2007-678

Amendment

PERSONAL FINANCIAL DISCLOSURE FORM

2070671

1. FULL NAME	2. SPOUSE'S FULL NAME
Belinda Ruth Alexandrenko	N/A

3. RESIDENCE ADDRESS
205 Darden Rd; LAFayette, LA 70508

4. SPOUSE'S OCCUPATION (if any) NA

5. PRINCIPAL BUSINESS ADDRESS PO BOX 4366

Jan 1 2006 - Sep 2007

6. THIS REPORT COVERS CALENDAR YEAR _____ 7. CHECK IF AMENDED REPORT _____

NOTE: Where amounts are required herein, indicate such amounts by use of one of the following categories:

I - less than $5,000;
II - $5,000 to $24,999;
III - $25,000 to $49,999;
IV - $50,000 to $99,999;
V - $100,000 to $199,999;
VI - $200,000 or more.

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Use as many pages of each section of the form as are required. Machine copies of the form's pages may be used. Complete all sections (if not applicable, so indicate). Please type or print.

8. AFFIDAVIT

I do hereby certify, after having been first duly sworn, that the information contained in this personal financial disclosure form is true and correct to the best of my knowledge, information, and belief.

B. Alexandrenko
PERSON FILING REPORT

Sworn to and subscribed before me this 5th day of September, 2007.

NOTARY PUBLIC
William F. Crawford, Jr. Bar No. 24061

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F. LIABILITIES

The name, address, and amount of each liability in excess of $10,000 owed to any creditor by you or your spouse (either individually or collectively) during the calendar year. (NOTE: Exclude any loan secured by a personal motor vehicle, household furniture, or appliances if such loan does not exceed the purchase price of the item that secures it.)

1. INDIVIDUAL, SPOUSE OR BOTH	2. FULL NAME AND ADDRESS OF CREDITOR	3. AMOUNT
✓ INDIVIDUAL ___ SPOUSE ___ BOTH	Heal Loans (student) ISM, PO Box 6166 Indianapolis, IN 46206-6166	289,[illegible]
___ INDIVIDUAL ___ SPOUSE ___ BOTH		
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