

Campaign Finance Report

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

| | | | | | | | | | | | | |
|--|--------------------------|-----------|-------------------------|------------------------------------|-----------------|-------------------------|--|--|------------------------------|--------------------|-------------------------------------|--------------------|
| Filer Identification Number : | | 2008133 | | Report Filed By : | | CANDIDATE | | COMMITTEE <input checked="" type="checkbox"/> | | LOBBYIST | | |
| Name of Filing Committee, Candidate or Lobbyist: FRIENDS OF CARL WALKER METZGAR | | | | | | | | | | | | |
| Street Address: | | | | | | | | | | | | |
| City: BERLIN | | | | | | State: PA | | | Zip Code: 15530 | | | |
| TYPE OF REPORT (place X to the right of report type) | 6TH TUESDAY PRE-PRIMARY | 1. | 2ND FRIDAY PRE-PRIMARY | 2. | 30 DAY PRIMARY | POST- | 3. X | AMENDMENT REPORT? | Yes | No | <input checked="" type="checkbox"/> | |
| | 6TH TUESDAY PRE-ELECTION | 4. | 2ND FRIDAY PRE-ELECTION | 5. | 30 DAY ELECTION | POST- | 6. | TERMINATION REPORT? | Yes | No | <input checked="" type="checkbox"/> | |
| | ANNUAL REPORT | 7. | Year 2018 | FILING METHOD () CHECK ONE | | | PAPER <input checked="" type="checkbox"/> | DISKETTE | | | | |
| Name of Office Sought by Candidate: | | | | | | DATE OF ELECTION | | | District Number | Office Code | Party Code | County Code |
| | | | | | | MO | DAY | YEAR | REP | | | |
| | | | | | | 11 | 6 | 2018 | (SEE INSTRUCTIONS FOR CODES) | | | |
| Summary of Receipts and Expenditures from: | | MO | DAY | YEAR | TO | MO | DAY | YEAR | FOR OFFICE USE ONLY | | | |
| | | 5 | 1 | 2018 | | 6 | 4 | 2018 | | | | |
| A. Amount Brought Forward From Last Report | | | | | | \$ 18,775.12 | | | | | | |
| B. Total Monetary Contributions And Receipts (From Schedule I) | | | | | | \$ 6,550.00 | | | | | | |
| C. Total Funds Available (Sum Of Lines A and B) | | | | | | \$ 25,325.12 | | | | | | |
| D. Total Expenditures (From Schedule III) | | | | | | \$ 2,669.70 | | | | | | |
| E. Ending Cash Balance (Subtract Line D From Line C) | | | | | | \$ 22,655.42 | | | | | | |
| F. Value Of In-Kind Contributions Received (From Schedule II) | | | | | | \$ 440.00 | | | | | | |
| G. Unpaid Debts And Obligations (From Schedule IV) | | | | | | \$ 10,290.61 | | | | | | |

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 filed on paper or by electronic medium, are to the best of my knowledge and belief, true correct and complete.

Sworn to and subscribed before me this

day of 20

Signature of Person Submitting Report

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code 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

day of 20

Signature of Candidate

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

SCHEDULE I
CONTRIBUTIONS AND RECEIPTS
Detailed Summary Page

| | |
|--|---|
| Name of Filing Committee or Candidate | Reporting Period |
| FRIENDS OF CARL WALKER METZGAR | From: <u>5/1/2018</u> To: <u>6/4/2018</u> |

| | |
|--|----------|
| 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor | |
| TOTAL for the Reporting Period (1) | \$ 50.00 |

| | |
|--|---------|
| 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) | |
| Contributions Received From Political Committees (Part A) | \$ 0.00 |
| All Other Contributions (Part B) | \$ 0.00 |
| TOTAL for the Reporting Period (2) | \$ 0.00 |

| | |
|---|-------------|
| 3. Contributions Received Over \$250.00 (From Part C and Part D) | |
| Contributions Received From Political Committees (Part C) | \$ 500.00 |
| All Other Contributions (Part D) | \$ 6,000.00 |
| TOTAL for the Reporting Period (3) | \$ 6,500.00 |

| | |
|--|---------|
| 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E) | |
| TOTAL for the Reporting Period (4) | \$ 0.00 |

| | |
|---|-------------|
| 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 Page1, Report Cover Page, Item B.) | \$ 6,550.00 |
|---|-------------|

| | | | | DATE | | | AMOUNT | |
|-------------------------------------|---------|-------|----|------|-----|------|-------------------|--------|
| Full Name of Contributing Committee | | | | MO | DAY | YEAR | \$ | 500.00 |
| AT&T PAC PENNSYLVANIA | | | | | | | | |
| Mailing Address | | | | 5 | 29 | 2018 | | |
| City | TRENTON | State | NJ | | | | Zip Code (Plus 4) | 08608 |

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

| | |
|-------------------|--------|
| PAGE TOTAL | |
| \$ | 500.00 |

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 FRIENDS OF CARL WALKER METZGAR | Reporting Period From: <u>5/1/2018</u> To: <u>6/4/2018</u> |
|--|--|

| | | | | DATE | AMOUNT | | |
|---|--------------------|-----------------------------------|------------------------------|-----------------------------------|-----------------------------------|-------------|-------------|
| Full Name of Contributor RANDY MAXWELL | | | | MO | DAY | YEAR | \$ 500.00 |
| Mailing Address | | | | 5 | 18 | 2018 | |
| City IMLER | State PA | Zip Code (Plus 4) 16655 | | | | | |
| Employer Name MAXWELL TRANSPORTATION | | | | Occupation CEO | | | |
| Employer Mailing Address/Principal Place of Business | | | City IMLER | State PA | Zip Code (Plus 4) 16655 | | |
| Full Name of Contributor RANDY MAXWELL | | | | MO | DAY | YEAR | \$ 1,000.00 |
| Mailing Address | | | | 5 | 18 | 2018 | |
| City IMLER | State PA | Zip Code (Plus 4) 16655 | | | | | |
| Employer Name MAXWELL TRANSPORTATION | | | | Occupation CEO | | | |
| Employer Mailing Address/Principal Place of Business | | | City IMLER | State PA | Zip Code (Plus 4) 16655 | | |
| Full Name of Contributor DENNY M. PENNABAKER | | | | MO | DAY | YEAR | \$ 500.00 |
| Mailing Address | | | | 5 | 18 | 2018 | |
| City NEW PARIS | State PA | Zip Code (Plus 4) 15554 | | | | | |
| Employer Name BEST WAY PIZZA | | | | Occupation SOLE PROPRIETOR | | | |
| Employer Mailing Address/Principal Place of Business | | | City PLEASANTVILLE | State PA | Zip Code (Plus 4) 15521 | | |
| Full Name of Contributor JOHN J. CORLE | | | | MO | DAY | YEAR | \$ 500.00 |
| Mailing Address | | | | 5 | 18 | 2018 | |
| City IMLER | State PA | Zip Code (Plus 4) 16655 | | | | | |
| Employer Name CORLE BUILDING SYSTEMS | | | | Occupation PROPRIETOR | | | |
| Employer Mailing Address/Principal Place of Business | | | City IMLER | State PA | Zip Code (Plus 4) 16655 | | |

| | | | | | | | |
|---|--------------------|-----------------------------------|------------------------|-----------------------------|------------|-----------------------------------|------------------|
| Full Name of Contributor ROBERT C. ANDERSON | | | | MO | DAY | YEAR | \$ 500.00 |
| Mailing Address | | | | 5 | 18 | 2018 | |
| City PORTAGE | State PA | Zip Code (Plus 4) 15946 | | | | | |
| Employer Name AAI INSURANCE | | | | Occupation INSURANCE | | | |
| Employer Mailing Address/Principal Place of Business | | | City BEDFORD | State PA | | Zip Code (Plus 4) 15522 | |

| | | | | | | | |
|---|--------------------|-----------------------------------|-------------|---------------------------|------------|--------------------------|------------------|
| Full Name of Contributor RICHARD J. EMERICK | | | | MO | DAY | YEAR | \$ 500.00 |
| Mailing Address | | | | 5 | 18 | 2018 | |
| City SCHELLSBURG | State PA | Zip Code (Plus 4) 15559 | | | | | |
| Employer Name RETIRED | | | | Occupation RETIRED | | | |
| Employer Mailing Address/Principal Place of Business | | | City | State | | Zip Code (Plus 4) | |

| | | | | | | | |
|---|--------------------|-----------------------------------|---------------------------|---------------------------|------------|-----------------------------------|------------------|
| Full Name of Contributor RICHARD J. EMERICK II | | | | MO | DAY | YEAR | \$ 500.00 |
| Mailing Address | | | | 5 | 18 | 2018 | |
| City SCHELLSBURG | State PA | Zip Code (Plus 4) 15559 | | | | | |
| Employer Name CHESTNUT RIDGE SCHOOLS | | | | Occupation TEACHER | | | |
| Employer Mailing Address/Principal Place of Business | | | City FISHERTOWN | State PA | | Zip Code (Plus 4) 15539 | |

| | | | | | | | |
|---|--------------------|-----------------------------------|-------------------------------|------------------------------|------------|-----------------------------------|------------------|
| Full Name of Contributor RYAN M. EMERICK | | | | MO | DAY | YEAR | \$ 500.00 |
| Mailing Address | | | | 5 | 18 | 2018 | |
| City SCHELLSBURG | State PA | Zip Code (Plus 4) 15559 | | | | | |
| Employer Name NEW ENTERPRISE STONE & LIME CO | | | | Occupation MANAGEMENT | | | |
| Employer Mailing Address/Principal Place of Business | | | City NEW ENTERPRISE | State PA | | Zip Code (Plus 4) 16664 | |

| | | | | | | | |
|---|--------------------|-----------------------------------|------------------------------|-----------------------|------------|-----------------------------------|------------------|
| Full Name of Contributor CHARLES MAXWELL JR | | | | MO | DAY | YEAR | \$ 500.00 |
| Mailing Address | | | | 5 | 18 | 2018 | |
| City HOLLIDAYSBURG | State PA | Zip Code (Plus 4) 16648 | | | | | |
| Employer Name MAXWELL TRANSIT | | | | Occupation CEO | | | |
| Employer Mailing Address/Principal Place of Business | | | City HOLLIDAYSBURG | State PA | | Zip Code (Plus 4) 16648 | |

| | | | | | | | |
|---|--------------------|-----------------------------------|-------------|-----------------------|------------|--------------------------|--------------------|
| Full Name of Contributor RANDY A. DAVIES | | | | MO | DAY | YEAR | \$ 1,000.00 |
| Mailing Address | | | | 5 | 21 | 2018 | |
| City SOMERSET | State PA | Zip Code (Plus 4) 15501 | | | | | |
| Employer Name RETIRED | | | | Occupation N/A | | | |
| Employer Mailing Address/Principal Place of Business | | | City | State | | Zip Code (Plus 4) | |

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

| PAGE TOTAL | |
|------------|----------|
| \$ | 6,000.00 |

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 | Reporting Period From: To: |
|---------------------------------------|--|

| | | | | DATE | AMOUNT | | |
|---------------------|-------|-------------------|--|------|--------|------|---------|
| Full Name | | | | MO | DAY | YEAR | \$ 0.00 |
| Mailing Address | | | | | | | |
| City | State | Zip Code (Plus 4) | | | | | |
| Receipt Description | | | | | | | |

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

| |
|-------------------|
| PAGE TOTAL |
| \$ 0.00 |

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

| | | | |
|--|--|---|-----------|
| Name of Filing Committee or Candidate | | Reporting Period | |
| FRIENDS OF CARL WALKER METZGAR | | From: <u>5/1/2018</u> To: <u>6/4/2018</u> | |
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR | | | |
| TOTAL for the Reporting Period | | (1) | \$ 90.00 |
| 2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F) | | | |
| TOTAL for the Reporting Period | | (2) | \$ 0.00 |
| 3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G) | | | |
| TOTAL for the Reporting Period | | (3) | \$ 350.00 |
| 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, Reports Cover Page, Item F.) | | | \$ 440.00 |

SCHEDULE II
PART F
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OF \$50.01 TO \$250.00

| | |
|---------------------------------------|--|
| Name of Filing Committee or Candidate | Reporting Period From: To: |
|---------------------------------------|--|

| | | | DATE | | | AMOUNT |
|---|-------|-------------------|------|-----|------|----------------------------------|
| Full Name of Contributor | | | MO | DAY | YEAR | \$ 0.00 |
| 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 \$ 0.00 |

**SCHEDULE II
PART G
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OVER \$250.00**

| | |
|--|--|
| Name of Filing Committee or Candidate FRIENDS OF CARL WALKER METZGAR | Reporting Period From: <u>5/1/2018</u> To: <u>6/4/2018</u> |
|--|--|

| | | | | DATE | AMOUNT | |
|---|-------|-------|-------|------------------|------------------|-----------------------------|
| Full Name of Contributor | | | | MO | DAY | YEAR |
| RANDY MAXWELL | | | | | | |
| Mailing Address | | | | 5 | 18 | 2018 |
| City | IMLER | State | PA | Zip Code(Plus 4) | | 16655 |
| Employer of Contributor | | | | Occupation | | |
| MAXWELL TRANSPORTATION | | | | CEO | | |
| Employer Mailing Address/Principal Place of Business | | | City | State | Zip Code(Plus 4) | Description of Contribution |
| | | | IMLER | PA | 16655 | VENUE AND REFRESHMENTS |
| Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3. | | | | | | PAGE TOTAL 350.00 |

SCHEDULE III STATEMENT OF EXPENDITURES

| | |
|--|--|
| Name of Filing Committee or Candidate | Reporting Period |
| FRIENDS OF CARL WALKER METZGAR | From <u>5/1/2018</u> To: <u>6/4/2018</u> |

| | | | | DATE | | AMOUNT | | | |
|-------------------------------|------------|-------|----|-------------------|-----|--------|-------------|----------------------------|-----------------------|
| To Whom Paid | | | | MO | DAY | YEAR | | | |
| CHILDREN'S AID AUXILIARY | | | | | | | | | |
| Mailing Address | | | | 5 | 4 | 2018 | \$ 100.00 | | |
| City | SOMERSET | State | PA | Zip Code (Plus 4) | | 15501 | | Description of Expenditure | SPONSOR |
| To Whom Paid | | | | MO | DAY | YEAR | | | |
| CAMP CADET OF SOMERSET COUNTY | | | | | | | | | |
| Mailing Address | | | | 5 | 4 | 2018 | \$ 100.00 | | |
| City | SOMERSET | State | PA | Zip Code (Plus 4) | | 15501 | | Description of Expenditure | SPONSOR |
| To Whom Paid | | | | MO | DAY | YEAR | | | |
| RED MAVERICK MEDIA | | | | | | | | | |
| Mailing Address | | | | 5 | 4 | 2018 | \$ 1,840.70 | | |
| City | HARRISBURG | State | PA | Zip Code (Plus 4) | | 17101 | | Description of Expenditure | CAMPAIGN ITEMS |
| To Whom Paid | | | | MO | DAY | YEAR | | | |
| LAUREL HILL LIONS CLUB | | | | | | | | | |
| Mailing Address | | | | 5 | 18 | 2018 | \$ 50.00 | | |
| City | ROCKWOOD | State | PA | Zip Code (Plus 4) | | 15557 | | Description of Expenditure | SPONSOR |
| To Whom Paid | | | | MO | DAY | YEAR | | | |
| ADLIV COLLECTIONS | | | | | | | | | |
| Mailing Address | | | | 5 | 26 | 2018 | \$ 265.00 | | |
| City | JOHNSTOWN | State | PA | Zip Code (Plus 4) | | 15909 | | Description of Expenditure | CAMPAIGN PHOTOGRAPHER |
| To Whom Paid | | | | MO | DAY | YEAR | | | |
| BCREF | | | | | | | | | |
| Mailing Address | | | | 5 | 26 | 2018 | \$ 12.00 | | |
| City | EVERETT | State | PA | Zip Code (Plus 4) | | 15537 | | Description of Expenditure | BANQUET TICKET |

| | | | | | | |
|-----------------------------|--------------------|-----------------------------------|--|------------|-------------|------------------|
| To Whom Paid HHCS | | | MO | DAY | YEAR | \$ 100.00 |
| Mailing Address | | | 5 | 26 | 2018 | |
| City HYDMAN | State PA | Zip Code (Plus 4) 15545 | Description of Expenditure SCHOLARSHIP | | | |

| | | | | | | |
|---------------------------------|--------------------|-----------------------------------|--|------------|-------------|-----------------|
| To Whom Paid PNC BANK | | | MO | DAY | YEAR | \$ 15.00 |
| Mailing Address | | | 5 | 31 | 2018 | |
| City SOMERSET | State PA | Zip Code (Plus 4) 15501 | Description of Expenditure CHECK FEE | | | |

| | | | | | | |
|-----------------------------|--------------------|-----------------------------------|---|------------|-------------|------------------|
| To Whom Paid APEX | | | MO | DAY | YEAR | \$ 187.00 |
| Mailing Address | | | 6 | 4 | 2018 | |
| City MEYERSDALE | State PA | Zip Code (Plus 4) 15552 | Description of Expenditure CAMPAIGN ITEMS | | | |

| | | | | | | |
|--|--|--|--|--|--|--------------------|
| Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D. | | | | | | PAGE TOTAL |
| | | | | | | \$ 2,669.70 |

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 CARL WALKER METZGAR | From: <u>5/1/2018</u> To: <u>6/4/2018</u> |

| | | | | DATE | | Outstanding Balance of Debt | |
|---|--|-------------|----------------------------|--|-----|--------------------------------|-------------|
| Name of Creditor NANCY METZGAR | | | | MO | DAY | YEAR | \$ 396.00 |
| Mailing Address | | | | 4 | 18 | 2018 | |
| City BERLIN | | State PA | Zip Code (Plus 4) 15530 | Description of Debt LOAN TO COMMITTEE | | | |
| Name of Creditor NANCY METZGAR | | | | MO | DAY | YEAR | \$ 1,135.40 |
| Mailing Address | | | | 4 | 30 | 2008 | |
| City BERLIN | | State PA | Zip Code (Plus 4) 15530 | Description of Debt LOAN TO COMMITTEE | | | |
| Name of Creditor DEETER GAP PUBLISHING | | | | MO | DAY | YEAR | \$ 2,195.43 |
| Mailing Address | | | | 4 | 9 | 2008 | |
| City SOMERSET | | State PA | Zip Code (Plus 4) 15501 | Description of Debt MAILING SERVICES | | | |
| Name of Creditor DEETER GAP PUBLISHING | | | | MO | DAY | YEAR | \$ 1,481.48 |
| Mailing Address | | | | 4 | 18 | 2008 | |
| City SOMERSET | | State PA | Zip Code (Plus 4) 15501 | Description of Debt MAILING SERVICES | | | |
| Name of Creditor NANCY METZGAR | | | | MO | DAY | YEAR | \$ 99.00 |
| Mailing Address | | | | 3 | 26 | 2008 | |
| City BERLIN | | State PA | Zip Code (Plus 4) 15530 | Description of Debt LOAN TO COMMITTEE | | | |
| Name of Creditor NANCY METZGAR | | | | MO | DAY | YEAR | \$ 1,011.50 |
| Mailing Address | | | | 4 | 4 | 2008 | |
| City BERLIN | | State PA | Zip Code (Plus 4) 15530 | Description of Debt LOAN TO COMMITTEE | | | |

| | | | | | | |
|---|-------------|----------------------------|--|-----|------|-------------|
| Name of Creditor NANCY METZGAR | | | MO | DAY | YEAR | \$ 151.04 |
| Mailing Address | | | 4 | 15 | 2008 | |
| City BERLIN | State PA | Zip Code (Plus 4) 15530 | Description of Debt LOAN TO COMMITTEE | | | |
| Name of Creditor DEETER GAP PUBLISHING | | | MO | DAY | YEAR | \$ 770.00 |
| Mailing Address | | | 10 | 27 | 2008 | |
| City SOMERSET | State PA | Zip Code (Plus 4) 15501 | Description of Debt MAILING SERVICES | | | |
| Name of Creditor DEETER GAP PUBLISHING | | | MO | DAY | YEAR | \$ 150.00 |
| Mailing Address | | | 9 | 2 | 2011 | |
| City SOMERSET | State PA | Zip Code (Plus 4) 15501 | Description of Debt MAILING SERVICES | | | |
| Name of Creditor DEETER GAP PUBLISHING | | | MO | DAY | YEAR | \$ 600.00 |
| Mailing Address | | | 12 | 13 | 2013 | |
| City SOMERSET | State PA | Zip Code (Plus 4) 15501 | Description of Debt MAILING SERVICES | | | |
| Name of Creditor DEETER GAP PUBLISHING | | | MO | DAY | YEAR | \$ 1,000.76 |
| Mailing Address | | | 5 | 6 | 2014 | |
| City SOMERSET | State PA | Zip Code (Plus 4) 15501 | Description of Debt MAILING SERVICES | | | |
| Name of Creditor DEETER GAP PUBLISHING | | | MO | DAY | YEAR | \$ 200.00 |
| Mailing Address | | | 11 | 15 | 2014 | |
| City SOMERSET | State PA | Zip Code (Plus 4) 15501 | Description of Debt MAILING SERVICES | | | |
| Name of Creditor DEETER GAP PUBLISHING | | | MO | DAY | YEAR | \$ 300.00 |
| Mailing Address | | | 12 | 31 | 2015 | |
| City SOMERSET | State PA | Zip Code (Plus 4) 15501 | Description of Debt MAILING SERVICES | | | |
| Name of Creditor DEETER GAP PUBLISHING | | | MO | DAY | YEAR | \$ 400.00 |
| Mailing Address | | | 12 | 31 | 2016 | |
| City SOMERSET | State PA | Zip Code (Plus 4) 15501 | Description of Debt MAILING SERVICES | | | |

| | | | | | | |
|---|-------------|----------------------------|---|-----|------|----------------------------|
| Name of Creditor DEETER GAP PUBLISHING | | | MO | DAY | YEAR | \$ 400.00 |
| Mailing Address | | | 12 | 31 | 2017 | |
| City SOMERSET | State PA | Zip Code (Plus 4) 15501 | Description of Debt MAILING SERVICES | | | |
| Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G. | | | | | | PAGE TOTAL \$ 10,290.61 |