Commonwealth of Pennsylvania CAMPAIGN FINANCE REPORT	PAGE	1 OF	
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Commonwealth of Pennsylvania

· (NOTE: This report must be a	clear and legible	. It may be	e typed or printed	in blue or	black ink.)	
Filer Identification Number:		Repor Filed			Сомм	2. 町田田	LOBBYIST 3.
Jush ?	ittee, Candidate or Lobbyist: Shapiro			•			
Street Address: PO BDX 2	348			· · · · · · · · · · · · · · · · · · ·			
City: Norms	town			State	Zip Cod 192	404	_
TYPE OF REPORT	PRE-PRIMARY	RE-PRIMARY		DAY 3. DST PRIMARY	AMEND	and a second state of the	NO
(place X to the right of report type)	PRE-ELECTION P	IND FRIDAY	FIL	DAY DST ELECTION	TERMIN		DISKETTE
Name of Office Sough		WIL		DATE OF ELECTION		Office	Party County
			1957	O DAY YEAR	Number	Code	Code D 46
				1 06 2012	· [M/A	(SEE INSTRU	ICTIONS FOR CODES)
Summary of Re and Expenditur	eceipts	AY YEAR 7 2012		10. DAY YEAR 2 31 2012		3	
A. Amount Brought	Forward From Last Report	<u></u>	\$	Ø			
B. Total Monetary	Contributions and Receipts (Fr	om Schedule I)	\$	4	- G	$\tilde{0}$	29
C. Total Funds Ava	ilable (Sum of Lines A and B)	>	\$	· · · · · · · · · · · · · · · · · · ·			ש א
D. Total Expenditur	es (From Schedule III)		Ş			- 2 (S. 14) 	ψ [<u>-</u>]
E. Ending Cash Bal	ance (Subtract Line D from Li	ine C)	\$			- co	53
F. Value of In-Kin	d Contributions Received (Fro	m Schedule II)	\$				-
G. Unpaid Debts ar	d Obligations (From Schedule	IV)	\$		V		
PART TO BE	The Committee report uses the this report, including the COMME	er sign here.	VIT SECTI	Candidate report	candidate	sign here	
correct and complete. Sworn to and subscr	ibed before me this Norris	Notarial Seal Notarial Seal ianna DiIllio, Notar stown Boro, Montgo mmission Explose Ma	y Public nery County	len m	o the best o	f my knowled	ge and balief true,
29 day of	i <u>Janvan</u> My Cou MENBER, M Signature	ENNSYLVANIA ASSOCIA		225H 5	Printed Na	ubmitting Rep 23	port
My commission exp	7 1.	<u>201(.</u> yr.]	215 Area Code	8	aytime Telep	76 hone Number
PART II - Lethis	s a report of a Candidate's	Authorized Con	mittee,-c	andidate shall sign l	iere.		
I swear (or affirm) th (P.L. 1333, No. 320) a	at to the best of my knowledge a s amended.						and the second
Sworn to and subsc	ribed before me this		r				
day o	ſ	20	L –	Sig	anature of Ca	andidate	
	Signature		ſ —	<u></u>	Printed Na	me	
My commission exp	MO. DAY	YR.	J	Area Code	C	aytime Telep	hone Number

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

DSEB-502 (7-99)

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SCHEDULE I

PAGE 2 OF 12

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period
Josh Shapin	From 1/2712 To 12312

IN UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER	CONT	RIBUTC	R
TOTAL for the Reporting Period	(1)	\$	ø

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

3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)	
Contributions Received from Political Committees (Part C)	\$ ø
All Other Contributions (Part D)	\$ Ø
TOTAL for the Reporting Period (3)	\$ Ø

4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC	FROM PARTE
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.)	\$ \$

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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				Reporting	Period	
Josh Shapino				From _	11 27	12 TO 1231/12
				DATE		AMOUNT
Full Name of Contributing Committee			<u>MO. (</u>	DAY	YEAR	\$
Mailing 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			MO.	DAY	YEAR	\$
<u></u>						\$
City	State	Zip Code (Plus 4)	MO.	OAY	YEAR	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	
				1		\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	¢
			100 a (m. 7.01)			\$
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.	- OAV	. VEAD	\$
			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4) —	<u>in MO2</u>	DAY	YEAR	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	
Mailing Address						\$
maining 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	
		—				\$
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PAGE	4	OF	12
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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			Re	porting I	Period ,	
Josh Shapiro			[]	From	27	2 To 12/31/12
				DATE		AMOUNT
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	1.0					\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributor	}		MO			4
					- EAN	\$
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City	State	Zip Code (Plus 4)				\$
City	State		MO.	DAY	YEAR	\$
Full Name of Contributor	1		MO.	DAY	dia provinsi dalla	Ψ
				DAT	YEAR	\$
Mailing Address			MO:	DAY	YEAR	¢
City	State	Zip Code (Plus 4)	161			\$
		-	MO.	DAY	YEAR	\$
Full Name of Contributor			MO	DAY	YEAR	
						\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		Toria Managera		
		-	MO.	DAY	YEAR	\$
Full Name of Contributor	_L		MORE	DAY	YEAR	
						\$
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Mailing Address		······		DAY	and a second second second	\$
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City	State	Zip Code (Plus 4)	MO	DAY	YEAR	
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Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO	DAY	YEAR	
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						\$
						PAGE TOTAL
Enter Grand Total of Part B on Sche	dule I,	Detailed Summary	^r Page, S	Section	2.	\$ V

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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			R	eporting	Period	
Josh Shapiro		·····		From _	2 27	12 TO 123112
				DATE		AMOUNT
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address	_	<u> </u>	MO.	DAY	YEAR	
City						\$
	State	Zip Code (Plus 4) 	MO.	DAY	YEAR	\$
Full Name of Contributing Committee			M9.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	
City	- 1 Ctoto]\$
	State	Zip Code (Plus 4) 	MO.	DAY	YEAR	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			ST MO.	DAY	YEAR	
City						\$
	State	Zip Code (Pfus 4) -	MO.	DAY	YEAR	\$
Full Name of Contributing Committee			MO	DAY	YEAR	
Mailing Address			MO.	DAY	YEAR	\$
×					<u>CCAN</u>	\$
City	State	Zip Code (Plus 4)	MO	DAY	YEAR	\$
Full Name of Contributing Committee			MO	DAY	YEAR	¢
Mailing Address			MO.	DAY		\$
			- MO.		YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	
					TCAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	COMO: PO	DAY	YEAR	\$
ull Name of Contributing Committee			MO	DAY		<i>\$</i>
-					16/40	\$
Mailing Address			MO.	DAY	YEAR	\$
Sity	State	Zip Code (Plus 4)	MO	DAY	YEAR	\$
ull Name of Contributing Committee			MO.	DAY	YEAR	-
Aailing Address			14 Constant Land York, 160			\$
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lity	State	Zip Code (Plus 4)	MO	DAY	YEAR	\$
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ALL OTHER CONTRIBUTIONS

PAGE	6	OF		2
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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.)

From 11/22/12. to 12/31/12 Pull Neres of Contributor Mailing Address MO DAX VEAR \$ State Zip Code (Plus 4) MO. DAX VEAR \$ Employer Name Occupation MO. DAX VEAR \$ City State Zip Code (Plus 4) MO. DAX VEAR \$ City State Zip Code (Plus 4) MO. DAX VEAR \$ City State Zip Code (Plus 4) MO. DAX VEAR \$ Employer Name Occupation MO. DAX VEAR \$ City State Zip Code (Plus 4) MO. DAX VEAR \$ City State Zip Code (Plus 4) MO. DAX VEAR \$ Employer Name Occupation S S S S City State Zip Code (Plus 4) MO. DAX VEAR	Name of Filing Committee or Candidate			Re	porting	Period	
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	uny .	State	Zip Code (Plus 4)	- MO.AT	DAY	YEAR	\$
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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 Committee or Candidate				Reporting	Period	· · · · · · · · · · · · · · · · · · ·
Josh Shapiro				From	11/27	12 To 12/31/12
			l		1	
Full Name				•		
Fill Name Friends of Josh Shap Mailing Address	DirD					
PO Box 348						
City	State	Zip Code (Plus 4)	MO.	DAY		
Nornstown Receipt Description	PA	19404 -	12	15	2012	\$ 3331.27
Receipt Description reimbursement for charges -	nave	l-expenses			-	
Full Name						
Mailing Address	·····					
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount
Receipt Description	1				<u> </u>	\$
		• ····································		— ,;;;,		
Full Name						
Mailing Address			<u> </u>			
City	State	Zip Code (Plus 4) —	MO.	DAY	YEAR	Amount \$
Receipt Description			I		L	2
Full Name						
Mailing Address						
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City	State	Zip Code (Plus 4) —	MO.	DAY	YEAR	Amount \$
Receipt Description			L			
Full Name				·····		
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount
ur y	State					\$
Receipt Description						
Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount
			L		1	\$
Receipt Description						
						PAGE TOTAL
Enter Grand Total of Part E on Sched	dule I,	Detailed Summary	Page	, Sectio	n 4.	\$ 3331.27
	-					

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 Period
Josh Shapiro	From 11/27/12 To 12/31/12

L UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.0	0 OR L	ESS	PER CONTRIBUTOR
TOTAL for the Reporting Period	(1)	\$	Ø

2 IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FRON	I PAF	T FE
TOTAL for the Reporting Period	(2)	\$	Ø

TOTAL for the Reporting Period	(3)	\$	Ø	
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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.)	\$ Ø
The first set of the first cover rage, item F.)	φ

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SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate			Reporting Perio	d,
Josh Shapiro			From 11/27	d H12_то_123112_
			DATE	
Full Name of Contributor			MO. DAY	
Mailing Address		····		\$
			MO. DAY OYEA	\$
City	State	Zip Code (Plus 4)	MO. DAY YEA	<u>я</u> \$
Description of Contribution		-		•
Description of Contribution				
Full Name of Contributor			MO. DAY YEA	
				\$
Mailing Address			MO. DAY YEA	s
City	State	Zip Code (Plus 4)	MO. DAY YEA	
		_		\$
Description of Contribution:	-		·····	
Full Name of Contributor			MO. DAY YEA	* 19455
				\$
Mailing Address			MO. DAY YEA	R
City	State	Zip Code (Plus 4)		\$
	31810		MO. DAY YEA	\$
Description of Contribution:			<u></u>	······
Full Name of Contributor			MO. DAY YEA	<u>Revi</u> \$
Mailing Address			MO. DAY YEA	R ^{TR2}
				\$
City	State	Zip Code (Plus 4) —	MO. DAY YEA	<u>R</u>
Description of Contribution:	1 1			
Full Name of Contributor			MO. DAY YEA	^B \$
Mailing Address			MO. DAY YEA	
				\$
City	State	Zip Code (Plus 4)	MO. DAY YEA	R \$
Description of Contribution:	1			
		· · · · · · · · · · · · · · · · · · ·		
Full Name of Contributor			MO. DAY YEA	<u>*</u> \$
Mailing Address			MODELAY	8
				\$
City	State	Zip Code (Plus 4)	MO. DAY YEA	R
Description of Contribution:	<u> </u>			· · · · · · · · · · · · · · · · · · ·
Enter Grand Total of Part F on Sched	tula II	In-Kind Contribut	tions Detailed	PAGE TOTAL
Summary Page, Section 2.	aure 11,		avas perquer	s Ø

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SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate			ភ	Reporting	Period	1 []]	
Josh Shapino				From	11/27	<u>/12 To 12/31/12</u>	
				DATE			
Full Name of Contributor			MO.		YEAR	AMOUNT	
						\$	
Mailing Address		· · · · · · · · · · · · · · · · · · ·	MO2	DAY	YEAR	\$	
City	State	Zip Code (Plus 4) —	MO.	DAY	YEAR	\$	
Employer of Contributor	<u> </u>	L	Occupati	ion	[]		
Employer Mailing Address/Principal Place of Business		, <u>, , , , , , , , , , , , , , , ,</u>	Descripti	ion of Con	tribution		
Full Name of Contributor		· · · · · · · · · · · · · · · · · · ·	MOL	DAY	YEAR	\$	
Mailing Address			Commo) Sa	DAY	YEAR		
						\$	
City	State	Zip Code (Plus 4) —	MOL	DAY	YEAR	\$	
Employer of Contributor	Employer of Contributor			ion	L		
Employer Mailing Address/Principal Place of Business			Description of Contribution				
Full Name of Contributor			MO	DAY	YEAR		
FUI Name of Contributor				<u> </u>	1. AT FALLENS .	\$	
Mailing Address			<u>. MO.</u>	DAY	YEAR	\$	
City	State	Zip Code (Plus 4)	het MO.	DAY	YEAR	\$	
Employer of Contributor	L	·	Occupati	on	L		
Employer Mailing Address/Principal Place of Business			Description of Contribution				
				·			
Full Name of Contributor			MO.	DAY	YEAR	\$	
Mailing Address		-	<u>nitémot</u> erni	DAY	YEAR	\$	
City	State	Zip Code (Plus 4) —	- MO	DAY	YEAR	\$	
Employer of Contributor	L	<u></u>	Occupati	0n			
Employer Meiling Address/Principal Place of Business			Description of Contribution				
			Strate Barrow Party	DAY			
Full Name of Contributor						\$	
Mailing Address			MO	DAY	YEAR	\$	
City	State	Zip Code (Plus 4) —	MO.	DAY	YEAR	\$	
Employer of Contributor	<u>ـــــ</u>	<u></u>	Öccupati	ion		L	
Employer Mailing Address/Principal Place of Business	<u></u>		Descript	ion of Con	tribution		
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SCHEDULE III

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate				Reporting Period				
Josh Shapino	From 11/27/12 To 12/31/12							
			······					
Waldorf - Astona New York		MO. IL	DAY 07	202	Amount \$ 3331.27 A Society			
301 Park Avenue			12 07 202 \$ 3331.2+ Description of Expenditure lodging for PA Society					
NewVork	State M	Zip Code (Plus 4) 0022-		1-2-				
To Whom Paid			MO	DAY	YEAR	Amount \$		
Mailing Address			Descriptio	on of Expe	anditure -			
City	State	Zip Code (Plus 4) —						
To Whom Paid			MO.	DAY	YEAR	Amount \$		
Mailing Address		Descriptio	on of Expe	Inditure				
City	State	Zip Code (Plus 4) -						
To Whom Paid			MO.	DAY	YEAR	Amount \$		
Mailing Address			Descriptio	on of Expe	enditure	<u>.</u>		
City	State	Zip Code (Plus 4) 		·········				
To Whom Paid	·		MO.	DAY -	YEAR	Amount \$		
Mailing Address			Descriptio	on of Expe	inditure	<u>L.Ψ</u>		
City	State	Zip Code (Plus 4) —			<u> </u>			
To Whom Peid			MO.	DAY	YEAR	Amount \$		
Mailing Address			Descriptio	on of Expe	nditure			
City	State	Zip Code (Plus 4) —						
To Whom Paid			MO	DAY	YEAR	Amount \$		
Mailing Address			Descriptio	on of Expe	inditure			
City	State	Zip Code (Plus 4) —						
To Whom Paid	······		MO.	DAY	YE KR	Amount \$		
Mailing Address			Descriptio	on of Expe	enditura			
City	State	Zip Code (Plus 4) 						
Enter Grand Total of Expenditures on Pag	ge 1, I	Report Cover Pa	age, ite	m D.		PAGE TOTAL \$ 3331.27		

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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 Committee or Candidate **Reporting Period** From 11/27/12 To 12/31/12 losh Shapino Name of Creditor Outstanding Balance of Debt \$ Mailing Address DATE MO. DAY YEAR DEBT INCURRED City State Zip Code (Plus 4) () (i) Description of Debt Name of Creditor Outstanding Balance of Debt \$ Mailing Address DATE DEBT MO. DAY YEAR INCURRED City State Zip Code (Plus 4) . Description of Debt Name of Creditor Outstanding Balance of Debt \$ Mailing Address DATE MO. DAY DEBT INCURRED City State Zip Code (Plus 4) The cond of Description of Debt Name of Creditor Jutstanding Balance of Debt \$ Mailing Address DATE MO. DAY YEAR DEBT INCURRED City State Zip Code (Plus 4) чă Description of Debt Name of Creditor Outstanding Balance of Debt \$ Mailing Address DATE MO. DAY DEBT INCURRED City Zip Code (Plus 4) State ali Aliana Aliana Description of Debt Name of Creditor Outstanding Balance of Debt \$ Mailing Address DATE MO DAY DEBT City State Zip Code (Plus 4) Description of Debt

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Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.

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