### CAMPAIGN FINANCE REPORT

PAGE 1 OF 12

COVER DAGEL

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

Filer Identification Number:	Report CARDDATE 1.	COMMITTEE 2 TERVICE 3.
Name of Filing Committee, Candidate or Lobbyist:	2 O / VI - O o	
HIGGINS CALCITEARS IN FOR UPPER	they (HCFOC UPPER	2 (Rov)
300 WILLOWBROOKE LANE		•
CITY ROYERS FUD	State:	Zip Code: 19468 -
TYPE OF STATUESDAY 1. 2AD SERISA PRESPRISA		AMENDMENT YES NO X
STH TUEEDAY 4. 25D FRIDA	5. 20.0AY 6.	TERMINATION
the right of ANNUAL 2/ YEAR	FILING METHOD	REPORTS YES NG
Name of Office Sought by Candidate:	(A/) CHECK UNE	PAPER X DISKETTE
OTH - UPPER PROVIDENCE TOWNS	THAT MED SDAY YEAR	Number Code Code Code
Sufervisal	11 07 2017	OTT REM 46
		(SEE INSTRUCTIONS FOR CODES) FOR OFFICE USE ONLY
Summary of Receipts and Expenditures from:		2016
A. Amount Brought Forward From Last Report	\$ 237.34	TO PROPERTY.
B. Total Monetary Contributions and Receipts (From Sched	dule 1) \$ 921.80	177 L 177
C. Total Funds Available (Sum of Lines A and B)	\$1159,14	1100
D. Total Expenditures (From Schedule III)	\$ 350.00	
E Ending Cash Balance (Subtract Line D from Line C)	\$ 80 9.14	25 =
F. Value of In-Kind Contributions Received (From Schedu	ile II) \$ 2500,10	
G. Unpaid Debts and Obligations (From Schedule IV)	\$ \$ \$ \$	
Al	FFIDAVIT SECTION	
PART I If the is a Committee report, treasurer sign for I swear (or affirm) that this report, including the attached schedule correct and complete.	ere if the is a Candidate report ca	ndidale signifiere
	es, on paper or computer diskette, are to the	ne best of my knowledge and belief true,
Sworn to and subscribed before me this A-PRIL 4, 70 18 COMMONWEALTH OF PENNSYL	VANIA )	
NOTARIAL SEAL David Whitner, Notary Public		Person Submitting Report
Norristown Boro, Montgomery Co	ounty VStVH V	rinted Name
My commission expires MEMBER, PENNSYLVANIA ASSOCIATION OF N	OTARIES 6/0	7455017
MO. DAY YR.	Area Code	Daytime Telephone Number
PART II If this is a report of a Candidate's Authorized	Committee, candidate stall sign has	
I swear (or affirm) that to the best of my knowledge and belief th (P.L. 1333, No. 320) as amended.	is political committee has not violated any	provisions of the Act of June 3, 1937
Sworn to and subscribed before me this	The state of the s	1
day of 20	(for of	
,	_ JOSCYH VJKAW	ure of Candidate
Signature My commission expires	610	rinted Name 745 5017
MO. DAY YR.	Area Code	Daytime Telephone Number
	1	

#### SCHEDULE I

### CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

Name of Filing Committee or Candidate  HCP fix OPPEX May	Reporting Pe	127/17 To 12/31/17
1. UNREANIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS	Waliowell	HERISTON
TOTAL for the Reporting Period		
2 CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART	B)	
Contributions Received from Political Committees (Part A)		\$ 250,00
All Other Contributions (Part B)		\$ 575.80
TOTAL for the Reporting Period	(2)	\$825,00
E MANAGERE SANGER OF THE SANGE		
3 CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)		
Contributions Received from Political Committees (Part C)		\$ 6-60
All Other Contributions (Part D)		\$ 5,50
TOTAL for the Reporting Period	(3)	\$ 7.00
4 GHER RECEDES DESIRED CONTRACTOR		· · · · · · · · · · · · · · · · · · ·
CH		(FROM: PART E)
TOTAL for the Reporting Period	(4)	\$ 6. 8. 8
		•
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.)		<b>s</b> 921.80

#### 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.

Full Name of Contributing Committee				DATE	7/17 To /2/3///
FRIENDS OF SE	CIRESI		MO.	DAY YEAR	
411 ASHBRACK	Deins	The state of the s	MANDATA COLORS - A CALIFORNIA COLORS AND	DAY YEAR	- 1917 Ber
411 ASHBROOK TO	State	Zip Code (Plus 4)			\$
	State	19465	SAMO-SE S	DAY YEAR	\$
ull Name of Contributing Committee		As a she sheet sheets at the sheet sheets at the sheet	мо	DAY YEAR	
ailing Address	The second secon		· MO	DAY YEAR	\$
ity	State	Zip Code (Plus 4)			\$
And the state of t		Lip code (Pius 4)	MO.	DAY YEAR	\$
II Name of Contributing Committee		- Marine	Mo.	DAY. YEAR	
ailing Address	The second secon	A CONTRACTOR OF THE CONTRACTOR			\$
ty			==341045	DAY YEAR	\$
	State	Zip Code (Plus 4)	Mo	DAY YEAR	
Il Name of Contributing Committee	1 .	the two price extends		DAY YEAR	\$
ailing Address			31,03165, 356	YEAR	\$
y			MO.	DAY YEAR	\$
<b>y</b>	State	Zip Code (Plus 4)	MO.	DAY YEAR	
Il Name of Contributing Committee		-			\$
illing Address			MO.	DAY	\$
			MO	DAY YEAR	
γ	State	Zip Code (Plus 4)	NO.	DAY YEAR	\$
Name of Contributing Committee		-	33.00	JAY YEAR	\$
			Mo.	DAY YEAR	\$
ling Address			MO.	AY YEAR	
	State	Zip Code (Plus 4)			\$
- Victoria de la companya del companya de la companya del companya de la companya	No.	— 143 4/	MO.	AY YEAR	\$
Name of Contributing Committee			MO. D	AY YEAR	The second secon
ing Address			NG.		\$
	in the second se		MO. D	AY YEAR	\$
	State	Zip Code (Plus 4)	≦M0	AYA YEAR	2
Name of Contributing Committee		the state of the s	M(O)		\$
ng Address					\$
			MO. D	YEAR	\$
	State	Zip Code (Plus 4)	× MO. DA	YEAR	gett,
	and the same of	, - <del>-</del> -			\$

# 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 P	eriod
HCP for UPPER Prox		From //	127/17 To 12/3//17
Full Name of Contributor		DATE	AMOUNT
MATTHEW MUNICK Mailing Address		11 29 3	\$ 250.00
117 MEADOWLAND DK		70000000000000000000000000000000000000	\$ \$ (\$)
LollEGEVILLE TA	Zip Code (Plus 4)	MC DAY	
Full Name of Conscience	19426 -		\$
CTABLIEZUE MULLIWI Mailing Address		11 29 a	2617 \$ 250,00
117 MEADOWLAND DE			\$
COLLEGEVILE PA	Zip Code (Plus 4)	MO DAY	AR.
Full Name of Contributor	11110		\$
KOBERT STAERK ANGELA GER	ZINE	11 29 20	\$ 25,0
4 SPARROW COURT		20000000000000000000000000000000000000	EAR \$
PHENIXUITE TA	Zip Code (Plus 4)	MD DAY	EAR
Full Name of Congributor		940 000	\$
LYDIA PRUSS EDWAND DRESSL	il.	11 29 30	50,00
184 PETENS WAY		MG DAY Y	\$
PADENI XVIIIO PA	Zip Code (Plus 4)	MO DAY Y	
Full Name of Consideration	17760	Market	\$
Mailing Address		1	\$
City		MG DAY Y	\$
State	Zip Code (Plus 4)	MC DAY Y	
Full Name of Contributor		330,10,000	\$
Mailing Address			\$
ïý		MG DAY YE	\$
State	Zip Code (Plus 4)	BACO COAY VO	
ull Name of Contributor			\$
Mailing Address			\$
ity		MG DAY YE	\$
State	Zip Code (Plus 4)	REL DAY VE	
uli Name of Contributor			\$
ailing Address			\$
ty .		MG DAY YEA	\$
State	Zip Code (Plus 4)	MG DAY YE	
		1	\$ PAGE TOTAL

### 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 Candida  HCL FIX USPER	ate /			Reportin	g Period	lan
FICE TWO OFFICE	- 7 noy			From	11/2/	17 TO 12/3//1
Full Name of Contributing Committee			See Superer	DATE	S SEAR	AMOUNT
Mailing Address						<b>\$</b>
			MAG	Day	XE-AIR	\$
City	State	Zip Code (Plus 4)			S YS AS	*
ull Name of Contributing Committee				0000		\$
failing Address			2000	DAY	EAR	\$
			MG	224.5	YEAR	\$
ity	State	Zip Code (Plus 4)	MO	e e e	RABY	
ull Name of Contributing Committee		5-00 C				\$
ailing Address			MO	DAV	VZE ASI	\$
aning Address				0007AV	YEAR	
ty	State	Zip Code (Plus 4)			) YEAR	\$
II Newsork Committee		_			STATE OF THE STATE	\$
II Name of Contributing Committee			1000010			\$
iling Address			No.		YEAR	3
у	State	Zip Code (Plus 4)				\$
			840	DAY	NY EAR	\$
Name of Contributing Committee					SES.	
iling Address					YEAR	\$
7	Const					\$
	State	Zip Code (Plus 4)	W/12	DAY	YEAR	\$
Name of Contributing Committee			W. 155	2007.Y		
ling Address						\$
			2000 1259	2.49	MAYERA:	\$
	State	Zip Code (Plus 4)	340		YE GR	\$
Name of Contributing Committee				\$\$\$\$\$\tag{\$\}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}	XXX 77-20-01-00:00	4
ing Address				T.		\$
			MO	000 X (000)	SO SEAR	\$ ***
	State	Zip Code (Plus 4)		7/40°8	YEAH	
Name of Contributing Committee		-				\$
ng Address			MG	DAY	YEAR	\$
			Mitg	00.00 00.00	SYEAT	¢
	State	Zip Code (Plus 4)	MO	DAY		\$
			B4000000000000000000000000000000000000	The second second	OCCUPANT OF THE PARTY OF THE PA	\$

ailed Summary Page, Section 3.

## ALL OTHER CONTRIBUTIONS

PAGE	Y	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 Candid	tate SK Pavy		Report	ting Period 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	то 12/31/17
Full Name of Contributor			DA'		AMOUNT
				\$	
Mailing Address			MC. DA	Y YEAR \$	**************************************
City	State	Zip Code (Plus 4)	840 24		
Employer Name		-		\$	
Employer Mailing Address (British			Occupation		
Employer Mailing Address/Principal Place	of Business				12
Full Name of Contributor			2005/9000 2005F/S	YEAT .	
Mailing Address			ener DA	\$	
City				\$	
	State	Zip Code (Plus 4)	MO DA	STEAS C	
Employer Name			Occupation	\$	
Employer Mailing Address/Principal Place	of Business				
					H
Full Name of Contributor				\$	
Mailing Address			MG. DAY	YEAR	
City	State	Zip Code (Plus 4)		\$	
E-days N			SAC CIAN	\$	
Employer Name			Occupation		
Employer Mailing Address/Principal Place o	f Business				
Full Name of Contributor					1984 C
Mailing Address			MG. DAY	\$	
			GGS - DA	YEAH \$	
City	State	Zip Code (Plus 4)	My BAY	YEAR	
Employer Name		-	Committee	\$	-
			Occupation		
mployer Mailing Address/Principal Place of	Business				
ull Name of Contributor		X - 12	MARCH DAY	0.0007-03-000	
Mailing Address				\$	
iny			Mes and the second	YEAR \$	
,	State	Zip Code (Plus 4)	2.3	YEAR \$	
mployer Name			Occupation		
mployer Mailing Address/Principal Place of	Business				
The contract of					

Enter Grand Total of Part D on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL

### PART E OTHER RECEIPTS

PAGE \_ / OF \_ \_\_\_\_

### 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.

City  Receipt Description  Full Name  Mailing Address  City  Receipt Description  Bull Name  Railing Address  Railing Address  Railing Address  Railing Address  Railing Address  Railing Address	Roy State					ASAR INC.	Amount \$	131/17
Mailing Address  City  Receipt Description  Full Name  Mailing Address  City  Lity  Leceipt Description  Lit Name  Lailing Address  Lity  Leceipt Description  Lit Name  Lailing Address  Lity  Leceipt Description  Lit Name  Lity  Leceipt Description  Lit Name  Lity  Leceipt Description	State	Zip Code	(Plus 4)			ASAR INC.	Amount \$	
Receipt Description Full Name Mailing Address Sity Receipt Description Full Name Full	State	Zip Code	(Plus 4)				Amount \$	
City  Receipt Description  Full Name  Mailing Address  City  Leceipt Description  Let Name  Lailing Address  Lity  Leceipt Description  Let Name  Leceipt Description  Let Name  Leceipt Description  Let Name  Leceipt Description  Leceipt Description  Leceipt Description	State	Zip Code	(Plus 4)				Amount \$	
Mailing Address  City  Description  Will Name  Dailing Address  Sty  Description  Sty  Description	State	Zip Code	(Plus 4)				Amount \$	
Mailing Address  City  Description  Will Name  Dailing Address  Sty  Description  Sty  Description							Amount \$	
Mailing Address  City  Leceipt Description  Leceipt Address  Lity  Leceipt Description  Leceipt Description  Leceipt Description  Leceipt Description  Leceipt Description							\$ Amount	
cecipt Description  Bill Name  Bailing Address  Bity  Beceipt Description  Bill Name  Billing Address  By  Beceipt Description							\$ Amount	
eceipt Description  If Name  Initial Address  Ity  Initial Address  Initial Add							\$ Amount	
ailing Address  Execute Description  Il Name  Diling Address  Execute Description  Solution Description	State	Zip Code	(Plus 4)				\$ Amount	
ailing Address  Execute Description  Il Name  Description  Substitute Description  Substitute Description	State	Zip Code	(Plus 4)	Mic.		25223		
eceipt Description  Il Name  Diling Address  Expression Security Security Description	State	Zip Code	(Plus 4)	Sic.	DAY.	) EAR		
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Il Name  Diling Address  Diling Address  Discription							\$	
piling Address  Expression Security Security Description								
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	State	Zip Code (	Plus 4)		PAY		Amount	
1 Name							\$	
iling Address								
Į SI	tate	Zip Code (P	lus 4)	AND.				4
eipt Description		_	-	- 1			\$	
Name								
ling Address								
					***************************************			
St	ate	Zip Code (P)	lus 4)		37.8Y			
ipt Description		-	1				\$	

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

PAGE TOTAL

SCHEDULE II

PAGE 8 0F/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  HCP FOR UPPER PROV	Reporting P		1_ то 12/31/17
I UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$	25(0) (0R) (0R)	i i i i i i i i i i i i i i i i i i i	PER CONTRIBUTOR
TOTAL for the Reporting Period			カ.カナ
2 IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$28	10:00 (FRO	M P/A	T F
TOTAL for the Reporting Period	i (2)	\$	サータタ
3 IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FRO	M PART (	9	
TOTAL for the Reporting Period	(3)	\$ /	2500.00
TATAL WALLES			
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.)		\$ .	2500,80

#### SCHEDULE II PART F

## IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate	Reporting Period
HCP fox Offer Proy	From 11/27/17 To 12/31/
ull Name of Contributor	DATE AMOUNT
Mailing Address	\$
Mailing Address	MG DAY YEAH \$
ity State Zip Code (Plus 4)	
escription of Contribution:	\$ s
Ill Name of Contributor	MO PAY MEAN
ailing Address	\$
	MG DAY YEAR \$
ty State Zip Code (Plus 4)	
scription of Contribution:	\$
Il Name of Contributor	00000 00000 00000 00000 00000 00000 0000
iling Address	\$
	MO DAY YEAR \$
y State Zip Code (Plus 4)	MG DAY YEAR
scription of Contribution:	\$
Name of Contributor	MO GAY AT AT
ling Address	\$
	MO. DAY VEAR \$
State Zip Code (Plus 4)	Mg DA 7568
cription of Contribution:	\$
Name of Contributor	MC CAN COAR
ing Address	\$
	MO. DAY FEAR \$
State Zip Code (Plus 4)	MG PAY YEAR
ription of Contribution:	\$
Name of Contributor	
ng Address	\$
	MG DAY YEAR \$
	MC DAY YEAR
State Zip Code (Plus 4)	
iption of Contribution:	\$

### PAGE 10 OF 12

#### SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate	Reporting Period
HCP for UPPER PRES	From 11/27/17 To 12/31/1
Full Name of Contributor HELENG CALCY	DATE AMOUNT
Mailing Address	11 30 Zo17 \$2500,60
300 WillowBROOKE LANE	MD DAY YEAR
GIFY 4148	\$
ROYERS FOXD Single Zip Code (Plus Final Super of Same)	The state of the s
Employer of Contributor	\$
Employer of Contributor THE PUBLICIS GROUP	Occupation
Employer Mailing Address/Principal Place of Business	SENIAL ACT DIRECTOR  Description of Contribution  WEB, PRINTED MATERIAL DES
Full Name of Contributor	WEB, PRINTED MATERIA DES
Ton Name of Contributor	MO WOOD STATE OF THE STATE OF T
Mailing Address	\$
	MO DAY YEAR
City State Zip Code (Flue	\$
and some strike	4) 380. DAY 1EAR \$
Employer of Contributor	Occupation
Employee 92 - 12	Vecupation
Employer Mailing Address/Principal Place of Business	Description of Contribution
	J. Solia Button
Full Name of Contributor	MC NO PASSO NEW YORK
Mailing Address	\$
	AID DAY YEAR
City State Zip Code /Plus 4	\$
Employer of Contributor	\$
	Occupation
Employer Mailing Address/Principal Place of Business	Description of Contribution
	2-30 special of Contribution
Full Name of Contributor	AND SERVICE STREET
Mailing Address	\$
	NG DAY YEAR
City   Complete   Comp	\$
State Zip Code (Plus 4)	
imployer of Contributor	\$
	Occupation
mployer Mailing Address/Principal Place of Business	
	Description of Contribution
Il Name of Contributor	
ailing Address	DAY FEAR \$
anting Address	
ty	AND TEAH
State Zip Code (Plus 4)	MICO CAN STEAD
ployer of Contributor	\$
	Occupation
ployer Mailing Address/Principal Place of Business	
	Description of Contribution
tor Grand Total Co.	

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

PAGE TOTAL \$ 2500,00

### SCHEDULE III

## STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidat	e 1101 f.			Reporting Pe	riod 27/17 то <u>/2/3//</u>
	TER /RU	<b>Y</b>		From _///	2///7_ To /2/3//
To Whom Paid  NATOR JOHNSON  Mailing Address  ACUMA C		and the second of the second o	Mo. 12	DAY 2	Amount 350,00
City ACOMA C			I I	tion of Expendi	twe T SEKVILES
COLLEGEVILLE TO Whom Paid	Sta	2   Zip Code (Plus   19426-	4)		
lailing Address					\$
ity	State	Zio Costo Disco	1	ion of Expendi	ture
Whom Paid	Otal	Zip Code (Plus 4	4		
ailing Address			208,040		Amount \$
iy				on of Expendit	ure
Whom Paid	State	Zip Code (Plus 4)			
iling Address			840	22.576	Amount \$
y			Description	on of Expenditu	ure .
	State	Zip Code (Plus 4)			
Whom Paid			2000	(S. S. S	Amount \$
			Description	n of Expenditu	re
	State	Zip Code (Plus 4)			
Whom Paid ing Address			ARC	22.5%	Amount \$
ing Address			Description	n of Expenditur	
	State	Zip Code (Plus 4)			
/hom Paid				OAY VI A	
ng Address			Description	of Expenditure	\$
	State	Zip Code (Plus 4)	1 11		
hom Paid	J		0.051.05	22.5200 NEA	
ng Address		***************************************	Description	of Expenditure	\$
	State	Zip Code (Plus 4)			
					PAGE TOTAL
r Grand Total of Expenditures	on Page 1, R	eport Cover P	age, Item	D.	\$ 350.00

# 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 Period From 11/27/17 To 12/31/17	
			From <u>11/27</u>	117 To 12/31/1
Name of Creditor				
				Outstanding Balance of
Mailing Address	DATE	Maria Maria		
	DEBT	580	DAY YEAR	
aty .	INCURRED	State	71- 8-1	
		State	Zip Code (Plus 4	)
escription of Debt				
ame of Creditor				
ane of Creditor	S.P10			OFFICE
ailing Address				Outstanding Balance of \$
	DATE	9.16	OAY YEAR	
ity	INCURRED			
		State	Zip Code (Plus 4)	
escription of Debt			-	
me of Creditor				
biling Address				Outstanding Balance of \$
,	DATE DEBT	9.8G.	CAY YEAR	9
ty .	INCURRED			
		State	Zip Code (Plus 4)	
scription of Debt			_	
me of Creditor				
				Outstanding Balance of L
iling Address	DATE	Mic		\$
У	DEBT		CAY VEAS	
		State	Zip Code (Plus 4)	
cription of Debt			_	
e of Creditor				
				Outstanding Balance of D
ling Address	DATE	SSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSS	× 200	\$
	DEBT	MC	GAV YEAR	
	INCORRED	State 2	ip Code (Plus 4)	
ription of Debt			-	
Theory of Debt				
of Creditor				
				Outstanding Balance of De
ing Address				\$
	DATE DEBT		67.57	
	INCURRED	Company		
		State Z	ip Code (Plus 4)	
iption of Debt		State 2	P Code (Plus 4)	
iption of Debt		State 2	ip Code (Plus 4)	

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