# **CAMPAIGN FINANCIAL DISCLOSURE STATEMENT**

For State and Local Candidates
For Single-Candidate Committees

| 1 DATE OF PERSON   |  | iuluate (                               |                         | 862                           |                                       |
|--|--|---|-------------------------|-------------------------------|---------------------------------------|
| DATE OF REPORT   | 2.a. NAME OF C                           |   |                         |                               |                                       |
|  | 1 JHAWA                                  | 1 FENNE                                 | 261                     |                               |                                       |
| 2.b. IF COMMITTEE, NAME OF CANDIDATE   |  |   |                         | 3. ELECTION DATE              | E                                     |
|  |  |   |                         | NUV 340                       | 2020                                  |
| 4.a. CAMPAIGN ADDRESS AND PHONE<br>Street or Rural Route   | 0.1                                      |   |                         |                               |                                       |
| 1  | City                                     |   | State                   | Zip Code                      | , Phone                               |
| 819 PLANTATION BLVD  | 9ALIA+1                                  | <u></u>                                 | IN                      | 37066                         | 615-426-2011                          |
| 4.b. CANDIDATE'S HOME ADDRESS (if different Street or Rural Route  | t than <b>∖₄∕</b> a.)<br>City            |   | Ctoto                   | 7:-0                          |                                       |
| SAME   | Oity                                     |   | State                   | Zip Code                      | Phone                                 |
| 5. OFFICE SOUGHT (include district number, if  | annlicable)                              | 6. NAME C                               | OF BOUTION              | TDC 4 CUITE -                 |                                       |
|  |  | 1 1 1                                   |                         | TREASURER (may be             | e candidate)                          |
| 7. CATEGORY OR REPORT (Check one)  | <u> </u>                                 | MEATH                                   | er Hehr                 | 1                             |                                       |
|  |  |   | П                       |                               | П                                     |
| FIRST SECOND THRO<br>QUARTER QUARTER QUARTER   | FOURTH                                   | PRE-                                    | PRE-                    | MID-YEAR                      | YEAR-END                              |
| 8.a. BEGINNING DATE OF REPORTING PERIOD  | QUARTER                                  | PRIMARY<br>8.b. EXPOING                 | GENERAL<br>DATE OF REPO | SUPPLEMENTAL<br>PRTING PERIOD | SUPPLEMENTAL                          |
| /1pul /2020  |  |   | e 30 <sup>th</sup>      |                               |                                       |
| 9. (Check one)   |  | <u> </u>                                |                         | 9030                          | <u> </u>                              |
| 2  This sampaign is assessed for a death   |  | V                                       |                         |                               |                                       |
| <ul> <li>a.  This campaign is exempt from detailed<br/>tures total \$1,000 or less for this repor</li> </ul>   | J disclosure becaus<br>ting period (Comn | e contributions                         | (including in-ki        | nd) received total \$1,0      | 00 or less AND expendi-               |
|  |  |   | •                       |                               |                                       |
| <ul> <li>b.  This campaign is required to file a deta<br/>and/or expenditures total more than \$1</li> </ul>   | ailed financial disclo                   | sure because o                          | contributions (in       | ncluding in-kind) receiv      | red total more than \$1,000           |
| The state of the s |  | ing penod.                              |                         |                               |                                       |
| 10. I/we do solemnly swear or affirm that the int  | formation contained                      | im Al-i                                 | <u> </u>                |                               | · · · · · · · · · · · · · · · · · · · |
| I/we do solemnly swear or affirm that the inf<br>accurate accounting of campaign contribution<br>Financial Disclosure Act Additionally, New States   |  |   |                         |                               |                                       |
|  |  |   |                         |                               | the personal financial                |
| benefit of the candidate or for any other nonp   | onucai purpose as                        | defined by the f                        | federal internal        | revenue code.                 |                                       |
| 86-  | 10-12 2)                                 |   | 1/1/1                   | Xlbu                          | 4                                     |
| signature of candidate   | 10-12-2)<br>date                         |   | signature o             | f political treasurer         | 1012-20                               |
|  |  |   | signature o             | political treasurer           | date                                  |
| 11. WITNESS SIGNATURE  |  |   |                         | <del>27</del>                 |                                       |
|  | , ,                                      |   |                         |                               | , /                                   |
|  | 10/12/200                                |   |                         |                               | 10/12/200                             |
| signature of witness   | date                                     | 7                                       | signat                  | ure of witness                | date                                  |
|  |  |   |                         |                               |                                       |
| 12. SUMMARY  |  |   |                         |                               |                                       |
| a. BALANCE ON HAND LAST REPORT   | -11                                      | ED PI                                   | <b>A</b>                | 4                             |                                       |
| The state of the participant of  | FII                                      | _                                       |                         | \$                            |                                       |
| b. TOTAL RECEIPTS THIS PERIOD  |  | 3050                                    |                         | \$                            |                                       |
|  | 20                                       | 110                                     | 4                       | ·                             |                                       |
| c. TOTAL DISBURSEMENTS THIS PERIOD   |  | COUNT                                   | 3510N                   | \$ ———                        |                                       |
| d. BALANCE ON HAND (12 a plus 12 h mir   | <b>9</b> 0'                              | MUE COMM                                | ,                       |                               | 6                                     |
| c. TOTAL DISBURSEMENTS THIS PERIOD  d. BALANCE ON HAND (12.a. plus 12.b. mir  e. TOTAL LOANS OUTSTANDING   | ius 12.c.)                               | 410;                                    |                         | \$                            |                                       |
| e. TOTAL LOANS OUTSTANDING   |  | ·                                       |                         |                               | 12                                    |
| e. TOTAL LOANS OUTSTANDING   |  |   |                         | ····· \$                      |                                       |
| f. TOTAL OBLIGATIONS OF ITSTANDING   |  |   |                         | <del></del>                   | 18                                    |
| f. TOTAL OBLIGATIONS OUTSTANDING   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,  | *************************************** | *************           | \$                            | <del>//</del>                         |
|  |  |   |                         |                               | -                                     |

### SUMMARY PAGE - CANDIDATE

| 13. NAME OF CANDIDATE OR COMMITTEE (In Full)   | 14 REPORT CO            | VERING THE PERIOD |
|--|-------------------------|-------------------|
| SHAWN FENNELL  | FROM 4-1-20             | TO: 6-30-20       |
| RECEIPTS 15. CONTRIBUTIONS (other than loans and interest)                           | <u> </u>                |                   |
| a. Unitemized Contributions (\$100 or less from each source this period)             | \$                      |                   |
| b. Itemized Contributions (over \$100 from each source this period)                  |                         |                   |
| c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.)          |                         |                   |
| 16. LOANS RECEIVED THIS REPORTING PERIOD   |                         |                   |
| 17. INTEREST RECEIVED THIS REPORTING PERIOD  |                         |                   |
| 18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)           |                         | " 4               |
| DISBURSEMENTS  |                         |                   |
| 19. EXPENDITURES (other than loan payments)  |                         |                   |
| a. Expenditures (\$100 or less each payee this period) (must be listed by category - | e a printing postage    | ) gasoline)       |
|  | o.g., printing, postage | i, gasoline)      |
|  |                         |                   |
|  |                         |                   |
|  | <del></del>             |                   |
| <b></b>  | <del></del>             |                   |
|  | <del>_</del>            |                   |
| <u> </u>   | <del></del> -           |                   |
| <u> </u>   | <del></del>             |                   |
| <b>\$</b>  | <del>_</del>            |                   |
| \$   |                         |                   |
| Total of Expenditures (\$100 or less each payee)                                     | \$                      |                   |
| b. Itemized Expenditures (Over \$100 each payee this period)                         | \$                      | _                 |
| c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)              | - X                     | <br>\$            |
| 20. LOAN REPAYMENTS MADE THIS PERIOD   |                         |                   |
| 21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)            |                         |                   |
| 22. IN-KIND CONTRIBUTIONS  |                         |                   |
| 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)          |                         |                   |
| c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and 22.b              |                         |                   |
| 23. OBLIGATIONS  |                         |                   |
| a. Unitemized Obligations Outstanding (\$100 or less each)                           | \$                      |                   |
| b. Itemized Obligations Outstanding (Over \$100 each)                                |                         |                   |
| c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown i item         |                         |                   |

### **ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE**

| 1. NAME OF CANDIDATE OR COMMITTEE SHAWN FENNELL  |                             |                                  |                                     | 2. REPORT COVE          | TO: 6-30-20                             |
|--|-----------------------------|----------------------------------|-------------------------------------|-------------------------|---|
| 3. TOTAL ITEMIZED CAMPAIGN CONTRIB   | Amount                      |                                  |                                     |                         |   |
| 4. COMPLETE THE APPROPRIATE ITEMS FOR  | EACH ITEM                   | IIZED CONTRIBUTION               | (contributions totaling more than ! | 100 from any contributo | 0                                       |
| First Name   | Middle Na                   | me                               | Contribution Received For:          | Amount of Contribution  |   |
| Last Name/Organization Name  |                             |                                  | Primary Election                    |                         |   |
| Address  | Address                     |                                  |                                     |                         |   |
| City   | State                       | Zip Code                         | Date of Contribution                |                         | Aggregate This Election                 |
| Occupation   |                             | <u> </u>                         | 1                                   |                         |   |
| Employer   |                             |                                  |                                     |                         |   |
| First Name   | Middle Na                   | me                               | Contribution Received For:          |                         | Amount of Contribution                  |
| Last Name/Organization Name  | Last Name/Organization Name |                                  |                                     |                         |   |
| Address  | ,, <u>.</u> .               | <u> </u>                         | Runoff (Local Election              | s Only)                 |   |
| City   | State                       | Zip Code                         | Date of Contribution                |                         | Aggregate This Election                 |
| Occupation   |                             | -, <u>L</u>                      | 1                                   |                         |   |
| Employer   | <del> </del>                |                                  |                                     |                         |   |
| First Name   | st Name Middle Name         |                                  |                                     |                         | Amount of Contribution                  |
| Last Name/Organization Name  |                             |                                  | Primary Election                    |                         |   |
| Address  |                             |                                  | Runoff (Local Elections             | s Only)                 |   |
| City   | State                       | Zip Code                         | Date of Contribution                |                         | Aggregate This Election                 |
| Occupation   |                             | <u> </u>                         |                                     |                         |   |
| Employer   |                             |                                  |                                     | ;                       |   |
| First Name   | Middle Nam                  | e                                | Contribution Received For:          |                         | Amount of Contribution                  |
| Last Name/Organization Name  |                             | ☐ Primary Election ☐             | General Election                    |                         |   |
| Address  | <u>.</u>                    | Runoff (Local Elections          | Only)                               | ;                       |   |
| City   | State                       | Zip Code                         | Date of Contribution                |                         | Aggregate This Election                 |
| Occupation   | ····                        |                                  |                                     | 1                       | ŗ                                       |
| Employer   |                             |                                  |                                     |                         |   |
| 5. TOTAL ITEMIZED CONTRIBUTIONS (Carry forward to item 3. of next page if additional pager (If this is the last page of contributions, this amount mus | s of this form are          | e used.)<br>em 15b. of summary.) |                                     |                         | 0                                       |
| ·  |                             |                                  |                                     |                         | / · · · · · · · · · · · · · · · · · · · |

# ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

| 1. NAME OF CANDIDATE OR   | COMMITTEE            |               |                           |   | 2. REPORT COVI  | ERING THE PERIOD               |  |  |  |
|---|----------------------|---------------|---------------------------|---|---|--------------------------------|--|--|--|
| SHANN FE  |                      |               |                           |   | FROM:4-1-20   | TO: 1-30-20                    |  |  |  |
| 3. TOTAL ITEMIZED IN-KIND   | CONTRIBUTIO          | NS FRO        | M PRECEDING PAC           | GE (enter \$0 if first itemized page        | e)  | $\mathcal{N}$                  |  |  |  |
| 4. COMPLETE THE APPROPRIAT  | E ITEMS FOR E        | ACH ITEM      | IIZED IN-KIND CONTR       | RIBUTION (in-kind contributions totaling    | more than \$100 from any o  | contributor during the period) |  |  |  |
| First Name  |                      | Middle N      | ame                       |   | In-Kind Contribution Received For:  Primary Election General Election |                                |  |  |  |
| Last Name/Organization Name   | _                    |               |                           | Runoff (Local Electio                       |   |                                |  |  |  |
| Address   |                      |               |                           | Date of In-Kind Contribution                | <u></u>   | Aggregate this Election        |  |  |  |
| City  | State Zip Code       |               |                           |   |   |                                |  |  |  |
| Occupation  | Employer             |               |                           |   |   |                                |  |  |  |
| First Name  | Name Middle Name     |               |                           |   | d For:  | Value of In-Kind Contribution  |  |  |  |
| Last Name/Organization Name   |                      | <u> </u>      | <del>.</del>              | ·   | General Election  |                                |  |  |  |
| Address   | <del></del>          |               |                           | Date of In-Kind Contribution                | is Unity)   | Aggregate this Election        |  |  |  |
| City  |                      | State         | Zip Code                  | Description of In-Kind Contribution         |   |                                |  |  |  |
| Occupation  | Employer             | . <del></del> |                           |   |   |                                |  |  |  |
| First Name  |                      | Middle Na     | nme                       | In-Kind Contribution Received               |   | Value of In-Kind Contribution  |  |  |  |
| Last Name/Organization Name   |                      | <u>!</u>      |                           | ☐ Primary Election ☐ Runoff (Local Election | General Election  |                                |  |  |  |
| Address   | <del></del>          | -             |                           | Date of In-Kind Contribution                | is Only)  | Aggregate this Election        |  |  |  |
| City  |                      | State         | Zip Code                  | Description of In-Kind Contribution         | ··  |                                |  |  |  |
| Occupation  | Employer             |               | l                         |   |   |                                |  |  |  |
| First Name  |                      | Middle Na     | me                        | In-Kind Contribution Received               | For:  | Value of In-Kind Contribution  |  |  |  |
| Last Name/Organization Name   |                      | ļ             |                           | Primary Election General Election           |   |                                |  |  |  |
| Address   |                      |               |                           | Date of In-Kind Contribution                | s Only)   | Aggregate this Election        |  |  |  |
| City  | -                    | State         | Zip Code                  | Description of In-Kind Contribution         |   |                                |  |  |  |
| Occupation  | Employer             |               | <u> </u>                  | 7   |   |                                |  |  |  |
| irst Name   |                      | Middle Nam    | e                         | In-Kind Contribution Received               | f For:  | Value of In-Kind Contribution  |  |  |  |
| ast Name/Organization Name  |                      |               |                           | Primary Election                            |   |                                |  |  |  |
| ddress  |                      | <u>-</u>      | _                         | Date of In-Kind Contribution                | Only)   | Aggregate this Election        |  |  |  |
| ity   |                      | State         | Zip Code                  | Description of In-Kind Contribution         |   | L                              |  |  |  |
| ccupation   | Employer             |               | <u> </u>                  | -   |   |                                |  |  |  |
| Carry forward to item 3. of next page if                            | additional pages of  | this form ar  | e used.)                  |   |   | M                              |  |  |  |
| (If this is the last page of in-kind contrib<br>SS-1128 (Rev. 2/06) | outions, this amount | must be sho   | own in item 22b. of summa | Page  | <u>u 1</u>  |                                |  |  |  |

# ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

| 1. NAME OF CANDIDATE OR COMMITTEE SHAWN LENNELL   |                                  |                                   |                                      | 2. REPORT COVE<br>FROMV-1-20 | RING THE PERIOD       |  |  |
|---|----------------------------------|-----------------------------------|--------------------------------------|------------------------------|-----------------------|--|--|
| TOTAL ITEMIZED CAMPAIGN EXPENDIT     COMPLETE THE APPROPRIATE ITEMS FOR   | URES FR                          | OM PRECEDING                      | PAGE (enter \$0 if first itemized pa | age)                         | Amount                |  |  |
| First Name  | Middle N                         |                                   | Purpose of Expenditure               | o to any payor during the p  | Amount of Expenditure |  |  |
| Last Name/Business Name   | <u></u>                          |                                   |                                      |                              |                       |  |  |
| Address   |                                  |                                   |                                      |                              |                       |  |  |
| City  | State Zip Code                   |                                   |                                      |                              |                       |  |  |
| First Name  | Middle Na                        | ame                               | Purpose of Expenditure               |                              | Amount of Expenditure |  |  |
| Last Name/Business Name   |                                  |                                   |                                      |                              |                       |  |  |
| Address   |                                  | <del></del>                       | <del>_</del>                         |                              |                       |  |  |
| City  | State                            | Zip Code                          |                                      |                              |                       |  |  |
| First Name  | Middle Na                        | me                                | Purpose of Expenditure               |                              | Amount of Expenditure |  |  |
| Last Name/Business Name   | <del></del>                      | -                                 |                                      |                              |                       |  |  |
| Address   |                                  |                                   |                                      |                              |                       |  |  |
| City  | State                            | Zip Code                          |                                      |                              | į                     |  |  |
| First Name  | Middle Nan                       | ne                                | Purpose of Expenditure               | Amount of Expenditure        |                       |  |  |
| Last Name/Business Name   | ast Name/Business Name           |                                   |                                      | 1                            |                       |  |  |
| Address   |                                  |                                   | -                                    |                              |                       |  |  |
| City  | State                            | Zip Code                          |                                      |                              |                       |  |  |
| First Name  | Middle Nam                       | ne                                | Purpose of Expenditure               |                              | Amount of Expenditure |  |  |
| Last Name/Business Name   | <u> </u>                         |                                   |                                      |                              |                       |  |  |
| Address   |                                  |                                   |                                      |                              |                       |  |  |
| City  | State                            | Zip Code                          |                                      |                              |                       |  |  |
| First Name  | Middle Nam                       | e                                 | Purpose of Expenditure               |                              | Amount of Expenditure |  |  |
| ast Name/Business Name  |                                  | <del></del> ;                     |                                      |                              |                       |  |  |
| ddress  |                                  |                                   | 7                                    |                              |                       |  |  |
| ity   | State                            | Zip Code                          |                                      | į                            |                       |  |  |
| 5. TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3. of next page if additional pages (If this is the last page of expenditures, this amount must | of this form ar<br>be shown in i | e used.)<br>tem 19b. of summary.) |                                      |                              | D                     |  |  |

### **ITEMIZED STATEMENT OF LOANS - CANDIDATE**

| 1. NAME OF CANDIDATE   | OR COMMITTEE   |              | _         | <del>-</del>           |   |                    |                  | 12         | REPORT          | COVE                                     | RING THE PERJOD                             |
|--|--|--------------|-----------|------------------------|---|--------------------|------------------|------------|-----------------|--|---|
| SHANN FENNE  |  |              |           |                        |   |                    |                  | FR         | ROM: /          | 20                                       | TO: Z                                       |
| 3. COMPLETE THE APPR   | OPRIATE ITEMS F                                      | OR EACH      | ITEMIZ    | ZED LOAN               | (loans totaling r   | nore than \$       | 100 from an      | source     | during the p    | eriod)                                   | <del>***</del>                              |
| Complete the Following for the   | Source of the Loan                                   |              |           |                        |   |                    |                  |            |                 |  |   |
| First Name   | Outstandii - Outstandii                              |              |           |                        |   |                    |                  |            |                 | standing Loan Balance<br>(End of Period) |   |
| Last Name/Organization Name  |  |              |           |                        | ,   |                    | .,,,,            | , .,       | monta           |  | (EIRI OI PERIOD)                            |
| Address  |  |              |           | Loan Receiv            | nd Can  |                    |                  |            |                 |  |   |
|  | □ Primary  |              |           |                        | □ Gene  | ral Election       |                  | Date of Lo | an              |  |   |
| City   | State  | Zip Code     |           | Runoff                 | ☐ Primary Election ☐ General Election ☐ Runoff (Local Elections Only) |                    |                  |            |                 |  |   |
|  | List All Endon                                       | sers or Guar | antors fo | or Above Loa           | n (If more spa  | ce is need         | ed please        | attach     | a page)         |  |   |
| First Name   |  | Middle Nam   | e         |                        | First Name  |                    |                  |            |                 | Middle                                   | name  |
| Last Name/Organization Name  |  | •            |           | <u>-</u>               | Last Name/Org   | janization N       | ame              | _          |                 | <u> </u>                                 |   |
| Address  |  |              |           |                        | Address   |                    |                  |            |                 |  |   |
| City   |  | State        | Zip Co    | ode                    | City  |                    |                  |            |                 | State                                    | Zip Code                                    |
| Amount Guaranteed Outstanding  |  |              |           |                        | Amount Guaran   | iteed Outsta       | anding           |            |                 | <u></u>                                  |   |
| First Name Middle Name   |  |              |           | First Name Middle Name |   |                    |                  |            |                 |  |   |
| Last Name/Organization Name  |  |              |           |                        | Last Name/Organization Name   |                    |                  |            |                 |  |   |
| Address  |  |              |           |                        | Address   | <u> </u>           |                  |            |                 |  | <del></del>                                 |
| City   |  | State        | Zip Coo   | de                     | City  |                    |                  |            |                 |  | Zip Code                                    |
| Amount Guaranteed Outstanding  |  |              |           |                        | Amount Guarant  | teed Outsta        | nding            |            |                 | <b>.</b>                                 |   |
| First Name   |  | Middle Name  |           |                        | First Name  |                    |                  |            |                 | Middle                                   | Name  |
| Last Name/Organization Name  |  |              |           |                        | Last Name/Organization Name   |                    |                  |            |                 |  |   |
| Address  | ,  |              |           | <u>-</u> .             | Address   |                    |                  |            |                 |  | <del></del>                                 |
| City   |  | State        | Zip Cod   | le                     | City  | <del></del>        | <del></del>      |            |                 | State                                    | Zip Code                                    |
| Amount Guaranteed Outstanding  | ——— <u> </u>   | · <u>-</u>   | L         |                        | Amount Guarant  | eed Outstar        | oding            |            |                 |  |   |
| First Name   |  | Middle Name  |           |                        | First Name  | -                  |                  | _          |                 | Middle I                                 | Name  |
| Last Name/Organization Name  |  | <del></del>  |           | ı.                     | ast Name/Orga   | nization Nar       | me               |            |                 |  |   |
| Address  |  |              | _         |                        | Address   |                    |                  |            | -               |  |   |
| City   |  | State        | Zip Code  | e (                    | City  |                    | <u> </u>         | <u>.</u>   | Ţ               | State                                    | Zip Code                                    |
| Amount Guaranteed Outstanding  |  |              |           | A                      | mount Guarante  | ed Outstan         | ding             | _          |                 |  |   |
| Totals for all Loans (complet<br>(Total loans received should also be<br>(Total loan payments should also be<br>(Total outstanding loan balance should | shown in item 16, on sun<br>shown in item 20, on sun | nmary page.) |           | C                      | Outstanding Loar<br>(Beginning of F                                   | Balance<br>Period) | Loans<br>Repelly |            | Loan<br>Payprec |  | Outstanding Loan Balance<br>(End of Period) |
| AD.  |  | p            | An-1      |                        | $-\omega$   |                    | _1/_/            |            | L ( <i>[[//</i> | ĺ  | u/  |



# **ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE**

| 1. NAME OF CANDIDATE OR COM  | MITTEE  | $\sim$                                |  | 2. REPORT COV                | /ERING THE PER          | RIOD                                   |  |  |
|--|---|---------------------------------------|--|------------------------------|-------------------------|--|--|--|
| 3 COMPLETE THE ADDRODDIATE   | 3. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED |                                       |  | FROM: 1/-20 TO: 6-30-20      |                         |  |  |  |
| OBLIGATION (obligations totaling person/vendor at the end of the re        | more than \$100 o                                   | CH ITEMIZED<br>wed to any             | Outstanding Balance<br>(Beginning of Period) | Debt Incurred<br>This Period | Payments<br>This Period | Outstanding Balance<br>(End of Period) |  |  |
| First Name   | Middle N  | lame                                  |  | <u> </u>                     |                         |  |  |  |
| Last Name/Business Name  |   | <del>-</del>                          | <del>-  </del>                               |                              |                         |  |  |  |
| Address  |   |                                       | -  |                              | :                       |  |  |  |
| City   | State   | Zip Code                              | _  |                              |                         |  |  |  |
| Description of Obligation  |   | <u> </u>                              |  |                              |                         |  |  |  |
| First Name   | T Made N  |                                       | <del></del>                                  |                              |                         |  |  |  |
|  | Middle N  | ame                                   |  |                              | -                       |  |  |  |
| Last Name/Business Name  |   |                                       | 7  |                              |                         |  |  |  |
| Address  |   |                                       | <b>-</b>                                     |                              |                         |  |  |  |
| City   | State   | Zip Code                              | -  |                              |                         |  |  |  |
| Description of Obligation  |   |                                       |  |                              |                         |  |  |  |
| First Name   |   |                                       |  |                              |                         |  |  |  |
|  | Middle Na   | arne                                  |  |                              | ,                       |  |  |  |
| Last Name/Business Name  |   |                                       | _  |                              |                         |  |  |  |
| Address  |   |                                       | -  |                              |                         | ŧ                                      |  |  |
| City   | State   | Zip Code                              | -  |                              |                         |  |  |  |
| Description of Obligation  | <u></u>   |                                       |  |                              |                         |  |  |  |
| First Name   | Middle Na   | me.                                   |  |                              |                         |  |  |  |
| Last Name/Business Name  |   |                                       | _  | · .                          |                         |  |  |  |
|  |   | _                                     |  |                              |                         | į                                      |  |  |
| Address  |   | · · · · · · · · · · · · · · · · · · · | ]  |                              |                         |  |  |  |
| City   | State   | Zip Code                              | †  |                              |                         |  |  |  |
| Description of Obligation  | <u> </u>  |                                       |  |                              |                         |  |  |  |
| First Name   | Middle Nar  | ne                                    |  |                              |                         |  |  |  |
| ast Name/Business Name   |   |                                       | -  |                              |                         |  |  |  |
| Address  |   |                                       | -  |                              |                         |  |  |  |
| City   | State   | Zip Code                              |  | 1                            | 1                       | ļ                                      |  |  |
| Description of Obligation  |   | 1                                     | <u></u>                                      |                              |                         |  |  |  |
| . TOTALS   |   | <del></del>                           |  |                              |                         |  |  |  |
| (Total from Outstanding Balance - (End of I in item 23b. on summary page.) | Period) column must                                 | also be shown                         | 1/2  | 0                            | $\emptyset$             | 0                                      |  |  |
| SS-1127 (Rev. 4/02)  |   |                                       | V  | Page of                      | $\frac{\tilde{7}}{1}$   | RDA 1159                               |  |  |