

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance OCT 30 Pil 4: 1:7

of Massachusetts	File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date:	
Type of Report: (Check one)	
8th day preceding preliminary 8th day preceding election 30 day	ay after election year-end report dissolution
WARD Five City Courcellon	monittee to Elect John F. tower:
Office Sought and District 46 Nepowsetst Reneme Market	Name of Committee Treasurer Charlewe F Teo DORE Committee Mailing Address
E-mail: COUNCILLOR DOWERS Q KEYLOW. W. Amail:	Communicate withing Voluetz
	(optional): 781.284.2100
SUMMARY BALANCE INFO	ORMATION:
Line 1: Ending Balance from previous report	29,495.21
Line 2: Total receipts this period (page 3, line 11)	19.215.58
Line 3: Subtotal (line 1 plus line 2)	48,710.79
Line 4: Total expenditures this period (page 5, line 14)	10,484.05
Line 5: Ending Balance (line 3 minus line 4)	38,226.74
Line 6: Total in-kind contributions this period (page 6)	
Line 7: Total (all) outstanding liabilities (page 7)	-0-
Line 8: Name of bank(s) used: Reaple (lwite	6 Bank Perere MA
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best of my know activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions finance activity of all persons acting under the authority of on behalf of this committee in accordance. Signed under the penalties of perjury:	s and liabilities for this reporting period and represents the compaign
Candidate with Committee and no activity independent of the committee I certify that I have examined this report including attached schedules and it is, to the best of my I activity, of all persons acting under the authority or on behalf of this committee in accordance wit incurred any liabilities nor made any expenditures on my behalf during this reporting period.	th the requirements of M.G.L. c. 55: I have not received any contributions,
Candidate without Committee OR Candidate with independent activity filing separate report including attached schedules and it is, to the best of my life finance activity, including contributions, loans, receipts, expenditures, dishipsements, in-kind concampaign finance activity of all persons acting under the authority or on behalf of this committee	chowledge and belief, a true and complete statement of all campaign attributions and liabilities for this reporting period and represents the in accordance with the requirements of M.G.L. c. 55.
Signed under the penalties of perjury:	(Candidate's signature)

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

<u>* . </u>	Please include your committee name and a pa Name and Residential Address	-	Occupation & Employer	
Date Received		Amount	(for contributions of \$200 or more)	
	(alphabetical listing required)	Amount	(101 CONCIDUCIONS OF \$200 OF MOTE)	
4/20/17	ANZ UON George 141 Fenley ST Revere MA	100.00		
6/27/17	BARRETT SOHN 34 WOOD LAND AD REVERE MH	100.00		
7-13-17	Bellotti Reter	500.00	ATTY Bellotte LAW	
7-12-17	Benjerento Michael 350 Revere Beach BINL Revere by A	150.00		
6-4-17	Bar Chind Domenic	\$50,00	Bocchino Insurance Co	
6-13-17	Boston CARMENS UNION	300.00	habor Union Local 589	
6-27-17	Brown Peter 24 mountwood Rd Swampourt MA	250.00	Atty Brown + DIAmbrisio	
8-1-17	Buongilia PAUL 245 Revere ST. Revere MA	200.00	Buougilio Funeral	
6-30-17	CAILAHAN DAVID I TANGLE WOOD DV SAUGUS, MA	100.00		
6-12.17	CAINAN SONN 60 HERNEYS WAY NORWELL MA	500.00	Inso Beausste	
6-12-17	CAPOBIANCO Kim 40 BATTERY ST PI+10 BOSTON MA	500.00	INSOROGUEFTED	
7-19-17	CARporters UNION DRYLOCK Are 733 Boston MA	250.00	CARPLENTERS UNION # 33	
Line 9: Total Rece	ipts over \$50 (or listed above)	3200.00		
Line 10: Total Rece	eipts \$50 and under* (not listed above)			
Line 11: TOTAL 1	RECEIPTS IN THE PERIOD	3200,00	← Enter on page 1, line 2	

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

report an receipts.	Please include your committee name and a pa	ige number on es	· · · · · · · · · · · · · · · · · · ·
Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
6-16-17	apapenters Local 218 3654/em ST Med Food MA	100.00	
6-5-17	CIP OLETTA SAMES 385 Broadway Renere MA	500.00	Atty dipoletta LAW
6-21-17	COPPOLA LISA PO. BOX MILLIETUN MA	500.00	INSO Reguestes
7-12-17	Couto Jose 4 Buttonwood Dr Andorer MA	25000	D. Donets Owner
6-27-17	D'Am Brosio 185 Devoushire ST Boston MA	500.00	Atty Diambresio LAW
6/10/17	DAMORE DAWN SOLN 673 Revere Beach Blue Paurece CAMA	200.00	Refined
1/26/19	Demantivis Stanley	500.00	1wso Reavester
6/26/17	Dimaura Paul	250.00	INSO Requested
plinhing	DINANNO Joseph 507 Essey ST Lynnfield	500.00	INSU Peauestes
6-14-17	DIXON JUSSEE 6 MARSTON DY MELTOND N.H	500.00	INSO Requester
6-7-17	RAYAN TRANSPORTING 1176 N. Shore Rd. Rever MA	15000	
6/6/17	FLIPPONE LINDA West New buny	200.00	Rotier L
Line 9: Total Recei	pts over \$50 (or listed above)	4150.00	
Line 10: Total Rece	ipts \$50 and under* (not listed above)		
Line 11: TOTAL F	RECEIPTS IN THE PERIOD	4150.00	← Enter on page I, line 2

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to

report all receipts. Please include your committee name and a page number on each page.)

chorr an receibre. L	Nome and Residential Address Occupation & Employer				
D A Deceleration	Name and Residential Address (alphabetical listing required)		(for contributions of \$200 or more)		
Date Received	(aiphabetical fisting required)	Amount			
4/21/19	FORD SONN 3 SEACRD COMOW 834 WINGHOOP MA	100.00			
4/3/17	GATEMAN 10 TID TOD Rd Swampscolf Mn.	100.00			
6/12/17	GRUBER William 75 Hopestill Rd Sudburg MA	500.00	INSO Progrested		
6/5/17	Gulla Sosyph namy Rd Penbody MA	200.00	princible Apholsterer		
7/31/17	140E LOCAL FY 16 TROTTER Dr Med Ford MT	100.00			
6/12/17	1 Nello Robert nan Renem Bench Bl Revere MA	250.00	INEILO Electric		
6/12/19	Kelly Timothy 39 HAYERTWOOD LA	500.00	INFO Reguiste L		
6/23/17	Bridge Iron Workers 195012 Colony Local 7 5. Baston	100.00			
4/4/19	LOCKE MARK 392 Rice Ave	10000			
6/6/17	A:OMBARD BARBARA 9 VerNOW St.	100.00			
4/23/17	Luberto's Pastay 208 Broadway Revery ma	100.00			
4/20/17	MANG. LABORES 7LABORES WAS HONEKWAN MA	500.00	habor's Organization		
Line 9: Total Rec	eipts over \$50 (or listed above)	2650.00			
Line 10: Total Re	ceipts \$50 and under* (not listed above)				
Line 11: TOTAL	RECEIPTS IN THE PERIOD		Enter on page 1, line 2		

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

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(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

	Name and Residential Address	Occupation & Employer	
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
6-17	MACDOOWELL 45WAITHARD WAYLAND MIT	250.00	RE Self implyed
6/27/17	M ACDOWell todd 699 ChARIS RIVER NEED HAM MH	250.00	RE, Sels imployed
6/27/17	MACDOWEY 10 Apple tree LN WAY LAND, MA	500.00	RESulf imployed
6/27/17	MARCOTTE Julie 227 Court Rd Winthrop MA	200.00	At Home
464/17	MAZZBRINI HOT3 299 MAYERICK ST BOSTON MA	100.00	
7-5-17	NE Regional Council 150 Dorchester Am BOSTON MA	500.00	habon Organization
6-27-17	NAKASHIAW SERUP 308 Vera ST Revere MA	100.00	
6-27-17	SHISON WILLIAM 37 MARKET ST	200.00	Rest. Owner Brondy Barrel
6-3-17	PAdam Louis 3 Seal Herbor Rd Withrouppage	200.00	Retired
6/26/17	PASS HARRY I WILLOW TOP SWAMPCOTTMA	500.00	Atty PABS LAW
4/5/17	PASSACANTIIL' DANG	1,000.00	Sors MARKET
4/20/17	PRIZIO SOSPPH 3ROSEFARM dr WOBURN MH	1,00000	Sors MARKET OWNER
Line 9: Total Recei	pts over \$50 (or listed above)	4800.00	
Line 10: Total Rece	ipts \$50 and under* (not listed above)		
Line 11: TOTAL F	RECEIPTS IN THE PERIOD	48000	← Enter on page 1, line 2

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

····	report all receipts. Please include your committee name and a page number on each page.) Name and Residential Address Occupation & Employer				
Date Received (alphabetical listing required)		Amount	Occupation & Employer (for contributions of \$200 or more)		
	RAR Properties				
6-4-17	PO. BX 28	25000	INFO Recusto		
	Runery MA		INto tegusted		
	Ruvere Fire Fishly				
1 2-15.17	400 Broad way	150.00			
	Peren m A				
1 20 -	Rizzuto Huso		21.1		
6-27-17	201 Kice the	500.00	Tetined		
	Diamen, Sun				
6-27-17	Rom ANO Philip	100.00			
6-01-17	87 WINTHYOP Shore do	$\parallel ^{\prime 00.00} \parallel$			
	Settipane William		D d situ t		
6-27-17	390 ummings Ave	300.00	Replastate		
	Bener MA				
	Silvestri MARK				
6-2217	356 Reservoire Am	100.00			
	Rememe, MA				
1, 22 .	STARBARL Richard	(()			
6-27-17	655 N Shore RL	100.00			
	Renon Mrs				
6-19-17	Strelitz Robert	100.00			
	A A R Chen Are	700.00			
	Sallivan ShellA				
6-12-17	30 140 4 5 4 26	500.00	IN-fo Requared.		
	Belmond my				
6-4-17	Teck SARAL	100.00			
0 7 7	16 Proson Count	100.00			
	With pool AT				
6-27-17	420 Revere Boach Alm	100.00			
	Renere MA				
1.1	Young Christopher		D (/		
6/13/17	3 Premond ST	1,000.00	INto Egulal		
	We sethney mo		<u> </u>		
Line 9: Total Recei	pts over \$50 (or listed above)	<i>3</i> 300.00			
Line 10: Total Rece	ipts \$50 and under* (not listed above)				
Line 11: TOTAL R	RECEIPTS IN THE PERIOD	<u></u>	Enter on page 1, line 2		
		<u> </u>			

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above:

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
6/24/17	ZACCARIA DANIME 123 CUSHMANDON MICHAL	150.00	
6-23-17	ZINGARIEllOCARMING 649 Revere Beach BIR BEKYNE MA	100 80	
Line 9: Total Rece	ipts over \$50 (or listed above)	250.00	
Line 10: Total Reco	eipts \$50 and under* (not listed above)		
Line 11: TOTAL	RECEIPTS IN THE PERIOD		← Enter on page 1, line 2

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE A: RECEIPTS (continued)

	SCHEDULE A: RECEIF 18 (continued)				
Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)		
		1			
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		<u> </u>			
		1			
	·				
	-	<u> </u>			
· · · · · · · · · · · · · · · · · · ·					
	BANKINTOST	5.58			
		J. J. 8			
ine 9: Total Recei	pts over \$50 (or listed above)	18350.00			
ine 10: Total Rece	ipts \$50 and under* (not listed above)	860.00			
ine 11: TOTAL R	ECEIPTS IN THE PERIOD	19,215.5	Enter on page 1, line 2		

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

ı	To Whom Paid		1	1
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
	7			
		 		
			 	
		\parallel \times \parallel		
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				<u>L</u>
	Claret 1	_		
:	Sheet 1	1010.00		
	Sheet 2	490 3.97		li .
		,		
	, ,			
- (()	sheet 3	2063,00		
ill	sheet 4	2507.08		
	totAC	10.484.05		
	/ / / / _	10, 70 7.00		
		<u></u>		
		Line 12: Total Expenditures over	er \$50 (or listed above)	
		Line 13: Total Expenditures \$50	and under* (not listed above)	
				10,484.0

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

Page 4

SCHEDULE B: EXPENDITURES

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report all expend	ditures. Please include your com	nittee name and a page number or	n each page.)	
Data Daid	To Whom Paid			
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
3/30/17	Adrocate New	573 Broadway Ererett MA	Adrestising	50,06
3/30/17	AdrocATe Vew	573 Broadway Everett MA	Advertising	50.00
4/13/17	Advocate News	573 Broad WAY Everett MA	Adreatising	50,00
8/22/17	Adrocate New;	573 BrOADWAY EVEVETT MA	Alventising	100.00
966/17	Adrocate News	573 Broadway Everett MA	Advert, sins	50,00
4/15/17	ANgela SAWYA	BATEMAN Ara Renery MA	DONATION	60.00
8/19/17	Autism, Fund		DONA TOW	100.00
6/4/17	AVON WALK		DONATION	50.00
10-17	Capic	100 Evenett Are Cheleson MA	DONATION	100.00
8-17-17	C tE Bran. Artigo	Dweevey fre	Dourtion	100.00
8/29/17	City of Revere	Broad Way Revere MA	PARAde Donation	20000
421-11	City of Revere	281 Broad way Reneve mn	Davation Donation	100.00
		Line 12: Total Expenditures over	er \$50 (or listed above)	70,00
		Line 13: Total Expenditures \$50	and under* (not listed above)	250.00
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	1010,00

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

Page 4

sheet 2

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to

report all expenditures. Please include your committee name and a page number on each page.)				
Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
10- 17	coty of Reverse	281 Broadway Berere MA	PARAde DONATION	100.00
1/12/17	SACK SAtter House	120 Revere Bench Remed MA Bird	DONATION	500.00
9/28/17	LANders George		ENtermiament Holowery Party	300.00
6/13/17	MA dison Group	Rever MA	Printing	409.69
	MADISON Grou	960 Browny Berere MA	PRINTING	768.75
	MACISON Group	960 Broadway Benerally	PRINTIN'S	883,40
427/17	Maria Restauna	North Shore	FundRAISIN'S	1687.9.
9/8/17	OCPAN Me W Renear	NORTH Shove RA Reveres MA	Donation	50.00
5/23/17	Postmuster Boston	VEW PARKWAY REVENEMA	Postare	62.00
4/18/17	Bostow	VEW PARKWAY Remu WA	Postage	9,80
5 k3/17	Post Wester Boston	VEW PARTWAY Reverence MA	Postage	98.00
9-5-17	Post MASTEL Boston	VF W PARKWALL Revere	Postar-	29,40
		Line 12: Total Expenditures over	er \$50 (or listed above)	48140
	,	Line 13: Total Expenditures \$50	and under* (not listed above)	89.20
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDITU	JRES IN THE PERIOD	490397

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

Page 4

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

	penditures. Please include your committee name and a page number on each page.) To Whom Paid				
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount	
			1 di post di Expendituit	Amvunt	
	Kerrere Advocate	573 Broadway	4/6 + 4 - 1	50.00	
			Advertising		
<u> </u>		Everett MA			
	D 11. F	5	,		
7-4-17	Kerere HOVOCATE	533 Brondway	Adrentisins	50.00	
, ,		Evenett MA	77 3. 46 17 5		
17/8/7	Revere Beach		DONATION	150.00	
17707/	metachia		1 LONATION 1		
111	Levere Adrocate	573 Broadway	11	50.00	
4-17-17		Everett MA	Adren tisiAS		
	Torone Bontifult		BArrel		
6-1-17	perene station	Ferere MA		200.00	
	Commette		Donation		
	Revere Chamber	105			
	oco - Chamber	108 Beach St	DONAtion	25.00	
	of commerce	Beney MA	DONALION		
	h/ /				
	Herere Chamber		Dountron	25.00	
	Of Commerce	Bevery	1 10004		
	Revere BASKebAY	School St	1.4	50.00	
]	Girls R45	Revenue MA	DONATION		
	(4) (7)				
4/ /2	Revere Chamber	108 13eAch ST			
4/19/17	OF Commerce	Denie & Ma	DONATION	55.00	
السامال	Kenene Advocate	5773 Brondung	1. 1. 1.		
10/08/17		Frerell	Advistising	1248.0	
1/./	Revere Scholarsh	School St			
1/9/17	Com,		DONATION	100,00	
,,,,,		Benom MA			
100	Revere Surpuc	30r - 1.			
4-17-17			Actes tisius	60.00	
		'ReveremA	' ' '	<u> </u>	
		Line 12: Total Expenditures over	er \$50 (or listed above)	1813,0	
	:	Ti 12, T-4-1 Fam - 14 - 450) and and ask (2000	
•		Line 13: Total Expenditures \$50	and under (not listed above)	250.00	
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	20,630	
	Lines on page 1, time 4 ->			0000	

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

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sheet 4

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

report all expenditures. Please include your committee name and a page number on each page.)							
	To Whom Paid						
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount			
6/18/17	Perene Sourna	-385 Brondway Reveremen	Adren \$5/NS	80.00			
OKIN	Reverl Sounds	385 Broadung Revere MA	Advertising	60.00			
7/4/17	Reneve Sound	385 Broadway Pereve MA	Advertising	75.00			
9/1/17	Herens Southor	385 Broad wasp Rovere MA	Advertisions	60.00			
8/20/17	Prene Janua (385 Broadway Revere MA	Adventising	500.00			
	Reveresourna	385 Brondway	Advertisins	40.00			
10/17/17	Devere Sourne	L/32/ 7/7	Adventising	940.0			
10/9/17	Winthroup ARM		hunch alammat	712.60			
10/1/1	Chase dand Serie	WILMINGTON DE	Sign's Supplie's	63948			
-		Line 12: Total Expenditures over	2467.0				
		Line 13: Total Expenditures \$50	40.00				
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD							

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

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SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 6 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value	
The state of the s					
		,			
Line 15: In-Kind Contributions over \$50 (or listed above)			0		
Line 16: In-Kind Contributions \$50 & under (not listed above)					
Enter on page 1, line 6 → Line 17: TOTAL IN-KIND CONTRIBUTIONS					

^{*} If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount		
				, , , , , , , , , , , , , , , , , , , ,		
1						
Enter on page 1, line 7 → Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)						

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