

Commonwealth of Pennsylvania  
**CAMPAIGN FINANCE REPORT**

MAY 9 '25 PM 2:36 RCUL  
 LEHIGH

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

**Filer Identification Number:** 33-3508664 **Report Filed By:** CANDIDATE <sup>1.</sup> COMMITTEE <sup>2.</sup>  LOBBYIST <sup>3.</sup>

**Name of Filing Committee, Candidate or Lobbyist:** Ben Stenrich for the people

**Street Address:** 2048 W. Washington St.

**City:** Allentown **State:** PA **Zip Code:** 18104-4044

TYPE OF REPORT (place X to the right of report type)	8TH TUESDAY PRE-PRIMARY	<input type="checkbox"/>	2ND FRIDAY PRE-PRIMARY	<input type="checkbox"/>	30 DAY POST PRIMARY	<input type="checkbox"/>	AMENDMENT REPORT?	YES	NO
	8TH TUESDAY PRE-ELECTION	<input type="checkbox"/>	2ND FRIDAY PRE-ELECTION	<input type="checkbox"/>	30 DAY POST ELECTION	<input type="checkbox"/>	TERMINATION REPORT?	YES	NO
	ANNUAL REPORT	<input checked="" type="checkbox"/>	YEAR	<input type="checkbox"/>	FILING METHOD ( ) CHECK ONE		PAPER		DISKETTE

**Name of Office Sought by Candidate:** Allentown City Council

DATE OF ELECTION			District Number	Office Code	Party Code	County Code
MO.	DAY	YEAR				
<u>5</u>	<u>20</u>	<u>2025</u>				

(SEE INSTRUCTIONS FOR CODES)

**Summary of Receipts and Expenditures from:**

	MO.	DAY	YEAR	To	MO.	DAY	YEAR
A. Amount Brought Forward From Last Report				\$			
B. Total Monetary Contributions and Receipts (From Schedule I)				\$			
C. Total Funds Available (Sum of Lines A and B)				\$			
D. Total Expenditures (From Schedule III)				\$			
E. Ending Cash Balance (Subtract Line D from Line C)				\$			
F. Value of In-Kind Contributions Received (From Schedule II)				\$			
G. Unpaid Debts and Obligations (From Schedule IV)				\$			

**FOR OFFICE USE ONLY**

**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 or computer diskette, are to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this 9 day of MA

Commonwealth of Pennsylvania - Notary Seal  
 HECTOR PINTO - Notary Public  
 Lehigh County  
 My Commission Expires February 17, 2029  
 Commission Number 1305757

Signature: [Signature]

My commission expires 02 MO. 17 DAY 29 YR.

Signature of Person Submitting Report: [Signature]  
 Printed Name: Rachel Pustura  
 Area Code: 484 Daytime Telephone Number: 226 6428

**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 9 day of MA

Commonwealth of Pennsylvania - Notary Seal  
 HECTOR PINTO - Notary Public  
 Lehigh County  
 My Commission Expires February 17, 2029  
 Commission Number 1305757

Signature: [Signature]

My commission expires 02 MO. 17 DAY 29 YR.

Signature of Candidate: [Signature]  
 Printed Name: Ben Stenrich  
 Area Code: 610 Daytime Telephone Number: 349 1571

# CONTRIBUTIONS AND RECEIPTS

## Detailed Summary Page

MAY9'25 PM 2:36 RCV  
LEHIGH COUNTY BOARD

Name of Filing Committee or Candidate	Reporting Period From _____ To _____
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<b>1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR</b>	
TOTAL for the Reporting Period	(1) \$ 519. <sup>40</sup>

<b>2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)</b>	
Contributions Received from Political Committees (Part A)	\$ 0
All Other Contributions (Part B)	\$ 1327. <sup>33</sup>
TOTAL for the Reporting Period	(2) \$ 1327. <sup>33</sup>

<b>3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)</b>	
Contributions Received from Political Committees (Part C)	\$ 675
All Other Contributions (Part D)	\$ 6300
TOTAL for the Reporting Period	(3) \$ 6975

<b>4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)</b>	
TOTAL for the Reporting Period	(4) \$ 100. <sup>53</sup>

<b>TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD</b> (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B.)	\$ 8922. <sup>84</sup>
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PART A

MAY9'25PM2:30  
LEHIGH ELECTION BOARD

**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 From _____ To _____
---------------------------------------	---

Full Name of Contributing Committee	DATE			AMOUNT
	MO.	DAY	YEAR	
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				\$
Zip Code (Plus 4)				\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				\$
Zip Code (Plus 4)				\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				\$
Zip Code (Plus 4)				\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				\$
Zip Code (Plus 4)				\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				\$
Zip Code (Plus 4)				\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				\$
Zip Code (Plus 4)				\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				\$
Zip Code (Plus 4)				\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				\$
Zip Code (Plus 4)				\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				\$
Zip Code (Plus 4)				\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				\$
Zip Code (Plus 4)				\$

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 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.)

MAY 9 '25 PM 2:36 CVD  
LEHIGH ELECTION BOARD

Name of Filing Committee or Candidate <u>Brian Stennich For the People</u>	Reporting Period From _____ To <u>5/5/25</u>
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Full Name of Contributor	Mailing Address	City	State	Zip Code (Plus 4)	DATE			AMOUNT
					MO.	DAY	YEAR	
<u>Kamelisa Tavarres</u>								\$ <u>83.33</u>
								\$
								\$
								\$
<u>Walter Messinger</u>	<u>264 5th St 2E</u>	<u>Hoboken</u>	<u>NJ</u>	<u>7030</u>	<u>4</u>	<u>21</u>	<u>25</u>	\$ <u>250</u>
								\$
								\$
								\$
<u>Laverne Fortgang</u>			<u>NY</u>					\$ <u>100</u>
								\$
								\$
								\$
<u>Emily Goldshetter</u>			<u>PA</u>		<u>3</u>	<u>24</u>	<u>25</u>	\$ <u>75</u>
								\$ <u>69</u>
								\$
								\$
<u>Kathy Harrington</u>			<u>PA</u>					\$ <u>100</u>
								\$
								\$
								\$
<u>Susan York</u>	<u>Berk's St</u>	<u>Allentown</u>	<u>PA</u>	<u>18104</u>				\$ <u>100</u>
								\$
								\$
								\$
<u>Joseph Stennich</u>		<u>Bethlehem</u>			<u>3</u>	<u>24</u>	<u>25</u>	\$ <u>200</u>
								\$
								\$
								\$
<u>Laurie LaMonica</u>	<u>1766 Central Park</u>	<u>Orefield</u>	<u>PA</u>	<u>18054</u>				\$ <u>150</u>
								\$
								\$
								\$

Enter Grand Total of Part B on Schedule I, Detailed Summary Page, Section 2.

PAGE TOTAL	\$
	\$

PART C

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

OVER \$250.00

MAY9'25PM2:37RCVD  
LEHIGH ELECTION BOARD

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 <u>Bon Starnock For the People</u>	Reporting Period From _____ To <u>5/5/25</u>
---	---

Full Name of Contributing Committee	DATE			AMOUNT
	MO.	DAY	YEAR	
<u>PA Stands Up</u>	<u>4</u>	<u>18</u>	<u>2025</u>	\$ <u>675</u>
Mailing Address <u>P.O. Box 31995</u>	MO.	DAY	YEAR	\$
City <u>Philadelphia</u> State <u>PA</u> Zip Code (Plus 4) <u>19104 -</u>	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$

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

PAGE TOTAL  
\$ 675

PART D  
**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 <i>Ben Stenrich for the People</i>	Reporting Period From _____ To <u>5/5/25</u>
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Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
<i>Sarah Briggs</i>	3	5	25	\$ 1000
Mailing Address <i>9028 Laurenkirk Pl.</i>	MO.	DAY	YEAR	\$
City <i>Bristow</i> State <i>VA</i> Zip Code (Plus 4) <i>-</i>	MO.	DAY	YEAR	\$
Employer Name <i>Mental Health Practitioner</i>	Occupation <i>Business owner</i>			
Employer Mailing Address/Principal Place of Business				

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
<i>Andrew Staudt</i>	3	5	25	\$ 1000
Mailing Address	MO.	DAY	YEAR	\$
City <i>Miami Beach</i> State <i>FL</i> Zip Code (Plus 4) <i>-</i>	MO.	DAY	YEAR	\$
Employer Name	Occupation <i>Pediatrician</i>			
Employer Mailing Address/Principal Place of Business				

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
<i>Roger Staudt</i>	3	6	25	\$ 500
Mailing Address <i>108 Panama Point</i>	MO.	DAY	YEAR	\$
City <i>Lynchburg</i> State <i>VA</i> Zip Code (Plus 4) <i>24502-</i>	MO.	DAY	YEAR	\$
Employer Name	Occupation <i>Retired</i>			
Employer Mailing Address/Principal Place of Business				

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
<i>Jim Holden</i>				\$ 500
Mailing Address <i>Winchester</i>	MO.	DAY	YEAR	\$
City <i>Allentown</i> State <i>PA</i> Zip Code (Plus 4) <i>18104-</i>	MO.	DAY	YEAR	\$
Employer Name	Occupation			
Employer Mailing Address/Principal Place of Business				

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
<i>Mom Griffin</i>				\$ 500
Mailing Address	MO.	DAY	YEAR	\$
City <i>PA</i> Zip Code (Plus 4) <i>-</i>	MO.	DAY	YEAR	\$
Employer Name	Occupation <i>Retired</i>			
Employer Mailing Address/Principal Place of Business				

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

PAGE TOTAL
\$

PART E  
OTHER RECEIPTS

REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC.

MAY 9 25 PM 2:37 RCND  
LEHIGH ELECTION BOARD

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	Reporting Period
	From _____ To _____

Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount
		-				\$
Receipt Description						

Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount
		-				\$
Receipt Description						

Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount
		-				\$
Receipt Description						

Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount
		-				\$
Receipt Description						

Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount
		-				\$
Receipt Description						

Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount
		-				\$
Receipt Description						

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

PAGE TOTAL
\$

# IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED

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

MAY9'25PM2:37RCVD  
LEHIGH ELECTION BOARD

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period From _____ To _____
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<b>1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR</b>	
TOTAL for the Reporting Period	(1) \$

<b>2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)</b>	
TOTAL for the Reporting Period	(2) \$ 516.11

<b>3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)</b>	
TOTAL for the Reporting Period	(3) \$ 1660.05

<b>TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD</b> (Add and enter amount totals from Boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F.)	\$ 2176.10
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SCHEDULE II  
PART F

IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

MAY 9 '25 PM 2:37 RCVD  
LEHIGH ELECTION BOARD

Name of Filing Committee or Candidate	Reporting Period
	From _____ To _____

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Description of Contribution:				

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Description of Contribution:				

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Description of Contribution:				

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Description of Contribution:				

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Description of Contribution:				

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Description of Contribution:				

Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.

PAGE TOTAL
\$

SCHEDULE II  
PART G

**IN-KIND CONTRIBUTIONS RECEIVED**

VALUE OVER \$250.00

MAY 25 2:37 PM  
LEHIGH ELECTIONS

Name of Filing Committee or Candidate	Reporting Period
	From _____ To _____

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
<i>Ceceilia Gerlach</i>	<i>4</i>	<i>30</i>	<i>2025</i>	\$ <i>387.80</i>
Mailing Address	MO.	DAY	YEAR	\$
<i>435 N. Hall St</i>				
City	MO.	DAY	YEAR	\$
<i>Allentown</i>				
State	Zip Code (Plus 4)			
<i>PA</i>	<i>18102-3972</i>			
Employer of Contributor	Occupation			
<i>Ce-Ce's Lemonade Stand</i>	<i>Business Owner</i>			
Employer Mailing Address/Principal Place of Business	Description of Contribution			
<i>435 N. Hall St. Allentown PA 18102</i>	<i>Mailer</i>			

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
				\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State	Zip Code (Plus 4)			
Employer of Contributor	Occupation			
Employer Mailing Address/Principal Place of Business	Description of Contribution			

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
				\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State	Zip Code (Plus 4)			
Employer of Contributor	Occupation			
Employer Mailing Address/Principal Place of Business	Description of Contribution			

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
				\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State	Zip Code (Plus 4)			
Employer of Contributor	Occupation			
Employer Mailing Address/Principal Place of Business	Description of Contribution			

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
				\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State	Zip Code (Plus 4)			
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 Contributions Detailed Summary Page, Section 3.

PAGE TOTAL  
\$

STATEMENT OF EXPENDITURES

MAY 9 25 PM 2:37 RCVD  
LEHIGH ELECTION BOARD

Name of Filing Committee or Candidate	Reporting Period
	From _____ To _____

To Whom Paid	MO.	DAY	YEAR	Amount	Description of Expenditure
Devin Ford "A Dude w/ a Camera" 1075 King Way Breinigsville PA 18051-	2	22	2025	\$ 150	Video production
Wix.com Mailing Address City State Zip Code (Plus 4)	2	22	2025	\$ 184.44	Website
LV Print Print Center LLC 1701 Union Blvd Allentown PA 18109-	3	17	2025	\$ 593.60	Signs/Palm cards
LV Print Center LLC Mailing Address City State Zip Code (Plus 4)	3	18	2025	\$ 296.30	Palm cards
LV Print Center LLC Mailing Address City State Zip Code (Plus 4)	4	26	2025	\$ 492.30	Literature / <del>Signs</del> Signs
LV Print Center LLC Mailing Address City State Zip Code (Plus 4)	4	1	2025	\$ 110.24	Mailers
LV Print Center LLC Mailing Address City State Zip Code (Plus 4)	4	30	2025	\$ 137.80	Buttons/Signs
Act Blue 306 Summer St. Somerville MA 02144-3132				\$ 18.15	Act Blue Fee

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

PAGE TOTAL  
\$ 1973.33

## 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.

MAY 9 2 5 PM '25 RCVD  
LEGISLATIVE ELECTION BOARD

Name of Filing Committee or Candidate	Reporting Period
	From _____ To _____

Name of Creditor <i>P 11 Working Families Party</i>					Outstanding Balance of Debt <i>\$ 74.20</i>	
Mailing Address <i>77 Sand St #6</i>					DATE DEBT INCURRED	
					MO.	DAY
					<i>4</i>	<i>7</i>
					YEAR	<i>25</i>
City <i>Brooklyn</i>					State	Zip Code (Plus 4)
					<i>NY</i>	<i>11201</i>
Description of Debt <i>literature</i>						

Name of Creditor <i>"</i>					Outstanding Balance of Debt <i>\$ 222.60</i>	
Mailing Address <i>"</i>					DATE DEBT INCURRED	
					MO.	DAY
					<i>4</i>	<i>30</i>
					YEAR	<i>25</i>
City <i>"</i>					State	Zip Code (Plus 4)
Description of Debt <i>literature update</i>						

Name of Creditor <i>"</i>					Outstanding Balance of Debt <i>\$ 111.30</i>	
Mailing Address <i>"</i>					DATE DEBT INCURRED	
					MO.	DAY
					<i>4</i>	<i>30</i>
					YEAR	<i>25</i>
City <i>"</i>					State	Zip Code (Plus 4)
Description of Debt <i>literature update</i>						

Name of Creditor <i>"</i>					Outstanding Balance of Debt <i>\$ 153.33</i>	
Mailing Address <i>"</i>					DATE DEBT INCURRED	
					MO.	DAY
					<i>4</i>	<i>25</i>
					YEAR	<i>25</i>
City <i>"</i>					State	Zip Code (Plus 4)
Description of Debt <i>campaign</i>						

Name of Creditor <i>"</i>					Outstanding Balance of Debt <i>\$ 174.42</i>	
Mailing Address <i>"</i>					DATE DEBT INCURRED	
					MO.	DAY
					<i>7</i>	<i>1</i>
					YEAR	<i>25</i>
City <i>"</i>					State	Zip Code (Plus 4)
Description of Debt <i>text alert</i>						

Name of Creditor <i>"</i>					Outstanding Balance of Debt <i>\$ 340.40</i>	
Mailing Address <i>"</i>					DATE DEBT INCURRED	
					MO.	DAY
					<i>5</i>	<i>2</i>
					YEAR	<i>25</i>
City <i>"</i>					State	Zip Code (Plus 4)
Description of Debt <i>Direct mailer</i>						

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

PAGE TOTAL <i>\$ 1166.25</i>
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