Reset Form | Print Form

Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

Filer Identification Number	2010341	Report Filed By (Mark X)	Candidate		Committee	X	Lobbyist	
Name of Filing Committee, Candidate or Lobbyist	Friends of Haste & Pries						
Street Address	P.O. Box 7365						
City	Steelton	State	PA	Zip Code	17113		

Type of Report (Place x under report type)

1- 6th Tuesday Pre-Primary	2- 2nd Friday Pre-Primary	3- 30 Day Post Primary	4- 6th Tuesday Pre- Election	5- 2nd Friday Pre- Election	6- 30 Day Post Election	7- Annual	Special 2nd Friday Pre-Election	Special 30 Day Post-Election
		X						

Date Of Election (MM/DD/YYYY)	Year	Amendment Report	Termination Report
5/19/15	2015		

Summary of Receipts and Expenditures	From Date	To Date
	5/5/15	6/8/15

A. Amount Brought Forward From Last Report	$	178,031.27
B. Total Monetary Contributions and Receipts (From Schedule I)	$	46,500.00
C. Total Funds Available (Sum of Lines A and B)	$	224,531.27
D. Total Expenditures (From Schedule III)	$	8,575.38
E. Ending Cash Balance (Subtract Line D from Line C)	$	215,955.89
F. Value of In-Kind Contributions Received (From Schedule II)	$	841.18
G. Unpaid Debts and Obligations (From Schedule IV)	$	Ø

For Office Use Only

County Copy

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2015 JUN 18 PM 2:29
DEPARTMENT OF STATE
BUREAU OF CAMPAIGN FINANCE & PUBLIC DISCLOSURE

Affidavit Section

Part I- If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules on paper, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this 18 day of June 20 15

Richie A. Martz
Signature

COMMONWEALTH OF PENNSYLVANIA
NOTARIAL SEAL
RICHIE A. MARTZ, Notary Public
City of Harrisburg, Dauphin County
My Commission Expires May 13, 2019

My Commission expires MO DAY YR

David Reidt
Signature of Person Submitting report

David Reidt
Printed Name

717 Area Code

514-8632 Daytime Telephone Number

Part II- If this is a report of a Candidate's Authorized Committee, candidate shall sign here.

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, NO.320) as amended.

Sworn to and subscribed before me this 18 day of June 20 15

Richie A. Martz
Signature

COMMONWEALTH OF PENNSYLVANIA
NOTARIAL SEAL
RICHIE A. MARTZ, Notary Public
City of Harrisburg, Dauphin County
My Commission Expires May 13, 2019

My Commission expires MO DAY YR

Jeff Haste
Signature of Candidate

Jeff Haste
Printed Name

717 Area Code

979-2043 Daytime Telephone Number

18th day of June, 2015
Richie A. Martz

COMMONWEALTH OF PENNSYLVANIA
NOTARIAL SEAL
RICHIE A. MARTZ, Notary Public
City of Harrisburg, Dauphin County
My Commission Expires May 13, 2019

Mike Pries

717-979-7288

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

Filer Identification Number	2010341

1. Unitemized Contributions and Receipts-$50.00 or Less per Contributor			
Total for the reporting period	(1)	$	Ø
2. Contributions of $50.01 to $250.00 (From Part A and Part B)			
Contributions Received from Political Committees (Part A)		$	150.00
All Other Contributions (Part B)		$	3,000.00
Total for the reporting period	(2)	$	3,150.00
3. Contributions Over $250.00 (From Part C and Part D)			
Contributions Received from Political Committees (Part C)		$	5,000.00
All Other Contributions (Part D)		$	38,350.00
Total for the reporting period	(3)	$	43,350.00
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)			
Total for the reporting period	(4)	$	Ø
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)*		$	46,500.00

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.

Filer Identification Number	2010341

Full Name of Contributing Committee						Date [MM/DD/YYYY]	$	Amount
Full Name of Contributing Committee	Friends of Chris Reilly					05/11/15	$	150.00
House #		Street Address	P.O. Box 206			Date [MM/DD/YYYY]	$	
City	York	State	PA	Zip Code	17405	Date [MM/DD/YYYY]	$	
Full Name of Contributing Committee						Date [MM/DD/YYYY]	$	
House #		Street Address				Date [MM/DD/YYYY]	$	
City		State		Zip Code		Date [MM/DD/YYYY]	$	
Full Name of Contributing Committee						Date [MM/DD/YYYY]	$	
House #		Street Address				Date [MM/DD/YYYY]	$	
City		State		Zip Code		Date [MM/DD/YYYY]	$	
Full Name of Contributing Committee						Date [MM/DD/YYYY]	$	
House #		Street Address				Date [MM/DD/YYYY]	$	
City		State		Zip Code		Date [MM/DD/YYYY]	$	
Full Name of Contributing Committee						Date [MM/DD/YYYY]	$	
House #		Street Address				Date [MM/DD/YYYY]	$	
City		State		Zip Code		Date [MM/DD/YYYY]	$	
Full Name of Contributing Committee						Date [MM/DD/YYYY]	$	
House #		Street Address				Date [MM/DD/YYYY]	$	
City		State		Zip Code		Date [MM/DD/YYYY]	$	

PART B

All Other Contributions

$50.01 TO $250

Use this Part to itemize all other contributions with an aggregate value from $50.01 TO $250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Filer Identification Number:	201034

Full Name of Contributor	Robert J. Tribeck	Date [MM/DD/YYYY]	$	250.00
House #	5027	Street Address	Pellingham Cir.	Date [MM/DD/YYYY]	$	
City	Enola	State	PA	Zip Code	17025	Date [MM/DD/YYYY]	$	

Full Name of Contributor	David O. Twaddell	Date [MM/DD/YYYY]	$	250.00
House #	1175	Street Address	Quail Hollow Rd.	Date [MM/DD/YYYY]	$	
City	Hummelstown	State	PA	Zip Code	17036	Date [MM/DD/YYYY]	$	

Full Name of Contributor	Timothy J. Morrison, CLU	Date [MM/DD/YYYY]	$	250.00
House #	600	Street Address	Wilson Lane, Suite 200	Date [MM/DD/YYYY]	$	
City	Mechanicsburg	State	PA	Zip Code	17055	Date [MM/DD/YYYY]	$	

Full Name of Contributor	Johnathan W. Cox	Date [MM/DD/YYYY]	$	250.00
House #	145	Street Address	Briarwood Ln.	Date [MM/DD/YYYY]	$	
City	Carlisle	State	PA	Zip Code	17015	Date [MM/DD/YYYY]	$	

Full Name of Contributor	Cory A. Iannacone	Date [MM/DD/YYYY]	$	250.00
House #	205	Street Address	Mapleton Dr.	Date [MM/DD/YYYY]	$	
City	Harrisburg	State	PA	Zip Code	17112	Date [MM/DD/YYYY]	$	

Full Name of Contributor	Lynn M. Thompson	Date [MM/DD/YYYY]	$	250.00
House #	5208	Street Address	Brighton Ln.	Date [MM/DD/YYYY]	$	
City	Enola	State	PA	Zip Code	17025	Date [MM/DD/YYYY]	$	

PART B

All Other Contributions

$50.01 TO $250

Use this Part to itemize all other contributions with an aggregate value from $50.01 TO $250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Filer Identification Number:	2010341

Full Name of Contributor	House#	Street Address	City	State	Zip Code	Date [MM/DD/YYYY]	$
Thomas A. French	605	McCormck Rd.	Mechanicsburg	PA	17055	05/11/15	250.00
Dean F. Piermattei	3129	Steinruck Rd.	Elizabethtown	PA	17022	05/11/15	250.00
Marie T. Boyer	4813	Mountainrise Dr.	Harrisburg	PA	17110	05/11/15	250.00
Dongchol Park	445	N. Reeser Dr.	York Haven	PA	17370	05/11/15	150.00
Richard B. Wood	53	Caramel Ct.	Hershey	PA	17033	05/11/15	150.00
Drake D. Nicholas	109	Wheatland Rd.	Lewisberry	PA	17339	05/11/15	150.00

PART B

All Other Contributions

$50.01 TO $250

Use this Part to itemize all other contributions with an aggregate value from $50.01 TO $250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Filer Identification Number:	2610341

Full Name of Contributor						Date [MM/DD/YYYY]	$
Timothy J. Nieman						05/11/15	150.00
House#		Street Address	P.O. Box 382			Date [MM/DD/YYYY]	$
City	Mt. Gretna	State	PA	Zip Code	17064	Date [MM/DD/YYYY]	$

Full Name of Contributor						Date [MM/DD/YYYY]	$
Charles J. Ferry						05/11/15	150.00
House#	5202	Street Address	Brighton Lane			Date [MM/DD/YYYY]	$
City	Enola	State	PA	Zip Code	17025	Date [MM/DD/YYYY]	$

Full Name of Contributor						Date [MM/DD/YYYY]	$
House#		Street Address				Date [MM/DD/YYYY]	$
City		State		Zip Code		Date [MM/DD/YYYY]	$

Full Name of Contributor						Date [MM/DD/YYYY]	$
House#		Street Address				Date [MM/DD/YYYY]	$
City		State		Zip Code		Date [MM/DD/YYYY]	$

Full Name of Contributor						Date [MM/DD/YYYY]	$
House#		Street Address				Date [MM/DD/YYYY]	$
City		State		Zip Code		Date [MM/DD/YYYY]	$

Full Name of Contributor						Date [MM/DD/YYYY]	$
House#		Street Address				Date [MM/DD/YYYY]	$
City		State		Zip Code		Date [MM/DD/YYYY]	$

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.

Filer Identification Number:	2010341

Full Name of Contributing Committee	Eckert Seamans Government PAC					Date [MM/DD/YYYY] 05/19/15	$ 5,000.00
House #	600	Street Address	Grant St., 44th Floor			Date [MM/DD/YYYY]	$
City	Pittsburgh	State	PA	Zip Code	15219	Date [MM/DD/YYYY]	$

Full Name of Contributing Committee						Date [MM/DD/YYYY]	$
House #		Street Address				Date [MM/DD/YYYY]	$
City		State		Zip Code		Date [MM/DD/YYYY]	$

Full Name of Contributing Committee						Date [MM/DD/YYYY]	$
House #		Street Address				Date [MM/DD/YYYY]	$
City		State		Zip Code		Date [MM/DD/YYYY]	$

Full Name of Contributing Committee						Date [MM/DD/YYYY]	$
House #		Street Address				Date [MM/DD/YYYY]	$
City		State		Zip Code		Date [MM/DD/YYYY]	$

Full Name of Contributing Committee						Date [MM/DD/YYYY]	$
House #		Street Address				Date [MM/DD/YYYY]	$
City		State		Zip Code		Date [MM/DD/YYYY]	$

Full Name of Contributing Committee						Date [MM/DD/YYYY]	$
House #		Street Address				Date [MM/DD/YYYY]	$
City		State		Zip Code		Date [MM/DD/YYYY]	$

PART D

All Other Contributions

Over $250.00

Use this Part to itemize all other contributions with an aggregate value over $250.00 in the reporting period.
(Exclude contributions from political committees reported in Part C)

Filer Identification Number:	2010341

Full Name of Contributor	Thomas Ollason				Date [MM/DD/YYYY]	$	1,000.00
House #	610	Street Address	Union School Rd		Date [MM/DD/YYYY]	$	
City	Mount Joy	State	PA	Zip Code 17552	Date [MM/DD/YYYY]	$	
Employer Name	Lavery Law				Occupation	Shareholder	
Employer Mailing Address / Principal Place of Business	225 Market St, Harrisburg, PA 17108						

Full Name of Contributor	Lee A. Hoffer				Date [MM/DD/YYYY]	$	25,000.00
House #	4479	Street Address	Chambers Hill Rd.		Date [MM/DD/YYYY]	$	
City	Harrisburg	State	PA	Zip Code 17111	Date [MM/DD/YYYY]	$	
Employer Name					Occupation		
Employer Mailing Address / Principal Place of Business							

Full Name of Contributor	Robert C. Grubic				Date [MM/DD/YYYY]	$	5,000.00
House #	4315	Street Address	Stoneleigh Ct.		Date [MM/DD/YYYY]	$	
City	Harrisburg	State	PA	Zip Code 17112	Date [MM/DD/YYYY]	$	
Employer Name	Herbert, Rowland & Grubic, Inc				Occupation	President	
Employer Mailing Address / Principal Place of Business							

Full Name of Contributor	Lee C. Swartz				Date [MM/DD/YYYY]	$	500.00
House #	2224	Street Address	Goose Valley Rd		Date [MM/DD/YYYY]	$	
City	Harrisburg	State	PA	Zip Code 17110	Date [MM/DD/YYYY]	$	
Employer Name	Tucker Arensberg				Occupation	Attorney	
Employer Mailing Address / Principal Place of Business	2 Lemoyne Dr. Suite 200, Lemoyne, PA 17043						

PART D

All Other Contributions

Over $250.00

Use this Part to itemize all other contributions with an aggregate value over $250.00 in the reporting period.
(Exclude contributions from political committees reported in Part C)

Filer Identification Number:	2010341

Full Name of Contributor	Elmer W. Heinel					Date [MM/DD/YYYY]	$	500.00
House #	9	Street Address	Prospect Hill Ave.			Date [MM/DD/YYYY]	$	
City	Summit	State	NJ	Zip Code	07901	Date [MM/DD/YYYY]	$	
Employer Name	E. W. Heinel					Occupation	CEO	
Employer Mailing Address / Principal Place of Business	9 Prospect Hill Ave, Summit, NJ 07901							

Full Name of Contributor	Rhoads & Sinon LLP					Date [MM/DD/YYYY]	$	6,350.00
House #	1	Street Address	South Market Square			Date [MM/DD/YYYY]	$	
City	Harrisburg	State	PA	Zip Code	17108	Date [MM/DD/YYYY]	$	
Employer Name	Rhoads & Sinon LLP					Occupation	Attorneys	
Employer Mailing Address / Principal Place of Business	1 S. Market Square, Harrisburg, PA 17108							

Full Name of Contributor						Date [MM/DD/YYYY]	$	
House #		Street Address				Date [MM/DD/YYYY]	$	
City		State		Zip Code		Date [MM/DD/YYYY]	$	
Employer Name						Occupation		
Employer Mailing Address / Principal Place of Business								

Full Name of Contributor						Date [MM/DD/YYYY]	$	
House #		Street Address				Date [MM/DD/YYYY]	$	
City		State		Zip Code		Date [MM/DD/YYYY]	$	
Employer Name						Occupation		
Employer Mailing Address / Principal Place of Business								

PART E

Other Receipts

REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Filer Identification Number:	2010341

Full Name									
House #		Street Address							
City		State		Zip Code		Date [MM/DD/YYYY]		$	
Receipt Description									

Full Name									
House #		Street Address							
City		State		Zip Code		Date [MM/DD/YYYY]		$	
Receipt Description									

Full Name									
House #		Street Address							
City		State		Zip Code		Date [MM/DD/YYYY]		$	
Receipt Description									

Full Name									
House #		Street Address							
City		State		Zip Code		Date [MM/DD/YYYY]		$	
Receipt Description									

Full Name									
House #		Street Address							
City		State		Zip Code		Date [MM/DD/YYYY]		$	
Receipt Description									

Full Name									
House #		Street Address							
City		State		Zip Code		Date [MM/DD/YYYY]		$	
Receipt Description									

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECIEVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD

DETAILED SUMMARY PAGE

Filer Identification Number:	2010341

1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF $50.00 OR LESS PER CONTRIBUTOR			
TOTAL for the reporting period	(1)	$	ϕ

2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF $50.01 TO $250.00 (FROM PART F)			
TOTAL for the reporting period	(2)	$	ϕ

3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER $250.00 (FROM PART G)			
TOTAL for the reporting period	(3)	$	841.18

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)	$	841.18

SCHEDULE II
PART F

In-Kind Contributions Received

VALUE OF $50.01 TO $250

Filer Identification Number:	2010341

Full Name of Contributor				Date [MM/DD/YYYY]	$
House #		Street Address		Date [MM/DD/YYYY]	$
City		State	Zip Code	Date [MM/DD/YYYY]	$
Description of Contribution					

Full Name of Contributor				Date [MM/DD/YYYY]	$
House #		Street Address		Date [MM/DD/YYYY]	$
City		State	Zip Code	Date [MM/DD/YYYY]	$
Description of Contribution					

Full Name of Contributor				Date [MM/DD/YYYY]	$
House #		Street Address		Date [MM/DD/YYYY]	$
City		State	Zip Code	Date [MM/DD/YYYY]	$
Description of Contribution					

Full Name of Contributor				Date [MM/DD/YYYY]	$
House #		Street Address		Date [MM/DD/YYYY]	$
City		State	Zip Code	Date [MM/DD/YYYY]	$
Description of Contribution					

Full Name of Contributor				Date [MM/DD/YYYY]	$
House #		Street Address		Date [MM/DD/YYYY]	$
City		State	Zip Code	Date [MM/DD/YYYY]	$
Description of Contribution					

SCHEDULE II

Part G

In-Kind Contributions Received

VALUE OVER $250

Filer Identification Number:	2010341

Full Name of Contributor	Republican Party of PA					Date [MM/DD/YYYY] 05/12/15	$	841.18
House #	112	Street Address	State St.			Date [MM/DD/YYYY]	$	
City	Harrisburg	State	PA	Zip Code	17101	Date [MM/DD/YYYY]	$	
Employer Name	Republican PARTY of PA					Occupation	N/A	
Employer Mailing Address / Principal Place of Business	112 State St. Harrisburg, PA 17101					Description of Contribution	Campaign Literature & postage	

Full Name of Contributor						Date [MM/DD/YYYY]	$	
House #		Street Address				Date [MM/DD/YYYY]	$	
City		State		Zip Code		Date [MM/DD/YYYY]	$	
Employer Name						Occupation		
Employer Mailing Address / Principal Place of Business						Description of Contribution		

Full Name of Contributor						Date [MM/DD/YYYY]	$	
House #		Street Address				Date [MM/DD/YYYY]	$	
City		State		Zip Code		Date [MM/DD/YYYY]	$	
Employer Name						Occupation		
Employer Mailing Address / Principal Place of Business						Description of Contribution		

Full Name of Contributor						Date [MM/DD/YYYY]	$	
House #		Street Address				Date [MM/DD/YYYY]	$	
City		State		Zip Code		Date [MM/DD/YYYY]	$	
Employer Name						Occupation		
Employer Mailing Address / Principal Place of Business						Description of Contribution		

SCHEDULE III

Statement of Expenditures

Filer Identification Number:	2010341

To Whom Paid	Ruby Doub					Date [MM/DD/YYYY]	$	49.00
House#	8	Street Address	S. 20th St.			Description of Expenditure		
City	Harrisburg	State	PA	Zip Code	17104	Reimbursement		

To Whom Paid	CD East Football Booster Club					Date [MM/DD/YYYY]	$	300.00
House#		Street Address	P.O. Box 4833			Description of Expenditure		
City	Harrisburg	State	PA	Zip Code	17111	Advertising		

To Whom Paid	Outsource Services					Date [MM/DD/YYYY]	$	225.00
House#	806	Street Address	S. 29th Street			Description of Expenditure		
City	Harrisburg	State	PA	Zip Code	17111	Web Processing		

To Whom Paid	Citizens to Elect Payne					Date [MM/DD/YYYY]	$	500.00
House#		Street Address	P.O. Box 651			Description of Expenditure		
City	Hershey	State	PA	Zip Code	17033	Donation		

To Whom Paid	IMC					Date [MM/DD/YYYY]	$	250.00
House#		Street Address	P.O. Box 5692			Description of Expenditure		
City	Harrisburg	State	PA	Zip Code	17110	Advertising		

To Whom Paid	Harrisburg Rugby Football Club					Date [MM/DD/YYYY]	$	125.00
House#		Street Address	P.O. Box 161			Description of Expenditure		
City	Harrisburg	State	PA	Zip Code	17108	Advertising		

To Whom Paid	Armstrong Printery					Date [MM/DD/YYYY]	$	501.38
House#	2940	Street Address	Jefferson St.			Description of Expenditure		
City	Harrisburg	State	PA	Zip Code	17110	Printing		

To Whom Paid	Community Networking Resources					Date [MM/DD/YYYY]	$	1,200.00
House#		Street Address	P.O. Box 7365			Description of Expenditure		
City	Steelton	State	PA	Zip Code	17113	Consulting		

SCHEDULE III

Statement of Expenditures

Filer Identification Number:	2010341

To Whom Paid	Mahogany Leader					Date [MM/DD/YYYY]	$	65.00
House #		Street Address	P.O. Box 61991			Description of Expenditure		
City	Harrisburg	State	PA	Zip Code	17106	Advertising		

To Whom Paid	Community Networking Resources					Date [MM/DD/YYYY]	$	3,000.00
House #		Street Address	P.O. Box 7365			Description of Expenditure		
City	Steelton	State	PA	Zip Code	17110	consulting		

To Whom Paid	Emily Smith					Date [MM/DD/YYYY]	$	700.00
House #	2002	Street Address	Columbia Ave.			Description of Expenditure		
City	Camp Hill	State	PA	Zip Code	17011	Design Expense		

To Whom Paid	CASA					Date [MM/DD/YYYY]	$	600.00
House #		Street Address	P.O. Box 6236			Description of Expenditure		
City	Harrisburg	State	PA	Zip Code	17112	Advertisement		

To Whom Paid	CMN - Sams Club					Date [MM/DD/YYYY]	$	250.00
House #	6781	Street Address	Grayson Rd.			Description of Expenditure		
City	Harrisburg	State	PA	Zip Code	17111	Advertising		

To Whom Paid	Susan Court					Date [MM/DD/YYYY]	$	560.00
House #	114	Street Address	Java Ave.			Description of Expenditure		
City	Hershey	State	PA	Zip Code	17033	Digital Consulting		

To Whom Paid	Hershey Italian Lodge					Date [MM/DD/YYYY]	$	250.00
House #	128	Street Address	Hillcrest Rd.			Description of Expenditure		
City	Hershey	State	PA	Zip Code	17033	Event Fee		

To Whom Paid						Date [MM/DD/YYYY]	$	
House #		Street Address				Description of Expenditure		
City		State		Zip Code				

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.

Filer Identification Number:	

Name of Creditor						Outstanding Balance of Debt
House #		Street Address		DATE DEBT INCURRED [MM/DD/YYYY]		$
City		State		Zip Code		
Description of Debt						

Name of Creditor						Outstanding Balance of Debt
House #		Street Address		DATE DEBT INCURRED [MM/DD/YYYY]		$
City		State		Zip Code		
Description of Debt						

Name of Creditor						Outstanding Balance of Debt
House #		Street Address		DATE DEBT INCURRED [MM/DD/YYYY]		$
City		State		Zip Code		
Description of Debt						

Name of Creditor						Outstanding Balance of Debt
House #		Street Address		DATE DEBT INCURRED [MM/DD/YYYY]		$
City		State		Zip Code		
Description of Debt						

Name of Creditor						Outstanding Balance of Debt
House #		Street Address		DATE DEBT INCURRED [MM/DD/YYYY]		$
City		State		Zip Code		
Description of Debt						

Name of Creditor						Outstanding Balance of Debt
House #		Street Address		DATE DEBT INCURRED [MM/DD/YYYY]		$
City		State		Zip Code		
Description of Debt						