PAGE 1 OF /2 (COVER PAGE)

CAMPAIGN FINANCE REPORT

(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:		CANDID	ATE	СОММ	ITTEE-	v	LOB	BYIST	3.	
Name of Filing Comm	ittee, Candidate or Lobbyis	side.	····									
	ods of Bill											
	2 Somerse	1 Cour	· Z	- T			<u> </u>					
City: Lansa	dale				State:	04	Zip Coo / 44	146				
TYPE OF REPORT	6TH TUESDAY 1. PRE-PRIMARY	2ND FRIDA PRE-PRIMA	grant or the second		DAY T PRIMA	ARY 3.	AMENDA REPORT?		YES		NO	V
place X to	6TH TUESDAY 4. PRE-ELECTION	2ND FRIDA PRE-ELECT			DAY T ELECT	6.	TERMINAREPORT		YES	V	NO	
the right of report type)	ANNUAL 7. REPORT	YEAR			G METH		PAPI	R	/	DISK	ETTE	
Name of Office Sough	ht by Candidate:	1		D,		ELECTION	District Number	Office Code		Party Code		unty
Montg	Prothonot	zy.		MO	7		_	OTH		REP	1	6
	Pro thonot	ary		04	26	2016		(SEE IN	STRUC	TIONS	FOR C	ODES)
		O. DAY YE	AR	мо	DAY	YEAR	F	OR OF	FICE L	SE O	NLY	nay pany
Summary of Reand Expenditur	eceipts	4				2016				23	1 - 1	-,-
A. Amount Brought	t Forward From Last Re	port	\$		66.5	- 9			Š	THE STATE OF THE S		
B. Total Monetary	Contributions and Receip	ots (From Sche	edule I) \$	\$ N/A								* ************************************
C. Total Funds Ava	allable (Sum of Lines A	and B)	\$	\$ 566.59				77.3		$\overline{\Xi}$		90 - 10 2
D. Total Expenditur	res (From Schedule III)		\$	56	6.5	9			11		1 -	3 S
E. Ending Cash Bal	ance (Subtract Line D fr	om Line C)	\$		0 -				, T,			
F. Value of In-Kin	d Contributions Receive	d (From Sched	ule II) \$	3,9	19.8	9.3			,	ျ		
G. Unpaid Debts ar	nd Obligations (From Sch	edule (V)	\$		٥-							
			AFFIDAVIT S									
<u> </u>	s a Committee report.	*************************************					 					
swear (or affirm) the correct and complete.	et this report, including the	attached schedu	ales, on paper	or com	outer disk	cette, are to ti	ne best of	my kno	wledge	and b	elief tr	ue,
	AMPHIEN THE SEAL AND THE SEAL A	^C / ₂ \	7}		215 Area Coo	Signature of ard	89	ubmittin G / O me J G — aytime 1	フさ	531		
PART II - If this i	s a report of a Candid	ite's Authorize	ed Committ	ee, can	didate si	hall sign her	9					
(P.L. 1333, No. 320) a	ribed before me this Notation of the best of my knowledge of the second	20	$\left\{ \begin{array}{c} 14 \\ - \\ - \end{array} \right\}$	committ	WIA Area Coo	WWW Signal US TOU	dire of Ca	ns of the	TES -9,	1)	٤/	37
1.1.V	CONTINUANT SEER PERINSTITUANT OF	State A D.						_				

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

PAGE 2 OF / 2

SCHEDULE I

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Detailed Sulliniary rage	
Name of Filing Committee or Candidate Friends of B. 11 Whiteside	Reporting Period
1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LE	SS PER CONTRIBUTOR
TOTAL for the Reporting Per	
2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PAR	RT B)
Contributions Received from Political Committees (Part A)	\$ - 0 -
All Other Contributions (Part B)	\$ -0-
TOTAL for the Reporting Per	riod (2) \$ — O —
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 Per	riod (3) \$ _ C _
4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED	CHECKS, ETC. (FROM PART E)

4.	OTHER RECEIPTS - REFUNDS,	INTEREST	EARNED,	RETURNED	CHECKS,	ETC.	(FROM	PART E)	
		TOTAL	for the R	eporting Per	iod	(4)	\$	0 -	

	<u> </u>
TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING	
THIS REPORTING PERIOD (Add and enter amount totals from	s _ ~ .
Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report	• - 0 -
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.

Friends of Bill White	teside			From 4		To 3-14-16
				DATE		AMOUNT
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	
						\$
City	State	Zip Code (Plus 4) —	MQ.	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	•
Full Name of Contributing Committee				50.7	VEAT	\$
_			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	
		P9-54				\$
Mailing Address			MQ.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MQ.	DAY	YEAR	s
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	<u> </u>		MO.	DAY	YEAR	\$
Mailing Address			MÖ.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	s
		_				PAGE TOTAL
Enter Grand Total of Part A on	Schedule I,	Detailed Summa	ry Page	s, Sectio	on 2.	\$ - 0 -
					· ·	V

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.)

(Exclude contribution	is from	m political commit	ttees re	ported	in Part	: A.)
Name of Filing Committee or Candidate			P	Reporting	Period	
Friends of Bill Whites.	ide			From	1-12-16	6 To 5-16 16
				DATE		AMOUNT
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)	MO.	DAY	YEAR	*
	<u> </u>		iii -		1,65-73	\$
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)				3
	310.5		MO.	DAY	YEAR	\$
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
			····		I E An	\$
Fulf Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	 	- RAV	1/2 6 75	3
			MO.	DAY	YEAR	\$
Full Name of Contributor	************		MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MQ.	DAY	YEAR	
		_			1 5-7	\$
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MQ.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
	ليب					\$
Full Name of Contributor		- -	MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
сіну	State	Zip Code (Plus 4)	MQ.	DAY	YEAR	
<u> </u>	,		1			1 \$

Enter Grand Total of Part B on Schedule I, Detailed Summary Page, Section 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.

Name of Filing Committee or Candidate		January	10	eporting	Derind	
Friends of Bill W	Shifeside					To 3-16 16
			1 90	DATE	WEAR	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			MQ.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	VEAR	•
		-	MU.	DAY	YEAR	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zìp 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	\$
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	T State T	7:- 6-45 (O) A				\$
City	State	Zip Code (Plus 4) 	MO.	DAY	YEAR	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Meiling Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
					<u> </u>	PAGE TOTAL
Enter Grand Total of Part C on	Schedule I	Detailed Summer	v Page	Section		s - 0 -

Reporting Period

ALL OTHER CONTRIBUTIONS

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 Bill Who	From 4-12-16 To 5-16-16					
				DATE		AMOUNT
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address		, , , , , , , , , , , , , , , , , , , 	MQ.	DAY.	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer Name			Occupation	on	L	
Employer Mailing Address/Principal Place of Busin	ness					
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4) —	MO.	DAY	YEAR	\$
Employer Name			Occupati	on		
Employer Mailing Address/Principal Place of Busin	ness					
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MQ.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer Name			Occupati	on		
Employer Mailing Address/Principal Place of Busin	ness					
Full Name of Contributor			MO.	DAY	YEAR	\$
Meiling Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4) —	MO.	DAY	YEAR	\$
Employer Name			Occupati	on		
Employer Mailing Address/Principal Place of Busi	ness					
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address	Market 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		MO.	DAY	YEAR	\$
Спу	State	Zip Code (Plus 4)	MQ.	DAY	YEAR	\$
Employer Name			Occupati	on		
Employer Mailing Address/Principal Place of Busi	ness					
Enter Grand Total of Part D on S	chedule 1,	Detailed Summar	ry Page.	Sectio	n 3.	PAGE TOTAL
DSEB-502 (7-99)	·		, , ,			\$ - 0 -

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				
Friends of	Bill Whitesis	de		From 4-12-16 To 5-16-16					
, , , -, , 0 ,	2777 2277								
ull Name									
un name									
Nailing Address									
Dity	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount			
,	5.4.0	_	14.0.	UAI	7570	\$			
Receipt Description		·····			<u></u>				
ull Name									
Wailing Address					<u></u>				
•									
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount			
Receipt Description		-		<u> </u>		\$			
receipt bescription									
Full Name					/				
				·····	·				
Mailing Address									
City	State	Zip Code (Plus 4)	Mo.	DAY	YEAR	Amount			
,		_				1 s			
Receipt Description					B	<u>.</u>			
Total Name									
Full Name									
Meiling Address			 						
City	State	Zip Code (Plus 4)	MQ.	DAY	YEAR	Amount \$			
Receipt Description				<u> </u>	<u></u>	4			
, , , , , , , , , , , , , , , , , , ,									
Full Name									
Mailing Address									
Misiling Address									
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			
₩,	State	Zip Code (Flus 4)	mu.	† <u> </u>	1 1500	\$			
Receipt Description									
						BOACE TOTAL			
						PAGE TOTAL			

SCHEDULE !!

PAGE 8 OF 12

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 Friends of Bill	Whiteside	Reporting Per From 4-7	7-16 To 5-16-16
1. UNITEMIZED IN-KIND CONT	TOTAL for the Reporting Period	·	\$ - 0 -
2. IN-KIND CONTRIBUTIONS R	ECEIVED - VALUE OF \$50.01 TO \$2	250.00 (FRON	A PART F)
	TOTAL for the Reporting Perio	od (2)	\$ - 0 -
3. IN-KIND CONTRIBUTION RE	CEIVED - VALUE OVER \$250.00 (FR	OM PART G)
	TOTAL for the Reporting Perio	od (3)	\$ 3,919.83
TOTAL VALUE OF IN-KIND COREPORTING PERIOD (Add and e and 3; also enter on Page 1, Ro	nter amount totals from Boxes 1, 2,		\$ 3, 9 19.83

Reporting Period

SCHEDULE II PART F

Name of Filing Committee or Candidate

IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Friends of Bill	White	side	<u> </u>	From		To 3-16/6
				DATE		AMOUNT
Full Name of Contributor			MO.		YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Description of Contribution:			<u></u>			
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Description of Contribution:						
				_		
Full Name of Contributor			MQ.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
Description of Contribution:				<u></u>] \$

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)	MO.	DAY	YEAR	\$
Description of Contribution:						L
				-		
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	Mo.	DAY	YEAR	\$
Description of Contribution:		<u> </u>		1		<u> </u>
	-					In a Control
Enter Grand Total of Part F on S	chedule II,	In-Kind Contribu	itions D	etailed	 .	PAGE TOTAL
Summary Page, Section 2.						$\mathbf{IS} - \mathbf{O} -$

PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate	Reporting Period	
Friends of Bill Whiteside	From 4.12-16 To 5-16-16	

				DATE		AMOUNT				
	MO.	DAY	YEAR	•						
Full Name of Contributor W. Winston Whiteside, 111				16	2016	\$ 1, 433.41				
Mailing Address 217 Lefferson Av	0 4 Mo.	DAY	YEAR	\$						
city	State) мо.	DAY	YEAR	\$				
	Occupat									
S'est Employed	17	IT Professional								
Contains Mailing Address/Briggins Diece of Business		Description of Contribution								
S'ame as Above	40	Loan Forgiveness								
Full Name of Contributor Hank Hallowell (Hallowe	Мо. 04	DAY /6	2016	\$ 2,486.42						
Mailing Address 88 Ply mouth Cir	MO.	DAY	YEAR	\$						
city Hershey) <u>MO.</u>	DAY	YEAR	\$						
Employer of Contributor Hallowell & Branster		Consultant								
Employer Mailing Address/Principal Place of Business			Descript	ion of Con	tribution					
Same as Above	Del	bt w	Irite	011						
Full Name of Contributor			MO.	DAY	YEAR	\$				
Mailing Address	MO.	DAY	YEAR	\$						
City	State	Zip Code (Plus 4	MO.	DAY	YEAR	\$				
Employer of Contributor	Occupat	Occupation								
Employer Mailing Address/Principal Place of Business	Descript	Description of Contribution								
			MO.	DAY	YEAR	· · · · · · · · · · · · · · · · · · ·				
Full Name of Contributor	MO.	1 VAT	IEAR	\$						
Mailing Address	MO.	DAY	YEAR	\$						
City	State	Zip Code (Plus	MO.	DAY	YEAR	\$				
E-village of Contributor	<u> </u>	_	Conunct	ion	i .	1 7				
Employer of Contributor	Occupat	Occupation								
Employer Mailing Address/Principal Place of Business				Description of Contribution						
Full Name of Contributor			MO.	DAY	YEAR	\$				
					<u> </u>					
Mailing Address	MO.	DAY	YEAR	\$						
City	State	Zip Code (Plus —	4) <u>MG.</u>	DAY	YEAR	\$				
Employer of Contributor	Occupat	Occupation								
Employer Mailing Address/Principal Place of Business	Descrip	tion of Co	ntribution							

Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.

page total \$ 3,919, \$3

SCHEDULE III

STATEMENT OF EXPENDITURES

me of Filing Committee or Candidate					Reporting Period						
Friends of Bill Whiteside			From 4-12-16 To 5-16-16								
W. Winston Whiteside, 111					16	YEAR 2016	Amount 566.59				
Meiling Address 217 Lefferson Avenue					Description of Expenditure Loan Repayment						
Horsham	State	•	Zip Code (Plus 4) 14044 -								
To Whom Paid	MO.	DAY	YEAR	Amount \$							
Mailing Address				Descripti	on of Exp	enditure					
City	State	•	Zip Code (Plus 4)			<u> </u>					
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				Descript	ion of Exp	enditure					
City	State	B	Zip Code (Plus 4)								
To Whom Paid		_		MO.	DAY	YEAR	Amount \$				
Mailing Address				Descript	ion of Exp	enditure	<u> </u>				
сну	State	e	Zip Code (Plus 4)								
To Whom Paid				MO.	DAY	YEAR	Amount \$				
Mailing Address				Descript	ion of Exp	enditure	8. 2				
City	State	e	Zip Code (Plus 4)								
To Whom Paid		. 1		MO.	DAY	YEAR	Amount \$				
Mailing Address	1.4			Descript	ion of Exp	enditure	<u> </u>				
City	Stat	e	Zip Code (Plus 4)	 							
To Whom Paid				MO.	DAY	YE AR	Amount \$				
Mailing Address	<u> </u>			Descript	ion of Ex	enditura	4				
City	Stat	•	Zip Code (Plus 4)	 	·						
				1			PAGE TOTAL				
Enter Grand Total of Expendi	itures on Page 1), I	Report Cover P	age, It	em D.		\$ 566.59				

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						
Friends of Bill Whiteside		ł	From _	1-12-16	то	-16 16			
Name of Creditor					Outstanding	Balance o	f Debt		
					\$				
Mailing Address	DATE DEBT	MO.	DAY	YEAR					
City	INCURRED	State	Zip Code	(Plus 4)					
Description of Debt					L,				
Name of Creditor					Outstanding	Balance c	of Debt		
Mailing Address	DATE.	1	T	r	\$				
Mailing Address	DATE DEBT	MO.	DAY	YEAR	•				
City	INCURRED	State	Zip Cade	(Plus 4)	4				
Description of Debt					L				
Name of Creditor					Outstanding	Balance c	of Debt		
				· · · · · · · · · · · · · · · · · · ·	\$				
Mailing Address	DATE DEBT	MO.	DAY	YEAR					
City	INCURRED	State	Zip Code	(Stur A)	1				
,		3.6.6	Zip Code	Trius 4/					
Description of Debt					L				
Name of Creditor					Outstanding	Balance c	f Debt		
					\$				
Mailing Address	DATE DEBT	MQ.	DAY	YEAR					
City	INCURRED	State	Zip Code	(Pius 4)	-				
Description of Debt					<u> </u>				
Name of Creditor					Outstanding	Balance c	of Debt		
	·				\$				
Mailing Address	DATE DEBT	MO.	DAY	YEAR					
City	INCURRED	State	Zip Code	(Plus 4)	1	* -			
				,					
Description of Debt						***************************************			
Name of Creditor	 				Outstanding	Balance c	of Debt		
					\$				
Mailing Address	DATE DEBT	MO.	DAY	YEAR					
City	INCURRED	State	Zip Code	(P(us. 4)					
				,					
Description of Debt			**		L				
					PAGE TOTA	AL			
Enter Grand Total of Unpaid Debts on Page 1, 1	Page, I	ltem G.		s - 0					
						<u> </u>			