CAMPAIGN FINANCE REPORT

PAGE 1 OF 12

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

Filer Identification Number:			Report Filed By:		CANDIE	DATE 1.	сомм	ITTEE	2.	LOBB		3.
	ittee, Candidate or Lobbyist:	hock W	ulson									
Street Address:	Somerset				AND THE PERSON AND TH							
city: Lansd		C 0 07 F			State:	Pa	Zip Coo	H446	_			
TYPE OF	6TH TUESDAY 1.	2NO FRIDA PRE-PRIMA	* / / www.ww.	COLD 10 18 18 18 18 18 18 18 18 18 18 18 18 18	DAY ST PRIMA	3.	AMEND	yan	YES	1	NO	$\overline{/}$
REPORT	6TH TUESDAY 4.	2ND FRIDA PRE-ELECY	5.	30	DÄY ST ELECT	6.	TERMIN	Contract of the Contract of th	YES	1	NO	
(place X to the right of report type)	ANNUAL 7. REPORT	YEAR		A 44 4 4 5 1 5 1 5 1 1 1 1 1	NG MET		PAP	a	V	DISKE	TTE	
Name of Office Sough	nt by Candidate:				ATE OF	ELECTION	District Number	Office Code		arty Code	Col	
Montgome	ery County Tr	easure		0	0. DAY 4 26	2016	1 -	OTH	K	EΡ	4	6
				<u> </u>		<u> </u>	Jack British	OR OFF				
Summary of R			EAR		0. DAY	2016				1016	e e e	-
and Expenditur	es nom.			0		1				APR		·
	t Forward From Last Rep		\$		447.	. 81	_		mi,			}
	Contributions and Receipt				0 -		-[~;	t	i vi	
	silable (Sum of Lines A a	uo R)	\$		447.		4	1.5		3		
, .	res (From Schedule III)			\$ 1, 447.81					,			
E. Ending Cash Bal	ance (Subtract Line D fro	om Line C)	\$		0 -		4	*,, *		್ಲು ಆ		
F. Value of In-Kin	d Contributions Received	(From Sched	lule (I) \$	3:	52,1	9						
G. Unpaid Debts ar	nd Obligations (From Sche	edule IV)	\$		0-							
	s a Committee rep ort, tr		AFFIDAVIT			te report /	andidate	sian here	ra-cogs			
swear Frightirm) th	at this report, including the							11,		and be	lief tr	ue,
Ength And Supscr												
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A S S S S	Signature	Muni	<u></u>	> —	Edu	vard	DIA. Printed Na					
WW NOTE WAS A STATE OF THE WAS A) ~ «	18			215			96-7				
WO.	MO. DAY	YR.		!	Area Co	ode	Ĺ	Daytime Te	elepho	ne Num	ber	
ART () E It this	is a report of a Candida	te's Authoriz	ed Commi	ittee, c	ndidate :	shall sign h	re.	Bar Carl	10 July 1		. [350] 54.5 11.6 ₀	
	net to the best of my knowle is amended.	edge and belief	this politic	al comm	ttee has r	not violated	any provisi	ons of the	Acto	of June	3, 19:	17
SZOTIBE OF LICENS	ribed before me this		,2 -			1			,		,	
\$ 5 5 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	+ April		12			/ (510)	Sture of C	andidake /		" La		_
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RATE OF PRICE STRICE ST	Signature	18	<u> </u>		25		Printed No	^{ame} 36 1	2	194	2	
로 독 도 등 등 등	MO. DAY	YR.			Area Co	ode	1	Daytime To	elepho	ne Num	ber	
COMMONW NI TIMOTI NORELAND	<u>.</u>					. .						
COM. MOR Iy Cor	No North Office Building ● Harrisburg, PA 17120-0029 ● (717) 787-5280											

SCHEDULE I

PAGE 2 OF ___ / 2____

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period
Friends of Chuck Wilson	From 1-1-16 To 4-11-16

1. UNITEMIZED CONTRIBUTIONS	AND RECEIPTS - \$50.00 OR LESS PE	R CONT	RIBU	roi
	TOTAL for the Reporting Period	(1)	\$	-0-

2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)	17.3		
Contributions Received from Political Committees (Part A)	\$	_	0 -
All Other Contributions (Part B)	\$	_	0 -
TOTAL for the Reporting Period (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 Period (3) \$		0	_

4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ET	C . (FROM	PAR	TBREE
TOTAL for the Reporting Period (4)	\$		Ö	_

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.)	\$ - 0 -

Reporting Period

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.

Friends of Chuck Wilson	From /-/-/6	To <u>4-11-16</u>
	DATE	AMOUNT
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	\$
Full Name of Contributing Committee	MO. DAY YEAR	\$
Mailing Address	MO. DAY YEAR	\$
City State Zip Code (Plus 4)	MO. TO DAY YEAR	\$
Full Name of Contributing Committee	MO. DAY TYEAR	\$
Mailing Address	MG 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 TYEAR	\$
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	\$
Full Name of Contributing Committee	MO. DAY YEAR	\$
Mailing Address City State Zip Code (Plus 4)		\$
City State Zip Code (Plus 4)	MO	\$
Enter Grand Total of Part A on Schedule I, Detailed Summary	Page, Section 2.	\$ - O -

Name of Filing Committee or Candidate

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				Reporting		
Friends of Chuck	ω	lson		From	1-1-1	6 To 4-11-16
				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	<u>_</u>		MO.	DAY	YEAR	\$
Meiling Address			. Mo.	- DAY	YEAR	\$
City	State	Zip Code (Plus 4)	мо.	DAY	YEAR	
Full Name of Contributor			···· MO:	DAY	YEAR	\$
Mailing Address		W4		University describ	17/09/2011	\$
			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributor			МО	DAY	YEAR	\$
Mailing Address			мо.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributor			MO	DAY	YEAR	
Mailing Address			1	547	VEAS	\$
			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	State	Zip Code (Plus 4)	мо	DAY	YEAR	\$
Full Name of Contributor			мо.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
Full Name of Contributor	\ \		Mo.	DAY	YEAR	\$
Meiling Address						\$
	1.5		MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
						PAGE TOTAL
Enter Grand Total of Part B on Sche	dule I,	Detailed Summary	/ Page,	Section	n 2.	\$ - O -

Reporting Period

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			1	porting I		
Friends of Chuck	ω_i	Ison	j	From <u>/</u>	-1-16	To 4-11-16
				DATE		AMOUNT
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			Mo.	DAY	YEAR	
•						\$
City	State	Zip Code (Plus 4)	мо.	DAY	YEAR	\$
	<u> </u>		MO.	DAY	YEAR	
Full Name of Contributing Committee					, , , , , , , ,	\$
Mailing Address			: MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	Mo.	DAY	YEAR	
City			1910.	DAT	, can	\$
Full Name of Contributing Committee	····		MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	•
Maning Address			WIU.	DA1	74An	\$
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	\$
	1					
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	*
						\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Euli Name of Contribution Committee			MO.	DAY	YEAR	
Full Name of Contributing Committee				, , , , , , , , , , , , , , , , , , ,	, and the second	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	*
ony		***	1110		12701	\$
Full Name of Contributing Committee	<u></u>		MO.	DAY	YEAR	e
Mailing Address			MO.	DAY	YEAR	\$
maining Address			MU,	DAT	JEAR	\$
СПУ	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
		-		.g		4
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	<u> </u>
						\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
			l .		1	PAGE TOTAL
E. O. O. Takali at Bur O. a. O. t.	ا جازياس	Detailed Commerce	Do	Coctic	n ?	\$ - 0 -
Enter Grand Total of Part C on Sche	aute I,	netalled Summar	y rage,	SECTIO	∏ J .	

ALL OTHER CONTRIBUTIONS

PAGE 6 OF 12

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		Reporting Period	
Friends of Chuck C	Vilson	From <u>/-/-/</u>	6 To 4-11-16
		DATE	AMOUNT
Full Name of Contributor		MO. DAY YEAR	\$
Mailing Address		MD. DAY YEAR	\$
City	te Zip Code (Plus 4)	MO. DAY YEAR	\$
Employer Name		Occupation	Annual Control of the
Employer Mailing Address/Principal Place of Business			
Full Name of Contributor		MO. DAY YEAR	\$
Mailing Address		MO, DAY YEAR	\$
City	te Zip Code (Plus 4)	MO. DAY YEAR	\$
Employer Name		Occupation	1
Employer Mailing Address/Principal Place of Business	() - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		444
Full Name of Contributor		MO. DAY YEAR	
			\$
Mailing Address		MO. DAY YEAR	\$
City	te Zip Code (Plus 4)	MO. DAY YEAR	\$
Employer Name	**************************************	Occupation	<u> </u>
Employer Mailing Address/Principal Place of Business			
Full Name of Contributor		MO. DAY YEAR	
Mailing Address		MO. DAY YEAR	\$
7,007,007			\$
City	te Zip Code (Plus 4)	MQ. DAY YEAR	\$
Employer Name		Occupation	
Employer Mailing Address/Principal Place of Business			
Full Name of Contributor		MO: DAY YEAR	\$
Mailing Address		MO: DAY: YEAR	\$
City Ste	te Zip Code (Plus 4)	MG. DAY YEAR	\$
Employer Name		Occupation	*
Employer Mailing Address/Principal Place of Business		**************************************	<u>, 1.8 - 1.00 (1.0</u>
Enter Grand Total of Part D on Schedule	a I, Detailed Summar	y Page, Section 3.	PAGE TOTAL \$ - 0 -

DSEB-502 (7-99)

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.

Name of Filing Committee or Candidate

DSEB-502 (7-99)

Friends of Chuck	ω_{i}	son	F	rom <u>/</u>	-1-16	To 4- //-/6
uli Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount
Receipt Description		-	<u> </u>			\$
necespt Description						
Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	мо.	DAY	YEAR	Amount
		-				\$
Receipt Description						
Full Name						
Mailing Address						
			11			* R
City	State	Zip Code (Plus 4) —	MO.	DAY	YEAR	Amount \$
Receipt Description	<u> </u>	1,1111111111111111111111111111111111111				
Full Name						
and the state of t						<u></u>
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$
Receipt Description			1			
Full Name						
ruii Name						
Mailing Address						
City	State	Zip Code (Plus 4)	мо.	DAY	YEAR	Amount
Receipt Description					i	\$
Fuil Name						
Mailing Address					****	
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount
		Арага				\$
Receipt Description						
						PAGE TOTAL
Enter Grand Total of Part E on Sch	edule i,	, Detailed Summary	y Page,	Sectio	n 4.	\$ - O -

SCHEDULE II

PAGE 8 OF /2

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 Per	iod		
Friends of Chuck Wilson	From _/ -	1-16	To <u>4-</u> -	11-16
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF S	\$50.00 OR I	ESS F	ER CONTR	BUTOR
TOTAL for the Reporting Perio	d (1)	\$	- 0 -	
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$2	50.00 (FRON	1 PAR	T F)	
TOTAL for the Reporting Perio	d (2)	\$	0 -	
3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FRO	OM PART G)		
TOTAL for the Reporting Period	d (3)	\$	352.19)
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.)		\$.	352.19	•

SCHEDULE II PART F

IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate				eporting	Period	
Friends of Chuck Wil	son			From _/	-1-16	To <u>4-11-16</u>
				DATE		AMOUNT
Full Name of Contributor			MO.	□ DAΥ	YEAR	\$
Mailing Address			MO.	חגע	YEAR	*
-				52.1	I CAN	\$
City	State	Zip Code (Plus 4)	Mo.	DAY	YEAR	\$
Description of Contribution:	<u> </u>				<u> </u>	
Full Name of Contributor			MO.	DAY	YEAR	.
No. 11:				,		\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
Passinting of Contribution	<u> </u>				<u> </u>	\$
Description of Contribution:						
Full Name of Contributor			МО	DAY	YEAR	_
				To The Total		\$
Mailing Address			MÓ.	DAY	YEAR	_
						\$
City	State	Zip Code (Plus 4) —	MO.	DAY	YEAR	\$
Description of Contribution:		L		<u> </u>	I	
			MITPARTITUTE OF WAR	W. 1. 201 COS 611 THE STORY 1		
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	.
						\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Description of Contribution:	1				<u> </u>	
Full Name of Contributor			MO.	DAY	YEAR	
						\$
Mailing Address			Mo:	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	мо.	DAY	YEAR	
		· –			12777	\$
Description of Contribution:				•		
Full Name of Contributor			MO.	DAY	YEAR	
				· · · ·		\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
·				~	, LAN.	\$
Description of Contribution:						
Enter Grand Total of Part F on Sched	lule II	, In-Kind Contribu	tions De	tailed		PAGE TOTAL
Summary Page, Section 2.					i	\$ - 0 -
						

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

					Period	
Friends of Chuck Wilson From_					1-1-10	6 To 4-11-16
				DATE		AMOUNT
Full Name of Contributor H. Charles Wilson, 111			MO. □	/G	2016	\$ 352.19
Mailing Address 803 Stony Creek Ct.	,		MO.	DAY	YEAR	\$
Lansdale	State Pa	Zip Code (Plus 4) 19446 -	Mo.	DAY	YEAR	\$
Employer of Contributor S'e if Employed	J		Occupati Ce/		d Pui	blic Accountant
Employer Mailing Address/Principal Place of Business Same as Above			Descript	ion of Con	tribution	an Forgiveness
Full Name of Contributor			MO.			\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	- MO	DAY	YEAR	\$
Employer of Contributor			Occupati	on	4	
Employer Mailing Address/Principal Place of Business			Descripti	ion of Con	tribution	
Full Name of Contributor	U		MO.	DAY	YEAR	\$
Mailing Address			мо.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	/MO	DAY	YEAR -	\$
Employer of Contributor		<u> </u>	Occupati	on	<u></u>	
Employer Mailing Address/Principal Place of Business			Descripti	ion of Con	tribution	
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Cade (Plus 4)	MO.	DAY	YEAR	\$
Employer of Contributor	<u> </u>		Occupati	on	-	
Employer Mailing Address/Principal Place of Business		, , , , , , , , , , , , , , , , , , , ,	Descripti	ion of Con	tribution	
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer of Cantributor			Occupati	on	L	
Employer Mailing Address/Principal Place of Business			Descripti	ion of Con	tribution	
Enter Grand Total of Part G on Sched Summary Page, Section 3.	lule l	I, In-Kind Contribu	itions De	etailed		PAGE TOTAL \$ 352.19

DSEB-502 (7-99)

SCHEDULE III

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			R	eporting		
Friends of Chuck Wilson				From	-1-16	To 4-11-16
To Whom Paid Chuck Wilson (H. Charle	s Wil	Ison, III)	мо. <i>д</i> і			Amount \$ 1,447,81
803 Stony Creek Court				mpai		oan
Lansdale	Pa	Zip Code (Plus 4) 19446 —			gn L oaym	
To Whom Paid			MO,	DAY	YEAR	Amount \$
Mailing Address		· <u> </u>	Descript	ion of Exp	enditure	
City	State	Zip Code (Plus 4)				
To Whom Paid			MO.	DAY	YEAR	Amount \$
Mailing Address			Descript	ion of Exp	enditure	
City	State	Zip Code (Plus 4)				dendament
To Whom Paid			MO.	DAY	YEAR	Amount \$
Mailing Address	· · · · · ·		Descript	ion of Exp	enditure	<u> </u>
City	State	Zip Code (Plus 4)				
To Whom Paid			MO.	DAY	YEAR	Amount \$
Mailing Address		***************************************	Descript	ion of Exp	oenditure	
City	State	Zip Code (Plus 4)				
To Whom Paid			MO.	DAY	YEAR	Amount \$
Mailing Address			Descript	ion of Ex	penditure	
City	State	Zíp Code (Plus 4)				
To Whom Paid		JI	MO.	DAY	YEAR	Amount \$
Mailing Address			Descript	tion of Ex	penditure	*
City	State	Zip Code (Plus 4)	 			, , , , , , , , , , , , , , , , , , ,
To Whom Paid	<u> </u>		MO.	DAY	YEAR	Amount \$
Mailing Address			Descrip	tion of Ex	penditure	¥
City	State	Zip Code (Plus 4)				
				·····		PAGE TOTAL
Enter Grand Total of Expenditures on Pa	age 1,	Report Cover F	Page, It	em D.		\$ 1, 447.81

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	
Friends of Chuck Wilson			From _	1-1-16	To 4-11-16
Name of Creditor			_		Outstanding Balance of Debt \$
Mailing Address	DATE DEBT INCURRED	MQ.	DAY	YEAR	
City		State	Zip Code	(Plus 4)	
Description of Debt		<u></u>	•		
Name of Creditor					Outstanding Balance of Debt
Mailing Address	DATE	MO.	DAY	YEAR	\$
	DEBT INCURRED	i di di	, Hay		
City		State	Zip Code	(Plus 4)	
Description of Debt		<u></u>			<u> </u>
Name of Creditor					Outstanding Balance of Debt
Malling Address	DATE	MO.	DAY	YEAR	[\$
	DEBT INCURRED			TEAR	
City		State	Zip Code	(Plus 4)	
Description of Debt		-1	*****		<u> </u>
Name of Creditor					Outstanding Balance of Debt
Mailing Address	DATE	1 ⁷⁷	7 2 4 2 7	[· · · · · · · · · · · · · · · · · · ·	\$
	DEBT INCURRED	MO.	DAY	YEAR	
City		State	Zip Code —	(Plus 4)	
Description of Debt		l L		<u>-</u>	
Nama of Creditor		 -			Outstanding Balance of Debt
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 DEBT	Mo.	DAY	YEAR	
City	INCURRED	State	Zip Code	(Plus 4)	griffen og kritiske fra 1900. Kritiske fra 1900 er og kritiske fra
Description of Debt		<u> </u>			
Enter Grand Total of Unpaid Debts on Page 1, Re	eport Cover F	Page, It	em G.		PAGE TOTAL \$ \(\rightarrow \) -
			 -		