CAMPAIGN FINANCE REPORT

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

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Filer Identificatio Number:			Report Filed By:		CANDI	DATE	<u> </u>	COMM	ITTEE	ナ	LOBB)	/IST
Name of Filing Comp	mittee, Candidate or Lobby Stewart Gree	nleaf					_					
Street Address:												
City:	5, 417 Bartin	arn 17 oad		5	tate:			Zip Çoc	le:			
WillowG	rove				P.	7-		(909	<i>U</i> -	015	-5-
TYPE OF REPORT	STH TUESDAY	2ND FRIDA PRE-PRIMA	-34 6-71-	30 [Military Serv	3.	AMENDI REPORT	V	YES		MG
REFORT	OTH TUESDAY 4.	2NO FAIDA PRE-ELECT	CONTRACTOR OF THE	30 [AY FELECT	(ON	°×	TERMIN	Same of the same o	YES		NO.
(place X to the right of report type)	ANNUAL 7.	YEAR	3,43,1 H . I	FILIN	MET CHECK	HOD		PAPI	\$*-\$22.A\$*	と り	DISKE	BIE
Name of Office Soug	22 SSSSS 25 SSSS 25 SSS				TE OF	4.5.4	TION	District	Office		arty	County
T.,,	. / 6 4 1/2			MO	DAY	Ϋ́E	AR.	Number	OTH		EP	46
In cam !	ent Controller			10	3	100	'5				<u>. T </u>	OR CODES
	I	MO. DAY YE	AR:	мо	DAY	VE	AR .	•	OR OFF			ILY -
Summary of F and Expenditu		10 20 20	~-	ro 1(13	201					.) .;;	
	nt Forward From Last I	Report		11,461	48	 						
	Contributions and Rec			17 700						٠.	5	
C. Total Funds Av	vailable (Sum of Lines v	A and B)			48				: ;	: i,	. FT.	
D. Total Expenditu	ures (From Schedule III)		480.0								
E. Ending Cash Ba	alance (Subtract Line D	from Line C)	·	11,48								
F. Value of In-Ki	nd Contributions Recei	ved (From Sched			, ,							
G. Unpaid Debts a	and Obligations (From S	chedule (V)	s	D								NOR
			AFFIDAVIT	SECTIO	1							
PART I - If this	is a Committee report that this report, including e. cribed before me this	treasurer sign)	nere. If t	his is a C	andida	te rep	ort, ca	ndidale :	ign here			
! swear (or affirm) t correct and complete	that this report, including e.	the attached schedu	iles, on pap	er or comp	uter disl	kette, ø	re to ti	he best o	f my knov	viedge a	and bel	ilefetring. N
					- (1.	. 5	1				MONT Expires
	of November		<u> </u>			Signa	√ (iture of	O Person S	ubmitting	Report		NTGOM es Aug
Sampe	Mailead Sal	liano		-	1/2	rite		344 2/	-			
My commission ex	\mathcal{A}_{i} .	3 2016		6	0		1	rinted Na Z	me 75-8	2000	د	7 COL
,	MOÚ D	AY YR.	<u>_</u>		Area Co	de		D	eytima Te	elephone	e Numb	, Z
PART II - If this	is a report of a Gand	idate's Authorize	d Commi	ttee, can	idate s	hall si	gn her	0. 2 2 2 10			-0.05	
1 swear (or affirm) t (P.L. 1333, No. 320)	hat to the best of my kno as amended.	wledge and ballef	this politica	al committe	e has n	ot vial	ated an	y provisio	ns of the	Act of	June	1937
	cribed before me this					1.	1 -					ATHLEEN Whitpain My Comm
23°0 day	of November	20_	<i>1</i> 5]			1/1						THE SECTION
Kashle	En lenne Con	<u>U</u>	}	•		Śt	-	eura of Ca		af I	7	Si F A
My commission and	Signature	29 2NI8			115		F	rinted Na		-100	0	O RO
My commission ex		IAY YR.	_ <u>J</u>		Area Co	de			aytime To			
												23.03. 23.03. 23.03.
	Department o 210 North Office	f State 👄 Burd Building 🗭 H										18.3 Z

SCHEDULE I

PAGE 2 OF

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page			
Name of Filing Committee or Candidate Friendsof Stewart Green leaf	Reporting Per		то <u>II/V}/15`</u>
1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50,00 OR LESS	S PER CONT	RIBUTO	
TOTAL for the Reporting Perio		\$ ()	
2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART	В)		
Contributions Received from Political Committees (Part A)		\$ 0	
All Other Contributions (Part B)	Park to the second	\$ 0	
TOTAL for the Reporting Perio	d (2)	\$ 0	
3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D) Contributions Received from Political Committees (Part C)		\$ 0	
All Other Contributions (Part D)		\$ 0	
TOTAL for the Reporting Perio	d (3)	\$ 0	
4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED C	HECKS, ETC	(FROM	PART E
TOTAL for the Reporting Perio	d (4)	\$ 0	
TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD (Add and enter amount totals from		• 0	

The second secon

Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report

Cover Page, Item B.)

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	Reporting Period					
Friends of Stewart Greenleaf		Fro	om <u>10(19(19</u>	5 To <u>U(1)(15</u>		
		D	ATE	AMOUNT		
Full Name of Contributing Committee		MO. C	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. I	DAY YEAR	\$		
City State	Zip Code (Plus 4)	MO. I	DAY YEAR	•		
	-	1 102	JA1 TEAN	\$		
Full Name of Contributing Committee	MO. I	DAY YEAR	\$			
Malling Address		MO,	DAY YEAR	\$		
City State	Zip Code (Plus 4)	MO.	DAY YEAR			
	_			\$		
Full Name of Contributing Committee		MO.	DAY YEAR	\$		
Meiling Address		MO. (DAY YEAR	\$		
City	Zip Code (Plus 4)	MO.	DAY YEAR	\$		
Full Name of Contributing Committee		MO. I	DAY - YEAR -	.		
Take Name of Contributing Committee				\$		
Mailing Address		MO. (DAY YEAR	\$		
City State	Zip Code (Plus 4)	Mo.	DAY YEAR	\$		
Full Name of Contributing Committee		MO. I	DAY YEAR	4		
Pull Name of Contributing Committee		180.3	PATE STEADER	\$		
Mailing Address		MO.	DAY YEAR	\$		
City State	Zip Code (Plus 4)	MO. I	DAY YEAR	_		
				\$		
Full Name of Contributing Committee		MO.	DAY YEAR	\$		
Mailing Address		MO.	DAY	\$		
City	Zip Code (Plus 4)	MO	DAY YEAR	\$		
Full Name of Contributing Committee	_	TEMORY SEL	DAY YEAR			
Mailing Address			DAY YEAR	\$		
				\$		
City State	Zip Code (Plus 4)	MO:	DAY	\$		
Enter Grand Total of Part A on Schedule I	, Detailed Summa	y Page, Se	ection 2.	PAGE TOTAL \$ ()		

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.)

				DATE		AMOUNT
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address	Pulli-Wall (V.) - 112 - 112 - 112 - 112 - 112 - 112 - 112 - 112 - 112 - 112 - 112 - 112 - 112 - 112 - 112 - 112		MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	*
		<u> </u>				\$
Full Name of Contributor			MO	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	<u>.</u>
		****				\$
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			Mo.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MG.	DAY	YEAR	_
Full Name of Contribute		_			# ####################################	\$
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address		T T ON THE T OF THE TOTAL THE TANK	MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MQ	DAY	YEAR	\$
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	
City	L Canto I	Zip Code (Plus 4)				\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
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				DAY	YEAR	\$
Mailing Address				DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO	DAY	YEAR	•
		_		L_		\$
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address	- N - W-1		Mo.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	Mo.	DAY	YEAR	
	1 1	-			1	\$

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.

Name of Filing Committee or Candidate	Reporting Period					
Friends of Stewarthreenleaf			From _	0(19(1)	5 To 11/23/15	
			DATE		AMOUNT	
Full Name of Contributing Committee		MO.	DAY	YEAR	s	
Mailing Address		MC.	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	ANNUA CONTRACTOR OF THE CONTRA	MO.	DAY	YEAR	\$	
Mailing Address		мо.	DAY	YEAR	\$	
City	Zip Code (Plus 4)	Mo.	DAY	YEAR	\$	
Full Name of Contributing Committee		Ø MQ.	DAY	YEAR	\$	
Mailing Address		Mo.	DAY	YEAR	\$	
City State State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$	
Full Name of Contributing Committee		Mo.	DAY	YEAR	\$	
Mailing Address	· · · · · · · · · · · · · · · · · · ·	MO.	DAY	YEAR	\$	
City	Zip Code (Plus 4)	MO.	DAY	YEAR	\$	
Full Name of Contributing Committee		MO.	DAY	YEAR	\$	
Mailing Address		MQ.	DAY	YEAR	\$	
City State	Zip Code (Plus 4) —	MO.	DAY	YEAR	\$	
Full Name of Contributing Committee		MO.	DAY	YEAR	\$	
Malling 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	\$	
Enter Grand Total of Part C on Schedule i,	Detailed Summar	y Page,	Section	n 3.	PAGE TOTAL \$ O	

PART D ALL OTHER CONTRIBUTIONS

PAGE 6 OF /L

Reporting Period

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

Friends of Stewart Green		From 10(19(15 To 11(13/15						
			DATE AMOUNT					
Full Name of Contributor			MO.	DAY	YEAR	\$		
Mailing Address			MO.	DAY	YEAR	\$		
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$		
Employer Name	<u> </u>		Occupation					
Employer Mailing Address/Principal Place of Business								
Full Name of Contributor			Mo.	DAY	YEAR	\$		
Meiling Address			: MQ.:	DAY	YEAR	\$		
City	State	Zip Code (Plus 4) —	MO.	DAY	YEAR	\$		
Employer Name	ployer Name							
Employer Mailing Address/Principal Place of Business								
Full Name of Contributor			MO	DAY	YEAR	\$		
Mailing Address					YEAR	\$		
City	State	Zip Code (Plus 4) —	MO.	DAY	YEAR	\$		
Employer Name		Occupation	on					
Employer Mailing Address/Principal Place of Business								
Full Name of Contributor			MO.	DAY	YEAH	\$		
Mailing Address			MO.	DAY	YEAR	\$		
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$		
Employer Name	· · · · · ·		Occupati	on				
Employer Mailing Address/Principal Place of Business			.					
Full Name of Contributor			MO	DAY	YEAR	\$		
Mailing Address	ing Address				YEAR	\$		
City	State Zip Code (Plus 4)				YEAR	\$		
Employer Name			Occupati	on				
Employer Mailing Address/Principal Place of Business								
Enter Grand Total of Part D on Sche	dule I,	Detailed Summar	y Page,	Section	n 3.	PAGE TOTAL \$ 0		
DSEB-502 (7-99)					j			

Reporting Period

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.

	Greenleat		From 10/19/15 To 11/13/15				
all Name							
Mailing Address							
City	State	Zip Code (Plus 4)	MO. DAY	YEAR	Amount		
Receipt Description		446			\$		
Full Name							
Mailing Address							
City	State	Zip Code (Plus 4)	MO. DAY	YEAR	Amount		
Receipt Description		**************************************			\$		
Full Name		J			<u> </u>		
Mailing Address							
City	State	Zip Code (Plus 4)	MO. DAY	YEAR	Amount		
Receipt Description	1				\$		
Full Name							
Mailing Address		PA -0,-10,-1011					
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		_			\$		
Ful! Name							
Mailing Address							
City	I State I	7:- Code (B) (I		**************************************	Amount		
	State	Zip Code (Plus 4)	MO. DAY	YEAR	\$		
Receipt Description							
Hacaibt Description					PAGE TOTAL		

Name of Filing Committee or Candidate

SCHEDULE II

PAGE 8 OF 1 L

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						
Friends of Stewart Greenleaf	From 10/19/15 To 11/73/15						

1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$	\$50.00 C	JR L	ESS	PER	CONTF	aBUTO	â
TOTAL for the Reporting Period	d	(1)	\$	0			1

2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$25	50.00 (FI	ROM	PA	ART F			Awaya:
TOTAL for the Reporting Period	d	(2)	\$	6			
3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FRO	M PAR	T (G)					Agra Ar Y
TOTAL for the Reporting Period	d	(3)	\$	0		***************************************	4
							
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.)			\$ (0			

SCHEDULE II PART F

IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate	Reporting Period							
Friends of Stewart Green	leaf		From 16/19/15 To 11/23/15					
				DATE		AMOUNT		
Full Name of Contributor			MO.	DAY	YEAR	\$		
Meiling Address			MO.	DAY	YEAR			
-			NH U.		1 EAN	\$		
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$		
		-				3		
Description of Contribution:					_			
Full Name of Contributor				1 34 30 30 30				
Totalis of Continuous			MO.	DAY	YEAR	\$		
Mailing Address			Mo.	DAY	YEAR			
						\$		
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$		
Constitution of Constitution		-						
Description of Contribution:								
Full Name of Contributor			I Mo.	DAY	YEAR			
			, mo.	V .17		\$		
Mailing Address			MO	DAY	YEAR			
						\$		
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$		
Description of Contribution:			i			3		
Description of Contribution:								
Full Name of Contributor			MO.	DAY	YEAR			
						\$		
Mailing Address			MO	DAY	YEAR.	\$		
		· · · · · · · · · · · · · · · · · · ·				•		
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$		
Description of Contribution:	الــــــــــــــــــــــــــــــــــــ	***************************************	1 1		·			
,								
Full Name of Contributor			MO.	DAY	YEAR			
						\$		
Mailing Address			MO.	DAY	YEAR.	\$		
City	State	Zip Code (Plus 4)	1	- 5 2 0		—		
·	0.0.0		MO,	DAY	TEAR	\$		
Description of Contribution:	1 1	·						
Full Name of Contributor			MO.	DAY	YEAR.	\$		
Mailing Address			1			Ψ		
merring wantass			MO.	DAY	YEAR	\$		
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR			
] [_				\$		
Description of Contribution:			·					
Enter Grand Total of Part F on Schee	dule II	In-Kind Contribut	tions De	halled		PAGE TOTAL		
Summary Page, Section 2.	II,	Kiira oonunba				\$ 0		
- -						<u>-</u>		

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate									
Friends of Stewart Greenle	af			From _	011911	S TO <u>11/23/15</u>			
				DATE		AMOUNT			
Full Name of Contributor			MO.	DAY	YEAR	\$			
Malling Address			MO.	DAY	YEAR	\$			
City	State	Zip Code (Plus 4)	мо	DAY	YEAR	\$			
Employer of Contributor	<u> </u>		Occupation						
Employer Mailing Address/Principal Place of Business			Descrip	tion of Con	tribution				
Full Name of Contributor			MO.	DAY	YEAR	\$			
Mailing Address				DAY	YEAR	\$			
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$			
Employer of Contributor	Occupat	ion	<u> </u>						
Employer Mailing Address/Principal Place of Business				Description of Contribution					
Full Name of Contributor				DAY	YEAR	\$			
Mailing Address				DAY	YEAR	\$			
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$			
Employer of Contributor			Occupa	ion					
Employer Mailing Address/Principal Place of Business		All the state of t	Description of Contribution						
Full Name of Contributor			MO.	DAY	YEAR	\$			
Mailing Address			MO.	DAY	PAR	\$			
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$			
Employer of Contributor	1 1	· ,	Occupation						
Employer Mailing Address/Principal Place of Business	<u> </u>	<u>, </u>	Descrip	tion of Cor	ntribution				
Full Name of Contributor			MO.	DAY	YEAR	\$			
Mailing Address	Mailing Address				YEAR	\$			
City	State	Zip Code (Plus 4)	: MO.	DAY	YEAR	\$			
Employer of Contributor			Occupa	tion					
Employer Mailing Address/Principal Place of Business			Descrip	tion of Cor	tribution				
						PAGE TOTAL			
Enter Grand Total of Part G on Sche Summary Page, Section 3.	dule II,	in-Kind Contribi	utions [etailed		\$ <i>O</i>			

SCHEDULE III

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate				eporting		. (-3/			
Friends of Stewart Greenleaf				From(011910	5 To 11/13/15			
To Whom Paid M. At A new C. Charled Advances Prairie	· +		MO.	DAY	YEAR	\$ 475.00			
Montgomery Child Advocacy Project Mailing Address	<u>- [</u>		Description of Expenditure						
409 Charry Street	State	Zip Code (Plus 4)	Troke	ts to	event	andadvertisement			
Norristoun	PA	19401 -							
To Whom Paid			MO.		YEAR	Amount			
To Whom Paid Well's Farge Mailing Address) (Descripti	on of Expe	enditure	\$ 5.00			
43 F. Main Street			Seri	rice Cl	naise				
Norrestoun	State	Zip Code (Plus 4)			,	:			
To Whom Paid			MO.	DAY	YEAR	Amount			
Mailing Address		, , , , , , , , , , , , , , , , , , ,	Descripti	on of Exp	enditure	\$			
A	T 64-4- 1	Zip Code (Plus 4)							
City	State								
To Whom Paid			MO.	DAY	YEAR	Amount			
Mailing Address	Description of Expenditure								
City	State	Zip Code (Plus 4)							
To Whom Paid	!		MO.	DAY	YEAR	Amount			
Mailing Address			Descripti	on of Exp	enditure	\$			
City	State	Zip Code (Plus 4)							
To Whom Paid	.		MO.	DAY	YEAR	Amount			
Mailing Address			Descripti	on of Exp	enditure	\$			
menny Address			Безытри						
City	State	Zip Code (Plus 4)							
To Whom Paid	ţ		MO.	DAY	YEAR	Amount			
						\$			
Mailing Address			Descripti	on of Exp	enditure				
City	State	Zip Code (Plus 4)							
To Whom Paid	<u>l</u>		MQ.	DAY	YEAR	Amount			
Mailing Address			Descripti	on of Exp	enditura	\$			
maning Address									
City	State	Zip Code (Plus 4)				- · · · ·			
	. 1		<u> </u>			PAGE TOTAL			
Enter Grand Total of Expenditures on Pa	age 1.	Report Cover F	Page, Ite	em D.		\$ 480.00			
mitter minima i dien di muberimisarea ati i	-3- "		-5-7			+ 100.00			

Reporting Period

STATEMENT OF UNPAID DEBTS

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Friendsof Stewart Greenloaf			From <u>/</u>	0(19(1	5 To 11/23/15
Name of Creditor					Outstanding Balance of Debt
Mailing Address	DATE	Pro 19 12 18		1 807 50 7 007 0 FGGG	\$
	DEBT	MO.	DAY	YEAR	
City	-	State	Zip Code	(Plus 4)	
Description of Debt		1			
Name of Creditor					Outstanding Balance of Debt
Mailing Address	DATE	MO.	DAY	YEAR	[\$
	DEBT INCURRED	i i i i i i i i i i i i i i i i i i i	UA I	EAU	
City		State	Zip Code -	(Plus 4)	
Description of Debt					
Name of Creditor	. (1)				Outstanding Balance of Debt
M-113		F-Water Co.	TENER IN SIGNATURE	•	\$
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	
City	THOOMED	State	Zip Code	(Plus 4)	
Description of Debt					
Name of Creditor					Outstanding Balance of Debt
Testine of Greater					\$
Mailing Address	DATE DEBT	MO.	DAY	YEAR	
City	INCURRED	State	Zip Code	(Plus 4)	
Description of Debt					
Name of Creditor					Outstanding Balance of Debt
Mailing Address	DATE	MO.	DAY	YEAR	! \$
City	DEBT INCURRED	5	71- 0-4	(5)	
		State	Zip Code 	(FIUS 4)	
Description of Debt					
Name of Creditor					Outstanding Balance of Debt
Mailing Address	DATE	MO.	DAY	YEAR	L\$
	DEBT INCURRED	* 33/05	9,1	Story Control	
City		State	Zip Code	(Plus 4)	
Description of Debt					Buckeyer and the control of the cont
					PAGE TOTAL
Enter Grand Total of Unpaid Debts on Page 1	, Report Cover	Page, I	tem G.		\$
					-

Name of Filing Committee or Candidate