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

| place who are a comment of the property of   | lianre: I              | rms report mus   | r de clear an  | d legible. It s                    | should he tyne:  | 4)   |  |
|--|------------------------|--|--|------------------------------------|--|--|--|
| Filer Identification<br>Number   |                        | Report Filed B   | y Candida  | A ME LENGTH CONTRACT OF COMP LONG. | Committee  | AND A CONTRACT OF THE PROPERTY OF THE PARTY  | Lobbyist   |
| Name of Filing Committee Lobbyist  | , Candidate or         | <u> </u>   | 1/ 10  | Call                               | ACII A   |  |  |
| Street Address   |                        | 1616   | y M.   | 310                                | TELLM  | ·  |  |
| City   |                        | 4055   | WE   | 51 30                              | om STI   | REET   |  |
|  | ERIE                   | " -  | State  | PA                                 | Zip Code   | 16504  |  |
| Type of Report (Place x und  |                        | ender of the second section of the second                |  |                                    | rapidan jerangan perangan per | 7000   | स्तिकृत्याकः वर्गेत्राकराती, पृथ्वेतकः विश्ववाता स्त्रातीकर्यकरम् स्त्रात्वात्वात्रः स्त्रात्वात्रः स्त्रात्वा |
| 1- 6 <sup>th</sup> Tuesday 2- 2 <sup>nd</sup> Fric   | lay 3- 30 Day Post     | 4- 6th Tuesday   | 5- 2 <sup>nd</sup> Friday  | 6- 30 Day Po                       | ost   7- Annual  | Special 2 <sup>nd</sup> Friday   | Special 20 B   |
| Pre-Primary Pre-Prima  | ry Primary             |  | Pre- Election  | Election                           | ) Allique  | Pre-Election   | Special 30 Day<br>Post-Election  |
|  | X                      |  |  |                                    | <del>                                     </del>   |  | <del>                                     </del>   |
| Date Of Election   | alul                   | Year   |  | Amendmen                           | .  |  |  |
| (MM/DD/YYYY)   | 5/14/2023              | 2013   |  | Report                             |  | Termination<br>Report  |  |
| Summary of Receipts and  | From Date              | To Date  | William Control of the Control of th | Mahadasi Middi Pagasakang          | For  | Office Use Only  |  |
| Expenditures   | 5/1/2023               | 110  | 12023  |                                    | . 101  | Office Ose Offiy   |  |
| A. Amount Brought Forwar   | d From Last Report     | s 5/3/   | 1063   |                                    |  |  |  |
| B. Total Monetary Contribu   |                        |  | <u> </u>   |                                    |  |  |  |
| (From Schedule I)  | mons and Receipts      | \$ - C   | ا – ر  |                                    |  |  |  |
| C. Total Funds Available   |                        | \$   |  |                                    |  | <u> </u>   | ***  |
| (Sum of Lines A and B)  D. Total Expenditures  |                        | -0   |  |                                    |  | c)   | <b>19</b>  |
| (From Schedule III)  |                        | \$ _ ^   |  |                                    |  | Min.   | <u></u>  |
| E. Ending Cash Balance   |                        | \$   |  |                                    |  | Medical Agrangement of the Control o | enapes<br>enapes<br>enapes   |
| (Subtract Line D from Line C   | :)                     | -0   |  |                                    |  | 63   | <b>15</b>  |
| F. Value of In-Kind Contribu<br>(From Schedule II)   | tions Received         | \$   |  |                                    |  |  | •  |
| G. Unpaid Debts and Obliga   | tions                  | \$   |  |                                    |  | 37   | 3  |
| (From Schedule IV)   |                        |  | ١ - ١  |                                    |  | . ii   | N<br>N   |
| Part 1. If this is a Committee   |                        | ga karina ing pangana kalangga, pan in india dan pangana | Affidavit Seci   | tion                               |  |  | N  |
| Part 1- If this is a Committee rep<br>I swear (or affirm) that this repo<br>Sworn to and subscribed before | ort, treasurer sign he | re. If this is a Candi                                   | date report, car   | ndidate sign her                   | e.   |  |  |
| Sworn to and subscribed before   | me this                | ned schedules on p                                       | aper, is to the b  | est of my know                     | ledge and belief tru   | ie, correct and comple   | te.  |
| day of   |                        | • 1  |  |                                    |  |  |  |
| <u></u>  |                        | _  |  | Signatu                            | re of Person Submi   | tting report   |  |
| Signature  |                        |  |  |                                    | Printed Name   |  |  |
| My Commission expires  |                        | • •  |  |                                    |  |  |  |
| MO.  | DAY YR.                |  | Are  | ea Code                            | Dayt   | ime Telephone Numbe  | 27   |
| Part II- If this is a report of a Cane   | didate's Authorized C  | ommittee, candida  | ite shall sign her   | e.                                 |  |  |  |
| swear (or affirm) that to the bes<br>amended.  | st of my knowledge ar  | nd belief this politic                                   | al committee ha  | as not violated a                  | any provisions of th   | e Act of June 3, 1937 (  | P.I. 1333 NO 3201 ac   |
| Commonwealth of PA   | . County of            | Erie   |  |                                    |  | 7  | 12. 22.00) 110.02.07 63  |
| Sworn to and subscribed before r   | me this                |  |  |                                    |  | 1 -  |  |
| 14th day of June   | 20,23                  |  | *****  | Teny                               | MXIN   | 1610   |  |
| Miganis  | 2 V                    | ↓ ut   |  | 5                                  | gnature of Candida   | ite .  |  |
| ignature   | 7                      |  | <u> </u>   | 1 x cory                           | M. Se  | .stellA  | <del></del>  |
| My Commission expires07/   | 07/2024                |  |  | -111                               | Printed Name   |  |  |
| MO.  | DAY YR.                | 왕: 1 <sup>17</sup><br>14                                 | _8   | 74                                 | 7  | 46-021   | 3  |
|  | ****                   |  | Are  | a Code                             | Daytin   | ne Telephone Number  |  |
|  | - Co                   | mmonwealth of Pe   | ennsylvania – N  | otary Seal                         |  |  |  |
|  | [00]                   | Megen Bog.   |  |                                    |  |  |  |

Commonwealth of Pennsylvania — Notary Sea Megan Rog, Notary Public Erie County My Commission Expires July 07, 2024 Commission Number 1366166

#### SCHEDULE I

# Contributions and Receipts Detailed Summary Page

| Filer Identification Number   | 52 1 A         | SPIŽEAY,      | and the second second and the second  |
|---|----------------|---------------|--|
|   |                |               |  |
|   | E STATE OF THE | ficial result |  |
| 1   I   Initian in al Contribution  |                |               |  |
| 1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor   | CHARLES ST     | 1200 111.00   | na mana sa kangangan ya kata wa manan 1990 ka kangangan manandan na mananda (kananda mananda mananda kananda k   |
|   |                |               |  |
| Total for the reporting period (2   | 1)             | \$            | on the grant of the same imparts the same at the same dispersional parameters and the same of the same |
| 2 Continue  |                |               |  |
| 2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)  | 725 11.04      |               |  |
|   |                |               |  |
| Contributions Received from Political Committees (Part A)   | EMPLY SE       | \$            | er karaturanda. Ujuta oling stolening optifik semileningan pikaning, direction dag platte gestill stolen in  |
| All Other Could be a second of the second of  |                | _             |  |
| All Other Contributions (Part B)  | +              | \$            |  |
|   |                |               |  |
| Total for the reporting period (2   | )              | \$            |  |
| 3 Contributions Own \$270.00  |                |               |  |
| 3. Contributions Over \$250.00 (From Part C and Part D)   |                |               |  |
| Contributions Provided the Contributions of the Contribution of the Con |                |               |  |
| Contributions Received from Political Committees (Part C)   |                | \$            | Automorphy of the strong of the first strong of the strong |
| All Other Contributions (Part D)  |                |               |  |
| Part D)   |                | \$            |  |
| Total Const   |                |               |  |
| Total for the reporting period (3   | )   .          | \$            |  |
| 4. Other Receipts Polyunds Interest 5   |                |               |  |
| 4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)   |                |               |  |
|   |                | V21 5 MA 1997 |  |
| Total for the reporting period (4)  | ) [            | \$            |  |
| 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, Report  | ;              | \$ [          |  |
| Cover Page, Item B)   | :              |               |  |
|   |                |               |  |
|   |                |               |  |

#### 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.

| Full Name of Contrik<br>Committee |   |  |  |                        |                |
|-----------------------------------|---|--|--|------------------------|----------------|
| Full Name of Contril<br>Committee | t der territorialitationer state op state for married decimal |  |  |                        | ·              |
| Committee                         | outing  |  |  | Amount                 |                |
|                                   |   |  |  | Date [MM/DD/YYYY] \$   | ,              |
| House #                           | Street Address  |  |  | Date [MM/DD/YYYY] \$   |                |
| City                              |   | State  | Zip Code   | Date [MM/DD/YYYY] \$   | • <del></del>  |
| Full Name of Contrib              | uting   | autori, the transportation of the  | and the second second is the second s |                        |                |
| Committee                         |   |  |  | Date [MM/DD/YYYY] \$   |                |
| louse #                           | Street Address  |  |  | Date [MM/DD/YYYY] \$   |                |
| City                              |   | State  | Zip Code   | Date [MM/DD/YYYY] \$   |                |
| ull Name of Contrib<br>Committee  | uting   |  |  | Date [MM/DD/YYYY] \$   | THE STREET     |
| louse#                            | Street Address  |  |  | Date [MM/DD/YYYY] \$   |                |
| ity                               |   | State  | Zip Code   | Date [MM/DD/YYYY] \$   | <b>_</b>       |
| ull Name of Contribu<br>ommittee  | ıting   |  |  | Date [MM/DD/YYYY]   \$ | Sensor og      |
| ouse #                            | Street Address  |  |  | Date [MM/DD/YYYY] \$   | <b>-</b>       |
| ity                               | <u> </u>  | State  | Zip Code   | Date [MM/DD/YYYY] \$   | <u></u>        |
| ull Name of Contribu              | ting  |  |  | Date [MM/DD/YYYY] \$   | A special      |
| ouse #                            | Street Address  |  |  | Date [MM/DD/YYYY] \$   | <del></del>    |
| ty                                |   | State  | Zip Code   | Date [MM/DD/YYYY] \$   |                |
| III Name of Contribution          | ting  | And the second s |  | Date [MM/DD/YYYY] \$   | SEGELE A ACTOR |
| ouse#                             | Street Address  |  |  | Date [MM/DD/YYYY] \$   |                |
| ty                                |   | State  | Zip Code   | Date [MM/DD/YYYY] \$   |                |

## 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.)

| , no. (   | enuncation Number:   |  |                                       | Vice-party is the second   |                     |  |  | giran.                     | finding and the control of the first of the  |
|-----------|--|--|---------------------------------------|--|---------------------|--|--|----------------------------|--|
| C.II Ala  |  |  |                                       |  |                     | and the same of th |  | Plant Street on the second |  |
| FUII Na   | ame of Contributor   |  |                                       |  |                     |  | Date [MM/DD/YYYY]  | \$                         |  |
| House     | #   \$41   | reet Address   |                                       | <del></del>  |                     | <del></del>  |  |                            |  |
|           | "   Ju   | Bet Address  |                                       |  |                     |  | Date [MM/DD/YYYY]  | \$                         |  |
| City      | <u> </u>   |  | State                                 |  | Zip Code            |  | Date [MM/DD/YYYY]  | \$                         | <u> </u>   |
| C-II N    |  | September 1980 in 1980 | en in andre garante services          |  |                     |  |  | -                          |  |
| Full Na   | me of Contributor  |  |                                       |  |                     |  | Date [MM/DD/YYYY]  | \$                         |  |
| House     | # Str  | eet Address  |                                       |  |                     |  | Date [MM/DD/YYYY]  | +                          |  |
|           |  |  |                                       |  |                     |  | Dare [IAHAI\DD\ 1 1 1 1                                  | \$                         |  |
| City      |  |  | State                                 |  | Zip Code            |  | Date [MM/DD/YYYY]  | \$                         |  |
| Full Na   | me of Contributor  | in the same of | Company of the Company of the Company |  |                     | en anne da lancet es ance e en lance e en lance  | Manager var Make ceresis (1995), the constitution of the |                            |  |
|           |  |  |                                       |  |                     |  | Date [MM/DD/YYYY]  | <b>.</b> \$                |  |
| House     | # Str  | eet Address  |                                       |  |                     |  | Date [MM/DD/YYYY]  | \$                         |  |
| City      |  |  | State                                 | T  | Zip Code            |  | Date [MM/DD/YYYY]  | \$                         |  |
|           |  |  |                                       |  |                     |  |  | 1                          |  |
| Full Nar  | me of Contributor  |  |                                       |  | redamente destre ri |  | Date [MM/DD/YYYY]  | \$                         |  |
| House #   | Stn  | eet Address  |                                       |  | * <del></del> -     | `  |  |                            |  |
|           |  | cet Audi ess   |                                       |  |                     |  | Date [MM/DD/YYYY]  | \$                         |  |
| City      |  | ·  | State                                 |  | Zip Code            |  | Date [MM/DD/YYYY]  | \$                         |  |
| Full Nar  | ne of Contributor  | ari kuwa nyaovanani wa voodakia  |                                       |  |                     | The state of the s | Date [MM/DD/YYYY]  | \$                         | and the state of t |
|           |  |  |                                       |  |                     |  | Date [initial Dis] 1 1 1 1                               | 7                          |  |
| House #   | Stre   | eet Address  |                                       |  |                     |  | Date [MM/DD/YYYY]  | \$                         |  |
| City      |  |  | State                                 |  | Zip Code            | T  | Date [MM/DD/YYYY]  | \$                         |  |
| ****      |  |  |                                       | The state of the s |                     |  |  | 1                          |  |
| Full Nan  | ne of Contributor  |  | -                                     |  |                     | The same of the sa | Date [MIM/DD/YYYY]                                       | \$                         | Samuel farmes deministrative services and services of the serv |
| House #   |  | B.d.d  |                                       | <del></del>  | <u> </u>            |  |  |                            |  |
| TIVUSE IT | )   Street   | eet Address  |                                       |  |                     |  | Date [MM/DD/YYYY]  | \$                         |  |
| City      | <del></del>  |  | State                                 |  | Zip Code            | Т  | Date [MM/DD/YYYY]  | <del>  _</del>             |  |
|           | The way the first hand he will be supposed to the first hand to be supposed to be supposed to be supposed to the first hand to be supposed to | er in teleposite de l'agre parte. L'inter partenne   |                                       |  | mip would           |  | Date [MIM/DD/4441]                                       | \$                         |  |

#### 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.

| the identification Mur   | nber:  |          |  |             |  |  |
|--|--|----------|--|-------------|--|--|
| Full Name of   |  |          |  |             | The state of the second |  |
| Contributing Commi   | ttee   |          |  |             | Date [MM/DD/YYYY]  | \$   |
| House #  | Street Address   |          | <u> </u>   |             | Date [MM/DD/YYYY]  | \$<br><del></del>  |
| City   |  | State    | Zip Code   |             | Date [MM/DD/YYYY]  | \$<br>· · · · · · · · · · · · · · · · · · ·  |
| Full Name of   | <u>noce an against to the part agent as in a security throughour on a contract of the security o</u> |          | ent and soldings with the last transcript  |             |  |  |
| Contributing Commi   | ltee   |          |  |             | Date [MM/DD/YYYY]  | \$   |
| House #  | Street Address   |          | <u> </u>   |             | Date [MM/DD/YYYY]  | \$<br>   |
|  |  |          |  |             |  |  |
| City   |  | State    | Zip Code   |             | Date [MM/DD/YYYY]  | \$<br>   |
| Full Name of<br>Contributing Commit  | tee  |          |  |             | Date [MM/DD/YYYY]  | \$<br>hades do TON MAN & 18 a los sentre charactered described in the second i |
| House #  | Street Address   |          |  |             | Date [MM/DD/YYYY]  | \$   |
| City   |  | State    | Zip Code   |             | , Date [MM/DD/YYYY]  | \$<br>   |
| Full Name of<br>Contributing Commit  | tee  |          |  |             | Date [MM/DD/YYYY]  | \$   |
| House #  | Street Address   |          | <u> </u>   |             | Date [MW/DD/YYYY]  | \$<br>.,   |
| City   |  | State    | Zip Code   |             | Date [MM/DD/YYYY]  | \$   |
| Full Name of<br>Contributing Commit  | tee  |          | Total Name of the State of the  |             | Date [MM/DD/YYYY]  | \$<br>TOTAL SERVICE AND SERVICE SERVICE SERVICE SERVICES   |
| House #  | Street Address   | <u> </u> |  | <del></del> | Date [IVIM/DD/YYYY]  | \$<br>   |
| City   | <u> </u>   | State    | Zip Code   |             | Date [MM/DD/YYYY]  | \$   |
| Full Name of<br>Contributing Committ   | :ee  |          | A STATE OF THE STA |             | Date [MM/DD/YYYY]  | \$   |
| House #  | Street Address   |          |  |             | Date [MM/DD/YYYY]  | \$<br>Section and the section of the secti |
| City   |  | State    | Zip Code   |             | Date [MM/DD/YYYY]  | \$   |
| A PROCESSION AND A STREET OF THE PARTY OF TH |  |          |  |             | ı İ  |  |

## 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 Nu  | umber:   | A44 40                           | cions from political commit   | rtees reported in Part Cj  | and the same of th | and the second s |
|--|--|----------------------------------|---|--|--|--|
|  |  |                                  |   |  |  | N. Constitution  |
| Control of the Contro | (1994) - Land of the American Constant of Constant of the Cons |                                  | manuscripture and a surface of the special content of the surface | «См. подабран» в пострубе выникальности для помнительную быльную дей поступу на приниментального помнительного | September 1990 - This September 1990 - The Septembe |  |
| Full Name of Contri  | ibutor   | araman (ara-tar, Educate arativo |   | Date [MM/DD/YYYY]  |  | SOLD THE STREET, SOLD T |
|  |  |                                  |   | Date [IVIIVI/DD/YYYY]  | - \$   |  |
| 11 11  |  |                                  |   |  |  |  |
| House #  | Street Address   |                                  |   | Date [MM/DD/YYYY]  | \$   |  |
|  |  |                                  |   |  | 7  |  |
| City   |  | State                            | 7in Coda  |  |  | =  |
|  |  | Jeac                             | Zip Code  | Date [MM/DD/YYYY]  | \$   |  |
| Employer Name  |  |                                  |   |  |  |  |
| <u> </u>   |  |                                  |   | Occupation   | <del></del>  |  |
| Employer Mailing A   | ddress /   | -                                |   |  |  |  |
| Principal Place of Bu  | usiness  |                                  |   |  |  |  |
| Full Name of Contri  | butor  |                                  |   | Date [MM/DD/YYYY]  | Š  | a Torn the later and the later |
|  |  |                                  |   |  | -  |  |
| House #  |  |                                  |   |  |  |  |
| House w  | Street Address   |                                  |   | Date [MM/DD/YYYY]  | \$   |  |
|  |  |                                  |   |  |  |  |
| City   |  | State                            | Zip Code  | N-4- ta 49 a from honord   | <del>                                      </del>  |  |
|  |  |                                  | Zip Couc  | Date [MM/DD/YYYY]  | \$   |  |
| Employer Name  |  |                                  |   |  |  |  |
|  |  |                                  |   | Occupation   |  |  |
| Employer Mailing Ac  |  |                                  |   |  |  |  |
| Principal Place of Bu  |  |                                  |   |  |  |  |
| Full Name of Contrib   | Jutor  | Approximately make the second    |   | Date [MM/DD/YYYY]  | \$   | Herover (see MAX and Koya (hadaras)  |
|  | w .  |                                  |   | marre ferring manh 1   | •  |  |
| House #  | <u> </u>   |                                  |   |  |  |  |
| House #  | Street Address   |                                  |   | Date [MM/DD/YYYY]  | \$   |  |
| :  |  |                                  |   |  | 4.1  |  |
| City   |  | State                            | Zip Code  | 2 - Isans Inn honor  | <u> </u>   |  |
|  |  |                                  | Zip Code  | Date [MM/DD/YYYY]  | \$   |  |
| Employer Name  |  |                                  |   |  |  |  |
|  |  |                                  |   | Occupation   | <del></del>  |  |
| Employer Mailing Ad  | Idress /   |                                  |   |  | <del></del>  | <u> </u>   |
| Principal Place of Bus   | siness   | ·                                |   |  |  |  |
| Full Name of Contrib   | utor   |                                  | erter om appellet i forer men pligtet, hatte entry konstruen er i 🖓 stande anneng konstruente er i Vil  | Date [MM/DD/YYYY]  | A COMPANIE CONTRACTOR  |  |
|  | 1  |                                  |   | Date limited and 1 . 1 . 3   | \$   |  |
| House #  |  |                                  |   |  |  |  |
| House #  | Street Address   |                                  |   | Date [IMM/DD/YYYY]   | \$   | <del></del>  |
|  |  |                                  |   |  | 1 ]  |  |
| City   |  | State                            | Zip Code  |  |  | <u></u>  |
|  |  | State                            | i sib code  | Date [MM/DD/YYYY]  | \$   |  |
|  |  |                                  |   |  |  |  |
| Employer Name  |  |                                  | <del></del>   | Occupation   | <u> </u>   | <del></del>  |
| Employer Mailing Add   | drace /  |                                  |   |  |  |  |
| Principal Place of Bus   | siness   |                                  |   |  |  | <del></del>  |
| an leann dan a dagaile na haif an a leann ag a la sa leann a sa le   |  |                                  |   |  |  |  |

#### 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 file

|  | Number:  |  | . —   | The state of the s |
|--|--|--|---|--|
| and the second s |  |  |   |  |
| mana Manuel W. Stage Allen Society   |  |  | nerský starou se oznase, kter jakobanejm Lad  | en an a disco. Prima y transfer of a selection of a rest of a selection of the selection of the selection of a   |
| Full Name  |  | en alle programme — e program de le de le plant de le programme programme de la plant de l | andra (gray, com the region of a transmission and provide the control   |  |
| House #  | Street Address                                 |  | ···   |  |
| * *  | Street Address                                 |  |   |  |
| City   |  | State  | Zip   | Date [MM/DD/YYYY]   \$   |
|  |  |  | Code  | Date [MM/DD/YYYY] \$   |
| Receipt Descript   | tion   |  |   |  |
|  |  |  |   |  |
| Full Name  | ,  | AND THE PROPERTY OF THE PROPER | koraza (h. 1901). 1906 (h. 1901). 1904 (h. 1905). 1904 (h. 1905).<br>1904 - Harris Alexandro, 1904 (h. 1905). |  |
| House #  | Street Address                                 |  |   |  |
|  | Jueet Address                                  |  |   |  |
| City   |  | State  | Zip   | Date [MM/DD/YYYY]   \$   |
| 44.54  |  |  | Code  |  |
| Receipt Descripti  | ion  | <u>-</u>   | <u></u>   |  |
| ull Name   |  | AND COLUMN PARAMETERS  |   |  |
| ·uii Name  |  |  |   |  |
| louse #  | Street Address                                 |  |   |  |
|  | oticet Address                                 |  |   |  |
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#### 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:                                     |  |           |
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| (1)  | \$   | Second    |
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| 2. IN-KIND CONTRIBUTIONS RECEIVED VALUE OF GROOM                 |  |           |
| 2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 T             | TO \$250.00 (FROM PART F)  |           |
| TOTAL for the reporting period (2)                               | advantation and a second control of the seco | 27.24     |
| (2)  | \$   | (Herecki) |
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| 3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00             |  |           |
| THE THE NECETAL DE VIER \$250.00                                 | UU (FROM PART G)   | 1100      |
| TOTAL for the reporting period (3)                               |  |           |
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| TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORT!         | TING \$  | -         |
| PERIOD (Add and enter amount totals from boxes 1, 2, and 3; also | 0 enter  |           |
| on Page 1, Report Cover Page, Item F)                            | o circi  | 27        |
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#### SCHEDULE II PART F

### In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

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## SCHEDULE II Part G

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

VALUE OVER \$250

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| Employer Name  |                                  |  |   | Occupation   | <del></del>  |
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| Employer Mailing Ad  | dress / Principal                |  |   | Description  |  |
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| Employer Name  | <del></del> -                    |  |   |  |  |
| rinbiolei Maille   |                                  |  |   | Occupation   |  |
| <b>Employer Mailing Ad</b>   | dress / Principal                | -  |   |  |  |
| Place of Business  | aress / Title(pu)                |  |   | Description  |  |
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## Statement of Expenditures

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## Statement of Unpaid Debts

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

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| use #              | Street Address |  | DATE DEBT INCURRED [MM/DD/YYYY]  | \$                         |
| y<br>scription of  | Debt           | State  | Zip<br>Code  |                            |
| me of Credi        | Or             |  | e commence de la compansa del compansa de la compansa de la compansa del compansa de la compansa |                            |
| use#               |                |  |  | Outstanding Balance of Deb |
|                    | Street Address | -  | DATE DEBT INCURRED [MM/DD/YYYY]  | \$                         |
|                    |                |  |  | 1 1                        |