						\$
II Name						
iling Address						
<u> У</u>	State	7(= 0 = 1 = (0) = - 4)				
	State	Zip Code (Plus 4) —	MO.	DAY	YEAR	Amount \$
ceipt Description			<u> </u>			
i Name						
illing Address						
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У	State	Zip Code (Plus 4)	MÖ	DAY	YEAR	Amount
ceipt Description						\$
l Name						
illing Address						
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,	State	Zip Code (Plus 4) 	Mo.	DAY	YEAR	Amount S
eipt Description	<u></u>					
Name						
ling Address				***********************		
y	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount
eipt Description	<u> </u>	<u> </u>				\$
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Name						
ling Address						
,	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$
eipt Description			<u> </u>			· · ·
	10-1					
tor Grand Total of D	nt E an Cohadula I	Detailed Original	n -			PAGE TOTAL
ter Grand Total of Pa	ALE ON SCHEQUIE I,	Detailed Summary	Page, S	ection	4.	\$ 00.00

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SCHEDULE II PAGE 8 OF 12

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 HANES FOR REGISTER OF WILLS From 5-2-11 To 6-6-11

1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR TOTAL for the Reporting Period (1) \$ 00.00

3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM 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.) \$

	a		12
PAGE		OF	

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candida	els.			Reportin	g Períod	
HANES FOR RE	GISTER	OF WILL	.5	From	5-2	-11 To 6-6-
				DATE		AMOUNT
ull Name of Contributor			MO.	DAY		
failing Address			MO.			Ψ
				DAY	YEAR	- \$
Sity	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
Description of Contribution:						\$
ull Name of Contributor			MÓ.	DAY	YEAR	
			<u> </u>	- 94.5	TEAN	\$
lailing Address			MO.	DAY	YEAR	
ity						\$
	State	Zip Code (Plus 4)	<u>MO.</u>	DAY	YEAR	\$
escription of Contribution:		······································	I	<u> </u>		
II Name of Contributor			MO	DAY	YEAR	
ailing Address]\$
AULESS			MO.	DAY	YEAR	s
ity	State	Zip Code (Plus 4)	- MO	DAX		
			- mo.	DAY	YEAR	\$
escription of Contribution:	d			.1	.1	1
II Name of Contributor			-			
			<u>MO.</u>	DAY	YEAR	\$
ailing Address	·····		MO	DAY	YEAR	
					T	\$
ty	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
escription of Contribution:	l			l		₽
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					1	\$
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			<u>. MO.</u>	DAY	YEAR	\$
scription of Contribution	<u>1</u>			l	1	I
Il Name of Contributor			MO.	DAY	YEAR	\$
iling Address				0.15		
			<u>M0.</u>	DAY	YEAR	\$
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		<u> </u>				\$
					• · · · · · ·	
cription of Contribution:						
cription of Contribution:						
eription of Contribution: Iter Grand Total of Part F or Immary Page, Section 2.	n Schedule II.	In-Kind Contribu	tions De	tailed		PAGE TOTAL \$ 0D, 0D

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SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

PAGE 10 OF 12

VALUE OVER \$250.00

HANES FOR RE	ULICK	VF WI	(L)			-11 то 6-6-1
Il Name of Contributor			- MO.	DATS	YEAR	AMOUNT
				1.001	1620	\$
failing Address			MO.	DAY	YEAR	- \$
2) ty	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Ψ
······································		-				\$
mployer of Contributor			Occupat	tion		
mployer Mailing Address/Principal Place	of Business				ntribution	
			Descrip		ntribution	
ull Name of Contributor			MQ.	DAY	YEAR	
lailing Address						\$
			<u>MO.</u>	DAY	YEAR	\$
ity	State	Zip Code (Plus 4)	MO,	DAY	YEAR	
nployer of Contributor						\$
			Occupet	100		
mployer Mailing Address/Principal Place of	of Business		Descript	ion of Co	Atribution	
Il Name of Contributor			MD.	DAY	YEAR	\$
lailing Address			MO.	DAY	YEAR	····
					TEAN	\$
ity	State	Zip Code (Plus 4)	MO.	DAY	YEAR	<u></u>
nployer of Contributor				<u> </u>		\$
			Occupati	ōn.		
nployer Mailing Address/Principal Place o	f Business		Description of Contribution			
				-		
II Name of Contributor			MO.	DAY	YEAR	\$
ailing Address			MO	DAY	YEAR	- -
ty						\$
~	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
nployer of Contributor	<u>I</u>		Occupatio	on .		····
aployer Mailing Address/Principal Place o	f Business		Descripti	on of Con	tribution	
Il Name of Contributor			MO.		VEAD T	
			MU	DAY	YEAR	\$
ailing Address			MO.	DAY	YEAR	¢
l y	Stete	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
				<u> </u>	- COM-	\$
ployer of Contributor	-		Occupatio	n	I	
ployer Mailing Address/Principal Place of	Business		Descriptio	on of Com	uihati	
			Description of Contribution			

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SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Paried
HANES FOR REGISTER OF WILL	Reporting Period From 5-2-11 To 6-6-11
To Whom Paid	
CAPITOL PROMOTIONS	MO. DAY YEAR Amount 5 6 2011 \$ 762.96 Description of Expenditure
Mailing Address 249 KESWICK AVE.	LAWN SIGNS
GLENSIDE MA 19038	
AREA NINE DEMOCRATS	MO. DAY YEAR Amount 5 7 2011 \$ 250.00 Description of Expenditure
Mailing Address REENWOUD AVE. STE. 500	CONTRIBUTION
JENKINTOWN PA 19046	
LOWER MERION DEMOCRATS	MO. DAY YEAR Amount 5 14 2011 \$ 136,21
Mailing Address SZO NORTH WICK LANE CITY SLOTE Zip Cgde (Plus 4)	CONTRIBUTION
VILLANOVA PAT 19085	
CHELTENHAM DEMORPATIC COMM.	MO. DAY YEAR Amount 5 14 2011 \$62,50
209 FERNBROOK AVE.	CONTRIBUTION
WYNCOTE PA 19095	
CHERYL AUSTIN FOR JUDGE	MO. DAY YEAR Amount 5 14 2011 \$ 50.00
407 EASTON RD.	CONTRIBUTION
WILLOW GROVE PA 19090	
MONTBOMERY CO. DEMOCRATIC COMM	MO. DAY YEAR AMOUNT 5 21 2011 \$ 25,00
21 EAST AIRY ST.	CONTRIBUTION
NORRISTOWN PAID	
FRIENDS OF BROWN-LANDAUER	MO. DAY YEAR Amount 5 24 2011 \$150.00
540 CON PATH RD.	CONTRIBUTION
HATFIELD PAT 1940	
ETHIX VENTURES	MO. DAY YEAR Amount 6 3 2011 \$ 396.00
9 MAIN ST. SUITE 36	CAMPAIGN PINS
SUTTON MA01590	
Enter Grand Total of Expenditures on Page 1, Report Cover Pa	page total \$ 1832.67

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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 Com	mittee or Candidate	R OF WILLS From 5-2-11 To				1
HANES	FOR REGISTER	OF WI	LLS	From	5-2	-11 To 6-6-
ame of Creditor						
Aailing Address						Outstanding Balance of \$
nerong Address		DATE DEBT	Mo	. DAY	YEAF	
li (y		INCURRED	State	1 717 67		
			Juste	210 CO	de (Plus 4	
escription of Dabt		······································	<u> </u>	<u> </u>		
ame of Creditor						
ailing Address						Outstanding Balance of \$
onnig Address		DATE DEBT	MO.	DAY	YEAR	
ity		INCURRED				
			State	Zip Cod	le (Plus 4)	
escription of Debt				L		
ame of Creditor						
						Outstanding Balance of
eiling Address		DATE	MO.	DAY	YEAR	\$
ty		DEBT INCURRED				
.,			State	Zip Cod	e (Plus 4)	
escription of Debt						
ema of Creditor						
						Outstanding Balance of \$
ailing Address		DATE DEBT	MO.	DAY	YEAR	
τγ		INCURRED				
			State	Zip Code	(Plus 4)	
scription of Debt			<u>ł</u> ł			land a shekarar ya kwatar i
me of Creditor						
iling Address						Outstanding Balance of [\$
ning Audress		DATE DEBT	MO.	DAY	YEAR	
¥		INCURRED		1		
			State	Zip Code	(Plus 4)	
cription of Debt						
ne of Creditor				·······		
						Outstanding Balance of D
ling Address		DATE	MO.	DAY	YEAR	L. P.
·		DEBT INCURRED			1	
			State	Zip Code	(Plus 4)	
cription of Debi						
						PAGE TOTAL
ter Grand Total	of Unpaid Debts on Page 1	, Report Cover	Page, It	em G.		
	-					\$00.00

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