

CAMPAIGN FINANCIAL DISCLOSURE STATE

For State and Local Candidates For Single-Candidate Committees

ELECTION COMMISSION

2.b. IF COMMITTEE, NAME OF CANDIDATE 4.a. CAMPAIGN ADDRESS AND PHONE Street or fural Route 2.b. Growth About Thank Manufacture 3. Street or fural Route 4.b. CAMPINES HOME ADDRESS (if different than 4.a.) 3. Street or fural Route 4.b. CAMPINES HOME ADDRESS (if different than 4.a.) 5. OFFICE SOUGHT (include district number, if applicable) 6. OFFICE SOUGHT (include district number, if applicable) 7. CARESONY OR REPORT (Check one) 8.a. BEGINNIND DATE OF REPORTING PERIOD 7. CARESONY OR REPORT (Check one) 9. (Check one) 9. (Check one) 9. (Check one) 1. This campaign is everify from detailed disclosure because contributions (including in-kind) received total \$1,000 or less AND expenditures total \$1,000 or less for this reporting period. (Complete items 12d. 12e. and 12f.) 10. In this campaign is required to file a detailed financial disclosure because contributions (including in-kind) received total more than \$1,000 for this reporting period. 10. In the campaign is required to file a detailed financial disclosure because contributions (including in-kind) received total more than \$1,000 for this reporting period. 10. In the campaign is required to file a detailed financial disclosure because contributions (including in-kind) received total more than \$1,000 for this reporting period. 10. In the data campaign of campaign contributions and expenditures required to be reported by the candidate committee by the Campaign Financial Disclosure Act and dismish, when swear or affirm that no campaign contributions have been expended for the personal financial benefits and the campaign contributions have been expended for the personal financial benefits and the campaign contributions have been expended for the personal financial benefits and the campaign contributions have been expended for the personal financial benefits and the campaign contributions have been expended for the personal financial benefits and the campaign of can	1. DATE OF REPORT	2.a. NAME OF CANDIDATE Ø	DCOMMITTEE			
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4.a. CAMPAIGN ADDRESS AND PHONE Siteet or Rural Route 2.ip Code 2.ip Code 2.ip Code 2.ip Code 2.ip Code 2.ip Code 4.b. CAMDIDATE'S HOME ADDRESS (if different than 4.a.) Street or Rural Route 5. OFFICE SOUGHT (include district number, if applicable) 6. NAME OF POLITICAL TREASURER (may be candidate) 6. NAME O	2.b. IF COMMITTEE, NAME OF CANDIDATE	V Ca	1001100	3. ELECTION DATE		_
Street or Rural Route 200 4	A CAMPAION APPROV			10		
4.b. CANDIDATES HOME ADDRESS (it different than 4.a) Sireet or Rural Route 5. OFFICE SOUGHT (include district number, if applicable) 6. NAME OF POLITICAL TREASURER (may be candidate) 7. CATEGORY OR REPORT (Check one) FIRST 9. COURTE CHARTER QUARTER QUARTER QUARTER PRIMARY CHARLES (MD YEAR YEAREND SUPPLEMENTAL OLD YEAR OLD Y	Street or Rural Route	City	Stata			-
Street or Rural Route 5. OFFICE SOUGHT (include district number, if applicable) 6. NAME OF POLITICAL TREASURER (may be candidate) 7. CATEGORY OR REPORT (Check one) FIRST OLARTER QUARTER QUARTER PRIMARY GENERAL SUPPLEMENTAL 8.a. BEGINNING DATE OF REPORTING PERIOD 9. (Check one) a. This campaign is exempt from detailed disclosure because contributions (including in-kind) received total \$1,000 or less AND expenditures total \$1,000 or less for fits reporting period. (Complete titems 12d., 12e. and 12f.) 10. I/We do solemnly swear or affirm that the information contained in this campaign financial disclosure report is true and that this report is an accurate accounting of campaign contributions and expenditures required to be reported by the candidate committee by the Campaign benefit of the candidate or for any other nanpolitical purpose as defined by the figeral internal revenue code. 10. I/We do solemnly swear or affirm that the information contained in this campaign financial disclosure report is true and that this report is an accurate accounting of campaign contributions and expenditures required to be reported by the candidate committee by the Campaign benefit of the candidate or for any other nanpolitical purpose as defined by the figeral internal revenue code. 11. We fine SS IGNATURE 12. SUMMARY a. BALANCE ON HAND LAST REPORT b. TOTAL LOANS OUTSTANDING 6. NAME OF POLITICAL TREASURER (may be candidate) 7. AS 3.0 M	2004 Hartman Dlanta	/ /		0.10	2	
5. OFFICE SOUGHT (include district number, if applicable) 6. NAME OF POLITICAL TREASURER (may be candidate) 7. CATEGORY OR REPORT (Check one) 8. REGINNING DATE OF REPORT (Check one) 9. CHIS & MIDYEAR YEAR-END 9. (Check one) 9. (Check one) 9. (Check one) 9. (Check one) 1. This campaign is exempt from detailed disclosure because contributions (including in-kind) received total \$1,000 or less AND expenditures total \$1,000 or less for this reporting period. (Complete items \$2d., \$2e. and \$12f.) 10. Whe do solemnly swear or affirm that the information contained in this campaign financial disclosure report is true and that this report is accurate accounting of campaign contributions and expenditures required to be reported by the candidate committee by the Campaign benefit of the candidate or for any other nonpolitical purpose as defined by the fedgral internal revenue code. 11. Well NESS SIGNATURE 12. SUMMARY a. BALANCE ON HAND LAST REPORT b. TOTAL LOANS OUTSTANDING 6. NAME OF POLITICAL TREASURER (may be candidate) 8. PRIMARY 9. (Check one) 8. DENING DATE OF REPORTING PERIOD 8. ENING DATE OF REPORTING PERIOD 9. (Check one) 9. (Check one)	4.b. CANDIDATE'S HOME ADDRESS (if different	than 4.a.)	C ///.	3/090	315-218-552	6
7. CATEGORY OR REPORT (Check one) FIRST SECOND THIRD FOURTH PRE- FRE MID-YEAR YEAR-END PRESTORED THIRD FOURTH PRE- FRE MID-YEAR YEAR-END S.B. BEGINNING DATE OF REPORTING PERIOD S.B. ENDING DATE OF REPORTING PERIOD S.B. EDING DATE OF REPORT S.B. EDING	Street of Rural Route	City	State	Zip Code	Phone	
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PIRST SECOND THEORY (Check one)	Wilson County Commissioned.	23/12District	10 4	enise 1	Mas VID	
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9. (Check one) a.	8.a. BEGINNING DATE OF REPORTING PERIOD		GENERAL	SUPPLEMENTAL		
a. This campaign is exempt from detailed disclosure because contributions (including in-kind) received total \$1,000 or less AND expenditures total \$1,000 or less for this reporting period. (Complete items 12d., 12e. and 12f.) b. This campaign is required to file a detailed financial disclosure because contributions (including in-kind) received total more than \$1,000 and/or expenditures total more than \$1,000 for this reporting period. 10. If we do solemnly swear or affirm that the information contained in this campaign financial disclosure report is true and that this report is an accurate accounting of campaign contributions and expenditures required to be reported by the candidate committee by the Campaign Financial Disclosure Act. Additionally, I/we swear or affirm that no campaign contributions have been expended for the personal financial berrefit of the candidate or for any other nonpolitical purpose as defined by the federal internal revenue code. 11. WINNESS SIGNATURE Complete items 12d., 12e. and 12f.) Complete items 12d., 12e. and 12f.	2014 1, 2014	0.0.	111 2	8 7614	(
b. This campaign is required to file a detailed financial disclosure because contributions (including in-kind) received total more than \$1,000 for this reporting period. 10. I/we do solemnly swear or affirm that the information contained in this campaign financial disclosure report is true and that this report is an accurate accounting of campaign contributions and expenditures required to be reported by the candidate committee by the Campaign benefit of the candidate or for any other nonpolitical purpose as defined by the federal internal revenue code. 11. WWTNESS SIGNATURE 12. SUMMARY a. BALANCE ON HAND LAST REPORT b. TOTAL DISBURSEMENTS THIS PERIOD d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.) e. TOTAL LOANS OUTSTANDING 10. I/we do solemnly swear or affirm that the information contained in this campaign financial disclosure report is true and that this report is an accurate accounting of campaign contributions of the reporting period. 11. I/we do solemnly swear or affirm that the information contained in this campaign financial disclosure report is true and that this report is an accurate accounting of campaign contributions of the report of the candidate own in this report is an accurate accounting on the true and that this report is an accurate accounting on the report of a firm that no campaign contributions contributions or affirm that no campaign contributions contributions of the campaign financial disclosure report is true and that this report is an accurate accounting on the report of a firm that no campaign contributions or affirm that the information contained in this campaign financial disclosure report is true and that this report is an accurate accounting on the report of affirm that the information contained in this campaign financial disclosure report is true and that this report is an accurate accounting on the federal manual disclosure report is true and that this report is an accurate accu	9. (Check one)	300	19 2	01 20,1		_
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10. I/we do solemnly swear or affirm that the information contained in this campaign financial disclosure report is true and that this report is an accurate accounting of campaign contributions and expenditures required to be reported by the candidate committee by the Campaign Financial Disclosure Act. Additionally, I/we swear or affirm that no campaign contributions have been expended for the personal financial benefit of the candidate or for any other nonpolitical purpose as defined by the federal internal revenue code. 11. WITNESS SIGNATURE 12. SUMMARY a. BALANCE ON HAND LAST REPORT b. TOTAL DISBURSEMENTS THIS PERIOD c. TOTAL LOANS OUTSTANDING e. TOTALLOANS OUTSTANDING 10. SUMMARY a. TOTALLOANS OUTSTANDING c. TOTALLOANS OUTSTANDING 10. SUMMARY a. TOTALLOANS OUTSTANDING 10. SUMMARY a. TOTALLOANS OUTSTANDING	b. This campaign is required to file a detail	iled financial disclosure because		luding in-kind) receive	ed total more than \$1,000	
Financial Disclosure Act. Additionally, I/we swear or affirm that no campaign contributions have been expended for the personal financial benefit of the candidate or for any other nonpolitical purpose as defined by the federal internal revenue code.	and or experiences total more than \$1,	,000 for this reporting period.		,	ποιο αιαπ φτ,000	
11. WITNESS SIGNATURE Signature of withess 12. SUMMARY a. BALANCE ON HAND LAST REPORT b. TOTAL RECEIPTS THIS PERIOD c. TOTAL DISBURSEMENTS THIS PERIOD d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.) e. TOTAL LOANS OUTSTANDING SIGNATURE 1-28-14 Signature of witness 1	Financial Disclosure Act. Additionally I/we sw	year or affirm that he seemed to b	e reported by the	candidate committee	nd that this report is an by the Campaign e personal financial	
signature of withess date 12. SUMMARY a. BALANCE ON HAND LAST REPORT	signature of candidate	<u>7-28-2</u> 014 _	signature of p	Political treasurer	$\frac{7/38/20}{\text{date}}$	1
a. BALANCE ON HAND LAST REPORT	andreak. With	7.28.14 C	Done (e of witness	7-28-14 date	
b. TOTAL RECEIPTS THIS PERIOD						
c. TOTAL DISBURSEMENTS THIS PERIOD \$ 1.809.66 d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.) \$ 94.89 e. TOTAL LOANS OUTSTANDING \$ 0	a. BALANCE ON HAND LAST REPORT		\$	837.55		
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.) \$ 84.89 e. TOTAL LOANS OUTSTANDING \$	b. TOTAL RECEIPTS THIS PERIOD		\$	1.050.00		
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.) \$ 84.89 e. TOTAL LOANS OUTSTANDING \$	c. TOTAL DISBURSEMENTS THIS PERIOD		\$	1.802.66		
					84.89	
	e. TOTAL LOANS OUTSTANDING			\$	0	
f. TOTAL OBLIGATIONS OUTSTANDING					0	



JUL 28 2014

SUMMARY PAGE - CANDIDATE

40 NAME OF CO.	ANITOCIA COOMIA
13. NAME OF CANDIDATE OR COMMITTEE (In Full)	14. REPORT, COVERING THE PERIO
RECEIPTS Vanatta	FROM: 7/1/2014 TO: 7/28/20
15. CONTRIBUTIONS (other than loans and interest)	, , , , , , , , , , , , , , , , , , , ,
a. Unitemized Contributions (\$100 or less from each source this period)	\$ 50.00
b. Itemized Contributions (over \$100 from each source this period)	\$ 1,000-60
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.).	\$ 1 13 50.00
16. LOANS RECEIVED THIS REPORTING PERIOD	\$ ()
17. INTEREST RECEIVED THIS REPORTING PERIOD	\$ 0
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)	\$ 1050.40
DISBURSEMENTS	7,05000
19. EXPENDITURES (other than loan payments)	
a. Expenditures (\$100 or less each payee this period) (must be listed by category - e	.a. printing postage gardine)
	est, printing, postage, gasoline)
\$	
\$	
\$	
\$	_
\$	
\$	
\$	_
Total of Expenditures (\$100 or less each payee)	\$ 0
b. Itemized Expenditures (Over \$100 each payee this period)	
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)	1 603 16
20. LOAN REPAYMENTS MADE THIS PERIOD	10800.00
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)	18/12/4
22.IN-KIND CONTRIBUTIONS	\$1.009.60
a. Unitemized in-kind contributions (\$100 or less from each source this period) b. Itemized in-kind contributions (over \$100 from each source this period)	\$ 0
b. Itemized in-kind contributions (over \$100 from each source this period)	\$ 0
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and 22.b.)	\$ 0
23. OBLIGATIONS	
a. Unitemized Obligations Outstanding (\$100 or less each)	S_0
b. Itemized Obligations Outstanding (Over \$100 each)	
c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown i item 12	2.f.)
	Ψ



ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE SOON

1. NAME OF CANDIDATE OR COMM	lana	Ha		2. REPORT C	OVERING THE PERIOD
TOTAL ITEMIZED CAMPAIGN COM COMPLETE THE APPROPRIATE VIEW	NTRIBUTION	IS FROM PRECEDING	PAGE (ontor \$0 if first it		Amount .
LI GOILL ELLE THE AFFROPRIATE HEM	IS FOR EACH	ITEMIZED CONTRIBUTI	ON (contributions totaling more than	page)	1.000 00
First Name SUE	Mid	dle Name	Contribution Received For:	\$100 from any contr	
Last Name/Organization Name					Amount of Contribution
Vanatta			Primary Election	General Election	
Address - //	ann (Vantation	Runoff (Local Election	ns Only)	\$00.00
Lebanon	State	Zip Code 370 47	Date of Contribution		Aggregate This Election
Occupation President +	-C&D		7-15-	2014	7 2 = 2
Chamber of C	omme	wee			7-25-20
Price	Midd	e Name	Contribution Received For:		Amount of Contribution
Last Name/Organization Name Thompson			Primary Election	General Election	100-00
Address			Runoff (Local Elections	Only)	100.00
Lebanon	State	7 37087	Date of Contribution		Aggregate This Election
attorney			7-25-	2014	
mployer					
rst Name	Middle N	lame	Contribution Received For:		Amount of Contribution
st Name Organization Name			☐ Primary Election ☐	General Election	
diess 2004 Hartman	inn 4	Plantation	Runoff (Local Elections (Only)	450.00
ebanon	State	Zip Code 37087	Date of Contribution		Aggregate This Election
President do	290	7	7-25-20	10	
Chanber of	Con	nerce	1 1 2 3 20	,	
Name	Middle Na	The state of the s	Contribution Received For:	-	Amount of Contribution
Name/Organization Name			☐ Primary Election ☐ G	eneral Election	
			Runoff (Local Elections Or	nly)	
ess		A. Carlotte		1000	
ess	State	Zip Code	Date of Contribution		Aggregate This Election
	State	Zip Code	Date of Contribution		Aggregate This Election
pation	State	Zip Code	Date of Contribution		Aggregate This Election
Iress Ipation Ioyer TOTAL ITEMIZED CONTRIBUTIONS (Carry forward to item 3. of next page if additional pag (If this is the last page of contributions, this amount me	10s of this form a		Date of Contribution		Aggregate This Election



ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS CANDIDATE

1. NAME OF CANDIDATE OR COMMI	TTEE			2. REPORT CO	VERING THE PERIOD	
				FROM:	TO:	
3. TOTAL ITEMIZED IN-KIND CONTRI	BUTIONS FR	OM PRECEDING F	PAGE (enter \$0 if first itemized page))	Amount	
4. COMPLETE THE APPROPRIATE ITEMS	FOR EACH IT	EMIZED IN-KIND CON	NTRIBUTION (in-kind contributions totaling m	ore than \$100 from any	y contributes during the series	
First Name		e Name	In-Kind Contribution Received	The second secon		
Last Name/Organization Name			Primary Election	Value of In-Kind Contribution		
			Rynoff (Local Elections			
Address			Date of In Kind Contribution		Aggregate this Election	
City	State	Zip Code	Description of In-Kind Contribution			
Occupation	oloyer					
First Name	Middle	Name	In-Kind Contribution Received I	Or.	V-1 (1 16 10 - 10 - 10 - 10 - 10 - 10 - 10 -	
Last Name/Organization Name			General Election	Value of In-Kind Contribution		
		/	Runoff (Local Elections	Only)		
Address			Date of In-Kind Contribution		Aggregate this Election	
City	State	Zip Code	Description of In-Kind Contribution			
Occupation Empl	oyer	//				
"						
First Name	Middle N	Vame	In-Kind Contribution Received F	or:	Mahara (I. K.) 2	
ast Name/Organization Name	/			Seneral Election	Value of In-Kind Contribution	
·			Runoff (Local Elections (Only)		
ddress			Date of In-Kind Contribution		Aggregate this Election	
ity	State	Zip Code	Description of In-Kind Contribution			
ccupation Emplo	yer		$\overline{}$			
V						
rst Name	Middle Na	ame	In-Kind Contribution Received Fo	r	IV.	
st Name/Organization Name			☐ Primary Election ☐ G	Value of In-Kind Contribution		
			Runoff (Local Elections O	nly)	1	
dress			Date of In-Kind Contribution	.,	Aggregate this Election	
у	State	Zip Code	Description of In-Kind Contribution			
cupation Employ	rer					
Name	Middle Nan	ne	In-Kind Contribution Received Fo		Value of In-Kind Contribution	
Name/Organization Name						
			Runoff (Local Elections On	ly)		
ress			Date of In-Kind Contribution		Aggregate this Election	
	State	Zip Code	Description of In-Kind Contribution			
pation Employe						
TOTAL ITEMIZED IN-KIND CONTRIBUT						
(Carry forward to item 3. of next page if additional page (If this is the last page of in-kind contributions, this an	ges of this form ar nount must be sho	re used.) own in item 22b, of summ	arv.)			
					1	



ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTE	<u> </u>		2. REPORT COVE	RING THE PERIOD
Sue Va	anatta		FROM 7. 1-2014	10:7-28-201
3. TOTAL ITEMIZED CAMPAIGN EXPENDI	ge)	Amount 802.66		
4. COMPLETE THE APPROPRIATE ITEMS FOR	REACH ITEMIZED EXPENDITURE	(expenditures lotaling more than \$100	to any payee during the po	eriod)
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name / US PY17 Address	nt & Design	Signs +	Shirts	400.00
City Lebanar	State Zip Code 39087			
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name Lebunon Dem Address	ocrat	Ordvert.	'sing	250.00
Lebanon	State Zip Code			-
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Busifiess Name Lebanan Dea Address	nocrat	adverti	Sing	27500
Lebanon	State Zip Code 777. 37087			
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name DOSTMAS Le V Addrees		Postagi	e	427.66
Lebanon	State Zip Code 39087			
irst Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
ast Name/Business Name OLD/US Drint ddress	+ Dosign	Signs 4	Cards	450.00
Lebanon	State Zip Code 3 2087			
irst Name	Middle Name	Purpose of Expenditure	A	Amount of Expenditure
st Name/Business Name				
idress				
y	State Zip Code			
. TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3. of next page if additional pages of (If this is the last page of expenditures, this amount must	of this form are used.) be shown in item 19b. of summary.)			1.80266



								Ben L.		OH COMMIS
1. NAME OF CANDIDATE	OR COMMITTEE						2. REPOR		/ERIN	NG THE PERIOD
3. COMPLETE THE APPRO	PRIATE ITEMS FOR	EACH ITEMI	ZED LOAN	(loans totaling	more than \$	100 from any so	urce during th	ne period)		
Complete the Following for the								7		
First Name	Wildelia Marile				Loa		Loan		Outstan	nding Loan Balance
Last Name/Organization Name			(Deginning	g of Period)	Rece	, yved	Payments		(E	ind of Period)
Address										
, local cod						ral Clastics	Date of	Loan		
City	State Zip	Code		unoff (Local Elections Only)						
	List All Endorsers o	or Guarantors f			/	ted please att:	ach a nago)			
First Name		dle Name		First Name	00 10 11000	rod picase atte	ion a page)	Mid	ldle Nan	me
Last Name/Organization Name				Last Name/Org	anization N	lame				
Address		\			dilization	ionic .				
Address				Address						
City	State	Zip Ço	ode /	City				Stat	е	Zip Code
Amount Guaranteed Outstanding			$\overline{}$	Amount Guaran	teed Outsta	anding				
First Name	l brida	la Nama	X					-		
First Name Middle Name			/ \	First Name Middle Name						l e
ast Name/Organization Name				Las Name/Orga	anization Na	ame				
Address				Address						
City	l out	/ 17.0								
	State	Zip Co	de	City				State	Ė	Zip Code
mount Guaranteed Outstanding				Amount Guarant	eed Outstan	nding				
First Name	Middle	e Name		First Name			- 100	Midd	ile Nam	ie e
ast Name/Organization Name				Last Name/Organization Name						
				- Cost Hamo, Orga	THE COLOT THE					
Address				Address						
City	State	Zip Cod	le	City				State	,	Zip Code
nount Guaranteed Outstanding				Amount Guarante	ed Outstan	ıding				
rst Name	Middle Name			First Name Middle Name						
st Name/Organization Name				Last Name/Organ	ization Nar	ne				
ddress				Address		-				
ty	CL-	75-0-1								
	State	Zip Code		City				State		Zip Code
ount Guaranteed Outstanding	s all specific		1	Amount Guarante	ed Outstand	gnik				
Total loans received should also be sho Total loan payments should also be sho	otals for all Loans (complete on last page of itemized loans) otal loans received should also be shown in item 16. on summary page.) otal loan payments should also be shown in item 20. on summary page.)				Balance Period)	Loans Received	Loa Paym		Outst	anding Loan Balance (End of Period)
otal outstanding loan balance should al	so be shown in item 12.e. on	front page.)								
3).							15			



ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTE		2. REPORT COVERING THE PERIOD					
77.75				FROM:	то:		
OBLIGATION (obligations totaling more the	PLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED GATION (obligations totaling more than \$100 owed to any n/vendor at the end of the reporting period)			Debt Incurred This Period	Payments This Period	Outstanding Balance (End of Period)	
First Name	Middle N	ame					
Last Name/Business Name		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	+	۵			
Address			- /				
		· ·			-		
City	State	Zip Code					
Description of Obligation						J.	
First Name	Middle Na	ame	1/				
Last Name/Business Name			1				
Address	/ 		-				
Ot.	12	 					
City	State	Zip Code					
Description of Obligation			11		<u> </u>	·	
First Name	Middle Na	me	P2 # 11 6				
Last Name/Business Name		_	-		20		
Address	$-\!\!\!/-$		1				
City	State	Zip Code					
Description of Obligation							
5	T						
First Name	Middle Na	me					
Last Name/Business Name			1				
Address							
City	State	Zip Code					
Description of Obligation		4					
First Name	Middle Nar	ne					
ast Name/Business Name	<u> </u>						
ddress							
City	State	Zip Code					
Description of Obligation							
. TOTALS				I	Ī		
(Total from Outstanding Balance - (End of Period) of in item 23b. on summary page.)	olumn must	also be shown					