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

| The ATTOXICATED INVESTIGATION CONTINUES IN THE | | (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | To Common | port mu. | | a regione. It | | | , | | ,,, | |
|---|-------------------------|--|-------------------|---|---|---------------------------------------|---|--|-------------------|---|---|--------------------|
| Filer Identification Number | _ operation description | | | ort Filed E ark X) | By Candid | ate | C | ommittee | + /4 31 5 | X | Lobi | pyist |
| Name of Filing Comm Lobbyist | ittee, Ca | ndidate or | Frien | ds Of Rock | Copeland | | | | | | | |
| Street Address | | | 1336 | Patterson | Ave | | | | | | | |
| City | Erie | and the desire of the property of the second of the property of the second of the seco | ×I | · · · · · | State | PA | Zi | p Code | 16508 | | | · |
| Type of Report (Place | x under i | eport type) | | , ······ | | | | * | | | | |
| 1-6 th Tuesday 2-2" | ^{id} Friday | 3- 30 Day Post | 4-6 th | Tuesday | 5- 2 nd Friday | 6- 30 Day | Post 7- | Annual | Special 2 | 2 nd Friday | Spec | ial 30 Day |
| Pre-Primary Pre-P | rimary | Primary | Pre- I | Election | Pre- Election | Election | | | Pre-Elec | tion | Post | -Election |
| | | | | | | X | participation and the supply | | | 1 | 0.0000000000000000000000000000000000000 | |
| Date Of Election (MM/DD/YYYY) | | 11/7/2023 | Year | | 2023 | Amendme Report | ent | | Termina Report | tion | | |
| Summary of Receipts | and | From Date | | To Date | | | | For | Office Use | Only | | |
| Expenditures | | 10/24/2023 | | 11 | /27/2023 | | | | | 多多的 | | 6.5 - (3.5g / 6.5g |
| A. Amount Brought Fo | orward F | | | ; | 1,731.21 | | | | | | | |
| B. Total Monetary Cor (From Schedule I) | ntributio | ns and Receipts | \$ \$ | 1 | 81.00 | | | | | ## ## 1, 1111 1, 1111 1, 1111 | 7073 DEC | |
| C. Total Funds Availab (Sum of Lines A and B |) | | \$ | 5 | 1812.21 | | | | | | | |
| D. Total Expenditures (From Schedule III) | | | | -\$1,239.37 | | | 2-2 | | | | | |
| E. Ending Cash Balance (Subtract Line D from | yen ayan ban Ellingi | | \$ \$572.84 | | | | | | | | | |
| F. Value of In-Kind Cor (From Schedule II) | ntributio | ns Received | \$ | 5 | | | | | | - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 | 3: 50 - | |
| G. Unpaid Debts and C (From Schedule IV) | Obligatio | ns | \$ | 6 | | | | | | , | لسب | |
| | _ | | | Z . | Aff@avit Se | ction | | | | | | |
| Part 1- If this is a Commit I swear (or affirm) that th | is report, | t, treasurer sign h including the atta | iere. If t | this is a Can ched des-or | didate report, c | indidate sign l best of my kn | here. owledge a | nd belief tr | ue, correct | and comple | te. | |
| Sworn to and subscribed | before me | e this | | r, pom | nwea | | Ŏ | | , | - | | |
| day of Dea | <u>nbe</u> | C 2023 | _ | esin vision | Sion E V | Ni | 4 |) | e and the same | | | |
| audio | P. W | atson. | vats vats | | | Signature of Person Submitting report | | | | | | |
| O Signatu | ire | 1 | _ | alle. | of Pennsylvania - Nota Watson, Notary Pub Erie County n expires December | 00 | | inted Name | ? | | | |
| My Commission expires_ | 12/0 | 02/200d | ocia lotario | | | 139 <u>313 9468</u> | | | | | | |
| | MO. | DAY YR. | | Printed Name Onn, Notary Put Ocounty Printed Name Ocounty Put Area Code Daytime Telephone Number | | | | er | | | | |
| Part II- If this is a report o | | | | ittee, 🚰 ti | date shelleign h | | | | | | | |
| I swear (or affirm) that to amended. | the best | of my knowledge | and bel | lier this poli | iti (3) commutee | has not violat | ed any pro | visions of t | ne Act of Ju | ine 3, 1937 | (P.L. 133 | 33, NO.320) as |
| | h | . at. : | 2 | ₹ | Com | | | | | - British Barret | | |
| Sworn to and subscribed I | perore me | tnis | ğ | y co | > No. | | San | AND THE PROPERTY OF THE PARTY O | | A LEGISTA | | |
| day of Old | 1100 | <u>er₂₀ 00</u> | - ! | | monweat Angela | 100 | Signatur | e of Gandid | 200 | | | |
| - Asylie | X. U | Mon | _ | enns: | [] | Rock (| Jagratur L | e of garidic | | | | |
| | ire ' | 4/400/ | • | ion Livan | of Penns | oul | Prin | ted Name | 2 | 4.6 | | |
| My Commission expires | 12/0 | Halde | <u>.</u> | Erie County Expires De sion number | nnsy | 319 | | <u>40</u> | 0 28 | 89 | | |
| | MO.* | DAY YR. | | Member, Pennsylvania Associatio | of Pennsylvania - | rea Code | | Dayti | me relepho | one Numbe | Т | |
| | | t i méa | | #1425 | 7 9 | | -m., | | | | | |
| | | | | Life Courty on expires December 2, 2026 ission number 1425503 nsylvania Association of Notaries | Notary | | | | | | | |
| | | | | ātl N | Seal | | | | | | | |

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

| Filer Identification Number | | _ | |
|---|-----------------------|----|-------|
| | | | |
| 1. Unitermized Contributions and Receipts-\$50.00 or Less per Contributor | | | |
| Total for the reporting period | (1) | \$ | 81.00 |
| 2: Contributions of \$50.01 to \$250.00 (From Part A and Part B) | | | 1 |
| Contributions Received from Political Committees (Part A) | | \$ | О |
| All Other Contributions (Part B) | | \$ | 0 |
| Total for the reporting period | (2) | \$ | 0 |
| 3. Contributions Over \$250.00 (From Part C and Part D) | 900 S 1002 S | | |
| Contributions Received from Political Committees (Part C) | and the second second | \$ | 0 |
| All Other Contributions (Part D) | | \$ | 0 |
| Total for the reporting period | (3) | \$ | 0 |
| 4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E |) | | I. |
| Total for the reporting period | (4) | \$ | 0 |
| Total Monetary Contributions and Receipts during this reporting period (Add and | · | \$ | 1000 |

0

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.

| Filer Identification | n Number | | | | |
|---------------------------------|------------------------------|---------------------------------|----------------------|----------------------|--|
| Production (1979) (1979) (1979) | earned the light Celini ₹ | :: " | | | Amount |
| Full Name of Co Committee | ntributing | | Date [MM/DD/YYYY] \$ | | |
| House # | Street Address | | | Date [MM/DD/YYYY] \$ | |
| City | | State | Zip Code | Date [MM/DD/YYYY] \$ | 2 |
| Full Name of Co Committee | ntributing | | | Date [MM/DD/YYYY] S | |
| House # | Street Address | | | Date [MM/DD/YYYY] \$ | |
| City | | State | Zip Code | Date [MM/DD/YYYY] S | 왕 |
| Full Name of Co Committee | ntributing | [54.884 30.86] | 1525489 (862, 923) | Date [MM/DD/YYYY] \$ | ~ L 전 경 경 당 |
| House # | Street Address | | | Date [MM/DD/YYYY] \$ | 위 |
| City | Proceedings (The Proceding) | State | Zip Code | Date [MM/DD/YYYY] S | |
| Full Name of Co Committee | ntributing | | | Date [MM/DD/YYYY] \$ | 7 |
| House # | Street Address | | Photography | Date [MM/DD/YYYY] \$ | |
| City | Industrian partial 2 | State | Zip Code | Date [MM/DD/YYYY] S | 4 |
| Full Name of Co Committee | ntributing | and the first spin and a second | polygon and the l | Date [MM/DD/YYYY] \$ | |
| House # | Street Address | | · | Date [MM/DD/YYYY] \$ | |
| City | ECHELOCICA CONTROL | State | Zip Code | Date [MM/DD/YYYY] S | 사 발생 (기계 기계 기 |
| Full Name of Co Committee | | | | Date [MM/DD/YYYY] S | |
| 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:

| Section Control of the Control of th | | | | |
|--|--|--|--|---|
| Full Name of Contributor | | | Date [MM/DD/YYYY] \$ | |
| | | | | |
| House # Street | Address | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | Date [MM/DD/YYYY] \$ | *** |
| | | | | |
| City | State | Zip Code | Date [MM/,DD/YYYY] \$ | |
| | | | 100 | |
| Full Name of Contributor | | | Date [MM/DD/\\Y\] \$ | |
| | | | | |
| House# Street | Address | | Date [MM/DD//YYY] \$. | |
| | | | | |
| City | State | ZIp Code | Date [MM/DD/YYYY] \$ | *************************************** |
| | | | | |
| Full Name of Contributor | ************************************* | 116 Proper Company Company | Date [MM/DD/AWW] \$ | |
| | | | | |
| House # Street | Address | AMm *g* v t | Date [MM/DD/YYYY] \$ | **** |
| | | | College Service Control of College Service Col | |
| Giv | State | Zip Code | Date [MM/DD/YYYY] \$ | |
| | | | | |
| Full Name of Contributor | | | Date [MM/DD/YYYY] \$ | |
| | | | | |
| House # Street | Address | | Date [MM/DD/YYYY] \$ | |
| (IOGAE)# | Audiess | | Pare livini/\rightary \(\text{in 11} \) | |
| A Part Control | | (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) | | |
| Gity | State | Zip Code | Date [MM/DD/YYYYI] 25 | |
| Full Name of Contributor | | | Date (MM/DD/AVVV) | |
| FUIL TOTAL | | | Date IMM/ DO/ FRITE | |
| | | | | |
| House# Street | Address | | Date [MM/DD/YYYY] \$ | |
| | | | | |
| City | State | Zip Code | Date [MM/DD/XYYY] S | |
| | | | | |
| Full Name of Contributor | | | Date [MM/DD/YYYY] \$ | |
| | · · · | | | |
| House # Street | Address | | Date [MM/DD/YYYY] \$ | |
| | | | | |
| Glfy . | State | Zip Code | Date [MM/DD/YYYY] \$ | • *** |
| | | | | : |

PART C

Contributions Received From Political Committees

Over \$250.00

Filer identification Number:

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

| Full Name of Contribution Committee File Name of Contribution Committee Full Name o | | | | | |
|---|------------------------|--------------------------------------|--|-----------------------|---------------------------------------|
| House it Street Address Jate Jap Code Jate Jame Jate | | | | Date [MM/DD/YYYY] \$ | - |
| Full Name of Contributing Committee Flouse # Street Address | | ddress | ************************************** | Date [MM/DD/YYYY] S. | |
| Full Name of Contributing Committee Flouse # Street Address | City | State | 7in Code | Data IMM/Mn/Www. S | |
| Contributing Committee House # Street Address Date [MM/DD/YYYY] S Full Name of Contributing Committee Date [MM/DD/YYYY] S | | No. | | | |
| City State Zip Code Date [MM/DD/YYYY] 3 Full Name of Contributing Committee House # Street Address City State Zip Code Date [MM/DD/YYYY] 5 City State Zip Code Date [MM/DD/YYYY] 5 City Date [MM/DD/YYYY] 5 City Date [MM/DD/YYYY] 5 City State Zip Code Date [MM/DD/YYYY] 5 City Date [MM/DD/YYYY] 5 City Date [MM/DD/YYYY] 5 City State Zip Code Date [MM/DD/YYYY] 5 City State Date [MM/DD/YYYY] 5 City Date [MM/DD/YYYY] 5 | | | | Date (MM/DD/YYYY) \$ | |
| Full Name of Contributing Committee House # Street Address Date [MM/DD/YYYY] \$ Full Name of Contributing Committee Full | House # Street: A | adress | | Date [MM/DD/YYYY] \$ | |
| Contributing Committee House # Street Address | City | State | Zip Code | Date [MM/DD/YYYY] \$ | |
| City State Zip Code Date [MM/DD/YYYY] S Full Name of Contributing Committee House # Street Address City State Zip Code Date [MM/DD/YYYY] S Full Name of Contributing Committee House # Street Address Date [MM/DD/YYYY] S Full Name of Contributing Committee House # Street Address Date [MM/DD/YYYY] S Full Name of Contributing Committee Full Name of Contributing Committee House # Street Address Date [MM/DD/YYYY] S Full Name of Contributing Committee | | #################################### | | Pate [MM//DD/XYXXI] S | |
| ## Full Name of Contributing Committee Date [MM/DD/YYYY] S | .House # Street A | ddress | | Date [MM/DD/XYYY] 5 | |
| Contributing Committee House # Street Address Date [MM/DD/YYYY] S | Gity | State | Zip Gode | Date [MM//DD/YYYY] \$ | |
| House # Street Address Date [MM/DD/YYYY] S Full Name of Contributing Committee House # Street Address Date [MM/DD/YYYY] S City State Zip Code Date [MM/DD/YYYY] S Full Name of Date [MM/DD/YYYY] S Full Name of Contributing Committee Date [MM/DD/YYYY] S Full Name of Contributing Committee | | | | Date (MM/DD/YYYY) | |
| Full Name of Contributing Committee House # Street Address Date [MM/DD/YYYY] \$ City State Zip Code Date [MM/DD/YYYY] \$ Full Name of Contributing Committee House # Street Address Date [MM/DD/YYYY] \$ | 100 | ddress | | Date [MM/DD//YYY] \$ | |
| Full Name of Contributing Committee House # Street Address Date [MM/DD/YYYY] \$ City State Zip Code Date [MM/DD/YYYY] \$ Full Name of Contributing Committee House # Street Address Date [MM/DD/YYYY] \$ | Gity | State | Zipreode | Set IMM/BD/WWY | |
| House # Street Address Date [MM/DD/YYYY] \$ City State Zip Code Date [MM/DD/YYYY] \$ Full-Name of Contributing Committee Date [MM/DD/YYYY] \$ Contributing Committee Date [MM/DD/YYYY] \$ Contributing Committee Date [MM/DD/YYYY] \$ Contributing Committee Street Address Date [MM/DD/YYYY] \$ | | | | | |
| City State Zip Code Date [MM/DD/YYYY] S Full Name of Contributing Committee Date [MM/DD/YYYY] S House # Street Address Date [MM/DD/YYYY] S | Contributing Committee | | **** | | |
| City State Zip Code Date [MM/DD/YYYY] S Full Name of Gontributing Committee Date [MM/DD/YYYY] S House # Street Address Date [MM/DD/YYYY] S | House# Street A | ddress | | 2,6780 | |
| Contributing Committee House # Street Address Date [MM/DD/YYYY] \$ | City | State | Zip Code | Date [MM/DD/YYYY] S | · · · · · · · · · · · · · · · · · · · |
| | | | | Oate [MM/DD/YYYY] \$ | |
| City State Zip Code Date [MM/DD/YYYY] \$ | House:# Street Ai | ddress | · · · · · · · · · · · · · · · · · · · | 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 | | | Date [MM/DD/YYYY] \$ |
| House # Stree | et Address | | Date [MM/DD/YYYYY] \$ |
| City | State | Zip Code | Date [MM/DD/YYYY] \$ |
| Employer Name | | | Occupation |
| Employer Mailing Address / Principal Place of Business | | · · · · · · · · · · · · · · · · · · · | Particular and the second seco |
| Full Name of Contributor | | | Date [MM/DD/XYXY] \$ |
| | t Address | | Date [MM/DD/YYYY] /5 |
| City | State | Zip Codé | Date [MM/DD/YYYY] \$ |
| Employer Name | | | Occupation |
| Employer Mailing Address / Principal Place of Business | | | Constitution |
| Full:Name of Contributor | | | Date:[MM/DD/XYXX] \$ |
| House # Stree | rt Address | | Date [MM/DD/YYYY] \$ |
| City | State | Zip Code | Date:[MM/DD/YYYY] \$ |
| Employer Name | | | Occupation |
| Employer Mailing Address / Principal Place of Business | | | Processor and the second secon |
| Pull Name of Contributor | | , | Date:[MM/DD/YYYY] \$ |
| | t 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 Num | iber: | | | |
|-------------------------------|-------------|--|-------------|-----------------------|
| Full Name | | | | |
| House # | Str | eet Address | | |
| -City | | State | Zip Code | Date [MM/DD/YYYY] \$ |
| Receipt Description | | | | |
| Full Name | | | | |
| House # | Stre | eet Address | | |
| City | | State | Zip Code | Date [MM/DD/YYYY] \$ |
| Receipt Description | | Introventural Company I | 新美元A5等的企业公司 | F/890214 |
| Full Name | T: | and the state of t | | |
| House:# | Stre | eet Address State | Zip | Date (MM/DD/YYYY) \$ |
| | | | Code | Date (www.pop.ac.a.) |
| Receipt Description | | 4,7,97,7,97,10000000000000000000000000000 | | B48/24 |
| Füll Name | | Anna Para Caranta Cara | | |
| House:# | Stre | eet Address State | Zip | Date [MM/DD/YYYY] \$ |
| | | | -Code | Date [MM/DD/YYYY] S |
| Receipt Description | TOTAL STATE | | | |
| Full Name House # | Stre | et Address | | |
| Gity | | State | Zip | Date (MIM/DD/YYYY) \$ |
| Receipt Description | | | Code | |
| Receipt Description Full Name | | | | |
| House # | Stre | et Address | | |
| City. | | State | *Zip | -Date [MM/DD/XYYY] \$ |
| Receipt Description | | | ¿Code | |
| | | i | | |

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

| Eiler Identification Number: | |
|---|-------------------------------------|
| 1. PUNITEMIZED IN KIND CONTRIBUTIONS RECEIVED VALUE | E OF SECONO OR USE DEDICONITRIGUEOR |
| TOTAL for the reporting period (1) | \$ |
| 2. IN-KIND CONTRIBUTIONS RECEIVED VALUE OF \$50:01.T | :0/\$250/00 (FROM:PART:E) |
| TOTAL for the reporting period (2) | \$ |
| 3: AN-KIND CONTRIBUTION RECEIVED VALUE OVER \$250 0 | O.(FROM.PART.G) |
| TOTAL for the reporting period (3) | \$ |
| TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTI PERIOD (Add and enter amount totals from boxes 1, 2, and 3; also on Page 1, Report Cover Page, Item F) | 1 1 |

SCHEDULE II PART F

In-Kind Contributions Received

| | | 1 | /ALUE OF \$50.01 TO \$250 | | |
|--------------------------|--|---------|---------------------------|-----------------------|---|
| Filer Identification Nun | nber: | | | | |
| Full Name of Contrib | outor | | | Date [MM/DD/YYYY] \$. | |
| House # | Street Address | | ST No. 61 Address of | Date [MM/DD/YYYY] \$ | |
| City . | | State | Zip Code | Date [MM/DD/YYYY] \$ | |
| Description of Contr | | | | | |
| Full Name of Contrib | | | | Date [MM/DD/YYYY] \$ | |
| House # | Street Address | | | Date [MM/DD/XYYY] \$ | |
| City | and the second s | State | Zip Code | Date [MM/DD/YYYY] S | |
| Description of Contr | | | | | |
| Full Name of Contrib | utor | | | Date [MM/DD/YYYY] 5 | |
| House # | Street/Address | | | Date [MM/DD/YYYY] \$ | ; |
| Gity | The state of the s | State | Zip Code | Date [MM/DD/YYYY] \$ | |
| Description of Contri | | 44.C. 0 | | | |
| Eull Name of Contrib | ûtgr | | | Date [MM/DD/YYYY] 5 | |
| House # | Street Address | | | Date [MM/DD/YYYY] 5 | |
| City | | State | Zip Code | Date [MM//DD/YYYY] S | |
| Description of Contri | | | | | |
| Full Name of Contrib | utor. | | | Date [MM/DD/YYYY] \$ | |
| House # | Street Address | | | Date [MM/DD/YYYY] S | |
| 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 St | ate Zip Code | Date [MM/DD/YYYY] \$ |
| Employer Name | | Occupation |
| Employer Mailing Address / Principal Place of Business | To determine the second | Description: of Contribution |
| Full Name of Contributor | | Date [MM/DD/YYYY] .\$. |
| House # Street Address | Monthly Commence of the Commen | Date [MM/DD/YYYY] S |
| City St Employer Name | ate Zip Code | Date [MM/DD/YYYY] 5 |
| Employer Nailing Address / Principal | | Occupation Description |
| Place of Business | | of Contribution |
| Full Name of Contributor | | Date [MM/DD/YYYY] \$ |
| House:# Street Address | | Date [MM/DD/YYYY] \$ |
| | ate Zip Code | Date [MM/DD/YYYY] \$ |
| Employer Name Employer Mailing Address / Principal | * ************************************* | Occupation |
| Place of Business | | Description: of Contribution |
| Full Name of Contributor | | Date [MM/DD/YYYY] \$ |
| House:# Street Address | : | Date [MM/DD/XYYY] \$ |
| City | | Date [MM/DD/YYYY] \$ |
| Employer Name Employer Mailing Address / Principal | | Occupation Description |
| Place of Business | | of Contribution |

Statement of Expenditures

| | | |
|---|------|--|
| Filer Identification Number: | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Grant Address of the Control of the | | |

| To Whom Paid | Stripe | | | Date [MM/Db/YYYY] \$ | 2.70 |
|------------------|---|--|--------------------------|-----------------------------------|---|
| 74 | Paramatan and Apparamatan and | ······································ | | Multiple | 2.70 |
| -House# | Street Address | | | Description of Expenditure | |
| City | | State | Zip Code | Stripe fee deduction from online | donations |
| To Whom Paid | Act Blue | , | | Date [MM/DD/YYYY] \$ | 1.23 |
| House# | Street Address | , | | Description of Expenditure | |
| Gity. | | State | Zip Gøde | Act blue fee deduction from onli | ne donations |
| To Whom Paid | Biroscak Printing | | | Date [MM/DD/YYYY] \$ 11/2/2023 | 1,160.70 |
| House # 1919 | Street Address Pe | ach Street | | Description of Expenditure | |
| City Erie | | State PA | Zip Code 16502 | Mailer Printing | 47.30 (T) - 27.11 (T) |
| To Whom Paid | Facebook | , | | Date [MM/DD/YYYY] \$ Multiple | 74.74 |
| House # | Street Address | | 99 - 100,000 - 100 - 100 | Description of Expenditure | |
| City | | State | Zip Code | Online Ads | |
| To Whom Paid | | | | Date:[MM/DD/YYYY]. \$ | |
| House# | Street Address | Inches (See No. 2) | | Description of Expenditure | a standard gar |
| City | | State | Zip Gode | | |
| To Whom Pald | | | | Date [MM/DD/YYYY] .\$ | |
| House # | Street Address | In a residence of the second o | | Description of Expenditure | |
| Gity . | | State | Zip Code | | |
| To Whom Paid | | | | Date [MM/DD/YYYY] \$ | |
| House # | Street Address | | | Description of Expenditure | |
| City | | State | Zip Gode | | |
| To Whom Paid | | | | Date [MM/DD/YYYY] \$ | |
| House # | Street Address | | | Description of Expenditure | |
| City. | - | State | Zip Code | | |

Facebook multiple transaction detail

| Post Date | Customer Ref | Debit | Detail | |
|-----------|---------------------|---------|--------------------------------------|--|
| 11/3/202 | 3 FACEBK MMMD92UC92 | Me 3: | POS PURCHASE Menlo Park999999 *** | FACEBK MMMD92UC92 ***4555 11/03 02:45 |
| 11/6/2023 | FACEBK XLIRATXB92 M | e 3: | POS PURCHASE Park999999 *****4555 | FACEBK XLIRATXB92 Menlo 5 11/05 02:56 |
| | | | POS PURCHASE | FACEBK DHRBQSKC92 Menlo |
| 11/7/2023 | FACEBK DHRBQSKC92 N | Ле 4.74 | Park999999 *****4555 | 5 11/06 22:22 |

Act Blue / Stripe Mutiple Transaction Detail

| | Txn | Stripe Fee | Actblue Fee | wei Settlemen | |
|------------------------------|-------------|------------|-------------|--|-------------------------|
| Payout Datetime 🔀 Receipt ID | | | | and the second | Recipient Committee |
| 10/25/2023 0:00 AB263213 | 684 \$25.00 | \$0.78 | \$0.38 | | Friends Of Rock Copelan |
| 11/1/2023 0:00 AB267626 | 438 \$25.00 | \$0.78 | \$0.38 | ***** | Friends Of Rock Copelan |
| 11/7/2023 0:00 AB263977 | 432 \$6.00 | \$0.36 | \$0.09 | | Friends Of Rock Copelan |
| 11/27/2023 0:00 AB263213 | 684 \$25.00 | \$0.78 | \$0.38 | - Marie Andrea de la companya del companya de la companya del companya de la comp | Friends Of Rock Copelan |

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 Greditor | | | Outstanding Balance of Debt |
| House # Stre | eet Address | DATÉ DEBT INCURRED [MM/DD/YYYY] | \$ |
| City | <u></u> | ate Zip | |
| Description of Debt | | Code | |
| Name of Creditor | | | Outstanding Balance of Debt |
| House # Stre | et Address | DATE DEBTINCURRED [MM/OD/YYYY] | |
| City | St | ate Zip Gode | |
| Description of Debt | 2000-00 | Security (Control of Control of C | (Marien) |
| Name of Greditor | A CALLET CONTROL OF THE CALLET | | Outstanding Balance of Debt |
| House # Stre | et Address | DATE DEST INCURRED [MM/DD/YYYY] | . |
| City | S | ate Zip Code | |
| Description of Debt | P | | |
| Name of Creditor House:# Stre | et Address | DATE DEBT INCURRED | Outstanding Balance of Debt S |
| | | [MM/DD/YYYY] | |
| City Description of Debt | St | ate Zip. | |
| Name of Creditor | | 18 | Outstanding Balance of Debt |
| | et Address | DATE DEBT INCURRED | \$ |
| <u> </u> | | [MM/DD/YYYY] | |
| Description of Debt | | ate Zip Code | |
| Name of Creditor | | 2 | Outstanding Balance of Debt |
| House # Stre | et Address | DATE DEBT INCURRED [MM/DD/YYYY] | \$ |
| City | | ate Zip | |
| Description of Debt | and the second s | Gode | |
| | | | |