CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

| 1. DATE OF REPORT 1/19/23 2.a. NAME OF CA | ANDIDATE OR CO | OMMITTEE (ins | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|--------------------------|---------------------------|---------------------------|
| 2.b. IF COMMITTEE, NAME OF CANDIDATE | 301 00 | ((() | 3. ELECTION DATE | |
| Rachel Collins for Aldern | nan | | 11/30/20 | |
| 4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route City | | State | Zip Code | Phone |
| 1575 Hust Club Blad Ball | + . | State | 37066 | |
| 4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.) | alino | 170 | 31049 | 6154773541 |
| Street or Rural Route City | | State | Zip Code | Phone |
| 5. OFFICE SOUGHT (include district number, if applicable) | 6. NAME O | F POLITICAL T | REASURER (may be o | andidate) |
| Hendeesonville Alderman Wand 5 | Don | na S | terban | |
| 7. CATEGORY OR REPORT (Check one) | | П | Ø1 | |
| FIRST SECOND THIRD FOURTH | PRE- | PRE- | MID-YEAR | YEAR-END |
| QUARTER QUARTER QUARTER 8.a. BEGINNING DATE OF REPORTING PERIOD | PRIMARY | GENERAL DATE OF REPOR | SUPPLEMENTAL | SUPPLEMENTAL |
| o.a. Beginning Date of REPORTING PERIOD | o.b. ENDING | JATE OF REPOR | ATING PERIOD | |
| 1/14/2> | | 4/30 | 122 | |
| 9. (Check one) | | | | |
| a. This campaign is exempt from detailed disclosure because | | | d) received total \$1,000 | or less AND expendi- |
| tures total \$1,000 or less for this reporting period. (Comp | olete items 12d., | 12e. and 12f.) | | |
| b. This campaign is required to file a detailed financial discle | | ontributions (in | cluding in-kind) received | d total more than \$1,000 |
| and/or expenditures total more than \$1,000 for this report | ting period. | | | |
| | | | | |
| I/we do solemnly swear or affirm that the information contained accurate accounting of campaign contributions and expenditure | d in this campaig | in financial disc | closure report is true ar | nd that this report is an |
| Financial Disclosure Act. Additionally, I/we swear or affirm that | no campaign co | ntributions hav | e been expended for the | e personal financial |
| benefit of the candidate or for any other nonpolitical purpose as | defined by the | ederal internal | revenue code. | |
| 1/19/2 | 2 (| | 1 | 11.01-0 |
| 1/1/0 |) K | bull | N. | 1/19/23 |
| signature of candidate date | | signature of | f political treasurer |) date |
| | | | | |
| 11. WITNESS SIGNATURE | | 0 | 0/1 | 1 |
| 1/19/2 | | 1/12 | M | 1/10/12 |
| 11/03 | | 1 | 110 | - 1/100 |
| signature of witness date | | signat | ure of witness | date |
| 12. SUMMARY | | | | |
| a. BALANCE ON HAND LAST REPORT | Eu - | _ | . 11042 | + |
| The second secon | AM | | 3 110 110 | 1 |
| b. TOTAL RECEIPTS THIS PERIOD | | PM | s 0 0 3 | 4 |
| | JAN 3 1 | | 100 | |
| c. TOTAL DISBURSEMENTS THIS PERIOD | | | \$ 1000 | |
| | SUMNER CO | YTNUC | | 10/1 13 |
| d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.) | ELECTION COM | MISSION | \$ | 109,45 |
| TOTAL LOANIS CUITOTALISTICS | | | | 0 |
| e. TOTAL LOANS OUTSTANDING | | | \$ | |
| A TOTAL OR LOAD OF THE STATE OF | | | | () |
| f. TOTAL OBLIGATIONS OUTSTANDING | | | \$ | |

SUMMARY PAGE - CANDIDATE

| 13. NAME OF CANDIDATE OR COMMITTEE (In Full) | 14. REPORT COVERING THE PERIOD | | | | | | | | |
|----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|--|
| RECEIPTS | FROM: TO: | | | | | | | | |
| 15. CONTRIBUTIONS (other than loans and interest) | | | | | | | | | |
| a. Unitemized Contributions (\$100 or less from each source this period) | \$ | | | | | | | | |
| b. Itemized Contributions (over \$100 from each source this period) | \$O | | | | | | | | |
| c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.) | s_ &D C | | | | | | | | |
| 16. LOANS RECEIVED THIS REPORTING PERIOD | \$_O | | | | | | | | |
| 17. INTEREST RECEIVED THIS REPORTING PERIOD | 7. INTEREST RECEIVED THIS REPORTING PERIOD | | | | | | | | |
| 18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.) | \$0.36 | | | | | | | | |
| DISBURSEMENTS | | | | | | | | | |
| 19. EXPENDITURES (other than loan payments) | | | | | | | | | |
| a. Expenditures (\$100 or less each payee this period) (must be listed by category - e | .g., printing, postage, gasoline) | | | | | | | | |
| \$ | | | | | | | | | |
| \$ | | | | | | | | | |
| \$ | | | | | | | | | |
| \$ | | | | | | | | | |
| <u> </u> | | | | | | | | | |
| \$ | | | | | | | | | |
| \$ | | | | | | | | | |
| \$ | | | | | | | | | |
| \$ | | | | | | | | | |
| | | | | | | | | | |
| Total of Expenditures (\$100 or less each payee) | | | | | | | | | |
| b. Itemized Expenditures (Over \$100 each payee this period) | 1014 15 July 20 July 2 | | | | | | | | |
| c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.) | | | | | | | | | |
| 20. LOAN REPAYMENTS MADE THIS PERIOD | | | | | | | | | |
| 21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.) | \$ 1000 | | | | | | | | |
| 22.IN-KIND CONTRIBUTIONS | 0 | | | | | | | | |
| 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 | 12.f.)\$ | | | | | | | | |



SS-1133 (Rev. 4/02)

Page _____ of ____

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

| NAME OF CANDIDATE OR COM | FROM: | TO: | | |
|---------------------------------------------------------------------------------------------------------|-------------------|---------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|
| | | | | Amount |
| TOTAL ITEMIZED CAMPAIGN C | CONTRIBUTIONS FRO | M PRECEDING F | AGE (enter \$0 if first itemized page) | hutor) |
| NAME AND ADDRESS OF THE OWNER, WHEN PERSON AND PARTY AND PARTY AND PARTY AND PARTY AND PARTY AND PARTY. | | | Contributions totaling more than \$100 from any contri Contribution Received For: | Amount of Contribution |
| rst Name | Middle Nam | e | | |
| st Name/Organization Name | | | Primary Election General Election | |
| ddress | | | Runoff (Local Elections Only) | |
| ity | State | Zip Code | Date of Contribution | Aggregate This Election |
| ccupation | | | | |
| coapation | | | | |
| mployer | | | | |
| First Name | Middle Na | me | Contribution Received For: | Amount of Contribution |
| ast Name/Organization Name | | | Primary Election General Election | 1 |
| Address | | | Runoff (Local Elections Only) | |
| City | State | Zip Code | Date of Contribution | Aggregate This Election |
| Occupation | | | | |
| | - | | and the contract of the contra | man a salama |
| Employer | | | | |
| First Name | Middle Na | me | Contribution Received For: | Amount of Contribution |
| Last Name/Organization Name | | } | Primary Election General Election | n |
| Address | | | Runoff (Local Elections Only) | |
| City | State | Zip Code | Date of Contribution | Aggregate This Election |
| Occupation | | | | |
| Employer | | | _ | |
| | | | | |
| First Name | Middle N | ame | Contribution Received For: | Amount of Contribution |
| Last Name/Organization Name | | | Primary Election General Election | n |
| Address | | | Runoff (Local Elections Only) | and the second of |
| City | State | Zip Code | Date of Contribution | Aggregate This Election |
| Occupation | | | | |
| | I College | | | |
| Employer | | | | |

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

| NAME OF CANDIDATE OF | RCOMMITTEE | | | | | ERING THE PERIOD | | | |
|-----------------------------------------------------------------------------------------------------------------|---------------------------|----------------|------------------------------|-----------------------------------------------------------------------|-------------------------------------|--------------------------------|--|--|--|
| | | | | | FROM: | TO: | | | |
| | | | | GE (enter \$0 if first itemized page | | Amount | | | |
| 4. COMPLETE THE APPROPRIA | TE ITEMS FOR EA | CH ITEM | IZED IN-KIND CONT | RIBUTION (in-kind contributions totaling | more than \$100 from any | contributor during the period) | | | |
| First Name Middle Name | | | | In-Kind Contribution Receive Primary Election | d For: General Election | Value of In-Kind Contribution | | | |
| Last Name/Organization Name | | | | | Runoff (Local Elections Only) | | | | |
| Address | | | | Date of In-Kind Contribution | Aggregate this Election | | | | |
| City | State Zip Code | | | Description of In-Kind Contribution | | | | | |
| Occupation | Employer | | | | | | | | |
| First Name | | Middle N | ame | In-Kind Contribution Receive | d For: General Election | Value of In-Kind Contribution | | | |
| Last Name/Organization Name | | | | ☐ Primary Election ☐ Runoff (Local Election | | | | | |
| Address | | | | Date of In-Kind Contribution | | | | | |
| City | State Zip Code | | | | | | | | |
| Occupation | Employer | | | | | | | | |
| First Name | Name Middle Name | | | | d For: General Election | Value of In-Kind Contribution | | | |
| Last Name/Organization Name | | | | Primary Election Runoff (Local Election | | | | | |
| Address | | | | Date of In-Kind Contribution | | Aggregate this Election | | | |
| City | | State Zip Code | | Description of In-Kind Contribution | Description of In-Kind Contribution | | | | |
| Occupation | Employer | | | | | | | | |
| First Name | | Middle Na | ame | In-Kind Contribution Receive | d For: | Value of In-Kind Contribution | | | |
| Last Name/Organization Name | | | | ☐ Primary Election ☐ General Election ☐ Runoff (Local Elections Only) | | | | | |
| Address | | | | Date of In-Kind Contribution | io only) | Aggregate this Election | | | |
| City | | State | Zip Code | Description of In-Kind Contribution | Description of In-Kind Contribution | | | | |
| Occupation | Employer | | 1 71 | | | | | | |
| First Name | | Middle Nar | me | In-Kind Contribution Receive | ed For: | Value of In-Kind Contribution | | | |
| Last Name/Organization Name | | | | Runoff (Local Election | | | | | |
| Address | | | Date of In-Kind Contribution | | | | | | |
| City | | State | Zip Code | Description of In-Kind Contribution | | 17 | | | |
| Occupation | Employer | | المراث والمراث | | | | | | |
| 5. TOTAL ITEMIZED IN-KIND (Carry forward to item 3. of next page (If this is the last page of in-kind cor | ge if additional pages of | of this form | are used.) | many | | | | | |
| SS-1128 (Rev. 2/06) | | | Non EEU. OI SUIII | Page | of of | PDA 1150 | | | |

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

| 1. NAME OF CANDIDATE OR C | OMMITTEE | | | 2. REPORT | COVERING THE PERIOD | | |
|----------------------------------------------------------------------------------------------------------------------|-------------------------------|---------------------|---------------------------------------|-----------------------|-----------------------|--|--|
| | 31.13-/ | | | FROM: | TO: | | |
| 3. TOTAL ITEMIZED CAMPAIGN | | | | | Amount | | |
| 4. COMPLETE THE APPROPRIATE | ITEMS FOR EACH ITE | MIZED EXPENDITURE (| (expenditures totaling more than \$10 | 0 to any payee durin | g the period) | | |
| First Name | Middle N | ame | Purpose of Expenditure | The same | Amount of Expenditure | | |
| Last Name/Business Name Sarah Hiller for Address 20 12 | Aldenna | ~ | contributa | 1000 | | | |
| agit Cac | ges Benc | Q Kd | | | | | |
| Callatie | State | Zip Code 37066 | | | | | |
| First Name | Middle N | ame | Purpose of Expenditure | Amount of Expenditure | | | |
| Last Name/Business Name | | | | | | | |
| Address | | | | | | | |
| City | State | Zip Code | | | | | |
| First Name | Middle N | ame | Purpose of Expenditure | | Amount of Expenditure | | |
| Last Name/Business Name | | | - Herrist Tarrent | | | | |
| Address | | | | | | | |
| City | State | Zip Code | | | | | |
| First Name | Middle Name | | | | Amount of Expenditure | | |
| Last Name/Business Name | | | | | | | |
| Address | | | | | | | |
| City | State | Zip Code | - | | | | |
| First Name | Middle Na | me | Purpose of Expenditure | | Amount of Expenditure | | |
| Last Name/Business Name | | | | | | | |
| Address | | | | | | | |
| City | State | Zip Code | | | | | |
| First Name | Middle Nar | me | Purpose of Expenditure | | Amount of Expenditure | | |
| Last Name/Business Name | | | 1 | | | | |
| Address | Ta Ob | | 1 | | | | |
| City | State | Zip Code | | | | | |
| 5. TOTAL ITEMIZED EXPENDI (Carry forward to item 3. of next page if (If this is the last page of expenditures, | additional pages of this form | are used.) | | | 1000 | | |
| | | | | | | | |

ITEMIZED STATEMENT OF LOANS - CANDIDATE

| NAME OF CANDIDATE OR COMMITTEE | | | | | | | REPORT | | G THE PERIOD | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|----------------------------------|------------------|------------------------|---------------------------------------|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|--------------|-----------------------------------------|
| 3. COMPLETE THE APP | PROPRIATE ITEMS | FOR FACE | HITEMI | ZED LOAN | (loans totaling m | ears than \$10 | 00 from any source | a during the | | |
| Control of the Contro | | N. Parketon | TTTEIVIIZ | ZED LOAN | loans totaling if | ore than \$10 | oo from any source | e during the | period) | |
| Complete the Following for First Name | Middle Na | | | Outstanding | Loan Balance | Loans | 3 | Loan | Outstan | iding Loan Balance |
| | | | | (Beginning | | Receiv | Same and the same of the same | ayments | | and of Period) |
| ast Name/Organization Name | | | | 1 | | | | | | |
| ddress | | | | Loan Receiv | ed For: | | | Date of L | .oan | |
| Sity | State | 7in Code | | ☐ Primar | ☐ Primary Election ☐ General Election | | | | | |
| ity | State | Zip Code | | ☐ Runoff | (Local Elections | Only) | | | | |
| | List All Ende | orsers or Gua | arantors t | for Above Loa | n (If more spa | ce is neede | ed please attac | h a page) | | |
| rst Name | | Middle Nar | me | 18 | First Name | | | | Middle Na | ime |
| ast Name/Organization Name | | | | | Last Name/Org | anization Na | ame | | | |
| Address | | | | | Address | | | | | |
| City | | State | Zip C | Code | City | | | | State | Zip Code |
| mount Guaranteed Outstanding | 9 | | 1 | 7.0 | Amount Guarar | iteed Outstar | nding | | | |
| First Name Middle Name | | | | First Name Middle Name | | | | | me | |
| ast Name/Organization Name | AND WEST | | | an see Fagal | Last Name/Org | anization Na | ime | -16-1 | | |
| Address | | | | | Address | | F | | | |
| City | | State | Zip C | ode | City State Z | | | | Zip Code | |
| mount Guaranteed Outstanding | 9 | | | | Amount Guaran | teed Outstar | nding | | | |
| First Name | | Middle Nar | me | | First Name Middle Name | | | | | |
| ast Name/Organization Name | | | | | Last Name/Org | anization Na | me | | | |
| ddress | | | | | Address | | | | | |
| ity | | State | Zip C | ode | City | | | | State | Zip Code |
| nount Guaranteed Outstanding | 1 | | | | Amount Guaran | teed Outstan | nding | | | |
| rst Name | | Middle Nan | ne | | First Name Middle Name | | | | me | |
| st Name/Organization Name | | 1 | | | Last Name/Orga | anization Nar | me | | | |
| ddress | | | | | Address | | | | | |
| ity | | State | Zip Co | ode | City | | | | State | Zip Code |
| nount Guaranteed Outstanding | | | | l ula | Amount Guaran | teed Outstan | nding | | | |
| Totals for all Loans (complete on last page of itemized loans) (Total loans received should also be shown in item 16. on summary page.) | | | | | Outstanding Loa (Beginning of | | Loans Received | | oan O | utstanding Loan Bala (End of Period) |
| Total loan payments should als Total outstanding loan balance s | so de shown in item 20. on should also be shown in ite | summary page em 12.e. on fron | e.) nt page.) | | | | 4 11 | | 1 7 | |



ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

| 1. NAME OF CANDIDATE OR C | OMMITTEE | 2. REPORT COVERING THE PERIOD | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-------------------------|----------------------------------------|
| | | | | FROM: | | |
| COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED OBLIGATION (obligations totaling more than \$100 owed to any person/vendor at the end of the reporting period) | | | Outstanding Balance (Beginning of Period) | Debt Incurred This Period | Payments This Period | Outstanding Balance (End of Period) |
| First Name | Middle N | ame | | | | |
| Last Name/Business Name | | | | | | |
| Address | | | | | | |
| City | State | Zip Code | | | | |
| Description of Obligation | 1000 | | | | | |
| | | | NO. CHIEF CONTROL OF THE PARTY | | | |
| First Name | Middle N | ame | | | | |
| Last Name/Business Name | | | | | | |
| Address | | | | | | |
| City | State | Zip Code | | | | |
| Description of Obligation | mar no | | | | | |
| | | A STATE OF THE RESERVE | | | | |
| FIrst Name | Middle Na | ame | | | | |
| Last Name/Business Name | | | | | - Rosenius | |
| Address | | | | | | |
| City | State | Zip Code | | | | |
| Description of Obligation | | | | 7.72 | | |
| | | | THE RESERVE OF THE PERSON NAMED IN | | | |
| First Name | Middle Na | ame | | | | |
| Last Name/Business Name | | | | | | |
| Address | | | 7 | | | |
| City | State | Zip Code | 1 | | | |
| Description of Obligation | | | | | | |
| First Name | Middle Na | umo. | | Charles and the | | - |
| Last Name/Business Name | Wildlie No | ine | | | | |
| October 1970 September 1972 Annual September 1975 | | | _ | | | |
| Address | | | | | | |
| City | State | Zip Code | | 11 14 1 | | |
| Description of Obligation | | | | | | |
| TOTALS (Total from Outstanding Balance - (Er in item 23b. on summary page.) | nd of Period) column mus | st also be shown | | | | |
| non zoo. on summary page.) | | | 1 | | | |