#### **CAMPAIGN FINANCE REPORT**

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

	-Instru	ctions on reverse-				
Filer Identification	Report	1.	CONMITTEE	2.	POHINGS	3.
Number:	Filed By:			$\mathbf{X}$		4
Name of Filing Committee, Candidate or Lobbyist: FRIEND	S OF TIM HO	FIUS				
Street Address: 450 50	INSET BLVD.					
City: HERMIZ		State	Zip Code:	P		
TYPE/CYCLE 1. OF REPORT	2.	3.			20	
4.	5.	6. X		uline I		
Place x to the right of report type/cycle	YEAR		X			
Name of Office Sought by Candidate:		DATE OF THE WAY (B)	District	Office	Party	County
MERCER COUNTY RECORDER	OF DEEDS	// 1 06 1 200 7 Month Day Year	Number	Code 0714	Code	Code
Summary of Receipts and Expenditures:	FROM: <u>//// 1 23 10</u> mo. day ye	7 TO: // 12612007 ar mo. day year	S (989)130	ine i	ica deletio	704) <b>(</b>
A. Amount Brought Forward From Last Report	s	, 135.84		110		
B. Total Monetary Contributions and Receipts		395,00		- 330	RCE	
C. Total Funds Available (Sum of Lines A and	B) \$	1,530.84		Ë	ATIC	
D. Total Expenditures (From Schedule III)	S	1,530,84		ס	N A NOT	
E. Ending Cash Balance (Subtract Line D from	Line C) \$	-0-		<b>8</b> 2	NOIS	
F. Value of In-Kind Contributions Received (Fr		-0-		Ę.	- <b></b>	
G. Unpaid Debts and Obligations (From Schedu	ule IV) \$	-0-				

#### SCHEDULE I

PAGE 2 OF \_\_\_\_/ 2\_\_

## **CONTRIBUTIONS AND RECEIPTS**

**Detailed Summary Page** 

Name of Filing Committee or Candidate	Reporting Period
FRIENDS OF IM HOFIUS	From 10-23-07 To 11-26-2007

1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER	CONT	RIBUTOR
TOTAL for the Reporting Period	(1)	\$ 395 00

2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)	
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)	7.04
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, ETC.	C.	(FROM PART E)
TOTAL for the Reporting Period (4)	Ŀ	<b>\$</b> -0 -

#### 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		, , ,
FRIENDS OF TIM HO	FIU	۷		From _/	10-23-	2007 To 11-26-2007
				DATE		AMOUNT
Full Name of Contributing Committee			22	<b>建</b> 型公司 48	<b>6</b> 二、配	\$
Mailing Address			S & mile	SECTE	Sec. 1.2	
СПУ	State	Zip Code (Flus 4)	21			
Full Name of Contributing Committee			ड <b>ं</b> क	a partition	METITE	
Mailing Address					17.10	\$
City	State	Zip Code (Plus 4)		rann.		
		-	X			<b>  \$</b>
Full Name of Contributing Committee	1			ALC: NO		5
Mailing Address	\			7.05777.5		5
City	State	Zip Code (Plus 4)	F-3 (12.43)	PER TYPE	127/184	\$
Full Name of Contributing Committee		X	-	FE :: 35	57.78	s
Mailing Address			CATTRO	3 7 7 5	F77.85	
City	State	Zip Code (P(us 4)	C. THE	9 PE 7736	TIME	L
Full Name of Contributing Committee	4/1		0.423 0.54	S C S T / S S	MILITERY.	
						\$
Mailing Address				<b>建筑</b> 医		5
City	State	Zip Code (Plus 4)	CHI THE	SET THE	<b>新工作</b>	s
Full Name of Contributing Committee			201730	THE STATE	27.12.13	\$
Mailing Address			221675	THE STAN	S	\$
City	State	Zip Code (Plus 4)	er na	SOM	No.	\$
Full Name of Contributing Complimes			<b>四</b> 公司	er te	SALLING.	i
Mailing Address			27 1/2			\$
City	State	Zip Code (Plus 4)	No More	107.Y.VI	A. A. 18	
Full Name of Contributing Committee		_	STATE OF THE STATE	E MATTER		
Mailing Address				an VV		\$
City	State	Zip Code (F)us 4)		Bat Year		\$
		_			2945 M * - \	\$
Enter Grand Total of Part A on School	dule i,	Datailed Summary	/ Page	, Section	n 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.)

FRIENDS OF TIM HOFIUS	From <u>10:23:20</u>	007 To 11-26-2007
	DATE	AMOUNT
Full Name of Contributor	MO. DAY YEAR	\$
Mailing Address	MO. DAY YEAR	s
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	MO. DAY YEAR	
Mailing Address	MO. DAY YEAR	\$
City State Zip Code (Flus 4)	MO. DAY YEAR	\$
Full Name of Contributor	MO. V DAY YEAR	
Mailing Address	MO. DAY YEAR	
City State Zip Code (Plus 4)	MD. DAY YEAR	
Full Name of Contributor	MO DAY YEAR	2002-00-00
Mailing Address	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) —	MO. DAY YEAR	\$
Full Name of Contributor	MO. DAY YEAR	s
Mailing Address	MO. DAY YEAR	\$
City State Zip Code (Plus 4)	MO. CDAY YEAR	\$
Full Name of Contributor	MO. DAY YEAR	\$
Mailing Address	MO. DAY YEAR	\$
City State Zip Code (Plus 4)	MO. DAY YEAR	s
	_	PAGE TOTAL
Enter Grand Total of Part B on Schedule I, Detailed Summary SEB-502 (7-99)	Page, Section 2.	\$ \( \) _

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.

FRIENDS OF TIM HORIUS	From <u>(1) 23</u>	2007 TO/1-26-2007
	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. CAY 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 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)	MD. 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 Summary	Page, Section 3.	PAGE TOTAL  \$ — O —

Name of Filing Committee or Candidate

### **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	Reporting Period	2017 - 1/2 7/ 2007
FRIENDS OF TIM HOFIUS	From 70 23 -	2ω7 το <u>//- 26-200</u> 7
	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	Occupation	
Employer Mailing Address/Principal Place of Business		
Full Name of Contributor	MO. DAY YEAR	\$
Mailing Address	MO. DAY YEAR	\$
City State Zip Code (Plus 4)	MO. DAY YEAR	\$
Employer Name	Occupation	
Employer Mailing Address/Principal Place of Business		
	MO. DAY YEAR	
Full Name of Contributor	MO. DAY YEAR	\$
Mailing Address	MO DAY YEAR	\$
City State Zin Code (Plus 4)	MO. 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 State Zip Code (Plus 4)	MO. 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 State Zip Code (Plus 4)	MO. DAY YEAR	\$
Employer Name	Occupation	
Employer Mailing Address/Principal Place of Business		
ampley at the ting Additional Through Tiede of Statistics		
Enter Count Total of Daw D. on Cabadala I. Datell I. Commun.	m. Dana Costian C	PAGE TOTAL
Enter Grand Total of Part D on Schedule I, Detailed Summa	ry Page, Section 3.	• -0-

DSEB-502 (7-99)

# 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	/_			eporting		147 - 1/2/ 2007
FRIENDS OF TIME	10 F1	15		From Z	7	007 то <u>//-26-200</u> 7
Fuil Name					/	
Mailing Address						
City	State	Zip Code (Plus 4)	-MO.	DAY	YEAR	Amount
Receipt Description		_				\$
necespt Seattiption	•					
Full Name						
Mailing Address		***	-/-			
City	State	Zip Code (Plus 4)		DAY	WEAR	Amount
City	3010		MO.	DAT	YEAR	\$
Receipt Description						
Full Name		\ /				
Mailing Address		$\overline{}$				
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$
Receipt Description	L		<b>J</b>			3
		/	<del>\</del>			
Full Name						
Mailing Address	/		/	\		
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount
		_				\$
Receipt Description				`		
Full Name						
Mailing Address						G0 4
/						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$
Receipt Description	LL					
Full Name						
						-
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount
Receipt Description		_				\$
						PAGE TOTAL
Enter Grand Total of Part E on Sched	lule I, I	Detailed Summary	Page,	Section	1 4.	\$ ~ 0 -

#### 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	Reporting Per	iod		
FRIENDS OF TIM HOFIUS			07 To //- 20	6-2007
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF S	\$50.00 OR I	ESS P	ER CONTRI	BUTOR
TOTAL for the Reporting Period	d (1)	\$	0-	
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$2	50.00 (FRO)	A PAR	r.Hamb	发表 51.9%
TOTAL for the Reporting Period	od (2)	\$	-0-	
3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FRO	OM PART G			10020
TOTAL for the Reporting Period	od (3)	\$	-0-	
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	2 2 2 1/ 2/ 2017
FRIENDS OF TIM HOFIUS	From <u>///-//</u>	2067 To 11-26-2007
	DATE	AMOUNT
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	MO. DAY YEAR	•
Mailing Address	MD. DAY YEAR	\$
		\$
City State Zip/Code (Plus 4)	MO. DAY YEAR	\$
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:	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:		
Full Name of Contributor	MO. DAY YEAR	\$
Meiling Address	MO. DAY YEAR	\$
City State Zip Code (Plus 4)	MO DAY YEAR	\$
Description of Contribution:		Э
<i></i>		
Full Name of Contributor	MO. DAY YEAR	\$
Mailing Address	MO. DAY YEAR	\$
City State Zip Code (Plus 4)	MO. DAY YEAR	\$
Description of Contribution:		<b>4</b>
Enter Grand Total of Part F on Schedule II, In-Kind Contributi Summary Page, Section 2.	ons Detailed	PAGE TOTAL \$ O

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

Name of Filing Committee or Candidate	Reporting Period	
FRIENDS OF TIM HOFIUS	From/ <u>// 23-2</u>	7007 To/1-26-2007
	DATE	AMOUNT
Full Name of Contributor	MO. DAY YEAR	\$
Mailing Address	MO. DAY YEAR	\$
City State Zip Code (Plus 4)	MO. DAY YEAR	\$
Employer of Contributor	Occupation	
Employer Mailing Address/Principal Place of Business	Description of Contribution	
Full Name of Contributor	MO. DAY YEAR	\$
Mailing Address	MO. DAY YEAR	\$
City State Zip Code (Plus 4)	MO. DAY YEAR	\$
Employer of Contributor	Occupation	
Employer Mailing Address/Principal Place of Business	Description of Contribution	
Full Name of Contributor	MO. DAY. YEAR.	\$
Mailing Address	MO. DAY YEAR	\$
City State Zip Code (Plus 4)	MO. DAY YEAR	\$
Employer of Contributor	Occupation	
Employer Mailing Address/Principal Place of Bus/hess	Description of Contribution	
Full Name of Contributor	MO. DAY YEAR	\$
Mailing Address	MO. DAY YEAR	\$
City State Zip Code (Plus 4)	MCI. DAY YEAR	\$
Employer of Contributor	Occupetion	
Employer Mailing Address/Principal Place of Business	Description of Contribution	
Full Name of Contributor	MO. DAY YEAR	\$
Mailing Address .	MO. DAY YEAR	\$
City State Zip Code (Plus 4) —	MO. DAY YEAR	\$
Employer of Contributor	Occupation	
Employer Mailing Address/Principal Place of Business	Description of Contribution	
Enter Grand Total of Part G on Schedule II In-Kind Contribut	ione Detailed	PAGE TOTAL

Summary Page, Section 3.

DSEB-502 (7-99)

#### SCHEDULE III

## STATEMENT OF EXPENDITURES

	Deposition Deviced
Name of Filing Committee or Candidate	Reporting Period
FRIENDS OF TIM HOFIUS.	From 10-23-2007 To 11-26-2007
To Whom Paid	MO. DAY YEAR Amount
Shenango Valley Chamber of Commerce Mailing Address	£ 10 26 2007 \$ 120.00
Mailing Address	
33 ChestNut Aut.  City   State   Zip Code (P)	ANNUAL SINNER
	us 4)
SMRON 19/16/46-	
To Whom Paid  DEBORAH LIHLE  Mailing Address	10 29 2007 \$ 427.25  Description of Expenditure
DEBORAH LITTLE	10 29 2007 \$ 721.23
Mailing Address	Description of Expenditure
235 S. ERIE ST.  City State Zip Code (Pi	AD EXPENSES STARON HELALD -
City MERCER State Zip Code (PI	CAMPAIEN BACACHAST EXPENSES
	CAMPAIGN LIZE 4E PAST NOONSES
TO WHOM Paid HERMITAGE TOSTMASTER	Description of Expenditure    Amount   How   Amount   How
Maritimus Addresses	Description of Expenditure
HERMITAGE SQUADE ANPRING (ENTER	CAMPAIEN POSTAGE EXPENSE
HERMITAGE SQUARE STOPPING (ENTER City State Zip Code (P) HERMITAGE A 16148 -	us 4)
HERMHAGE PA 16141-	
To Whom Paid	MA - 1 - PAN I VCAO I AMOUNT
To Whom Paid KENNEDY CATHOLIC HIGH SCHOOL Mailing Address	1/ 02 2007 \$ 62-25  Description of Expenditure
Mailing Address	Description of Expenditure
2120 STENANGO PALLEY PREEWAY	BASKET DONATION AND
City State Zip Code (Pi	us 4)
2120 SHENANGO PALLEY FREEWAY  City State Pip Code (P)  XER MITAGE PA 16148-	AD EXPENSE
Mailing Address	MO. DAY YEAR AMOUNT
MIERER COUNTY DEMOCRATIC COMMENTA	Description of Expenditure.
7-0.Bux 49	FINNA ( DINNER
City State Zip Code (PI	us 4)
SM20N PA 16146-	
To Whom Boid	MO. DAY YEAR Amount
WAL-MART	11 06 2007 \$ 21.97
Mailing Address	Description of Expenditure
1275 N. HERMITAGE Rd.	Doubhouts For CAMA16~
City   State   Zip Code (PI	us 4)
HERMITAGE A 16148-	WORKERS
To Whom Paid	MO. DAY YEAR Amount
THE XERALD	11 16 2007 \$ 138.00
Mailing Address	Description of Expenditure
	AD EXPENSE
State Zip Code (Pl	us . 4/
	Amount Description of the Amount Description
To Whom Paid HORIUS	MO. DAY YEAR Amount 37
Mailing Address	Description of Expenditure
450 SUNSET BLVD	REIMBUREMEN CAMPAIGN EXALS -
City State Zip Code (Pl	
LERMITAGE B 1614-	Milines, PhuEERP, SIENS, Shuts
	PAGE TOTAL
Enter Grand Total of Expenditures on Page 1, Report Cov	
,	■ ♥ 1,530×11€

# 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 TIM HOFIUS	5	From <u>10-23</u> .	-267 To 11-26-2007
TA (EIVES SI			
Name of Creditor			Outstanding Balance of Debt
Mailing Address	DATE MODEST INCURRED		Chronical Company of the Company of
City	State	e Zip Code (Plus 4)	
Description of Debt			
Name of Creditor		i com co	Outstanding Balance of Debt \$
Mailing Address	DATE ME		A SALES
City	State	e Zip Code (Plus 4)	and the second
Description of Debt	/		
Name of Creditor			Outstanding Balance of Debt
Mailing Address	DATE DEBT INCURRED	DAY YEAR	<b>曾是表现</b> 。
City	Stat	zip Code (Plus 4)	Maria Light
Description of Debt			
Name of Creditor			Outstanding Balance of Debt
Name of Creditor  Mailing Address	DATE DEBT INCURRED		Outstanding Balance of Debt
Mailing Address  City	DEBT		The same of the sa
Mailing Address	DEBT INCURRED		The same of the sa
Mailing Address  City  Description of Debt  Name of Creditor	DEBT INCURRED Stat	Zip Code (Plus 4)	The same of the sa
Mailing Address  City  Description of Debt  Name of Creditor  Mailing Address	DEBT INCURRED State	Zip Code (Plus 4)  —  DAY YEAR	S Outstanding Balance of Debt
Mailing Address  City  Description of Debt  Name of Creditor  Mailing Address  City	DEBT INCURRED State	Zip Code (Plus 4)  —  DAY YEAR	Substanding Balance of Debt
Mailing Address  City  Description of Debt  Name of Creditor  Mailing Address  City  Description of Debt	DEBT INCURRED State	Zip Code (Plus 4)  —  DAY YEAR	S Outstanding Balance of Debt
Mailing Address  City  Description of Debt  Name of Creditor  Mailing Address  City  Description of Debt	DATE DEBT INCURRED  DATE DEBT INCURRED  Stat	Zip Code (Plus 4)  —  DAY YEAR	S Outstanding Balance of Debi
Mailing Address  City  Description of Debt  Name of Creditor  Mailing Address  City  Description of Debt  Name of Creditor  Mailing Address	DATE DEBT INCURRED  DATE DEBT INCURRED  DATE DEBT INCURRED  DATE DEBT INCURRED	DAY YEAR  D. DAY YEAR  D. DAY YEAR	S Outstanding Balance of Deb S Outstanding Balance of Deb
Mailing Address  City  Description of Debt  Name of Creditor  Mailing Address  City  Description of Debt  Name of Creditor  Mailing Address  City  City  City	DATE DEBT INCURRED State	DAY YEAR  D. DAY YEAR  D. DAY YEAR	S Outstanding Balance of Deb S Outstanding Balance of Deb
Mailing Address  City  Description of Debt  Name of Creditor  Mailing Address  City  Description of Debt  Name of Creditor  Mailing Address	DATE DEBT INCURRED  DATE DEBT INCURRED  DATE DEBT INCURRED  DATE DEBT INCURRED	DAY YEAR  D. DAY YEAR  D. DAY YEAR	S Outstanding Balance of Deb S Outstanding Balance of Deb
Mailing Address  City  Description of Debt  Name of Creditor  Mailing Address  City  Description of Debt  Name of Creditor  Mailing Address  City  City  City	DATE DEBT INCURRED  DATE DEBT INCURRED  DATE DEBT INCURRED  State	DAY YEAR  D. DAY YEAR  D. DAY YEAR  D. DAY YEAR  D. DAY YEAR	S Outstanding Balance of Deb S Outstanding Balance of Deb