Commonwealth of Pennsylvania - Campaign Finance Report
(Note: This report must be clear and legible, it should be typed)

	a mis report mo			IL SHO		• •		
Filer dentification Number	Report Filed ( Mark X)	By Candida	ite	X	Commit	tee		Lobbyist
Name of Filing Committee, Candidate or Lobbyist	Bryan Fife	2 N 3 minde of A training			Seeson	A commence of the commence of	<u>                                     </u>	
Street Address	4160 Woodsd	ale	V.111111				-	
City Erie	Tangkara	State	PA		Zip Codi	e 16510	·	797
Type of Report (Place x under report type)						1		· · · · · · · · · · · · · · · · · · ·
1-6 <sup>th</sup> Tuesday 2-2 <sup>nd</sup> Friday 3-30 Day Po Pre-Primary Pre-Primary Primary	ost 4-6 <sup>th</sup> Tuesday Pre-Election	5-2 <sup>nd</sup> Friday Pre-Election		y Post	7- Annu	al Special 2 Pre-Electi	complete the second programment of the	Special 30 Day Post-Election
				(Section)			56 -31	
Date Of Election 1	Year 6	2023	Amendm Report	ient	凶	Terminat Report	en (	
Summary of Receipts and From Date Expenditures	To Dat					For Office Use (	Only	
01/24/20		5/01/2023	14 F/4045 345					
A. Amount Brought Forward From Last Rep	ort \$	0.00	<u> </u>			6	; F	
B. Total Monetary Contributions and Recel (From Schedule I)	pts \$	37.34	ŀ			7		
C. Total Funds Available (Sum of Lines A and B)	\$	37.34					TO SE	<i>ċ</i> > <b>~</b> 0.
D. Total Expenditures (From Schedule III)		3,615.07					TERIFECTURE ATION	, K2:
E. Ending Cash Balance (Subtract Line D. from Line C)		-3,577.73	į				110	5
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0.00						
G. Unpaid Debts and Obligations (From Schedule IV)	\$ \$	0.00						
		Affidavit Sec						
Part 1- If this is a <b>Committee</b> report, treasurer sign I swear (or affirm) that this report, including the a					ge and beli	ef true. correct a	nd complete	3.
Sworn to and subscribed before me this				2				- <b>-</b>
day of20	'		1/2			<u></u>	$\supset$	<del></del>
	<b> </b> -		Sign	nature	of Person Si	ubmitting report. パソタン ディ	fE .	
Signature	_				Printed N	lame		_
My Commission expires		7	14	_		523-54	125	
MO. DAY	/R.	Ar	rea Code			Daytime Telepho	ne Number	•
Part II- If this is a report of a Candidate's Authoriz	ed Committee, cand	lidate shall sign he	ere.					
I swear (or affirm) that to the best of my knowled amended.	ge and belief this pol	litical committee h	nas not viola	ted any	provisions	of the Act of Jun	e 3, 1937 (P.	.L. 1333, NO.320) as
Sworn to and subscribed before me this								
day of20		_				-		_
				Sign	ature of Ca	ndidate		
Signature					Printed Nar	me		_
My Commission expires				_				.   <del></del>
MO. DAY YR.		Ar	rea Code			Daytime Telephon	e Number	
<del></del>								



#### **Pennsylvania Department of State**

Bureau of Campaign Finance & Lobbying Disclosure
500 North Office Building, Harrisburg, PA 17120 • 717.787.5280 (Option 4)
www.dos.pa.gov/campaignfinance • ra-stcampaignfinance@pa.gov

### Unsworn Declaration in Lieu of Sworn Statement for Campaign Finance Reports

**Note:** Per Act 2020-15, which was signed into law on April 20, 2020 and allows for unsworn declarations, Campaign Finance Reports (form DSEB-502), Campaign Finance Statements in lieu of full reports (form DSEB-503), Non-Bid Contract Reporting Form (DSEB-504) and Independent Expenditure Reports (form DSEB-505) need not be notarized. Instead, the filer may file with each report or statement the corresponding version of this form signed by the required individual(s). **This particular form is to be used only for Campaign Finance Reports.** This form must be signed by hand where a signature is required.

Name of Filing	Committee, Can	didate, or Lobby	îst.		
Reporting Cycle	: Name				The second of th
Cycle 1 6 <sup>th</sup> Tuesday Pre-Primary	Cycle 2  2 <sup>nd</sup> Friday  Pre-Primary	☐ Cycle 3 30 Day Post Primary	6 <sup>th</sup> T	Cycle 4 uesday Election	☐ <b>Cycle 5</b> 2 <sup>nd</sup> Friday Pre-Election
☐ Cycle 6 30 Day Post-Election	☐ Cycle 7 Annual Report	☐ Cycle 8  2 <sup>nd</sup> Friday Pre-Special Election		•	cle 9 est-Special Election

**Part I -** If this form is submitted with a Committee report, the treasurer must sign here. If this form is submitted with a Candidate report, the candidate must sign here. If this report is submitted with a report by a contributing lobbyist, the lobbyist must sign here.

I declare under penalty of perjury under the law of the Commonwealth of Pennsylvania that the accompanying Campaign Finance Report is true and correct.

Signature of Treasurer, Candidate, or Lobbyist

BRYAN FIFE

Printed Name

D5/08/2023

Date (MM/DD/YYYY)

ERIE PA

Location (City/State/Country)

## Commonwealth of Pennsylvania - Campaign Finance Report (Note: This report must be clear and legible. It should be typed)

	inis report must be cit				
Filer identification Number	Report Filed By C	andidate	Committee		Lobbyist
Name of Filing Committee, Candidate or	(Mark X)	1 102			
Lobbylst Street Address	Bryan Fife		,		
	4160 Woodsdale		F. California and A. Californi	1	
City Erie		tate PA	Zip Code	16510	·
Type of Report (Place x under report type)	-				<del>-</del>
1-6 <sup>th</sup> Tuesday 2- 2 <sup>nd</sup> Friday 3-30 Day Pos	st 4-6th Tuesday 5-2 <sup>nd</sup> l		/ Post 7- Annual	Special 2 <sup>nd</sup> Frida	
Pre-Primary Pre-Primary Primary	Pre-Election Pre-El	ection Election		Pre-Election	Post-Election
Date Of Election	Year	Amendm	rent #	Termination	
(ММ/DD/ҮҮҮҮ) 05/16/2023	200			Report	
Summary of Receipts and From Date	To Date		For	Office Use Only	
Expenditures	3 05/03/2023				
A. Amount Brought Forward From Last Repo	rt \$ 0.00				
B. Total Monetary Contributions and Receip	is S				
(From Schedule I) C. Total Funds Available	37.34			<	
(Sum of Lines A and B)	\$ 37.34			a di	2023 MAY -3
D. Total Expenditures (From Schedule III)	\$ 3,615.07			20 20	
E. Ending Cash Balance	\$ 0.577.70			<u> </u>	
(Subtract Line D from Line C)  F. Value of In-Kind Contributions Received	-3,577.73			2	7
(From Schedule II)	0.00			Š.	₹ 🔼
G. Unpaid Debts and Obligations (From Schedule IV)	\$ 0.00			STRATION	PH I:4
	Z AW	davi <b>e S</b> ection	<del>-</del> ,		
Part 1- If this is a <b>Committee</b> report, treasurer sign	here, if this is a Candidate co	po candidate sign	here.		- <del></del>
I swear (or affirm) that this report, including the att Sworn to and subscribed before me this	acned schedules of Sperm	s to best of provide	nowledge and belief t	rue, correct and com	plete.
3 day of May 20 23	. IAO =	. e / /			
day of 1) (00 20 d)	- II S S 등 2	Sign Z	pature of Person Subn	nitting report	<del></del>
Valeur Xprn Kungiple		<b>≩</b> ≢	BRYAN F	KE TE	
\$fgnature	, I∫⊊≝2∂	주의 -	Printed Nam		
My Commission expires 3 4 26	ABEN T	MB 614	8	23 5425	
MO. DAY YE	A TO	Area Code	Da	ytime Telephone Nur	mber
Part II- If this is a report of a Candidate's Authorize	Committee catalogue	<b>-≺</b> !		<u>. :</u>	
I swear (or affirm) that to the best of my knowledge	and belief this palitical com	migee has not viola	ted any provisions of	the Act of June 3, 19	37 (P.L. 1333, NO.320) as
amended.	28 E	<u> </u>	•		
Sworn to and subscribed before me this	_ ₹ ≶				
3 day of May 120 23	-A . 1 88 ₩ E∃1 % W	\$ //_	6//		
Valeun Jumn Kunnie		2 BRAN	Signature of Candi	date	
Signature		Z	Printed Name		
My Commission expires 3 ~ 4 ~ 26		at Cim	%?	23 5425	<u> </u>
MO. DAY YR.	N X C X X X X X X X X X X X X X X X X X	Area Code	Day	time Telephone Num	ber
		N N			
	75 40	<b>- 3</b>			
	282 RY	ž			

#### SCHEDULE I

## **Contributions and Receipts**

**Detailed Summary Page** 

er iden		

1.Unitemized Contributions and Receipts-\$50,00 or Less per Contributor		
Total for the reporting period	(1)	\$ 0.00
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)	1	
Contributions Received from Political Committees (Part A)		\$ 0.00
All Other Contributions (Part B)		\$ 0.00
Total for the reporting period	(2)	\$ 0.00
3. Contributions Over \$250.00 (From Part C and Part D)	7	
Contributions Received from Political Committees (Part C)		\$ 0.00
All Other Contributions (Part D)		\$ 0.00
Total for the reporting period	(3)	\$ 0.00
4. Other Receipts Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		
Total for the reporting period	(4)	\$ 37.34
Total Monetary Contributions and Receipts during this reporting period (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Re Cover Page, Item B)	port	\$ 37.34

#### PART A

### **Contributions Received From Political Committees**

\$50.01 TO \$250.00

Use this Part to itemize only contributions received from Political Committees with an aggregate value from \$50.01 TO \$250.00 in the reporting period.

Filer Identification Number

				Amount
Full Name of Contributing  Committee			Date [MM/DD/YYYY] \$	
House # Street Address		,	Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee	Parameter ( A manufacture)	A management of the second of	Date [MM/DD/YYYY] 5	
House # Street Address	- <del> </del>		Date [MM/DD/YYYY] \$	
·····································	State	Zlp Code	Date [MM/DD/YYYY] 5	- W - W
Full Name of Contributing  Committee	Schools value dispersion 1. 1972		Date [MM/DD/YYYY] S	
House # Street Address	·		Date [MM/DD/YYYY] S	
City	State	Zip Code	Date [MM/DD/YYYY] \$	<del>1</del>
Full Name of Contributing  Committee	Total Additional Section 1		Date [MM/DD/YYYY] > 5	
House # Street Address			Date [MM/DD/YYYY]\$	77 WWW 4 12 44
Gity	State	Zip Gode	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	
House # Street Address			Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date (MM/DD/YWW) S	
Full Name of Contributing Committee			Date [MM/00/YYYY]	
House # Street Address			Date [MM/DD/YYYY] \$	
City #	State	ZIp Code	Date [MM/DD/YYYY] 5	

#### PART B

### **All Other Contributions**

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Flier identification Numbers

以 使				
				···
Full Name of Contributor			Date [MM/DD/YYYY]	\$
House # Street Address			Date [MM/DD/YYYY]	\$
			12.4	
City 10	Shake	- 11 - 6 1 - ±6.		
<b></b>	State.	Zip Code 港	Date [MM/DD/YYYY]	
Full Name of Contributor				
Full Name of Contributor			*Date [MM/DD/YYYY] *	<b>5</b>
House # Street Address			Date [MM/DD/YYYY]	\$:
City	State	Zip Code 🖫	Date [MM/DD/YYYY]	<b>\$</b>
				<u></u>
Full Name of Contributor	t my St. A. L. gammanagaman		Date [MM/DD/YYYY]	\$
House # Stroot Address			Date [MM/DD/YYYY]	\$
Succession Succession				
		4431		
City	State	Zip Code	Date [MM/DD/YYYY]	\$
		<b>新</b>		*
Full Name of Contributor			Date [MM/DD/YYYY]	\$ 7
A Company of the Comp				
House # Street Address			Date [MM/DD//Y/Y]#	\$
				(f. )
City	State -	Zip:Code	Date [VM/DD/YYY]	\$
Full Name of Contributor			Date [MM/DD/YYYY]	\$
House # Street Address			Date [IVIM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
				TAMAS
Full Name of Contributor			Date [MM/DD/YYYY]	<b>\$</b>
House # Street Address			Date [MM/DD/YYYY]	\$
			(記) (注) (記)	**************************************
City	State	Zip Code	Date [MM/DD/YYYY]	\$
	k v			

#### **PART C**

### **Contributions Received From Political Committees**

Over \$250.00

Use this Part to itemize only contributions received from Political Committees with an aggregate value over \$250.00 in the reporting period.

Filer Identification Number:

(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)				
Full Name of Fig. 5			Date [MM/DD/YYYY]	\$
House # Street Address			Date [MM/DD/YYYY]	S
Cliv	State	Zip Code	Date [MM/DD/YYXY]	S
	季素			
Full Name of # 禁		• •	Date [MM/DD/YYYY]	\$
Contributing Committee				
House # Street Address			Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	
i ii.	1 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3			
Full Name of "			Date [MM/DD/YYYY]	\$
Contributing Committee				
House # Street Address			Date [MM/DD/YYYY]	\$
等。 第二章				
City	State	Zip Code	Date [MM/DD/YYYY]	\$
		爱 學 多一		
Full Name of Contributing Committee			Date MM/DD/YYYY	\$ . 
<b>夏</b> 事 " 章 " 章 。 夏				
HOUSE # Street Address			Date [MM/DD/Y/Y/Y]	<b>S</b> .
City	State	Zip Code	Date [MM/DD/YYYY]	\$
	- 1 <u>P</u> 4. 6			
Full Name of			Date [MM/DD/4444]	\$
House # Street Address			Date [MM/DD/YYYY]	\$
選 注				
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of	<b>克英</b> 族(1)			
Contributing Committee			Date (VIM/DP/YAYA)	
House # Street Address				
House # Street Address			Date [MM/DD/MYY]	(\$4)
(B)				
City	State	Zip Code	Date [MM/DD/YYYY]	\$
	*			

#### PART D

### **All Other Contributions**

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period. (Exclude contributions from political committees reported in Part C)

Filer Identification Number:

· · · · · · · · · · · · · · · · · · ·				
Full Name of Contributor		<del>-</del>	Date [MM/DD/YYYY] \$	
				• • • • • • • • • • • • • • • • • • •
House # Street Address		· · · · · · · · · · · · · · · · · · ·	Date:[MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		<b>34</b>
Employer Name			Occupation	
Employer Mailing Address / # *** Principal Place of Business			VENEZ METAL	
Full Name of Contributor			Date [MM/DD/YYYY] \$	
			Date [MM/DD/YYYY] \$	
House # Street Address			Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Name #			Occupation	
			Steaparton:	
Employer Mailing Address / Principal Place of Business				
Full Name of Contributor			Date [MM/DD/YYYY] \$	
House # Street Address			Date [MM/DD/YYYY] *** \$	
City w	State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Name			Occupation	3
		,, <u></u>	Cecupation	Parameter Company
Employer Mailing Address / Principal Place of Business				
Full Name of Contributor			Date [MM/DD/YYYY] \$	
House #. Street Address			Date [MM/DD/YYYY] - \$	
City	State	Zip Code	Date [MM/DD/AAAA) \$	
		(基)		
Employer Name:			Occupation	
Employer Mailing Address / ** Principal Place of Business***				

#### PART E

### **Other Receipts**

### REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Filer Identification Number:

多數數學 化二烷					
***	William I			···	
Full Name 求证。 (	Committee to Elect Brya				•
House # 4160	Woodsdale A	lve			· · · · · · · · · · · · · · · · · · ·
City a 20	Erie	<b>State</b> PA	<b>Zip Gode</b> 16510	Date [MM/DD/YYYY] 04/24/2023	15.62
Receipt Description	Reimbursement for office	supplies			
Full Name	Committee to Elect Bryan	n Fife			
House # 4160	itreet Address Woodsdale A	lve	· · · · · · · · · · · · · · · · · · ·		
City :	Erie	State PA	Zip: 16510	Date [MM/DD/YYYYY] 02/24/2023	\$ 21.72
Receipt Description	Reimbursement for office	supplies			
Full Name	, to				
1 生 <b>初来</b> . 罗	treet Address				· · · · · · · · · · · · · · · · · · ·
City 2		State	Zip -Code	Date [MM/DD/YYYY)	\$
Receipt Description			1	· · · · · · · · · · · · · · · · · · ·	( ) \$ \$ p =
Full Name * //					
House # S	treet Address				
City .		State 26	Zip Code	*Date [MM/DD/YYYY]	\$
Receipt Description			- Andrewson Control of the Control o	,	
Full Name					
	treet Address				
City Pin City		State .	Zip Code	Date (MM/DD/YYYY)	\$
Receipt Description	31		-	-l	
Full Name		""			
House #/	treet Address			-	
CIŲ		State	Zip Code	Date [MM/DD/XXXX]	\$
Receipt Description	7.				

#### **SCHEDULE II**

### **IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED**

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD

DETAILED SUMMARY PAGE

Filer Identification Number:					
37 1 UNITEMIZED INSKINDICONTRIBUT	JANE MASELVEN VALUE ALE	N-000	NEWCONTROLLED	EAD.	
1. UNITEMIZED IN-KIND CONTRIBUT	HONS RECEIVED-VALUE OF	550,000 OR LESS (	PER CONTRIBUTOR	· · · · · · · · · · · · · · · · · · ·	4
TOTAL for the reporting period	(1)	\$			W.
2. NIN KIND CONTRIBUTIONS RECEIVED	EDEVAILUE OF \$50.01 TO \$25	60.00 (FROM PA	RTF)		
TOTAL for the reporting period	(2)	\$			
					·
3. IN KIND CONTRIBUTION RECEIVED	D-VALUE OVER \$250.00 (FR	OM PART(G)			
TOTAL for the reporting period	(3)	\$			
TOTAL VALUE OF IN-KIND CONTRIBUTIONS PERIOD (Add and enter amount totals from on Page 1, Report Cover Page, Item F)		r   \$			

### SCHEDULE II

#### PART F

### **In-Kind Contributions Received**

VALUE OF \$50.01 TO \$250

Filer identification	Number:				
Full Name of Con				Date [MM/DD/AYYY] _52	
House #	Street Address			Date [MM/DD/YYYY] \$	
Civ		State	Zip Code :	Date [MM/DD/YYYY] \$	
Description of Co	intribution				_
Full Name of Con	itributor#	<u> </u>		Date [MMY/DD/AYAYA]	
House #	Street Address			Date [MM/DD/YYYY] \$	
City #		State	Zip Code	_Date [MM/DD/YYYY]   \$	
Description of Co	ntribution				
Full Name of Con	tributor			Date [MM/DD/YYYY)   \$	_
House #	Street Address			Date [MM/DD/YYYY] \$	
City Description of Co	antelhution	State	Zip €ode	Date [MM/BD/YYYY] \$	
- Marie - A	<b>非私人和</b>				
Full Name of Con	tributor			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY]	
City Description of Co	ntelkotlon	State	Zip Code	Date [MM/DD/YYYY] \$	
7 表 为 的基					
Full Name of Cont				Date [MM/OD/YYYY] \$	
House#	Street Address	The second secon		Date (MM/DD/XYYY) \$	
City: Description of Co	ntribution, 🙏 🚟	State	Zip Code	Date [MM/DD/YYYY] \$	_

### SCHEDULE II

#### Part G

### **In-Kind Contributions Received**

VALUE OVER \$250

Filer identification Number:

Full Name of Contributor	Date [MM/DD/YYYY] \$
House # Street Address	Date [MM/DD/YYYY] \$
City State Zip Code	Date [MM/DD/YYYY)
Employer Name	(eccupation
Employer Mailing/Address / Principal	*Description
Place of Business	of
Full Name of Contributor	Contribution  Date [MM/DD/YYYY] \$5
	Date [MM/DD/YYYY] \$
House # Street Address	
House # Street Address	Date [MM/DD/YYYY] \$
City State Zip Code	Date [MM/DD/YYYY] \$
Employer Name	
<b>等等,不是一个人,不是是不</b>	Occupation
Employer Mailing Address / Principal Place of Business	Description of
The second secon	Contribution
Full Name of Contributor	Date [MIM/DD/YYYY] \$
House # Street Address	Date [MM/DD/YYYY] \$
City Zip Code	Date [MM/DD/YYYY] \$
Employer Name	Occupation
Employer Mailing Address / Principal	Description
Place of Business (2) (2)	of kinds
	Contribution
Full Name of Contributor	Date [MM/DD/YYYY] \$
House # Street-Address	Date [MM/DD/YYYY) \$
	-
State Zip Code	Date [MM/DD/YYYY] \$
	5
Employer Name	Occupation
Employer Mailing Address // Principal	Description
Place of Business	of Contribution

# Statement of Expenditures

Filer Identification Number:	•			

To Whom Paid	······································		Date [MM/DD/YYYY]	
· · · · · · · · · · · · · · · · · · ·	to Elect Bryan Fife		01/26/2023	3,000.00
House # 4160 Street Add	dress Woodsdale Ave		Description of Expenditur	e' (16)
City 1	State PA	Zip	Loan to Committe to Elect	Bryan Fife
To Whom Pald		Code		
Committee	to Elect Bryan Fife		Date [MM/DD/YYYY] \$ 03/17/2023	400.00
House # 4160 Street Add	lress Woodsdale Ave		Description of Expenditur	
City : Erie	"State" PA	Zip. 16510	Loan to Committee to Elect I	Bryan Fife
To Whom Pald			Date [MM/DD/YYYY] \$	
Erie County	Elections		03/06/2023	100.00
House # 140 Street Add	ress West Sixth Street		Description of Expenditure	
City Erie	State PA	Zip Code 16501	Petition Filing Fees	
To Whom Paid	Selection of the Confession of		Date [MM/DD/YYYY] is	
Party City			02/22/2023	93.07
House # 1908 Street Add	Keystone Drive		Description of Expenditure	
City ∴ _ Erie	State PA	Zip Code 16509	Party supplies	
To Whom Paid	Channa		Date [MM/DD/MYY] \$	
Ice Cream S			04/15/2023	22.00
House # 3799 Street Add	Shannon Road		Description of Expenditure	
<b>Gity</b> Erie	State PA	Zip 16510	Donuts	
To Whom Paid			Date (MM/DD/YYYY) + \$	
House # Street Add	lress		Description of Expenditure	243 244 245 245 246 247 247 247 247
Gity San	State	Zip Code		**************************************
To Whom Paid			Date [MM/DD/YYYY] \$	
House # Street Add	lress		Description of Expenditure	
Gity	State	Zip Code		
To Whom Paid			Date (MM/DD/YYYY) \$	
House # Street Add	ress	· · · · · · · · · · · · · · · · · · ·	Description of Expenditure	
City	State	ZIP		· · · · · · · · · · · · · · · · · · ·

#### SCHEDULE IV

### **Statement of Unpaid Debts**

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Filer identification Number				
Name of Creditor				Outstanding Balance of Debt
House #	reet Address		EIDEBT INCURRED	5
City 2		State <sub>2</sub> .	Zip Code	
Description of Debt			Province and the second	Faithcon
Name of Creditor  House #	reet Address		E DEBT INCURRED MM/DD/YYYY]	Outstanding Balance of Debt
City 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		State	Zip / Code	
Name of Creditor				Outstanding Balance of Debt
	eet Address		E DEBT INCURRED	Sutstanding Balance of Debt
City.  Description of Debt		State	Zip Gode	
Name of Creditor		land and the second		Outstanding Balance of Debt
	eet Address		E DEBT INCURRED MM/DD/YYYY]	<b>\$</b>
City  Description of Debt		State	Zip Code	
Name of Creditor				Outstanding Balance of Debt
	eet Address		E DEBT INCURRED MM/DD/YYYY]	\$
City  Description of Debt		State	Zip Code	
Name of Creditor				
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City Description of Debt		State :	Zip Code	