





<u>Monthly Expenses</u>	<u>Amount:</u>
1) Rent / Mortgage	<u>0.00</u>
2) Utilities	<u>125.00</u>
3) Cell phone / Phone	<u>45.00</u>
4) Food	<u>400.00</u>
5) Child Support / Alimony (Paying)	<u>N/A</u>
6) Child Care	<u>N/A</u>
7) Car Payment	<u>329.65</u>
8) Car Operating Expenses (Insurance, gas, maintenance)	<u>293.47</u>
9) Clothing	<u>N/A</u>
10) Cable / Satellite TV / Internet	<u>89.63</u>
11) Medical / Dental / Vision Expenses	<u>N/A</u>
12) Medical / Dental / Vision Insurance	<u>N/A</u>
13) Credit Card / Loan Payments	<u>450.00</u>
14) Other (Specify) _____	<u>483.00</u>
<b>Total Amount</b> (Add lines 1-14):	<u>2,215.75</u>

Sworn to before me this 6 day  
Of May, 2024

Elizabeth Marie Dineen  
Signature of ~~Plaintiff~~  
DEFENDANT / APPELLANT

Tammy Kay Hastings  
Notary Public for South Carolina  
My Commission Expires: 02/24/2030

Tammy Kay Hastings  
**TAMMY KAY HASTINGS**  
Notary Public - State of South Carolina  
My Commission Expires  
February 24 2030