



Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

| | | | | | | | | |
|---|---------------------------------------|------------------------------------|--|---|-------------------------------------|-------------------------------------|---|------------------------------|
| Filer Identification Number | | Report Filed By (Mark X) | Candidate | <input type="checkbox"/> | Committee | <input checked="" type="checkbox"/> | Lobbyist | <input type="checkbox"/> |
| Name of Filing Committee, Candidate or Lobbyist | | The Committee to Elect Sam Comfort | | | | | | |
| Street Address | | 903 Linden Ave | | | | | | |
| City | Erie | State | PA | Zip Code | 16505 | | | |
| Type of Report (Place x under report type) | | | | | | | | |
| 1- 6 th Tuesday Pre-Primary | 2- 2 nd Friday Pre-Primary | 3- 30 Day Post Primary | 4- 6 th Tuesday Pre- Election | 5- 2 nd Friday Pre- Election | 6- 30 Day Post Election | 7- Annual | Special 2 nd Friday Pre-Election | Special 30 Day Post-Election |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Date Of Election (MM/DD/YYYY) | | 11/07/2023 | Year | 2023 | Amendment Report | <input type="checkbox"/> | Termination Report | <input type="checkbox"/> |
| Summary of Receipts and Expenditures | | From Date | To Date | For Office Use Only | | | | |
| | | 10/23/2023 | 11/27/2023 | | | | | |
| A. Amount Brought Forward From Last Report | | \$ | 2,241.86 | NOT RECORDED 2023 DEC 12 AM 8:25 | | | | |
| B. Total Monetary Contributions and Receipts (From Schedule I) | | \$ | 2,469.63 | | | | | |
| C. Total Funds Available (Sum of Lines A and B) | | \$ | 4,711.49 | | | | | |
| D. Total Expenditures (From Schedule III) | | \$ | 3,309.59 | | | | | |
| E. Ending Cash Balance (Subtract Line D from Line C) | | \$ | 1,401.90 | | | | | |
| F. Value of In-Kind Contributions Received (From Schedule II) | | \$ | 0.00 | | | | | |
| G. Unpaid Debts and Obligations (From Schedule IV) | | \$ | 0.00 | | | | | |
| Affidavit Section | | | | | | | | |
| Part I- If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here. | | | | | | | | |
| I swear (or affirm) that this report, including the attached schedules on paper, is to the best of my knowledge and belief true, correct and complete. | | | | | | | | |
| Sworn to and subscribed before me this | | | | | | | | |
| _____ day of _____ 20____ | | | | | | | | |
| Signature _____ | | | | | | | | |
| My Commission expires _____ MO. DAY YR. | | | | | | | | |
| Signature of Person Submitting report Averie Shaughnessy-Comfort Printed Name _____ | | | | | | | | |
| 412 310-7999 Area Code Daytime Telephone Number | | | | | | | | |
| Part II- If this is a report of a Candidate's Authorized Committee, candidate shall sign here. | | | | | | | | |
| I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1933, NO.320) as amended. | | | | | | | | |
| Sworn to and subscribed before me this | | | | | | | | |
| _____ day of _____ 20____ | | | | | | | | |
| Signature _____ | | | | | | | | |
| My Commission expires _____ MO. DAY YR. | | | | | | | | |
| Signature of Candidate Samuel D. Comfort Printed Name _____ | | | | | | | | |
| 607 386-8243 Area Code Daytime Telephone Number | | | | | | | | |

SCHEDULE I
Contributions and Receipts
Detailed Summary Page

| | | |
|--|----|----------|
| Filer Identification Number | | |
| 1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor | | |
| Total for the reporting period (1) | \$ | 295.84 |
| 2. Contributions of \$50.01 to \$250.00 (From Part A and Part B) | | |
| 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) | | |
| Contributions Received from Political Committees (Part C) | \$ | 0.00 |
| All Other Contributions (Part D) | \$ | 1,973.79 |
| Total for the reporting period (3) | \$ | 1,973.79 |
| 4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E) | | |
| Total for the reporting period (4) | \$ | 200.00 |
| 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) | \$ | 2,469.63 |

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 | | | | | | | | | | Date [MM/DD/YYYY] | | | | \$ | | | | | | | | | | |
| House # | | | | | | | | | | Street Address | | | | Date [MM/DD/YYYY] | | | | \$ | | | | | | |
| City | | | | | | | | | | State | | | | Zip Code | | | | 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/YYYY] | | | | \$ | | |
| 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 | | | | | | | | | | Date [MM/DD/YYYY] | | | | \$ | | | | | | | | | | |
| House # | | | | | | | | | | Street Address | | | | Date [MM/DD/YYYY] | | | | \$ | | | | | | |
| City | | | | | | | | | | State | | | | Zip Code | | | | 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/YYYY] | | | | \$ | | |
| Full Name of Contributing Committee | | | | | | | | | | Date [MM/DD/YYYY] | | | | \$ | | | | | | | | | | |
| House # | | | | | | | | | | Street Address | | | | Date [MM/DD/YYYY] | | | | \$ | | | | | | |
| City | | | | | | | | | | 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.)

| | | | | | | | | | |
|------------------------------|--|--|--|--|--|--|--|--|--|
| 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] | \$ |
| | | | | | | | | |
| Full Name of Contributor | | | | | Date [MM/DD/YYYY] | | \$ | |
| | | | | | | | | |
| House # | | Street Address | | | Date [MM/DD/YYYY] | | \$ | |
| | | | | | | | | |
| City | | | State | | Zip Code | | Date [MM/DD/YYYY] | \$ |
| | | | | | | | | |
| Full Name of Contributor | | | | | Date [MM/DD/YYYY] | | \$ | |
| | | | | | | | | |
| House # | | Street Address | | | Date [MM/DD/YYYY] | | \$ | |
| | | | | | | | | |
| City | | | State | | Zip Code | | Date [MM/DD/YYYY] | \$ |
| | | | | | | | | |
| Full Name of Contributor | | | | | Date [MM/DD/YYYY] | | \$ | |
| | | | | | | | | |
| House # | | Street Address | | | Date [MM/DD/YYYY] | | \$ | |
| | | | | | | | | |
| City | | | State | | Zip Code | | Date [MM/DD/YYYY] | \$ |
| | | | | | | | | |
| Full Name of Contributor | | | | | Date [MM/DD/YYYY] | | \$ | |
| | | | | | | | | |
| House # | | Street Address | | | Date [MM/DD/YYYY] | | \$ | |
| | | | | | | | | |
| City | | | State | | Zip Code | | Date [MM/DD/YYYY] | \$ |
| | | | | | | | | |
| Full Name of Contributor | | | | | Date [MM/DD/YYYY] | | \$ | |
| | | | | | | | | |
| House # | | Street Address | | | Date [MM/DD/YYYY] | | \$ | |
| | | | | | | | | |
| City | | | State | | Zip Code | | Date [MM/DD/YYYY] | \$ |
| | | | | | | | | |

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: | | | | | | |
| 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 | | | | | Date [MM/DD/YYYY] | \$ |
| House # | Street Address | | | | Date [MM/DD/YYYY] | \$ |
| City | | State | | Zip Code | 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/YYYY] | \$ |
| 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 | | | | | Date [MM/DD/YYYY] | \$ |
| House # | Street Address | | | | Date [MM/DD/YYYY] | \$ |
| City | | State | | Zip Code | 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/YYYY] | \$ |
| Full Name of Contributing Committee | | | | | Date [MM/DD/YYYY] | \$ |
| House # | Street Address | | | | Date [MM/DD/YYYY] | \$ |
| 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 | | Millcreek Police Association | | | | Date [MM/DD/YYYY] | \$ | 1473.79 |
| | | | | | | 10/26/2023 | | |
| House # | | Street Address | | | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | | |
| City | | State | | Zip Code | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | | |
| Employer Name | | | | | | Occupation | | |
| Employer Mailing Address / Principal Place of Business | | | | | | | | |

| | | | | | | | | |
|--|--------------|---------------------------|----|----------|-------|-------------------|----|--------|
| Full Name of Contributor | | Greater PA Carpenters PEC | | | | Date [MM/DD/YYYY] | \$ | 500.00 |
| | | | | | | 10/26/2023 | | |
| House # | 1803 | Street Address | | | | Date [MM/DD/YYYY] | \$ | |
| | | Spring Garden St | | | | | | |
| City | Philadelphia | State | PA | Zip Code | 19130 | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | | |
| Employer Name | | | | | | Occupation | | |
| 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/YYYY] | \$ | |
| | | | | | | | | |
| Employer Name | | | | | | Occupation | | |
| 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/YYYY] | \$ | |
| | | | | | | | | |
| 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: | |
|------------------------------|--|

| | | | | | | | | | | |
|---------------------|--|----------------|-----------|----------|-------|-------------------|------------|----|--------|--|
| Full Name | Millcreek Township | | | | | | | | | |
| House # | 3608 | Street Address | W 26th St | | | | | | | |
| City | Eric | State | PA | Zip Code | 16506 | Date [MM/DD/YYYY] | 10/26/2023 | \$ | 200.00 | |
| Receipt Description | Security Deposit Refund for Rental of Parks Pavilion | | | | | | | | | |
| Full Name | | | | | | | | | | |
| House # | W 26t | Street Address | | | | | | | | |
| City | | State | | Zip Code | | Date [MM/DD/YYYY] | | \$ | | |
| Receipt Description | | | | | | | | | | |
| Full Name | | | | | | | | | | |
| House # | | Street Address | | | | | | | | |
| City | | State | | Zip Code | | Date [MM/DD/YYYY] | | \$ | | |
| Receipt Description | | | | | | | | | | |
| Full Name | | | | | | | | | | |
| House # | | Street Address | | | | | | | | |
| City | | State | | Zip Code | | Date [MM/DD/YYYY] | | \$ | | |
| Receipt Description | | | | | | | | | | |
| Full Name | | | | | | | | | | |
| House # | | Street Address | | | | | | | | |
| City | | State | | Zip Code | | Date [MM/DD/YYYY] | | \$ | | |
| Receipt Description | | | | | | | | | | |
| Full Name | | | | | | | | | | |
| House # | | Street Address | | | | | | | | |
| City | | State | | Zip Code | | Date [MM/DD/YYYY] | | \$ | | |
| Receipt Description | | | | | | | | | | |

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: | |
|------------------------------|--|

| | | |
|--|-----|----|
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.00 OR LESS PER CONTRIBUTOR | | |
| TOTAL for the reporting period | (1) | \$ |

| | | |
|---|-----|----|
| 2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.00 (FROM PART F) | | |
| TOTAL for the reporting period | (2) | \$ |

| | | |
|---|-----|----|
| 3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART G) | | |
| TOTAL for the reporting period | (3) | \$ |

| | | |
|---|--|----|
| TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F) | | \$ |
|---|--|----|

SCHEDULE II
PART F
In-Kind Contributions Received
VALUE OF \$50.01 TO \$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] | | \$ |
| | | | | | | | | |
| Description of Contribution | | | | | | | | |
| Full Name of Contributor | | | | | Date [MM/DD/YYYY] | | \$ | |
| | | | | | | | | |
| House # | | Street Address | | | Date [MM/DD/YYYY] | | \$ | |
| | | | | | | | | |
| City | | | State | | Zip Code | Date [MM/DD/YYYY] | | \$ |
| | | | | | | | | |
| Description of Contribution | | | | | | | | |
| Full Name of Contributor | | | | | Date [MM/DD/YYYY] | | \$ | |
| | | | | | | | | |
| House # | | Street Address | | | Date [MM/DD/YYYY] | | \$ | |
| | | | | | | | | |
| City | | | State | | Zip Code | Date [MM/DD/YYYY] | | \$ |
| | | | | | | | | |
| Description of Contribution | | | | | | | | |
| Full Name of Contributor | | | | | Date [MM/DD/YYYY] | | \$ | |
| | | | | | | | | |
| House # | | Street Address | | | Date [MM/DD/YYYY] | | \$ | |
| | | | | | | | | |
| City | | | State | | Zip Code | Date [MM/DD/YYYY] | | \$ |
| | | | | | | | | |
| Description of Contribution | | | | | | | | |

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 | | | | | Occupation | | | |
| Employer Mailing Address / Principal Place of Business | | | | | Description of Contribution | | | |
| 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 | | | | | Occupation | | | |
| Employer Mailing Address / Principal Place of Business | | | | | Description of Contribution | | | |
| 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 | | | | | Occupation | | | |
| Employer Mailing Address / Principal Place of Business | | | | | Description of Contribution | | | |
| 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 | | | | | Occupation | | | |
| Employer Mailing Address / Principal Place of Business | | | | | Description of Contribution | | | |

SCHEDULE III
Statement of Expenditures

| | |
|-------------------------------------|--|
| Filer Identification Number: | |
|-------------------------------------|--|

| | | | | | | | | |
|---------------------|------|--------------------------------|-----------|-----------------|-------|--|----|---------|
| To Whom Paid | | Community Access Media | | | | Date [MM/DD/YYYY] | \$ | 50.00 |
| | | | | | | 10/23/2023 | | |
| House # | 142 | Street Address | W 12th St | | | Description of Expenditure | | |
| City | Erie | State | PA | Zip Code | 16501 | Filming of media on election + candidate | | |
| To Whom Paid | | PNC Bank | | | | Date [MM/DD/YYYY] | \$ | 1.50 |
| | | | | | | 10/26/2023 | | |
| House # | 2701 | Street Address | Legion Rd | | | Description of Expenditure | | |
| City | Erie | State | PA | Zip Code | 16505 | counter check fee | | |
| To Whom Paid | | McCarty Printing | | | | Date [MM/DD/YYYY] | \$ | 2540.59 |
| | | | | | | 10/26/2023 | | |
| House # | 246 | Street Address | E 7th St | | | Description of Expenditure | | |
| City | Erie | State | PA | Zip Code | 16503 | Mailer Fees, Printing, Mailing | | |
| To Whom Paid | | PNC Bank | | | | Date [MM/DD/YYYY] | \$ | 1.50 |
| | | | | | | 11/01/2023 | | |
| House # | 2701 | Street Address | Legion Rd | | | Description of Expenditure | | |
| City | Erie | State | PA | Zip Code | 16506 | | | |
| To Whom Paid | | Millcreek Democratic Committee | | | | Date [MM/DD/YYYY] | \$ | 500.00 |
| | | | | | | 11/03/2023 | | |
| House # | | Street Address | | | | Description of Expenditure | | |
| City | Erie | State | PA | Zip Code | 16505 | Payment for Portion of Mailer | | |
| To Whom Paid | | Erie Reader | | | | Date [MM/DD/YYYY] | \$ | 216.00 |
| | | | | | | 11/03/2023 | | |
| House # | 1001 | Street Address | State St | | | Description of Expenditure | | |
| City | Erie | State | PA | Zip Code | 16501 | Ads online - Erie Reader | | |
| To Whom Paid | | | | | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | | |
| House # | | Street Address | | | | Description of Expenditure | | |
| City | | State | | Zip Code | | | | |
| To Whom Paid | | | | | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | | |
| House # | | Street Address | | | | Description of Expenditure | | |
| City | | State | | Zip Code | | | | |

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 # | Street Address | DATE DEBT INCURRED (MM/DD/YYYY) | | | | \$ | |
| City | State | Zip Code | | | | | |
| Description of Debt | | | | | | | |
| Name of Creditor | | | | | | Outstanding Balance of Debt | |
| House # | Street Address | DATE DEBT INCURRED (MM/DD/YYYY) | | | | \$ | |
| City | State | Zip Code | | | | | |
| Description of Debt | | | | | | | |
| Name of Creditor | | | | | | Outstanding Balance of Debt | |
| House # | Street Address | DATE DEBT INCURRED (MM/DD/YYYY) | | | | \$ | |
| City | State | Zip Code | | | | | |
| Description of Debt | | | | | | | |
| Name of Creditor | | | | | | Outstanding Balance of Debt | |
| House # | Street Address | DATE DEBT INCURRED (MM/DD/YYYY) | | | | \$ | |
| City | State | Zip Code | | | | | |
| Description of Debt | | | | | | | |
| Name of Creditor | | | | | | Outstanding Balance of Debt | |
| House # | Street Address | DATE DEBT INCURRED (MM/DD/YYYY) | | | | \$ | |
| City | State | Zip Code | | | | | |
| Description of Debt | | | | | | | |