### CAMPAIGN FINANCE REPORT

PAGE 1 OF 12 (COVER PAGE)

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

(NOTE: This report must be clear and to	CSIDIO II III		
Number:	Report Filed By:	CAMPENATE 1.	COMMUTTEE 2 LOBBYST 3.
Name of Filing Committee, Candidate or Lobbyist:	rox C	HCP for U.P.)	
Street Address: 1 300 WILLOWBROOKE LME		•	
City: ROYERSFORD		State: PA	Zip Code: 19468
TYPE OF REPORT  ### TUESDAY  1. 200 SHIBAY  ###-PRIMARY  ###-PRIMARY  4. 200 SHIBAY	80000000000000	POST PRIMARY X  20 DAY  20 DAY  6.	AMERICHENT YES NO TERMINATION YES NO
(place X to the right of report type)  PRE-ELECTION PRE-ELECTRIC PRE-E	<b>38</b>	PRESTRICTION FILING METHOD (A) CHECK DIVE	PAPER DISKETTE
Name of Office Sought by Candidate:  USTER PROVIDENCE SOFERVISS	<u>.                                    </u>	DATE OF ELECTION  MICE DAY  VEAR  11 7 2017	Office Party County Code Code Code Code (SEE INSTRUCTIONS FOR CODES)
Summary of Receipts and Expenditures from: 5 / 20			FOR OFFICE USE ONLY
A. Amount Brought Forward From Last Report	\$	1500.55	20
B. Total Monetary Contributions and Receipts (From Sched	iule I) \$	700,00	프림 는 김
C. Total Funds Available (Sum of Lines A and B)	\$	2200,55	RECEI 2017 JUNI 15 OFFIC VOTER SI
D. Total Expenditures (From Schedule III)	\$	1480,82	IS PI
E Ending Cash Balance (Subtract Line D from Line C)	\$	719.73	The state of the s
F. Value of In-Kind Contributions Received (From Schedu	le II) \$	d	PA S
G. Unpaid Debts and Obligations (From Schedule IV)	\$ .	349.42	ഗ്
Al PART : If this is a Committee copies, freestar sign in	FFIDAVIT S		antidate sign here
I swear (or affirm) that this report, including the attached schedul			
Correct and complete.  Sworn to and subscribed before me this  COMMONWEALTH OF PENNS  NOTARIAL SEAL  David Whitner, Notary Pub  SigNaturielown Boro, Montgomery	olic		Printed Name
My commission expires My Commission Expires Dec. 2	9, 2020	6/0 Area Code	745 50/7 Daytime Telephone Number
PART II — If this is a region of a Candidate's Authoriza	d Committ	ee, candidate shall sign he	16
I swear (or affirm) that to the best of my knowledge and belief to (P.L. 1333, No. 320) as amended.	his political	committee has not violated a	ny provisions of the Act of June 3, 1937
Sworn to and subscribed before me this		·	
day of 20		Sign	ature of Candidate
Signature	<u> </u>		Printed Name
My commission expires			
MO. DAY YR.	į	Area Code	Daytime Telephone Number

#### SCHEDULE I

### CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

Name of Filing Committee or Candidate		From 5.1		_ то <u>5.31. /</u>	7_
1 UNITEMIZED CONTRIBUTIONS AND	RECEIPTS - \$50.00 OR LESS	PER CONT	RIEUTC	R	
то	TAL for the Reporting Period	j (1)	\$	\$	
2 CONTRIBUTIONS \$50.01 TO \$250.00	THOM PART A AND PART	B)			
Contributions Received from Political Con	nmittees (Part A)		\$	\$	
All Other Contributions (Part B)			\$ 4	400 -	
то	TAL for the Reporting Period	(2)	<b>\$</b>	100-	
				Section 1	
3 CONTRIBUTIONS OVER \$250.00 (FRO	M PART ( AND PART D)				
Contributions Received from Political Cor	nmittees (Part C)		\$ (	\$	
All Other Contributions (Part D)		·	\$ 7	300 —	
то	TAL for the Reporting Period	(3)	\$ 3	206	
4 OTHER RECEIPTS - REFUNDS, INTER	EST EARNED, RETURNED CH	EKKS ETE	(556)	M PARTE	
то	TAL for the Reporting Period	(4)	\$ (	<b>*</b>	
	e se se constituire de la cons				•
TOTAL MONETARY CONTRIBUTIONS AI THIS REPORTING PERIOD (Add and enter Boxes 1, 2, 3 and 4; also enter this am Cover Page, Item B.)	amount totals from		\$ 7	700. —	
			<b>36</b> 6		

#### 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	بساء دوسم
HCP fin U, P.				From _	01.17	то <u>5.31.17</u>
17 -1 7896 -11				DATE		AMOUNT
Full Name of Contributing Committee			MO	32AV	XYEAR	
Fell issue of countystring commission						<u>/\$</u>
Mailing Address	<del></del>		- SAC	ĐAY		\$
City	State	Zip Code (Plus 4)	N4C	D/A	Z TEAR	
City						\$
Full Name of Contributing Committee			35 MG	7**	YEAR	\$
			****	DAY	YEAR	
Mailing Address						\$
City	State	Zip Code (Plus 4)	22 <b>3.</b> 50	DAY	YEAR	\$
			7	DAY	NATE AND	<b>T</b>
Full Name of Contributing Committee		p. Andrews				\$
Mailing Address	·····	A Part of the Contract of the	32.00	5,65%	YEAR.	\$
	-			DAY		*
City	State	Zip Code (Plus 4)	No.			\$
Full Name of Contribution Committee			RAEC	Ç.A.Y	YEAR	
Full Name of Contributing Committee						\$
Mailing Address	1	1	324	P.As	VEAR.	\$
City	Vertate/	Zip Code (Plus 4)		ĐAS	////i≡.kR	_
( S	7 7					\$
Full Name of Contributing Committee	/			BAY	YEAS	\$
\ /	r 			DAY	YEAR	
Mailing Address						\$
City	State	Zip Code (Plus 4)	NA.	77.53	YEAR	\$
/			50000000	) DAY	VEAT .	
Full Name of Contributing Committee			SSS 181		000000000000000000000000000000000000000	\$
Mailing Address			200	PAY	X; AR	s
/	سنشتنس	Zip Code (Pius 4)		DAY	(VEX.)	
City	State	Lip Code (Fids 4)	SS22N3	2000		\$
Full Name of Contributing Committee		t	- M	O. DAN	YEAR	\$
Mailing Address					7.00	\$
City	State	Zip Code (Plus 4)	N.	6 DAY	NO EAST	¢
		_				\$
Full Name of Contributing Committee			200	67.88 BM 67.53	A EAR	<b>†</b> \$
Mailing Address			93884	0.00	NYEAS!	e
/						\$
City	State	Zip Code (Plus 4)		6 DAY	OYEARS	<b>\$</b>
				l		PAGE TOTAL
Enter Grand Total of Part A on Scho	edule	i, Detailed Summ	ary Pa	ige, Sect	ion 2.	s 🕏
Title diding some of the transfer		•	-			7

# 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	_	
H.C.P. for U.P.				From	5-11	7 то <u>5.31.17</u>
				DATE		TNUOMA
Full Name of Contributor			MO		SYEAR:	
LAURIE HIGGINS  Mailing Address			5	7	2017 YEAR	<u> </u>
181 ARCOMA LAWE						\$
Mailing Address 181 ARCOMA LAWE City College YVIIE	State	Zip Code (Plus 4)	8AC.	EA?	YEAR	¢
CO 1186EYVIIE	171	19426-	2000	DAY	· · · · · · · · · · · · · · · · · · ·	\$
Full Name of Contributor  KOSE DISANTO  Mailing Address			5	11	2017	\$ 150-
Mailing Address	**************************************	······································		DAY	YEAR	\$
City	State	Zip Code (Plus 4)		DAY		*
	•					\$
Full Name of Contributor			······································	DAY	SYEAST SE	\$
Mailing Address			33301523	DAY		\$
City	State	Zip Code (Plus 4)	8/10	9AY	YEAR.	<b>A</b>
						\$
Full Name of Contributor			MO	DAY	YEAR	\$
Mailing Address			MIG.	DAY	SSEAR!	\$
						<b>a</b>
City	State	Zip Code (Plus 4)	370	22.57	XEAR.	\$
Full Name of Contributor			me.	DAY	YEAR	
	***					\$
Mailing Address			<b>740</b>	Ø.D#X	YEAR	\$
City	State	Zip Code (Plus 4)	MC	DAY	YEAR	
		****				\$
Full Name of Contributor			22M02	O'AY	YEAR	\$
Mailing Address			MO	DAY	YEAR	
•						\$
City	State	Zip Code (Plus 4)	910	ÇAY	VEAR	\$
			S NECOS	DAX	YEAR	<b>*</b>
Full Name of Contributor			2223			\$
Mailing Address			SSANCE.	243	YEAR.	\$
City	State	Zip Code (Plus 4)		CAS	YEAR	
						\$
Full Name of Contributor	<u> ئەنىپىندېرى ئىد</u>		<b>8</b> /G.		YEAR	\$
Mailing Address		<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>		DAY	YEAR	<b>T</b>
inning Good and			W. C.			<b>\$</b> .
City	State	Zip Code (Plus 4)	240	//DAY	VEAR	¢
		_				\$
						PAGE TOTAL

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				Reporting	Period	
ACP for U.P.				From	1,17	то 5,3/17
				DATE		AMOUNT
Full Name of Contributing Committee	,		MD	DAY	YEAR	\$
Mailing Address			3460.	DAY	YE AR	<b>/\$</b>
City .	State	Zîp Code (Plus 4)	270	DAY	YEAR	\$
Full Name of Contributing Committee			MC	DAY	ZASTASIA.	\$
Mailing Address			240	149	YEAR.	\$
city	State	Zip Code (Plus 4)		CAY	YEAR	\$
			******	/ LOAN		
ull Name of Contributing Committee			Burra			\$
Mailing Address			MAC.	5/A.X	YEAR	\$
Sity	State	Zip Code (Plus 4)	8/12	22-57	YEAR	\$
Full Name of Contributing Committee		V . /	:ME	DAY	YEAR	\$
Mailing Address	_/		8960	52.55	YEAR	\$
City	Sidia	Zip Code (Plus 4)	240	£AY.	YEAR	\$
Full Name of Contributing Committee		/	8/G	200	(E.A.)	\$
Mailing Address			290	ĐAY	YEAR	\$
City	State	Zip Code (Plus 4)	AVII 2		OYEAR.	\$
Full Name of Contributing Committee /	/			DAY	VEAR.	
Mailing Address			Notes	DAY	YEAR	\$
Manning Accress						\$
City	State	Zip Code (Plus 4)	*460	DAY	YEAR	\$
Full Name of Contributing Committee			MC	DAV	YEAR	\$
Mailing Address			<b>K</b> 50		YEAR.	\$
City	State	Zip Code (Plus 4)	888 NA 6	CAY	YEAR	\$
Full Name of Contributing Committee			<b>34</b> 00	DAY	)ÆAR	\$
Mailing Address	<b>4</b> to <u>a l</u> a constant	· · · · · · · · · · · · · · · · · · ·	Mag	6/A	YEAR	\$
City	State	Zip Code (Plus 4)	MC	EAY	YEAR	<u> </u>
			<u>-}</u>			<u> </u>
Enter Grand Total of Part C on Scho	dule	. Detailed Summar	y Pad	e, Sectio	on 3.	\$
Enter Grand Total of Part C on Sche		_				\$ PAGE TOTAL

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.)

HCP fin U. 1.				From 5	1.17	To 5,31,17
				DATE		AMOUNT
Full Name of Contributor  LAHAL F. KISTNER			мо. 5	23	2217	\$ 300 <del>-</del>
Full Name of Contributor  JOHN F. KISTNER  Mailing Address  1201 VILSMEER	RD	)	Mica	DAY	YEAR	\$
LANISDALE	State	Zip Code (Plus 4)		DAT	XEAR	\$
Employer Name	L		Occupat	ion		
Employer Mailing Address/Principal Place of Business						
Full Name of Contributor				2/,2/,5/		\$
Mailing Address			MG	ĐAN	YEAR	\$
City	State	Zip Code (Plus 4)	840	T/AS	#X6#A3##	\$
Employer Name	<u> </u>		Occupa	tion		
Employer Mailing Address/Principal Place of Business		<u> </u>	<u></u>			
Full Name of Contributor			1012	DAY	BAIY	\$ .
Mailing Address			MG.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	8.812	OAY	YEAR	\$
Employer Name	<u> </u>		Occups	tion		
Employer Mailing Address/Principal Place of Business		The second secon				
Full Name of Contributor			MC	DAY	YEAR	\$
Mailing Address	4		##C.	•••	YEAR	\$
City	State	Zip Code (Plus 4)	340	DAY	¥EAR	\$
Employer Name		·	Occupa	tion		
Employer Mailing Address/Principal Place of Business						
Full Name of Contributor			MG	DAY	(XEAR	\$
Mailing Address			8650		YEAR	\$
City	State	Zip Code (Plus 4)		924	YEAR.	\$
Employer Name	<u> </u>		Occup	ition		
Employer Mailing Address/Principal Place of Business			, <del>.</del>			

# 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 Candida  HCP - Gu U	ite , f,		Reportin	ig Period <i>5././.7</i> т	。 <i>5,31.17</i>
full Name					
Nailing Address					
ity .	State	Zip Code (Plus 4)	MIC DAY	Amouni	
	State	Zip Code (Flus 4)	1,000	\$	
eceipt Description					per en
ull Name					
Bailing Address			· · · · · · · · · · · · · · · · · · ·		<u> </u>
					Manual Company
ity	State	Zîp Code (Plus 4)	MC BAY	XEAR Amount	•
eceipt Description					
uil Name					
ailing Address					
			<u>/</u>		
ty	State	Zip Code (Plus 4)	MG. CAY	XEAR AMOUNT	
eceipt Description					,
III Name		<del>,                                    </del>			
ailing Address		<del>}-/</del>	· · · · · · · · · · · · · · · · · · ·		
oning Address	122				
ty	State	Zip Code (Plus 4)	ANG DAY	Amount \$	
ceipt Description	<del></del>				
II Name					
ailing Address					
atting Address					
ty	State	Zip Code (Plus 4)	MC CAY	*EAR Amount	
ceipt Description					
II Name					
biling Address					
ty	State	Zip Code (Plus 4)	MQ OAS		
eceipt Description		***		\$	
ter Grand Total of Part E o			_	on 4. \$	TUTAL

#### SCHEDULE II

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** 

HCP FIA U.P. From		17 to 5,31. SS PER CONTRIBU	
TOTAL for the Reporting Period		<b>\$</b>	
2 IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (F	KOM	PART E	
TOTAL for the Reporting Period		<b>s</b> 🕏	
3 IN-KIND CONTRIBUTION RECEIVED + VALUE OVER \$250.00 (FROM PAI	ti Gl		
TOTAL for the Reporting Period	(3)	<b>\$</b>	
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.)		<b>\$</b>	

#### SCHEDULE II PART F

### IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate  H C Fox U. P.			Repor From	ting Period m <u>5./,/</u>	7 to <u>5,31.17</u>
, , , , , , , , , , , , , , , , , , , ,				TE /	AMOUNT
Full Name of Contributor			MG D	AY YEAR	\$
Mailing Address	<del>,,</del>		NG 5		\$
City	State	Zip Code (Plus 4)	MG 3	AX YEAR	\$
Description of Contribution:					
Full Name of Contributor			M02 30	AY. YEAR	\$
Mailing Address	<u> </u>		/ WC.   D		\$
City	State	Zip Code (Plus 4)	MIG 5	AY YEAR	\$
Description of Contribution:					
Full Name of Contributor		//	MO. D	AY YEAR	\$
Mailing Address		No.		AY YEAR	\$
City .	State	Zic Code (Plus 4)	30.00	X	\$
Description of Contribution:			<u>. 1 </u>		
Full Name of Contributor			88688		\$
Mailing Address	/			7. Y (2.65)	\$
City	State	Zip Code (Plus 4)	2/40	X	\$
Description of Contribution:	<del> </del>	A			
Full Name of Comributor			MG.	AY /FAR	\$
Mailing Address		, <u>, , , , , , , , , , , , , , , , , , </u>	240	JAY SAS	\$
City	State	Zip Code (Plus 4)	RAG S	A CEA I	\$
Description of Contribution:	<u></u>	1			
Full Name of Contributor			MC.		\$
Mailing Address	<del></del>		MG	ZANO ONEAH	\$
City	State	Zip Code (Plus 4)	24:0	YEAG	\$
Description of Contribution:	<del> </del>		****	· · · · · · · · · · · · · · · · · · ·	
Enter Grand Total of Part F on Sche	dule i	I In-Kind Contribu	tions Detai	iled	PAGE TOTAL
Summary Page, Section 2.	duic I	, making opiniba	tivite motel	, <del></del> -	<b>\$ 1</b> 0

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

Name of Filing Committee or Candidate				Reporting	Period	7 🐣 -
ACP for U.P.				From 🚉	0-11/	7 To 5,31,17
				DATE		AMOUNT
Full Name of Contributor			MC	DAY	YEAR	·\$/ '
Mailing Address			МС	CAY	YEAS	<b>\$</b>
City	State	Zip Code (Plus 4)	M G	<b>PAY</b>	YEAR	\$
Employer of Contributor	<u> </u>	<u></u>	Occupat	ion		
Employer Mailing Address/Principal Place of Business	····		Descript	tion of con	tribution	
Full Name of Contributor			////C	ZDAY	XXEAH	\$
Mailing Address			MO	DAY.		
City	State	Zip Code (Plus 4)		DAY	SEARS.	\$
Employer of Contributor			Occupat	ion		
Employer Mailing Address/Principal Place of Business	<del></del>		Descrip	tion of Con	tribution	
Full Name of Contributor		6/	MC	e e e	EAS	\$
Mailing Address	V	~ <sup>2</sup>	W60.	ĐAX	YPAH	\$
City	State	Zip Code (Plus 4)	W/10/W	DAY	YEAR	\$
Employer of Contributor		<i>y</i>	Occupat	ion		
Employer Mailing Address/Principal Place of Business	$\overline{/}$		Descrip	tion of Con	tribution	***************************************
Full Name of Contributor			100	GAT	XEAS	\$
Mailing Address	<del></del>		MG.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	AAGS.	DA:	YEAH	\$
Employer of Contributor			Occupa	ion		
Employer Mailing Address/Principal Place of Business			Descrip	tion of Cor	tribution	
Full Name of Contributor			.WG	DAY	YEAR	\$
Mailing Address			AAC.	per	YEAR	\$
City	State	Zip Code (Plus 4)	MC.	QAY.	YEAR	\$
Employer of Contributor			Occups	tion		
Employer Mailing Address/Principal Place of Business			Descrip	tion of Cor	nribution	
						PAGE TOTAL

DSEB-502 (7-99)

#### SCHEDULE III

### STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reporting Period
			From 5.1.17 To 5.31,17
H.Cl for U.P.			From 3,1,1,7
To Whom Paid  APITOL PROMOTIONS  Mailing Address P. D. Box 231  City			5 18 Zc/7 \$ 1480.82
CAPITOL FROMOTIONS			5 18 2017 \$ 1480.82
Mailing Address			Description of Expenditure
1.01 DOX 231	10		CANDIDATE SIGNS AND
GILENSIDE	O <sub>A</sub>	Zip Code (Plus 4) 19038	WIRE FRANES.
	17/7	11000	
To Whom Paid			Anount YEAR Amount
Malling Address			Description of Expenditure
metring Additors			
City	State	Zip Code (Plus 4)	
		***	
To Whom Paid			MO DAY YEAR Amount
			\$
Mailing Address			Description of Expenditure
City	State	Zip Code (Plus 4)	
		_	
To Whom Paid			MO DAY NEAR Amount
			L\$
Mailing Address			Description of Expenditure
Gity	State	Zip Code (Plus 4)	
· ,		-	
To Whom Paid	<u> </u>		#G GAY YEAR Amount
to whom Paid			\$
Mailing Address		CARAMERICA DE CARACTERA DE CARA	Description of Expenditure
City	State	Zip Code (Plus 4)	
		-	
To Whom Paid			Amount SEAR WEAR
		·	\$
Mailing Address			Description of Expenditure
City	State	Zip Code (Plus 4)	
city	Store	Tip Code (Flus 4)	
	لسا		SAD DAY SEAR Amount
To Whom Paid			SHO CAY YEAR Amount \$
Mailing Address			Description of Expenditure
City	State	Zip Code (Plus 4)	
To Whom Paid	A===i		REC. CAY SEAR Amount
			\$
Mailing Address			Description of Expenditure
	4		
City	State	Zip Code (Plus 4)	
			PAGE TOTAL

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

\$ 1480.82

# STATEMENT OF UNPAID DEBTS

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

Name of Filing Committee or Candidate		Reporting Pe	riod
H.C.l. for U.P.			1.17 To 5.31.17
Name of Creditor			Outstanding Balance of I
AULIE H664	DATE 4/29	17 MD DAY	\$ 70.70 EAR
101 ARCOMA CANE	INCURRED /	1 4 28 1	7
ColleGEVILE A		State Zip Code (Plu	3-4/
Description of Debt  STAPLES CUSTON COPY A	NI PRINT		
ame of Creditor LAULIE HIGGIAS			Outstanding Balance of D \$ 74.20
lailing Address	DATE DEBT	MC CAS	
101 ARCOMA LAWE	INCURRED	5 / State Zip Code (Plu	7
COLLEGEVILLE		PA 19425	
escription of Debt COSTON COLY + PRINT	() STAPLES		
amp of Craditor			Outstanding Balance of L \$ 22.7£
LAULIE HIGGINS  ailing Address	DATE DEBT	Mo	WALLES AND THE PARTY OF THE PAR
101 ARCOMA LANE	INCURRED	5 9 /	
COLLEGEVILE	s." .	Some Zip Code (Plu	13 4/
escription of Debt PAPER @ STAPLE	<b></b>		
ame of Creditor LAUKIE HIGGIAS		•	Outstanding Balance of L \$ 66.7.7
ailing Address 101 AKCODA LANE	DATE DEST INCURRED	MG CAS Y	EAF
V COLLECEVITE		State Zip Code (Pit	us 4)
ascription of Debt GLOK INK & STAY	CET		
me of Creditor			Outstanding Balance of [
LAURIE HIGGINS ailing Address 101 ARCOMA LANE	DATE	MG CAY	\$ 66.77
	DEBT INCURRED	5 10 1	
COLLEGE Y'ILE		State Zip Code (Pit	15 4)
COLOR INK ST	APLES.	1	
me of Creditor			Outstanding Balance of I
ailing Address	DATE DEBT	ere ere	
Y	INCURRED	State Zip Code (Pin	<u>us 4)</u>
escription of Debt			
•	<u> </u>		
			PAGE TOTAL
nter Grand Total of Hanaid Dahta on Pi	are 1 Desert Carre	Dogo Itom C	= <i>= 4310 U1</i>