

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

Name of Filing Committee, Candidate, or Lobbyist

Bureau of Campaign Finance & Civic Engagement
210 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.

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Cycle 1	☐ Cycle 2	☐ Cycle 3		Cycle 4	☐ Cyc	ele 5
6 <sup>th</sup> Tuesday	2 <sup>nd</sup> Friday	30 Day	6 <sup>th</sup> T	uesday	2 <sup>nd</sup> Frida	ау
Pre-Primary	Pre-Primary	Post Primary	Pre-l	Election	Pre-Elect	ion
☐ Cycle 6				!		
•	☐ Cycle 7	☐ Cycle 8		☐ Cy	cle 9	
30 Day Post-Election	Annual Report	2 <sup>nd</sup> Friday Pre-Specia	l Election	30 Day Po	st-Special Elec	ction
iat trie accompa	nying Campaign F	inance Report is t	true and	5/10	12 1	
Agila	HUI /			0110		
Signature of Trea	asurer, Candidate,	, or Lobbyist	D	ate (DD/N	IM/YYYY)	
Ange	la Eyei	1-MCN	air		Erie	PA W
	inted Name			ion (City/S	tate/Count	:ry)
					DS	EB-502R

Updated 1/22/2021



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**Part II** - If this form is submitted with a report by a Candidate's Authorized Committee, the candidate must sign here.

**Printed Name** 

Location (City/State/Country)

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

Number 86-3064	Q2 Report Filed F	By Candidat		ould be type Committe	e   [	Labbarra II
Name of Filing Committee, Candidate or	(Mark X)				X	Lobbyist
Lobbyist	Angel	10 4 E	rie	-		
Street Address	- mue	IU C				
City		715	ol Linu		Ave -	
Type of Report (Place x under report type)	ne	State	Pa	Zip Code	16510	
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1-6 <sup>th</sup> Tuesday 2- 2 <sup>nd</sup> Friday 3- 30 Day Po Pre-Primary Pre-Primary Primary	Pre- Election		6- 30 Day Post Election	7- Annual	Special 2 <sup>nd</sup> Friday Pre-Election	Special 30 Day Post-Election
<u>*</u>						
Date Of Election (MM/DD/YYYY) 05/18	Year	111	Amendment Report		Termination Report	
Summary of Receipts and From Date	To Date					
Expenditures				For	Office Use Only	
A. Amount Brought Forward From Last Repo	1 5 - 4 ort 5	-21				
B. Total Monetary Contributions and Receip (From Schedule I)	ts \$ 00	0.00				
C. Total Funds Available (Sum of Lines A and B)	\$ ()()	1.00				
D. Total Expenditures	\$ 70					
(From Schedule III) E. Ending Cash Balance	17188	.44				
Subtract Line D from Line C)	\$	1.36				
Value of In-Kind Contributions Received From Schedule II)	\$ 11	1.00				
G. Unpaid Debts and Obligations						
From Schedule IV)	\$					
		Affidavit Section				
art 1- If this is a <b>Committee</b> report, treasurer sign h	ere. If this is a Candid		ate sign here.			
wear (or affirm) that this report, including the atta worn to and subscribed before me this	iched schedules on pa	per, is to the best	of my knowledge	and belief true	, correct and complete	
a. r						
day of2020	- '1					
	<u> </u> _		Signature of I	Person Submitt	ing report	-
Signature	-			Printed Name		<del>-</del>
y Commission expires	. •			- inten Name		
MO. DAY YR.	<u></u>	Area Co	ode	Daytim	e Telephone Number	
white 16 st. 1.	Committee i'l					
IT II This is a report of a Candidate's Authorized a		Shall sign here				
vear (or affirm) that to the best of my knowledge a	nd belief this political	committee t				
ter it this is a report of a Candidate's Authorized wear (or affirm) that to the best of my knowledge a ended.	nd belief this political	committee has no	t violated any pr	ovisions of the	Act of June 3, 1937 (P.L.	1333, NO.320) as
ended.	nd belief this political	committee has no	t violated any pr	ovisions of the	Act of June 3, 1937 (P.L.	1333, NO.320) as
ended.	nd belief this political	committee has no	t violated any pr	ovisions of the	Act of June 3, 1937 (P.L.	1333, NO.320) as
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nended.  Forn to and subscribed before me this day of20	nd belief this political	committee has no	Signatui	e of Candidate		1333, NO.320) as
	nd belief this political	Area Coo	Signatu	e of Candidate ted Name		1333, NO.320) as

# 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.)

1	Filer Identification Number:					
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		u O C	Troop	4/13/2	\$ 100.00
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City	ENIL	State	Pa Zip Code 1651	Date [MM/DD/YYYY	
Full Name of C		447-5x,25x	200 1 20 30 30 10 10 10 10 1		
	iiiiii Wa'	te Tro	ada mus	Date [MM/DD/YYYY	1 5 6 100 .00
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	Enc		00 Zipcooo 1650	3	
Full Name of Co		للعماء	la Kaalal	Date [MM/DD/YYYY]	\$ 8100-00
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	3と Street Address	IA: 14	h hochle th Uppen	Date [MM/DD/YYYY]	
City		State			
	Erre	1 - 1 7 7 7 7	Zip Code	Date [MM/DD/YYYY]	
Full Name of Co	ntributor	40.07 <u>(* 1.7.5)</u>		Date [MM/DD/YYYY]	
				Cocce (intellable) (1111)	
House #	Street Address	1		Date [MM/DD/YYYY]	1379   13 <b>5</b> 7
City		State	Zip Code	Date [MM/DD/YYYY]	
Full Name of Co	ntributor	State of the second			
				Date [MM/DD/YYYY]	5
House #	Street Address				
				Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date MM/DD/www	
				Date [MM/DD/YYYY]	
Full Name of Con	tributor			Date [MM/DD/YYYY]	\$\$\$
House #	Street Address			Date [MM/DD/YYYY]	\$20 \$2
City	The state of the s	1 2			9.45
Efty		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.

Contributing Committee  House # Street Address  Date [MM/DD/YYYY] \$  City   State   Zip Code   Date [MM/DD/YYYY] \$  Full Name of Contributing Committee  Four   Street Address   Date [MM/DD/YYYY] \$  City   State   Zip Code   Date [MM/DD/YYYY] \$  City   State   Zip Code   Date [MM/DD/YYYY] \$  City   State   Zip Code   Date [MM/DD/YYYY] \$  Contributing Committee  Contributing Committee   Date [MM/DD/YYYY] \$  Contributing Committee   Date [MM/DD/YYYY] \$  City   State   Zip Code   Date [MM/DD/YYYY] \$  Contributing Committee   D	Filer Identificati	on Number:			
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City State Zip Code Date [MM/DD/YYYY] \$  Full Name of Contributing Committee  House if Street Address  City State Zip Code Date [MM/DD/YYYY] \$  Full Name of Contributing Committee  House if Street Address  City State Zip Code Date [MM/DD/YYYY] \$  Full Name of Contributing Committee  House if Street Address  Date [MM/DD/YYYY] \$  City State Zip Code Date [MM/DD/YYYY] \$  Full Name of Contributing Committee  City State Zip Code Date [MM/DD/YYYY] \$  Full Name of Contributing Committee  Date [MM/DD/YYYY] \$  State Zip Code Date [MM/DD/YYYY] \$  Full Name of Contributing Committee  Course if Street Address  Date [MM/DD/YYYY] \$  Full Name of Contributing Committee  Date [MM/DD/YYYY] \$  Full Name of Contributing Committee  Date [MM/DD/YYYY] \$  Full Name of Contributing Committee  Full Name of Contributing Committee  Date [MM/DD/YYYY] \$  Full Name of Contributing Committee	Contributing C	ommittee			Date [MM/DD/YYYY] \$
City   State   Zip Code   Date [MM/DD/YYYY]   S    Full Name of Contributing Committee   Date	House #	Street Addr	ace		200 A
Full Name of Contributing Committee    Date [MM/DD/YYYY]   \$			633 44		Date [MM/DD/YYYY] \$
Full Name of Contributing Committee    Date [MM/DD/YYYY]   S	City	HAPT DEFENDEN	State	Zip Code	Poto IAM (PP) Manage IA
Date   MM/DD/YYYY    S					Date (MIM/DD/1111)
House #   Street Address   Date [MM/DD/YYYY]   \$				Annuts at a creat	Date [MM/DD/YYYY]   S
City   State   Zip Code   Date [MM/DD/YYYY]   \$    Full Name of Contributing Committee   Date [MM/DD/YYYY]   \$    City   State   Zip Code   Date [MM/DD/YYYY]   \$    Contributing Committee   Date [MM/DD/YYYY]   \$    City   State   Zip Code   Date [MM/DD/YYYY]   \$    Contributing Committee   Da		ommittee	,		
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Full Name of Contributing Committee  House # Street Address					
Contributing Committee  House # Street Address	City		State	Zip Code	Date [MM/DD/YYYY] \$
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Date [MM/DD/YYYY]   \$	Contributing Co	mmittee			Date [MM/DD/YYYY] \$
City State Zip Code Date [MM/DD/YYYY] \$  Full Name of Contributing Committee    Date [MM/DD/YYYY] \$   Street Address   Date [MM/DD/YYYY] \$   State   Zip Code   Date [MM/DD/YYYY] \$   State   Zip Code   Date [MM/DD/YYYY] \$   Street Address   Date [MM/DD/YYYY] \$   Street Address   Date [MM/DD/YYYY] \$   State   Zip Code   Date [MM/DD/YYYY] \$   State   Zip Code   Date [MM/DD/YYYY] \$   Date [MM/DD/Y	House #	Street Addre	SS		NDC 25 (MAN / DO MAN / DO MAN / DA
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Date   MM/DD/YYYY    S	Fall Man - / 15				
Date [MM/DD/YYYY]   \$		mmittee			Date [MM/DD/YYYY] \$
Date [MM/DD/YYYY]   \$	House #				
Date [MM/DD/YYYY] \$    Contributing Committee		Sucer Addres	<b>8</b>		Date [MM/DD/YYYY] \$
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ty State Zip Code Date [MM/DD/YYYY] \$					
	ity		State	Zip Code	Date [MM/DD/YYYY]   5

#### 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)

Full Name of Contributor		
		Date [MM/DD/YYYY] \$
House # Street Addre	ess	Date [MM/DD/YYYY] \$
		Date [MM/DD/YYYY] \$
City	State Zip Code	
		Date [MM/DD/YYYY] \$
Employer Name	100	Occupation
Employer Mailing Address /		
Principal Place of Business		
Full Name of Contributor		Date [MM/DD/YYYY]   \$
		Date [MM/DD/YYYY] \$
House # Street Addres	SS .	Day Look
		Date [MM/DD/YYYY] \$
City	State 7in Code	
	State Zip Code	Date [MM/DD/YYYY] \$
Employer Name		
Employer Mailing Address /		Occupation
Principal Place of Business		42.50 (0.50) (1.50)
Full Name of Contributor	S	
		Date [MM/DD/YYYY] \$
louse # Street Address		
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lity		
48 Conse	State Zip Code	Date [MM/DD/YYYY] \$
mployer Name		
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ull Name of Contributor		Date [MM/DD/YYYY] \$
ull Name of Contributor		Date [MM/DD/YYYY] \$
ill Name of Contributor		
ouse # Street Address		Date [MM/DD/YYYY] \$  Date [MM/DD/YYYY] \$
ill Name of Contributor	State Zip Code	Date [MM/DD/YYYY] \$
Ouse # Street Address	State Zip Code	
Name of Contributor  Duse # Street Address	State Zip Code	Date [MM/DD/YYYY] \$

#### **PART E**

### **Other Receipts**

REFUNDS, INTREST 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 House # Street Address City State Zip Date [MM/DD/YYYY] Code Receipt Description **Full Name** House # Street Address City State Zip Date [MM/DD/YYYY] Code Receipt Description **Full Name** House # Street Address City State Zip Date [MM/DD/YYYY] Code **Receipt Description Full Name** House # Street Address City State Zip Date [MM/DD/YYYY] Code Receipt Description Full Name House # Street Address City State Zip Date [MM/DD/YYYY] Code Receipt Description Full Name House # Street Address City State Zip Date [MM/DD/YYYY] \$ Code Receipt Description

#### SCHEDULE I

### **Contributions and Receipts**

**Detailed Summary Page** 

Filer Identification Number 86-3006493		
CP PWOUG WI		
1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor	<del></del>	
	1. 1. 197. 1.	
Total for the reporting period	(1)	\$ 6000.00
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		
Contributions Received from Political Committees (Part A)		\$
All Other Contributions (Part B)		\$ 300 .00
Total for the reporting period	(2)	\$ 900.00
3. Contributions Over \$250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)		\$
All Other Contributions (Part D)	-	\$
Total for the reporting period	(3)	\$ 
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		
Total for the reporting period	(4)	\$ 400.00
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, Rep. Cover Page, Item B)	oort	\$

# Statement of Expenditures

Filer Identification Number:	86-	3006493	

To Whom Paid	N - 0		<u> </u>	Date [MM/DD/YYYY] \$	_
	De Sa	W+1		04/12/2021 559.6	2
House # 54(	Street Address	West 18	th St	Description of Expenditure	<b>)</b> ()
City	ENE	State PQ	Zip Code \(0.502	yard signs	<u>(1446)</u>
To Whom Paid	0es	anti		Date [MM/DD/YYYY] \$ 00 \$ 61	0
House #454	Street Address	west	12 th St	Description of Expenditure	
City	inje	State OC	Zip Code 10502	Yard Signs	
To Whom Paid		With the same	Tous IVO 2	Date [MM/DD/YYYY] \$	يببن
House #	Street Address			Description of Expenditure	
City	<u> </u>	State	Zip		\$0.50
To Whom Paid			Code	Date [MM/DD/YYYY] \$	_
House#	Street Address			Description of Expenditure	- J.
City		State	Zip		SP.
To Whom Paid	* * * * * * * * * * * * * * * * * * *		Code	Date [MM/DD/YYYY] \$	_
House #	Street Address			Description of Expenditure	V251
City 2		State	Zip		
To Whom Paid	7	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Code		
A Williams				Date [MM/DD/YYYY] \$	
House #	Street Address			Description of Expenditure	
City		State	Zip Code		<u> </u>
To Whom Paid				Date [MM/DD/YYYY] \$	
House #	Street Address			Description of Expenditure	71 % 12 //G
City		State	Zip Code	<u>- 1998 - 1998 (1997) 1998 - 1998 - 1998 (1997) 1997 (1997) 1997 (1997) 1997 (1997)</u> - 1998 - 1998 - 1998 (1997) 1998 - 1998 (1997) 1998 (1997) 1998 (1997) 1998 (1997) 1998 (1997) 1998 (1997) 199	<u> 1.5</u>
To Whom Paid			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Date [MM/DD/YYYY] \$	┪
House #	Street Address			Description of Expenditure	
City	100 (200 (100 / 200 )	State	Zip Code		
7.2-14 2.2-14			Code		1

#### 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:

DATE DEBT INCURRED   State   Zip	House #	Street Address			Outstanding Balance of De
Description of Debt Name of Creditor  Code  Date DEBT INCURRED S  [MM/DD/YYYY]  State Zip Code  Date Debt Incurrence of Debt  Code  Dissert Address  Date Debt Incurrence of Debt  Street Address  Date Debt Incurrence of Debt  Dissert Street Address  Date Debt Incurrence of Debt  Dissert State Zip Code  Outstanding Balance of Debt  Street Address  Date Debt Incurrence of Debt  Date Debt Incurrence of Debt  Street Address  Date Debt Incurrence of Debt  State Zip Code  Outstanding Balance of Debt  Date Debt Incurrence of Code  Outstanding Balance of Debt  Date Debt Incurrence of Code  Outstanding Balance of Debt  State Zip Code  Outstanding Balance of Debt  Date Debt Incurrence of Code  Outstanding Balance of Debt  Date Debt Incurrence of Code  Outstanding Balance of Debt  State Zip Code		Silet Address		DATE DEBT INCURRED [MM/DD/YYYY]	
Name of Creditor    Street Address   Street Address   DATE DEBT INCURRED   S			State		
Street Address   DATE DEBT INCURRED   Street Address   Stree	Description of [	Debt	1 1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Code	
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ty  State  Zip Code  DATE DEBT INCURRED [MM/DD/YYYY]  State  Street Address  DATE DEBT INCURRED [MM/DD/YYYY]  State  Zip Code  DATE DEBT INCURRED [MM/DD/YYYY]  State  Zip Code  DATE DEBT INCURRED [MM/DD/YYYY]  State  Zip Code  Outstanding Balance of Debt  State  Zip Code  State  Zip Code  State  Zip Code  State  Zip Code  Outstanding Balance of Debt  State  Zip Code  State  Zip Code  State  Zip Code  Outstanding Balance of Debt  State  Zip Code	ouse#	Street Address	18.25	DATE DERT INCURRED	<u>iii kan kan kan kan kan kan kan kan kan kan</u>
State Zip Code  Outstanding Balance of Debt  State Zip Code  Outstanding Balance of Debt  State Zip Code  State Zip Code  Outstanding Balance of Debt				[MM/DD/YYYY]	
Street Address   DATE DEBT INCURRED   Street Address   DATE DEBT INCURRED   State   Zip   Code   State   Zip   State	Y				
use # Street Address DATE DEBT INCURRED S [MM/DD/YYYY] State Zip Code COde CODE STATE DEBT INCURRED S [MM/DD/YYYY] State Zip Code CODE CODE STATE DEBT INCURRED S [MM/DD/YYYY] STATE DEBT INCURRED S [MM/DD/YYYY] STATE DEBT INCURRED S [MM/DD/YYYY] STATE DEBT INCURRED CODE CODE CODE CODE CODE CODE CODE CO	ecription of Dal		State	The state of the s	
Outstanding Balance of Debt    State   Zip   Code		<b>9</b>		-code is 4	
DATE DEBT INCURRED S [MM/DD/YYYY]  State Zip Code  Code  Outstanding Balance of Debt  DATE DEBT INCURRED S [MM/DD/YYYY]  Street Address  DATE DEBT INCURRED S [MM/DD/YYYY]  State Zip Code  Outstanding Balance of Debt  For Code  Outstanding Balance of Debt  Outstanding Balance of Debt  Outstanding Balance of Debt  State Zip Code  Outstanding Balance of Debt  Street Address  DATE DEBT INCURRED S [MM/DD/YYYY]  Street Address  DATE DEBT INCURRED S [MM/DD/YYYY]					
State   Zip   Code	use#	Street Address	10.74	ATE DESTAL	[조보] 그리다 그 전에 나를 되어 나는 다리 이 회사를 모두는 나를 하게 되었다.
State Zip Code  Outstanding Balance of Debt  State Zip Code  Outstanding Balance of Debt  State Zip Code  Fiption of Debt  State Zip Code  Outstanding Balance of Debt  Fiption of Debt  State Zip Code  Outstanding Balance of Debt  Outstanding Balance of Debt  State Zip Code				ATE DEBT INCURRED	
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DATE DEBT INCURRED [MM/DD/YYYY]  State  State  Zip Code  Code  Outstanding Balance of Debt  State  Zip Code  Outstanding Balance of Debt  Fightion of Debt  Outstanding Balance of Debt  Street Address  DATE DEBT INCURRED [MM/DD/YYYY]  State  Zip  Outstanding Balance of Debt  Street Address  DATE DEBT INCURRED [MM/DD/YYYY]	Cription of Nat		State	1 4 5 da 5 da 10 m a 12 d	
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State   Zip   Code	ise#	Stroot Address			Outstanding Balance of Debt
State Zip Code  e of Creditor  e # Street Address  DATE DEBT INCURRED [MM/DD/YYYY]  State Zip		Will was a constant	DA	- PEDI NACOKKED	\$
e of Creditor  ## Street Address DATE DEBT INCURRED S [MM/DD/YYYY]  State Zip  Outstanding Balance of Debt  State Zip				[MIMI/DD/4444]	
e of Creditor  E # Street Address DATE DEBT INCURRED \$ [MM/DD/YYYY]  State Zip		N. 1993 N. N. 1983 N. M. 1984 N.	State	Zip	
Street Address  DATE DEBT INCURRED  [MM/DD/YYYY]  State  Zip	ription of Debt		1967 T. 1968	Code	
Street Address  DATE DEBT INCURRED  [MM/DD/YYYY]  State  Zip		1994 (1994) 17 (1994) - 17 18 (1994) - 18	_		
DATE DEBT INCURRED \$ [MM/DD/YYYY]				E?	)Utstandia - D-1
State Zip	e #	Street Address	DAT		
37.9998.869 25.1 (4.5 (4.5 (4.5 (4.5 (4.5 (4.5 (4.5 (4.5				MM/DD/YYYY]	
NATIONAL AND					
ption of Debt Code	医乳疽 网络维尔克斯特	1960 vi 973 vi	State		**************************************

#### **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	Q1.	2001011		
		10.	-300 640	13	
					Amount
Full Name of Co	ntributing	_		Date [MM/DD/YYYY] \$	
Committee					
House #	Street Address			Date [MM/DD/YYYY] \$	
	A STATE OF THE STA			Date [MM/DD/YYYY] \$	
City					v.
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Tall Maria at Ca					
Full Name of Co Committee	ntributing			Date [MM/DD/YYYY] \$	
				1	
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
				Date (WWW) DDJ 1111]	
Full Name of Cor	tributing			Date [MM/DD/YYYY] \$	
Committee				Date [MM/DD/YYYY] \$	
House #					
nouse #	Street Address			Date [MM/DD/YYYY] \$	
				8.9	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Service Control					
Full Name of Con	tributing			Date [MM/DD/YYYY]   \$	
Committee			`		
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
				3	
Full Name of Con	tributina				
Committee	Lindutilig			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City	<u></u>	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Cont	ributing			Date [MM/DD/YYYY] \$	
Committee					
House #	Street Address			Date [MM/DD/YYYY] \$	
				age fund polititi	
City		C+++			
		State	Zip Code	Date [MM/DD/YYYY] \$	

#### SCHEDULE II

### IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECIEVED

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

1. UNITEMIZED IN-KIND CONTR	IBUTIONS RECEIVED-V	ALUE OF \$50.00 OR	LESS PER CONTRIBUTOR	
TOTAL for the reporting period	(1)	\$		
2. IN-KIND CONTRIBUTIONS REC	EIVED-VALUE OF \$50.	01 TO \$250.00 (FRC	M PART F)	
TOTAL for the reporting period	(2)	\$		
3. IN-KIND CONTRIBUTION RECE	IVED-VALUE OVER \$2	50.00 (FROM PART O		
FOTAL for the reporting period	(3)	I \$ T		
	(0)			
FOTAL VALUE OF IN-KIND CONTRIBUTION	INS DUBING THIS BED	DRING 6		
ERIOD (Add and enter amount totals fr				

#### SCHEDULE II PART F

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

VALUE OF \$50.01 TO \$250

ruli Name of	Contributor			Date [MM/DD/YYYY] \$	<del></del>
louse#	Street Add	ess		Date [MM/DD/YYYY] \$	
-					
ity		State	Zip Code	Date [MM/DD/YYYY] \$	
escription o	f Contribution				
	Contributor				
n Marile Of	Contributor			Date [MIV/DD/YYYY] \$	
ouse#	Street Addr	-221		8.7	
	Street Addr	E85     -		Date [MM/DD/YYYY] \$	
ty		State	Zip Code	Date [MM/DD/YYYY] \$	· · · · · · · · · · · · · · · · · · ·
				Date [IVIIVI] DD/1111]	
escription of	Contribution				v
ll Name of (	Contributor	120種 安全的名		Date [MM/DD/YYYY]   \$	
				Date [MM/DD/YYYY] \$	
use#	Street Addre	ess		Date [MM/DD/YYYY] \$	
		[4]   No.			
<b>y</b>		State	Zip Code	Date [MM/DD/YYYY] \$	
scription of	Contribution				
	ontributor				
i Name of C	outhoutor			Date [MM/DD/YYYY] \$	
use#		2.4			
Hairis Asia Asia (Hairis San	Street Addre	SS		Date [MM/DD/YYYY] \$	
yan di		State	Zip Code	Date [MM/DD/YYYY] \$	
		they are the same		Date [MM/DD/YYYY] \$	
cription of	Contribution				
Name of Co	ontributor			Date [MM/DD/YYYY] \$	
ise#	Street Addres	is		Date [MM/DD/YYYY] \$	
990 AM Si Bara		8. 6.,			
(3) 43)		State	Zip Code	Date [MM/DD/YYYY] \$	
65.13					

### SCHEDULE II Part G

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

VALUE OVER \$250

Filer Identifica	tion Number:		VALUE OVER \$25	50		
Full Name of	Contribute	<del></del>				
7 GII 14411E OF	CONTRIBUTOR		Date [MM/DD/YYYY] \$			
House #	Street Address			Date [MM/DD/YYYY] \$		
City		State	Zip Code	Date [MM/DD/YYYY] \$		
mployer Nan				Occupation		
mployer Mai lace of Busin	ling Address / Principal			Description		
iace of Busili				of		
ull Name of C	ontributor			Contribution		
		\	\	Date [MM/DD/YYYY] \$		
ouse#	Street Address		<del>\</del>			
				Date [MM/DD/YYYY] \$		
ty		State	7:00	600 184		
			Zip Còde	Date [MM/DD/YYYY] \$		
nployer Nam		Crossia.		(2.17) 特殊 (2.17) (2.17)		
	ng Address / Principal	4		Occupation		
ice of Busine	ng Audress / Principal SS	S .		Description		
				of Contribution		
ll Name of Co	Intributor			Date [MM/DD/YYYY] \$		
use#	Street Address	<del> </del>		Date [MM/DD/YYYY] \$		
<b>/</b> 50.00		State	Zip Code	Date [MM/DD/YYYY] \$		
oloyer Name		elise <u>the</u> in the		Occupation		
oloyer Mailin	g Address / Principal					
e of Busines:				Description of		
Name of Cor	101111111			Contribution		
				Date [MM/DD/YYYY] \$		
se#						
	Street Address			Date [MM/DD/YYYY] \$		
5 d 5 See 1		State	Zip Code	Date [MM/DD/YYYY] \$		
loyer Name				8 A. C. P. P. C. P. C. P. P. P. C. P.		
				Occupation		
loyer Mailing of Business	Address / Principal			Description		
				of		
	and the second of the second o			Contribution		

# Statement of Expenditures

Filer Identifica	tion Number:		tomont of Expo	inited 68
	A CONTRACTOR OF THE STATE OF TH			
To Whom Pa	d			Date [MM/DD/YYYY]
House #	Street Address			Description of Expenditure
City	<u>F673.38.30</u>	State	Zip Code	
To Whom Pal	d'		Begavine to the p	Date [MM/DD/YYYY] \$
House #	Street Address			Description of Expenditure
City	Professional Section (Section 1998)	State	Zip	
		Viene	Code	
To Whom Pai				Date [MM/DD/YYYY] \$
House #	Street Address			Description of Expenditure
City		State	Zip Code	
To Whom Paid		Englished X	[0.150.00]	Date [MM/DD/YYYY] 8
House #	Street Address			Description of Expenditure
City	10 - 35 - 35 - 70 - 50 - 5 - 5	State	Zip Code	
To Whom Paid	MANA MANA MANA			Date [MM/DD/YYYY] 8
House #	Street Address	The second secon		Description of Expenditure
City		State	Zip Code	
To Whom Paid	52,500 100,500 100,50	(23885) - Ca	voue	Date [MM/DD/YYYY] 8
House #	Street Address			Description of Expenditure
City		State	Zip Code	
To Whom Paid		100 00 T	coue	Date [MM/DD/YYYY]   \$
House#	Street Address			Description of Expenditure
City		State	Zip	
To Whom Paid			Code	Date [MM/DD/YYYY]   \$
	ale di			
House #	Street Address			Description of Expenditure
City		State	Zip Code	

#### SCHEDULE II Part G

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

VALUE OVER \$ 250 \

Filer Identification Number:			\		
Full Name of Contributor			-	Dev (Bass/DD 00000)	
		,	- 1	Date [MM/DD/YYYY] 8	
House # Street Address			$-\!$	Dot- IMM (DD 1999)	
House # Street Address			\	Date [MM/DD/YYYY] §	
City	State	7in Casta		Data (AARA (DD AARA)	
	otate	Zip Code	\	Date [MM/DD/YYYY] \$	
Employer Name				\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
Employer Mailing Address / Principal			<del></del>	<b>Description</b>	
Place of Business			or		
				Contribution	
Full Name of Contributor				Date [MM/DD/YYYY] 8	
		AND THE RESIDENCE OF THE PROPERTY OF THE PROPE	والمغفر مجانوين متواكات		
House # Street Address				Date [MM/DD/YYYY] 8	
	12010012001				
City	State	Zip Code		Date [MM/DD/YYYY] \$	
Employer Name					
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] 8	
Employer Name				Occupation	
Employer Mailing Address / Principal				Description	
Place of Business	7 7			of Contribution	
Full Name of Contributor				Date [MM/DD/YYYY]	
House #   Street Address				Date [MM/DD/YYYY] \$	
			Ī		
City	State	Zip Code	""	Date [MM/DD/YYYY] \$	
			Ī		
<b>Employer Name</b>				Occupation	
Employer Mailing Address / Principal		······································		Description	
Place of Business				of Contribution	
	<u> </u>			Contribution	

#### SCHEDULE II PART F **In-Kind Contributions Received**

VALUE OF \$50.01 TO \$250

Full Name of	Contributor			
				Date [MM/DD/YYYY]   8
House #	Street Add	Irona		
	Oli Get Au	11622		Date [MM/DD/YYYY] \$
City		State	[ 72 A . 1	
			Zip Code	Date [MM/DD/YYYY] 8
Description of	Contribution			
ull Name of (	Ontributor			
				Date [MM/DD/YYYY]   \$
louse #	Street Addr	gee		
				Date [MM/DD/YYYY] \$
ty		State	Zip Code	
			Zih valle	Date [MM/DD/YYYY] \$
escription of (	Contribution			
l Name of Co	ontributor	<u> </u>		
				Date [MM/DD/YYYY] S
ouse #	Street Addre			
		35 	·	\ Date [MM/DD/YYYY] 8
y		State		
			Zip Code	Date [MM/DD/YYYY] 8
scription of Co	ontribution		(A)	
Name of Cor	itributor	1 3 de 1 de 1		
				Date [MM/DD/YYYY] \$
ISO#	Street Addres	2		
				Date [MM/DD/YYYY] 8
10 × 0	<del>- La Gritti d'Estadia</del>	State	Zip Code	
distribution of a				Date [MM/DD/YYYY] 8
ription of Co	후하다 사람이 많아 있는 나가 나왔다			
Vame of Cont	ributor	*** - 43		
				Date [MM/DD/YYYY] 8
e#	Street Address			
				Date [MM/DD/YYYY] §
		State	Zip Code	
		[ viaie ]	ZID GODE	Date [MM/DD/YYYY] \$

## **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.

Name of Credit	tor			Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED	
			[MINIODELLI]	
City		State	Zip Code	
Description of I	Debt		code	
Vame of Credit	or .			
louse#	Street Address	- Pro-	DATE DEDT MOURDED	Outstanding Balance of Debt
	olieet Address		DATE DEBT INCURRED [MM/DD/YYYY]	
City		State	Zib	
Description of E	)eht		Code	(5x) (5)
lame of Credite	Section 1995			Outstanding Balance of Debt
louse #	Street Address	V	DATE DEBT INCURRED [MM/DD/YYYY]	
			TWINI DOVE OF	
ity		State	Zip	
escription of D	leb t		Code	
lame of Credito	) <del> </del>	·		Outstanding Balance of Debt
ouse#	Street Address	<b>1</b>	DATE DEBT INCURRED	
		<u> </u>	[MM/DD/YYYY]	
ty		State	Zip	
escription of D	ebt	No. of the second	Code	
ame of Credito ouse #				Outstanding Balance of Debt
JU36 77	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	7 <b>1                                   </b>
y		State	Zip Code	
scription of De	ebt			
me of Credito				L Outstanding Palance of Doors
use#	Street Address	100.	DATE DEBT INCURRED	Outstanding Balance of Debt
			[MM/DD/YYYY]	
		State	Zip	
y		I XI2IA	F: /8%	F374