

# Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification Number	Report Filed By (Mark X)	Candidate	Committee	<input checked="" type="checkbox"/> Lobbyist
Name of Filing Committee, Candidate or Lobbyist	Human Rights Campaign PAC			
Street Address	1640 Rhode Island Ave NW			
City	Washington	State	DC	Zip Code 20036

Type of Report (Place x under report type)

1- 6 <sup>th</sup> Tuesday Pre-Primary	2- 2 <sup>nd</sup> Friday Pre-Primary	3- 30 Day Post Primary	4- 6 <sup>th</sup> Tuesday Pre-Election	5- 2 <sup>nd</sup> Friday Pre-Election	6- 30 Day Post Election	7- Annual	Special 2 <sup>nd</sup> Friday Pre-Election	Special 30 Day Post-Election
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)	Year			Amendment Report	Termination Report			
				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	01/01/2021	12/02/2021	
A. Amount Brought Forward From Last Report	\$	0.00	<p style="text-align: right;">711 PDC-2 FY 2:24</p> <p style="text-align: center;">GHI</p>
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	2,912.49	
C. Total Funds Available (Sum of Lines A and B)	\$	2,912.49	
D. Total Expenditures (From Schedule III)	\$	2,912.49	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	0.00	
F. Value of In-Kind Contributions Received (From Schedule II)	\$		
G. Unpaid Debts and Obligations (From Schedule IV)	\$		

**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  
 2nd day of December 20 2021  
David A. Swanson  
 Signature

James M. Rinefierd  
Digitally signed by James M. Rinefierd  
 DN: 2021.12.02 11:53:23 -0500  
 Signature of Person Submitting report  
 James M. Rinefierd, Treasurer  
 Printed Name

My Commission expires 09/30/2026  
 MO. DAY YR.

202 216-1583  
 Area Code Daytime Telephone Number

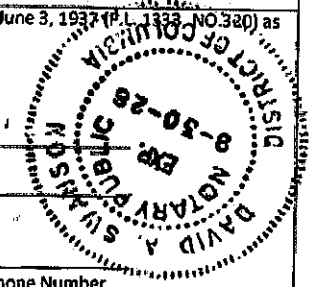
ATTEST TO ELECTRONIC SIGNATURE - David A. Swanson

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  
 day of 20  
 Signature  
 My Commission expires  
 MO. DAY YR.

Signature of Candidate  
 Printed Name  
 Area Code Daytime Telephone Number



SCHEDULE I  
**Contributions and Receipts**  
 Detailed Summary Page

<b>Filer Identification Number</b>		
<b>1. Unitemized Contributions and Receipts—\$50.00 or Less per Contributor</b>		
Total for the reporting period	(1)	\$
<b>2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)</b>		
Contributions Received from Political Committees (Part A)		\$
All Other Contributions (Part B)		\$ 299.90
Total for the reporting period	(2)	\$
<b>3. Contributions Over \$250.00 (From Part C and Part D)</b>		
Contributions Received from Political Committees (Part C)		\$
All Other Contributions (Part D)		\$ 2,612.59
Total for the reporting period	(3)	\$
<b>4. Other Receipts—Refunds, Interest Earned, Returned Checks, ETC. (From Part E)</b>		
Total for the reporting period	(4)	\$
Total Monetary Contributions and Receipts during this reporting period <i>(Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)</i>		\$ 2,912.49

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.

<b>Filer Identification Number</b>	
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						Amount
<b>Full Name of Contributing Committee</b>					Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]		\$
City			State		Zip Code	
					Date [MM/DD/YYYY]	\$
<b>Full Name of Contributing Committee</b>					Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]		\$
City			State		Zip Code	
					Date [MM/DD/YYYY]	\$
<b>Full Name of Contributing Committee</b>					Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]		\$
City			State		Zip Code	
					Date [MM/DD/YYYY]	\$
<b>Full Name of Contributing Committee</b>					Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]		\$
City			State		Zip Code	
					Date [MM/DD/YYYY]	\$
<b>Full Name of Contributing Committee</b>					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.)

<b>Filer Identification Number:</b>	
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<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>	<b>\$</b>
Human Rights Campaign - staff time given to PAC to expend in-kind					10/03/2021	149.95
<b>House #</b>	<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	
	1640 Rhode Island Ave NW			10/10/2021	89.97	
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Date [MM/DD/YYYY]</b>	<b>\$</b>		
Washington	DC	20036	10/13/2021	59.98		
<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>	<b>\$</b>
<b>House #</b>	<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Date [MM/DD/YYYY]</b>	<b>\$</b>		
<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>	<b>\$</b>
<b>House #</b>	<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Date [MM/DD/YYYY]</b>	<b>\$</b>		
<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>	<b>\$</b>
<b>House #</b>	<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Date [MM/DD/YYYY]</b>	<b>\$</b>		
<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>	<b>\$</b>
<b>House #</b>	<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Date [MM/DD/YYYY]</b>	<b>\$</b>		

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.

<b>Filer Identification Number:</b>	
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<b>Full Name of Contributing Committee</b>					<b>Date [MM/DD/YYYY]</b>	\$
<b>House #</b>	<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>	\$
<b>City</b>		<b>State</b>		<b>Zip Code</b>	<b>Date [MM/DD/YYYY]</b>	\$
<b>Full Name of Contributing Committee</b>					<b>Date [MM/DD/YYYY]</b>	\$
<b>House #</b>	<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>	\$
<b>City</b>		<b>State</b>		<b>Zip Code</b>	<b>Date [MM/DD/YYYY]</b>	\$
<b>Full Name of Contributing Committee</b>					<b>Date [MM/DD/YYYY]</b>	\$
<b>House #</b>	<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>	\$
<b>City</b>		<b>State</b>		<b>Zip Code</b>	<b>Date [MM/DD/YYYY]</b>	\$
<b>Full Name of Contributing Committee</b>					<b>Date [MM/DD/YYYY]</b>	\$
<b>House #</b>	<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>	\$
<b>City</b>		<b>State</b>		<b>Zip Code</b>	<b>Date [MM/DD/YYYY]</b>	\$
<b>Full Name of Contributing Committee</b>					<b>Date [MM/DD/YYYY]</b>	\$
<b>House #</b>	<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>	\$
<b>City</b>		<b>State</b>		<b>Zip Code</b>	<b>Date [MM/DD/YYYY]</b>	\$
<b>Full Name of Contributing Committee</b>					<b>Date [MM/DD/YYYY]</b>	\$
<b>House #</b>	<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>	\$
<b>City</b>		<b>State</b>		<b>Zip Code</b>	<b>Date [MM/DD/YYYY]</b>	\$

**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)

<b>Filer Identification Number:</b>	
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<b>Full Name of Contributor</b>					Human Rights Campaign - staff time given to PAC to expend in-kind		<b>Date [MM/DD/YYYY]</b>		\$	
							10/27/2021		974.82	
<b>House #</b>		<b>Street Address</b>					<b>Date [MM/DD/YYYY]</b>		\$	
		1640 Rhode Island Ave NW					10/31/2021		1,337.86	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>		\$		
Washington		DC		20036		11/02/2021		299.91		
<b>Employer Name</b>							<b>Occupation</b>			
<b>Employer Mailing Address / Principal Place of Business</b>										
<b>Full Name of Contributor</b>							<b>Date [MM/DD/YYYY]</b>		\$	
<b>House #</b>		<b>Street Address</b>					<b>Date [MM/DD/YYYY]</b>		\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>		\$		
<b>Employer Name</b>							<b>Occupation</b>			
<b>Employer Mailing Address / Principal Place of Business</b>										
<b>Full Name of Contributor</b>							<b>Date [MM/DD/YYYY]</b>		\$	
<b>House #</b>		<b>Street Address</b>					<b>Date [MM/DD/YYYY]</b>		\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>		\$		
<b>Employer Name</b>							<b>Occupation</b>			
<b>Employer Mailing Address / Principal Place of Business</b>										
<b>Full Name of Contributor</b>							<b>Date [MM/DD/YYYY]</b>		\$	
<b>House #</b>		<b>Street Address</b>					<b>Date [MM/DD/YYYY]</b>		\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>		\$		
<b>Employer Name</b>							<b>Occupation</b>			
<b>Employer Mailing Address / Principal Place of Business</b>										

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.

Filer Identification Number:	
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Full Name						
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House #		Street Address				
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City		State		Zip Code		Date [MM/DD/YYYY]	\$
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Receipt Description							
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Full Name						
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House #		Street Address				
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City		State		Zip Code		Date [MM/DD/YYYY]	\$
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Receipt Description							
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Full Name						
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House #		Street Address				
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City		State		Zip Code		Date [MM/DD/YYYY]	\$
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Receipt Description							
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Full Name						
-----------	--	--	--	--	--	--

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

**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

Filer Identification Number:	
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**1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.00 OR LESS PER CONTRIBUTOR**

TOTAL for the reporting period	(1)	\$	
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**2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.00 (FROM PART F)**

TOTAL for the reporting period	(2)	\$	
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**3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART G)**

TOTAL for the reporting period	(3)	\$	
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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)		\$	
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SCHEDULE II  
PART F  
**In-Kind Contributions Received**  
VALUE OF \$50.01 TO \$250

<b>Filer Identification Number:</b>	
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<b>Full Name of Contributor</b>				<b>Date [MM/DD/YYYY]</b>	\$
<b>House #</b>	<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>	\$
<b>City</b>	<b>State</b>	<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$

<b>Description of Contribution</b>
------------------------------------

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

<b>Description of Contribution</b>
------------------------------------

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

<b>Description of Contribution</b>
------------------------------------

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

<b>Description of Contribution</b>
------------------------------------

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

<b>Description of Contribution</b>
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**SCHEDULE II  
Part G**

**In-Kind Contributions Received**

VALUE OVER \$250

<b>Filer Identification Number:</b>	
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<b>Full Name of Contributor</b>				<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>	<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>	<b>State</b>	<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$	
<b>Employer Name</b>				<b>Occupation</b>		
<b>Employer Mailing Address / Principal Place of Business</b>				<b>Description of Contribution</b>		
<b>Full Name of Contributor</b>				<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>	<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>	<b>State</b>	<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$	
<b>Employer Name</b>				<b>Occupation</b>		
<b>Employer Mailing Address / Principal Place of Business</b>				<b>Description of Contribution</b>		
<b>Full Name of Contributor</b>				<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>	<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>	<b>State</b>	<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$	
<b>Employer Name</b>				<b>Occupation</b>		
<b>Employer Mailing Address / Principal Place of Business</b>				<b>Description of Contribution</b>		
<b>Full Name of Contributor</b>				<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>	<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>	<b>State</b>	<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$	
<b>Employer Name</b>				<b>Occupation</b>		
<b>Employer Mailing Address / Principal Place of Business</b>				<b>Description of Contribution</b>		

**SCHEDULE III**  
**Statement of Expenditures**

<b>Filer Identification Number:</b>	
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<b>To Whom Paid</b>		Titus for Erie County Executive				<b>Date [MM/DD/YYYY]</b>	\$	149.95
						10/03/2021		
<b>House #</b>		<b>Street Address</b>	3607 Poplar St #3713			<b>Description of Expenditure</b>		
<b>City</b>	Erie	<b>State</b>	PA	<b>Zip Code</b>	16508	In-kind, field staff time - phones		
<b>To Whom Paid</b>		Titus for Erie County Executive				<b>Date [MM/DD/YYYY]</b>	\$	89.97
						10/10/2021		
<b>House #</b>		<b>Street Address</b>	3607 Poplar St #3713			<b>Description of Expenditure</b>		
<b>City</b>	Erie	<b>State</b>	PA	<b>Zip Code</b>	16508	In-kind, field staff time - phones		
<b>To Whom Paid</b>		Titus for Erie County Executive				<b>Date [MM/DD/YYYY]</b>	\$	59.98
						10/13/2021		
<b>House #</b>		<b>Street Address</b>	3607 Poplar St #3713			<b>Description of Expenditure</b>		
<b>City</b>	Erie	<b>State</b>	PA	<b>Zip Code</b>	16508	In-kind, field staff time - phones		
<b>To Whom Paid</b>		Titus for Erie County Executive				<b>Date [MM/DD/YYYY]</b>	\$	974.82
						10/27/2021		
<b>House #</b>		<b>Street Address</b>	3607 Poplar St #3713			<b>Description of Expenditure</b>		
<b>City</b>	Erie	<b>State</b>	PA	<b>Zip Code</b>	16508	In-kind, field staff time - phones		
<b>To Whom Paid</b>		Titus for Erie County Executive				<b>Date [MM/DD/YYYY]</b>	\$	1,337.86
						10/31/2021		
<b>House #</b>		<b>Street Address</b>	3607 Poplar St #3713			<b>Description of Expenditure</b>		
<b>City</b>	Erie	<b>State</b>	PA	<b>Zip Code</b>	16508	In-kind, field staff time - phones		
<b>To Whom Paid</b>		Titus for Erie County Executive				<b>Date [MM/DD/YYYY]</b>	\$	299.91
						11/02/2021		
<b>House #</b>		<b>Street Address</b>	3607 Poplar St #3713			<b>Description of Expenditure</b>		
<b>City</b>	Erie	<b>State</b>	PA	<b>Zip Code</b>	16508	In-kind, field staff time - phones		
<b>To Whom Paid</b>						<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>		<b>Street Address</b>				<b>Description of Expenditure</b>		
<b>City</b>		<b>State</b>		<b>Zip Code</b>				
<b>To Whom Paid</b>						<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>		<b>Street Address</b>				<b>Description of Expenditure</b>		
<b>City</b>		<b>State</b>		<b>Zip Code</b>				

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.

<b>Filer Identification Number:</b>	
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<b>Name of Creditor</b>						<b>Outstanding Balance of Debt</b>	
<b>House #</b>	<b>Street Address</b>	<b>DATE DEBT INCURRED [MM/DD/YYYY]</b>				\$	
<b>City</b>	<b>State</b>	<b>Zip Code</b>					
<b>Description of Debt</b>							
<b>Name of Creditor</b>						<b>Outstanding Balance of Debt</b>	
<b>House #</b>	<b>Street Address</b>	<b>DATE DEBT INCURRED [MM/DD/YYYY]</b>				\$	
<b>City</b>	<b>State</b>	<b>Zip Code</b>					
<b>Description of Debt</b>							
<b>Name of Creditor</b>						<b>Outstanding Balance of Debt</b>	
<b>House #</b>	<b>Street Address</b>	<b>DATE DEBT INCURRED [MM/DD/YYYY]</b>				\$	
<b>City</b>	<b>State</b>	<b>Zip Code</b>					
<b>Description of Debt</b>							
<b>Name of Creditor</b>						<b>Outstanding Balance of Debt</b>	
<b>House #</b>	<b>Street Address</b>	<b>DATE DEBT INCURRED [MM/DD/YYYY]</b>				\$	
<b>City</b>	<b>State</b>	<b>Zip Code</b>					
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