

## Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report should be clear and legible. It should be typed)

		(Note: 1			_				Ce	aittac		l 4	71	Lobbyist	
Filer Identification Number	2003	274	1 *	rt Filed rk X)	Ву	Candida	ite		comn	nittee				LODDYISE	
Name of Filing Committee, Candidate or Lobbyist Friends of Sc					305	h Si	hapin	2	_						
Street Address			C/0 (	orn 1	nosk	cowit z	Trea	SUL	٠,		52	8 Piny	eTr	ee Ro	ad
Cîty	T2 -	V -40.1				State	PA		Zip Co	ode		046			
Type of Report (Place		Kintowi				<u> </u>	, .,		<u> </u>		/				
, , , , , , , , , , , , , , , , , , , ,							7		F			and	lau I	Constal 2	0 Day
Pre-Primary Pre	Tuesday 2- ection	2 <sup>nd</sup> Friday Pre-Primary	2 <sup>nd</sup> F Pre- Elect		30 D Prim	ay post ary	30 Day Election	•	Annu	al		ial 2 <sup>nd</sup> Frid lection	ıay	Special 3 Post-Elec	
							X								
Date Of Election		<del></del>	Year	<del></del>	1		Amen	dment		i	Term	ination	1		Í
(MM/DD/YYYY)		11/06/2012	1				Repor	t			Repo	ort	·		]
Summary of Receipt	ts and	From Date		To Da	te					For	Office	Use Only			
Expenditures	. !	10/23/201	<b>a</b>	11/2	6 0	012	1								
A. Amount Brought	Forward F			<del>\                                    </del>		6.66						į.	7	77	
B. Total Monetary C	Contributio	ns and Receip	s \$	<del></del>			1				눌류	$\bigcirc$	,	$\Pi$	
(From Schedule II)	-61-	<u> </u>			076	.73	_				53	. 1	چ	$\bigcirc$	
C. Total Funds Avail (Sum of Lines A and			,	° 202	.8A:	3.39	1				$\sim$		ነ ፓ	[77	
D. Total Expenditure		· · · · · · · · · · · · · · · · · · ·			,,,,	2.21				1		11			
(From Schedule III)	C3		'	/ n 4	ta4.	78	1			i	O(i)	ુ 7	J		
E. Ending Cash Balar	nce			<del>  '''</del>	107.		-							117	
(Subtract Line D fro		-	'	281	379	3.61					M	'' _	<u>;</u>		
F. Value of In-Kind (		ns Received	<del></del>	:			-1					E C	<u> </u>		
(From Schedule II)		neverted	.   `	[ -	-0-								•		
G. Unpaid Debts an	d Obligatio	ons		\$			1 .								
(From Schedule IV)				-	0/				<u> </u>	·					
0				hinia		Affidavit S		ian h							
Part 1- If this is a comn I swear (or affirm) that	this report	MICHANIEAL TEP	Je. bq!	usys a ca	naidate	e report, c	andidate s	ny knowle	hae and	helief +	THE CO	rect and co	mnle+	e Sworn to	and
subscribed before me	this	Diagna Dittilo	Motor	Dealate		ei, is to th	7	,/		1	•	L.	mpieti	e. awom K	, and
5 day of D	edemys	ristown Boro, M Ammilision Expi	intgome és Marci	ry County h 16, 201	6		Josen	<i>, , ,</i>	m			12)		_	
man.		PENNSYLVANIA AS	SOCIATIO	N OF NOT	ARIES		Care	Signature				eport W/12	<u> </u>	_	
Sign	ature		$\neg$	. 1		٢			Print	ed Nan	-	0 <sup>-</sup>			
My Commission expire		16 7010 Day YE					215					9223			
	Mo.	,					Area Cod	16	_	Da	ayume I	elephone N	vuinoe		
Part II- If this is a repor	rt of a Candid	dates Authorized	Commi	ttee, cano	didate s	hall sign h	ere.	د معدادان	N	ioss -f	the A-	of lune 2. 1	1027/5	1 1222 1	(U 330) **
I swear (or affirm) that amended.	t to the <del>pest</del>	Notar	al Seal	WAS VIEW	VIA	committe	e nas not v	violated ar	iy brovis	ions of	ine Act	or June 3, 1	132/ (1	r.L. 1333, N	i ( . 320) as
•	- 1	Dianna DiIllio	Notary	Public	7										
Sworn to and subscribe	ed beforence	Commission Exp	THE MAN	Count	<u>,                                    </u>		10	4	2/	7		_			
day of Do	(cm)	SHASH VANDA	SOCIATIO	W OF NOT	ARIES	-	<u>ာဝ</u>	<u> </u>	native:	of Cand	idate	-		_	
S day of December Della Sociation of Notaries  Plan Della						10	<u> 2511 S</u>	HAP	NO	)					
Sign	ature		$\neg$	, I		1	71	_	Printed	i Name		477	,		
My Commission expire		6 2010 1 YR.	<u></u>			J	212	_		Dave		757 phone Nun		_	
Mo	). Day	y rK.				,	rea Code			Dayti	ine rele	.prione Hull	HOET		

#### SCHEDULE I

## **Contributions and Receipts**

**Detailed Summary Page** 

Filer Identification Number Friends of Josh Shapino		2003274
1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor		
Total for the reporting period (1)	\$	-0-
2. Contributions Over \$250.00 (From A and Part B)		
Contributions Received from Political Committees (Part A)	\$	-0-
All Other Contributions (Part 6)	\$	BL 806.60 -0-
Total for the reporting period (2	) \$	\$2,500.00 -0- \$2,500.00 -0-
3. Contributions Over \$250.00 (From C and Part D)		
Contributions Received from Political Committees (Part C)	\$	400 10,500-
All Other Contributions (Part D)	\$	-0-
Total for the reporting period (3	) \$	10,500.00
4. Other Receipts-Refunds, Interested Earned, Returned Checks, ETC. (from Part E)		
Total for the reporting period (4	) \$	46,73
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)	\$	10, 546,73

#### PART A

## **Contributions Received From Political Committees**

\$50.01 TO \$250.00

Use Part A to itemize only contributions received from Political Committees with an aggregate value from \$50.01 TO \$250.00 in the reporting period.

Filer Ide	ntification Number	Friends of	f Josh Sla	PINO. 201	03274
					Amount
Full Nar	ne of Contributing			Date [MM/DD/YYYY]	\$
Commi					
Mailing	Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Na	me of Contributing			Date [MM/DD/YYYY]	\$
Commi	ttee				
Mailing	Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
city		State	Zip Code	Date [MIM/DD/1111]	
Full Na	me of Contributing		<del></del>	Date [MM/DD/YYYY]	\$
Commi					1
Mailing	Address	· · · · · · · · · · · · · · · · · · ·		Date [MM/DD/YYYY]	\$
					1
City	· · · · · · · · · · · · · · · · · · ·	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Na	me of Contributing			Date [MM/DD/YYYY]	\$
Commi					
Mailing	Address			Date [MM/DD/YYYY]	\$
Cinc		[ Ci_A_	7:- 6-4-	Date (550 (550 (550))	<u> </u>
City		State	Zip Code	Date [MM/DD/YYYY]	\$
	me of Contributing			Date [MM/DD/YYYY]	\$
Commi					
Mailing	Address		· · · · · · · · · · · · · · · · · · ·	Date [MM/DD/YYYY]	\$
				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
City	•	State	Zip Code	Date [MM/DD/YYYY]	\$
			The second second		<u> </u>
	ne of Contributing	<del></del>		Date [MM/DD/YYYY]	\$
	itee	· · · · · · · · · · · · · · · · · · ·			
Mailing	Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$

## PART B All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contribution with an aggregate value from \$50.01 TO \$250 in the reporting period.

(Exclude contribution from political committee reported in Part A.)

	Frends o	t Josh	STAPINO	200	2014
The second of th					
Name of contributor	<u> </u>		Date (MN	1/DD/YYYY] \$	
Mailing Address			Date [MN	//DD/YYYY] \$	
City	State	Zip Code	Date [MN	//DD/YYYY] \$	
Name of contributors		· · · · · · · · · · · · · · · · · · ·	Date [MN	//DD/YYYY)	
Mailing Address			⟨Date [MΛ	//DD/YYYY] \$	
City	State	Zip Code	Date [MM	M/DD/YYYY] ; \$	
Name of contributor			Date [M/	//DD/YYYY]* *\$	
Mailing Address			Date [M/N	//DD/YYYY] \$	
City	State	Zip Code	Date [MN	//DD/YYYY]	
		er e			
Name of contributor	· · · · · · · · · · · · · · · · · · ·		Date [Mi	//DD/YYYY]	
Mailing Address			«Date [MN	//DD/YYYY] \$	
City	State	Zip Code	Date [MN	//DD/YYYY] \$	
CONTRACT CON		505 <del>-</del> 602			
Name of contributor.			Date [MN	A/DD/YYYY]	
Mailing Address			Date [MN	//DD/YYYY] & S	
City	State	Zip Code.	Date [MM	//DD/\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
Name of contributor				<b>经验验</b>	
ivame or contributor.			् Date:[Mi	M/DD/MYY]	
Mailing/Address			 	//DD//YYYY]	
organing Social				M/DD/XXXX) \$\$	
City	<b>State</b>	Zip Code	Date [M/	//DD/YYYY];; \$	
	30.00			M/DD/MMM]	

#### 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.

Filer Identification Number:	Friends of	Josh ShapiFD	200	3274
Full Name of		<u> </u>	Date [MM/DD/YYYY] \$	
Contributing Committee				
Mailing Address			Date [MM/DD/YYYY] \$	51H
3.00			Ž.	6
City	State	Zip Code	Date [MM/DD/XYYY]   \$	
3.00				
Full Name of Committee			Date [MM/DD/YYYY] \$	
Section Company of the World Co.			D-1[848-4/DD-0000V]**	
Mailing Address			Date [MM/DD/YYYY] \$	
	*C4040%	Time Code Street	Date [MM/DD/YYYY] \$\circ\$	
City	State	Zip Code	Date [MM/DD/YYYY] S	
Full Name of	[25/85/85/85]	14.000.00000000000000000000000000000000	Date [MM/DD/YYYY] \$	ki
Contributing Committee				
Mailing Address			Date:[MM/DD/YYYY] 3 \$	71 81
Gty 🤲	\State	ÿZip Code ∞	Date [MM/DD/YYYY] \$ \$\$	*
		The second second	51.	
Full Name of Contributing Committee	-		Date:[MM/DD/\/\\\)	
The state of the s				
Mailing/Address			Date [MM/DD/XYYY] \$	
3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
City	State	Zip Code	Date [MM/DD//YYY)]	
Full:Name of			Date:[MM/DD/YYYY] \$	8
Contributing Committee			<u> </u>	
Mailing Address			Date [MM/DD/YYYY]  \$	
				20
City	√State	Zip Code	Date [MM/DD/YYYY] \$ \$	
Full Name of				
Contributing Committee			Date [MM/DD/M/M/] \$	
Mailing Address			Date [MM/DD/YYYY] &	
			Date [MM/,DD/,WW] & S	
City **	State	Zip Code	*Date [MM/DD/\\\\\\	

#### PART D

### **All Other Contributions**

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period. (Exclude contributions from political committees reported in Part C)

Filer Identification Number: Friends of Josh Slapino	2003274
Name of contributor	Date [MM/DD/XXXX] \$
Andrew Barroway	10/25/2012 10,600.00
Mailing Address	Date [MM/DD/\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
City Gladwyne State PA Zip, Code 19035	Date [MM/DD/YYYY] \$
	Occupation: attorney
Employer. Name  Kussler, Topaz, Meltzer & Check  Employer. Malling Address / 280 Kingor Prussia Rd. Ro  Principal Place of Business	idnor, PA 19087
Name of contributor	Date [MM/DD/YYYY]
Robert Cantor	10/31/12 570.00
Mailing Address 532 Red Dak Drive	Date [MM/DD/YYYY] \$
City ElkinsPark State PA Zip Code 19027	Date [MM/DD/YYYY] \$ \$
Employer Name Insinger Machine Co	Occupation CEO
Employer Mailing Address: 6245 State Road, Philadelph Principal Place of Business: 6245 State Road, Philadelph	ma1PA 19135
Name of contributor	Date:[MM/DD/YYYYY]
Mailing/Address	Date:[MM/DD/XXXX]: \$ \$
City State Zip Code	Date [MM/DD/YYYY] 55 \$
Employer Name	Occupation
Employer Mailing Address: // Principal Place Of Business	
Name of contributor	Date [MM/DD/YYYY]**** \$5
Mailing Address	Date [MM/DD/XYYY] \$ \$
City State Zip Code	Date [MM/DD/WYY] \$55
Employer Name	Occupation:
Employer Mailing Address // Principal Place of Business	- The second Management of

#### PART E

### **Other Receipts**

REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.

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

Filer Identification Number:	Friends of	Josh	Shapiro	20032	774
Full:Name & S					
Mailing/Address	TOBANK	<u> </u>			
City	PO BOX 1377	7 tatė≋	~Zip	Date [MM/DD/YYYY]	
		ME	Zip Code 04243	10/31/2012	46.73
Receipt Description	Lewistown !				
Full:Name					
Mailing Address					
City		tate	Zip Code :	Date [MM/DD/YYYY] ** \$	
Receipt Description	1149				
Full Name					
Mailing Address					
City		tate	Zip Cođe	Date [MM/DD/YYYY] \$	
Post Control of the C					·
Receipt Description					
Full Name					
Mailing Address					
City	(1774)	tate	-Zip Code	Date [MM/DD/YYYY] \$	
Receipt Description				A-SW	
'Full Name Mailing Address					
Mailing Address City	loa <b>c</b> e	tate	Zip	-Date [MM/DD/YYYY] * \$	
City_			Code		1
Receipt Description	14.5	· · · · · · · · · · · · · · · · · · ·		10902	
Full Name	····				
Mailing Address	<u> </u>				
City	S	tate	Zip Code	Date [MM/DD/YYYY] S	
Receipt Description			Code	<u>j                                    </u>	<u> </u>
- 一日の日本日の日本日本日本日本日本日本日本日本日本日本日本日本日本日本日本日本日					

## SCHEDULE II PART F

### **In-Kind Contributions Received**

VALUE OF \$50.01 TO \$250

Filer Identification Number:	ords of	Josh Sha	PITO	2603274
Full Name of			Date [MM/DD/YYYY]	\$ ; # 2
the Contributors				(%, 6) (%) (%) (%)
Mailing Address	<del>-</del> -		Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	.\$. 
Description of Contribution	February (Control of Control of C		<u> </u>	
A STATE OF THE STA			Date [MM/DD/YYYY]	700
Full Name of the Contributor			Date Initial/OD/11111]	
Mailing Address			Date [MM/DD/YYYY]	
City	State	Zip Code 🐃	Date [MM/DD/YYYY]	\$
Description of Contribution	e S			
Full Name of			Date [MM/DD/YYYY]	.\$:
the Contributor				No.
Mailing Address	<del></del>		Date [MM/DD/YYYY]	\$_
	lucania and	Property and according	Day Tesselin Nongo	
City.	State	Zip Code	Date [MM/DD/YYYY]	*\$
Description of Contribution	Gr. C. (1922) C. (1922)	PALLY CONTROL OF THE PARTY OF T	j i	의성장·
Full Name of	[2]		Date [MM/DD/YYYY]	«\$%
the Contributor				
Mailing Address			Date [MM/DD/YYYY] &	\$2.50 \$3.50
Mailing/Address				
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contribution	<u>                                     </u>		1	
Full Name of the state of the s			Date [MM/DD/YYYY]	*S*-
the Contributor				**************************************
Mailing Address			Date:[MM/DD/YYYY]	\$\$\$
City	State	Zip Code	Date [MM/DD/YYYY)	<b>\$\$</b>
Description of Contribution				
Description of contribution (	\$			

## SCHEDULE II Part G

### **In-Kind Contributions Received**

**VALUE OVER \$250** 

Filer Identification Number:	ends of Josh	- Shapiro	2003274
one in an experience for the construction of the partners of the construction of the c			PATENCIAN A PA
Full Name of the Contributor		Date [MM/DD/YW	<u>M1888</u> 55
		Date:[MM/DD/YY)	
Mailing/Address &		Note that the second se	100 CM (100 CM
City	State Zip Code	Date [MM/DD/YY)	<u>γ</u> ] \$
Employer Name		Occupation	
Employer Mailing Address / Principal Place of Business	_	Description of Contribution	
Full Name of the Contributor		Date [MM/DD/YY)	
Mailing'Address		Date [MM/DD/YY)	
Giy	State Zip Code	Date [MM/DD/YY)	<u>(Y)</u> - \$ [
Employer Name		Occupation:	
Employer, Mailing Address // Principal Place of Business		Description's of Contribution	
Full Name of the Contributor		Date [MM/DD/XX	
Mailing/Address		Date [MM/DD/yy)	
City	.State Zip Code	Date [MM/DD/YY]	(Y)
Employer Name		Occupation	
Employer:Mailing Address // Principal & Place of Business		Description of Contribution	
Full Name of the Contributor		*Date:[MM/DD////	
Mailing Address		Date [MM/DD/XXX	<u> </u>
City	State ,Zip,Code	Date [MM/DD/YX	YY) 2-5- \$
Employer Name		Occupation	National State of the State of
Employer/Mailing/Address//Principal		Description*  of *** Contribution*	

# Statement of Expenditures

					<del></del>
and a mile and Manager to the property			_ (	-/ 6.	~ ~~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
Filer:Identification:Number:	- la	. L		(10000)	コクリカコ / コ
	HITTENOS	OT	10 > 1	$> M \times M $	
The State of the S	1 1 ( ) / ( )	0 ,	00-1	·	

To Who	m Paid			,	1 . 100	1 )	Date:[MM/DD/YYYY] **	Ta au
	vieto de la companya del companya de la companya del companya de la companya de l	Committee	70 El	rect Ke	DD MUG	o d	1132012	1,000.00
<i>)</i> 1	Address	24 N. Br	yn M				Description of Expenditure	v v
City	Brun	Man		PA	Zip, Code	19010		
To Who	m Paid						Date [MM/DD/YYYY] \$	
		CCD Debi	<del>                                      </del>				11/1/2012	25.00
Mailing	Address	PO POX L		76			Description of Expenditure	
City	Ft	Lauderdale	State	FL	Zip Code	33340	on-line giving	
To Wh	om Paid						Date [MM/DD/XYYY] = \$	200.34
		Josh Shu	apiro				11/20/2012	E.41
	Address	1550 CIO	iver 1	1 lar			Description of Expenditure	
City	Ryd	a	State	PA	Zip Code	19046	parking & hunc	
To Wh	om Paid	Rebecca C	usto				Date [MM/DD/YYYY] > \$	45.00
Mailin	g Address	238 S.	22n	nd 51) =	#IR		Description of Expenditure	PLANCE AND
City	Philo	ade Ifhia			Zip Code	19103	postag	~
TOJAZE		1					Data MAN /DD/VVVVI	*:
I CARLL	om Paid 🖫	1	_			/	Date [MM/DD/YYYY] * \$	1000000
	OIII FAIG	mortgome.	ry Co	unter	Demi	ocratic,	11/20/2012	10,000,00
	om Pald g Address	Montgomes 21 E. A	•	/	24 C	Committee	11/20/2012	10,000,00
	g Address	) V .	•	/	/ /	1940/	Description of Expenditure	H10/000,000
Mailin	g Address	21 E. A	State	Stree	2 <del> </del>	COMM RY	Description of Expenditure  CAVALLE  Date [MM/DD/YYYY]  11   20   20   20   20   20   20   20	154.44
Mailin City To Wh	g'Address Worr om Paid	21 2.4	State	Stree PA Her	Zip Code	1940/	Description of Expenditure	154.44
Mailin City To Wh	Word om Paid g, Address	21 E. H 1Stown Rebecca	State	Stree PA Her d St	Zip Code	1940/	Description of Expenditure  ONLY STATE OF THE PROPERTY OF T	154.44
Mailin City Mailin City To:Wh	FAddress  Worr  om Paid  gAddress  Phila  iom Paid	21 E. A 1Stown Rebecca 238 S. delphia	State  State  CVE  22n	Stree PA Her d St	Zip Code	1940/	Description of Expenditure  CONTROL  Date [MM/DD/YYYY]  Description of Expenditure	154.44
Mailin  To:Wh  Mailin  City  To:Wh  Mailin	gAddress  Worr  om Paid  gAddress  Phila  om Paid  gAddress	21 E. A 1Stown Rebecca 238 S. delphia	State  State  CVE  22n	Stree PA Her d St	Zip Code	1940/	Description of Expenditure  CAMALIDE  Date [MM/DD/YYYY]  Description of Expenditure  Physical Action (CAMALIDE  Description of Expenditure  Physical Action (CAMALIDE  Physical Action	154.44 \$\$
Mailin City  City  Mailin City  Mailin	gAddress  Worr  om Paid  gAddress  Phila  om Paid  gAddress	21 E. A 1Stown Rebecca 238 S. delphia	State  State  CVE  22n	Stree PA Her d St	Zip Code  Zip Code	1940/	Date [MM/DD/XYYY] S Date [MM/DD/XYYY] S Date [MM/DD/XYYY] S Description of Expenditure	154.44 \$\$
Mailin City Mailin City City City City	gAddress  Om Paid gAddress  Phila  om Paid  gAddress	21 E. A 1Stown Rebecca 238 S. delphia	State  CVC  22n	Stree PA Her d St	Zip Code	1940/	Date [MM/DD/XYYY] S Date [MM/DD/XYYY] S Date [MM/DD/XYYY] S Description of Expenditure	154.44 154.44
Mailin To Wh  To Wh  To Wh  To Wh  To Wh	Morror Paid  g.Address  Phila  om.Paid  g.Address  Om.Paid	21 E. A 1Stown Rebecca 238 S. delphia	State  CVC  22n	Stree PA Her d St	Zip Code	1940/	Date [MM/DD/XXXX]	154.44
Mailin City  To:Wh  To:Wh  To:Wh  Mailin  City  Mailin	g Address  Phila  om Paid  g Address  om Paid	21 E. A 1Stown Rebecca 238 S. delphia	State  CVC  22n	Stree PA Her d St	Zip Code	1940/	Date [MM/DD/XXXX]	154.44
Mailin City  To:Wh To:Wh  City  To:Wh  Mailin	Morress  Worress  Om Paid  g Address  Om Paid  g Address  om Paid	21 E. A 1Stown Rebecca 238 S. delphia	State  CVC  22n	Stree PA Her d St	Zip Code	1940/	Date [MM/DD/XXXX]	154.44

### 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.

Filer Identification Number:	Friends of	Josh S	Shapito	
				Outstanding Balance of Debt
Name of Creditor			DATE DEBT INCURRED	Outstanding Balance of Debt
.Mailing Address			[MM/DD/YYYY]	
		State	Zip	
City			Code	
Description of Debt				
Name of Creditor				Outstanding Balance of Debty
Mailing Address			DATE DEBT: INCURRED [MM/DD/YYYY]	
and the second				
City		State	Zip Code	
Description of Debt		1 10 to 200 1 10 10 10 10 10 10 10 10 10 10 10 10		
***************************************				Outstanding Balance of Debt
Name of Creditor			DATE DEBT INCURRE	D 2S
Mailing Address		N.	[MM/DD/YYYY]	
		State	Zip	
City			Code	
Description of Debt				be a second control of the beautiful and the bea
Name of Creditor:			DATE DEBT:INCURRE	Outstanding;Balance of Debt
Mailing Address			[MM/DD/YYYY]	
CONTRACTOR OF THE PROPERTY OF		∀State >	/ Zip	
City		ALC:	Code	(100   100
Description of Debt				
Name of Greditor				Outstanding Balance of Debt
Mailing Address : Mailing Address			DATE DEBT INCURRE	D 30 (\$
City		State	Zip Code	
Description of Debt		April-La Checkers, I	1884. Ville manufacture C	
Name of Creditors to				Outstanding Balance of Debt
Name of Creditors 19 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3			DATE DEBT INCURRE	D <sub>e</sub> S
			[MM/DD/YYYY]	
Gty ***		State	Zip 😽 💆	
Description of Debt			Code	
The state of the s				