

Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification Number	Report Filed By (andidate	Committee	Lobbyist
Name of Filing Committee, Candidate or	Friends to Elect Jasmin	e Flores		
Lobbyist Street Address			<u> </u>	
CINC TO THE CONTRACT OF THE CO	1162 E 10th St, Fl 2nd	tate .	Zip Code	
LIIE		PA	16503	<u> </u>
Type of Report (Place x under report type)	O November (1980) (1980	i som novembler und 1900 en Perseu vec		
1-6 th Tuesday 2-2 nd Friday 3-30 Day Post Pre-Primary Pre-Primary Primary	Control of the Contro	Friday 6-30 Day Polection	st 7- Annual Special 2 nd Frid Pre-Election	lay Special 30 Day Post-Election
Date Of Election	Year.	Amendment	Termination	
(MM/DD/YYYY) 05/18/2021	202		Report	
Summary of Receipts and From Date	To Date ("	2000	For Office Use Only	
Expenditures 01/01/21	05/03/2021		Partir of artist and out	
A. Amount Brought Forward From Last Repor	\$ 0		######################################	
B. Total Monetary Contributions and Receipts	\$ 6373.78		•	4 2
(From Schedule I) C. Total Funds Available	\$ 5		<u> </u>	TO TENT
(Sum of Lines A and B) D. Total Expenditures	6373.78		•	
(From Schedule III)	783.40		·	<u> </u>
E. Ending Cash Balance (Subtract Line D from Line C)	5590.38			
F. Value of In-Kind Contributions Received (From Schedule II)	\$ 1405.93			<u>≥</u> ⇔
G. Unpaid Debts and Obligations	\$ 0			<u>5</u> 23
(From Schedule IV)		davit Section		
Part 1- If this is a Committee report, treasurer sign h	ere. If this is a Candidate re	eport, candidate sign her		·
I swear (or affirm) that this report, including the atta	ched schedules on paper, is	s to the best of my know	ledge and belief true, correct and cor	mplete.
Sworn to and subscribed before me this		92	C Mars	
day of20	- '		ire of Person Submitting report	
Signature	- ˈ	Elizabeth Nawroo		
	. 1	814	528-1726	
My Commission expires	<u> </u>	Area Code	Daytime Telephone No	umber
Part II- If this is a report of a Candidate's Authorized	Committee candidate the	II sign here		····
I swear (or affirm) that to the best of my knowledge			any provisions of the Act of June 3, 1	937 (P.L. 1333, NO.320) as
amended.				
Sworn to and subscribed before me this		\bigcap	1 \ \ \ a \ .	
day of20	- ']	James	Signature of Candidate	
	_ } .		nin MPlone	
Signature	, . I	C-11.1	Printed Name	
My Commission expires	_	Area Code	U63.340° Daytime Telephone Nu	mber
MIO. DAI IR.		Alca Gode	odymne relephone ivu	

SCHEDULE I Contributions and Receipts

Detailed Summary Page

Filer Identification Number	

1.Uniternized Contributions and Receipts-\$50.00 or Less per Contributor		
Total for the reporting period	(1)	\$ 2307.42
2: Contributions of \$50.01 to \$250.00 (From Part A and Part B)	Y Water 18	
Contributions Received from Political Committees (Part A)		\$ 0
All Other Contributions (Part B)		\$ 2566.36
Total for the reporting period	(2)	\$ 2266.36
3. Contributions Over \$250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)		\$ 1500
All Other Contributions (Part D)		\$ 0
Total for the reporting period	(3)	\$ 1500
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		
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, Re Cover Page, Item B)	port	\$ 6373.78



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

2021 MAY -7 AM 8: 33

Unsworn Declaration in Lieu of Sworn Statement for YOTER REGISTRATION 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.

Friends	s to Elect	Jasmine Flor	75		
Reporting Cycle	Name				
☐ Cycle 1	💢 Cycle 2	☐ Cycle 3		Cycle 4	☐ Cycle 5
6 th Tuesday	2 nd Friday	30 Day	6 th T	uesday	2 nd Friday
Pre-Primary	Pre-Primary	Post Primary	Pre-E	Election	Pre-Election
☐ Cycle 6	☐ Cycle 7	☐ Cycle 8		□ Су	cle 9
30 Day Post-Election	Annual Report	2 nd Friday Pre-Specia	l Election	30 Day Po	st-Special Election
this form is submit is submitted with a declare under per that the accompar	າ report by a cont nalty of perjury ເ	ributing lobbyist, a	the lobby ne Comn	vist must s nonwealth	ign here.
900	Chan.			05/	106/2021
Signature of Trea		, or Lobbyist	D	ate (DD/N	(06/2021 IM/YYYY)
Elizabeti	n C Nawroc	Ki		Eric,	PA
Pr	inted Name		Locat	ion (City/S	state/Country)



Pennsylvania Department of State

Bureau of Campaign Finance & Civic Engagement
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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.

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

Signature of Treasurer, Candidate, or Lobbyist

Date (DD/MM/YYYY)

Printed Name

Location (City/State/Country)

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.

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Full Name of Co Committee	ontributing	_ _		Date [MM/DD/YYYY] S	
House #	Street Address			Date [MM/DD/YYYY] \$	
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1,27-26	I straight and an annual section of the section of		
City		State	Zip Code	Date [MM/DD/YYYY] \$	The state of the s
Full Name of Co Committee	intributing	·		Date [MM/DD/YYYY] \$	Apply districtive and the
House #	Street Address			Date [MM/DD/YYYY] \$	The state of the s
City		State	Zip Code	Date [MM/DD/YYYY] \$	See The See Th
Full Name of Co Committee	ntributing	, - was yet 1	· · · · · · · · · · · · · · · · · · ·	Date [MM/DD/YYYY] \$	Williams of the
House #	Street Address			Date [MM/DD/YYYY] \$	See See and Se
City		State	Zip Code	Date [MM/DD/YYYY] \$	S PARTIES AND SERVICES
Full Name of Cor Committee	4.76			Date [MM/DD/YYYY] \$	Section of the sectio
House #	Street Address			Date [MM/DD/YYYY] \$	And the state of t
City	noo saaraa araa saabaa saabaa saabaa 1	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Cor Committee	ntributing .		and the second second	Date [MM/DD/YYYY] \$	Control of the contro
House #	Street Address			Date [MM/DD/YYYY] \$	The state of the s
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Cor Committee				Date [MM/DD/YYYY] \$	- serving and Artist (Artist Artist A
House #	Street Address			Date [MM/DD/YYYY] \$	Alle Control Line Control
City	Constitution of the Section of the S	State	Zip Code	Date [MM/DD/YYYY] \$	Configuration of the statement

PART B

All Other Contributions

\$50.01 TO \$250

See attachment

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:

10 mm 1 m	YA				
Füll Name of Contri	As S			Date [MM/DD/YYYY]	
rui Name or Contri				· Spate(Mila/Sp/44fall)	
House #	Street Address			Date [MM/DD/YYYY]	5
1.25		Publish Contacted Was	100 mm 10		
Gity		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contri	butor			Date [MM/DD/YYYY]	5
House #	Street Address			Date [MM/DD/YYYY]	\$
City	The state of the s	State	Zip Code	Date [MM/DD/YYYY]	
Full Name of Contri	butor	[www.www.meg]	[contracted and contract of the section of	Date [MM/DD/YYYY]	\$
House #	Street Address				\$
City		State	Zip Code		\$
Full Name of Contri				Section (1990)	\$
House #	Street Address	At No. Was donnée l		Total	\$
City		State	Zip Code		\$
Full Name of Contr					3
House #	Street Address	PARAMONANA DA			\$
City		State	Zip Code	Date [MM/DD/YYY]	5
Full Name of Contr			*		\$
House #	Street Address	processor and an arrangement	Wiles William William Stranger		\$
City		State	Zip Code		\$

Part B

Robinson, Dave	10175 Dietzel Rd	Union City	PA	16438	3/10/2021	\$206.70
Fairley, Gretchen	637 W 9th St	Erie	PA	16502	2/28/2021	\$103.45
Rosenthal, Annie	225 Eagle Point Blv	Erie	PA	16511	3/3/2021	\$103.45
Koehle, Elspeth	1232 W 11th St Fl 2	Erie	PA	16502	3/12/2021	\$103.45
Kelly Armor, John Vanço	1317 Parade St	Erie	PA	16503	3/13/2021	\$103.45
Vazquez, Montse	1921 Camphausen	Erie	PA	16510	3/14/2021	\$103.45
Fedorko, Sean	1435 W 32nd St	Erie	PA	16508	4/7/2021	\$100.00
Suarez, Marisol	816 E 10th St	Erie	PA	16503	4/7/2021	\$100.00
Rodriguez, David	4544 N Palethorp S	Philadelphia	PA	19140	4/20/2021	\$77.64
Lopes, David	1162 E 10th St Fl 2	Erie	PA	16503	4/7/2021	\$60.00
Hamilton, Julia	1132 W 9th St	Егіе	PA	16502	3/1/2021	\$54.78
Swanson, Molly	546 Montroyale Dr	Erie	PA	16504	2/28/2021	\$51.83
Riston, Tanya	2925 Liberty St	Erie	PA	16508	3/1/2021	\$51.83
Davis, Niecey	2707 Van Buren Av	Erie	PA	16504	3/5/2021	\$51.83
Pruveadenti, Rebecca	3005 Hastings Rd	Erie	PA	16506	3/6/2021	\$51.83
Pierce, Ellis	3905 Lancaster Rd	Erie	PA	16506	3/10/2021	\$51.83
Wickham, Kaitlyn	8230 Glenmar Dr	Erie	PA	16509	3/13/2021	\$51.83
Sanchez, Anissah	636 W 17th St	Erie	PA	16502	3/13/2021	\$51.83
Fontecchio, Meredith	619 Vermont Ave	Erie	PA	16505	3/13/2021	\$51.83
Fajgier, Alex	5700 5th Ave Apt B	Pittsburgh	PA	15232	3/26/2021	\$51.83
Pruitt, Lora	820 W 16th St	Erie	PA	16502	3/26/2021	\$51.83
Morton, Becca	1437 Chelsea Ave	Erie	PA	16505	3/26/2021	\$51.83
Dooley, Clare	116 Bigfoot Ln	Latrobe	PA	15650	3/26/2021	\$51.83
Moffett, Andrea	221 Pheasant Dr	Girard	PA	16417	3/27/2021	\$51.83
Prabhu, Shraddha	840 E 40th St	Erie	PA	16504	3/27/2021	\$51.83
Pietrzak, Bryan	4364 Miller Ave	Erie	PA	16509	4/5/2021	\$51.83
Augustine, Elisabeth	714 Liberty St	Erie	PA	16502	4/8/2021	\$51.83
Zigler, Shyneisha	510 1/2 E 6th St	Erie	PA	16507	4/12/2021	\$51.83
Surma, Rose	1212 W 33rd St	Erie	PA	16508	4/22/2021	\$51.83

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PartB

Contact Name	Mailing Street Add	Mailing City	State	Zip	Date Rec'd	Amount	Employer	Empl Address	Occupation
Pruveadenti, Rebecca	3005 Hastings Rd	Erie	PA	1650	6 4/28/2021	\$206.70	Retired		Retired
Pruveadenti, Rebecca	3005 Hastings Rd	Erie	PA	1650	5 2/23/2021	\$103.45	Retired	!	Retired
Pruveadenti, Rebecca	3005 Hastings Rd	Erie	PA	1650	5 3/22/2021	\$103.45	Retired	·	Retired
Pruveadenti, Rebecca	3005 Hastings Rd	Erie	PA	1650	5 3/22/2021	\$103.45	Retired	1	Retired

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PART C

Contributions Received From Political Committees

See attachment

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:

And I would be			_	
Full Name of			Date [MM/DD/YYYY] \$	
Contributing Committee			Date (MINV/DD/1111)	
House # Street Addr	ess		Date (MM/DD/YYYY) \$	
		The state of the s		
Gity	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of			Date [MM/OD/YYYY] \$	
Contributing Committee				
House # Street Addr	ess		Date [MM/DD/YYYY] \$	
City	State	Zip Code	/Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	
	estiva d			
House # Street Addr	ess		Date [MM/DD/YYYY] \$	
Gity .	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of . Contributing Committee :			Date [MM/DD/YYYY] \$	
House # Street Addr	2.5S		Date [MM/DD/YYYY] \$	
.City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of			Date [MM/DD/YYYY] .5	
Contributing Committee				
House # Street Addr	ess		Date [MM/DD/YYYY] \$	
City.	State	Zip Code	Date [MM/DD/YYYY] \$	
	3.00	zipecae		
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	
	2500SI			
House# Street Address	PSS		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 Numbers				
Full Name of Contributor			Date [MM/DD/XYYY] \$	 -
House # Stree	t Address		Date [MM/DD/YYYY] \$	
City 3	State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Name Employer Mailing Address /			Occupation	
Principal Place of Business Full Name of Contributor			Date [MM/DD/YYYY] \$	
House # Stree	t Address		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Name Employer Malling Address /			Occupation .	<u> </u>
Principal Place of Business Full Name of Contributor			Date [MM/DD/YYYY] \$	
House # Stree	t Address		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Name Employer Majling Address /			Occupation	
Principal Place of Business Full Name of Contributor			Date [MM/DD/YYYY] \$	
House # Stree	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 C

PA United PAC	523 Hastings St	Pittsburgh	PA	15206	4/7/2021	\$500.00	
Run for Something	PO Box 33079	Washington	DC	20033	5/3/2021	\$1,000.00	EIN 81-5222116

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PART F

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.	X X			
Full Name House # Str	eet Address			
City		State:	Z(p Code	Date [MM/DD/YYYY] \$
Receipt Description				
	eet Address			
City Receipt Description		State	Zip Code	Date [MIM/DD/YYYY] \$
Full Name				
House# Str.	eet Address	State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		6		
Full Name House # Stre	eet Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description Full Name				
House # Stre	eet Address	State	Zļp	Date [MM/DD/YYYY] \$
Receipt Description			Code	
Full Name	100 (Min-1989) (100 S (S (100 M)) (100 M)			
House# Stre	et Address	State	Zip. Code	Date [MM/DD/YYYY] \$
Receipt Description	-			1 (824X2)

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			
FINITE ALTERINIZING CONTI	RBUTIONS REGEIVED-VALUE OF	e a consequence	DUESSOED CONTRIBUTOD
TOTAL for the reporting period	(1)	İŚĪ	6.3
		41	
	CEIVED-VALUE OF \$50.01 TO \$2		OM PART F)
TOTAL for the reporting period	(2)	\$ 2	280.49
3. IN-KIND CONTRIBUTION REC	EIVED-VALUE OVER \$250.00 (FI	ROM PART	(G)
TOTAL for the reporting period	(3)	\$	1085.44
TOTAL VALUE OF IN-KIND CONTRIBUT PERIOD (Add and enter amount totals on Page 1, Report Cover Page, Item F)	from boxes 1, 2, and 3; also ent	er \$	

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Number

Full Name of Contrib	utor			Date [MM/DD/YYYY]	(\$)
	*				
House #	Street Address			Date [MM/DD/YYYY]	\$ \$
4 E.	Street Address				
		Town Control of the C	INCOMPRESSION AND AND AND AND AND AND AND AND AND AN		
City		State	Zip Code	Date [MM/DD/YYYY]	
			-		
Description of Contri	oution			,	,
Full Name of Contribu	itor I	M.		Date [MM/DD/YYYY]	*\$%
I dil ivalile di Colti lo				Date (WIM) DD/11411	
4					
House #	Street Address			Date [MM/DD/YYYY]	.\$
City	300 WARREST - 1850 / 1810 S. A.C. 1850 P. C.	∦State	Zip Code	Date [MM/DD/YYYY]	35
				2V3 - 60 TV3 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 -	
Description of Contrib	oution				
Full Name of Contribu	ator -			Date [MM/DD/YYYY]	Sep.
			•		
House #	Street Address			Date [MM/DD/YYYY]	35
City		State	Zip Code	Date [MM/DD/YYYY]	(\$)
Description of Contrib	aution				
Full Name of Contribu	(tor		<u>-</u>	Date [MM/DD/YYYY]	\$\$
Test environ					* *
House #				Date [MM/DD/YYYY]	\$
	Street Address			Pace (MIN/ADD/) E 1119	
City		State:	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contrib	oution				
Full Name of Contribu	rio:		············	Date [MM/DD/XYXY]	***
A West Cond					
House #	Street Address			Date [MM/DD/YYYY]	
City	The second secon	State	Zip Code	Date [MM/DD/YYYY]	\$
				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Description of Contrib	ution	TO THE PROPERTY OF THE PROPERT		ı	. ·
			11		

SCHEDULE II Part G

In-Kind Contributions Received

See attachment

VALUE OVER \$250

Filer Identification Number:		
Full Name of Contributor		Date [MM/DD/YYYY] \$
Lon yame o) Contributor		
House# Street Ac	ddress	Date [MIM/DD/XYYY] \$
Glty	State Zip Code	Date [MM/DD/YYYY] \$
Employer Name		Occupation
Employer Mailing Address / Prin Place of Business	incipal	Description of Contribution
Full Name of Contributor		Date [MM/DD/YYYY] \$.
House'# Street Ad		Date [MM/DD/YYYY] \$
City	State Zip Code	Date [MM/DD/YYYY] \$
Employer Name		Occupation
Employer Mailing Address / Pri Place of Business	incipal .	Description of Contribution
Full Name of Contributor		Date [MM/DD/YYYY] \$
House # Street Ad		Date [MM/DD/YYYY] \$
City	State Zip Code	Date [MM/DD/YYYY] \$
Emplöyer Name		Occupation.
Employer Mailing Address / Pri Place of Business	incipal	Description of Contribution
Full Name of Contributor	an Australia antino (Anglanda)	Date [MM/DD/YYYY] \$
House # Street Ac	ddress	Date [MM/DD/YYYY] \$
City	State Zip Code.	Date [MM/DD/YYYY] \$
Employer Name		Occupation
Employer Mailing Address / Pri Place of Business	incipal :	Description of Contribution

Part F

Pennsylvania United	841 California Ave, 3rd Floor Pittsburgh, PA 15212	3/3/2021	\$37.91	EveryAction subscription charges
Pennsylvania United	841 California Ave, 3rd Floor Pittsburgh, PA 15212	3/22/2021	\$25.40	EveryAction subscription charges
Pennsylvania United	841 California Ave, 3rd Floor Pittsburgh, PA 15212	4/21/2021	\$40.00	EveryAction subscription charges
Pennsylvania United	841 California Ave, 3rd Floor Pittsburgh, PA 15212	5/1/2021	\$37.91	EveryAction subscription charges
Pennsylvania United	841 California Ave, 3rd Floor Pittsburgh, PA 15212	4/26/2021	\$34.50	GetThru texting charges
Pennsylvania United	841 California Ave, 3rd Floor Pittsburgh, PA 15212	2/17/2021	\$13.91	Supplies for canvassing
Pennsylvania United	841 California Ave, 3rd Floor Pittsburgh, PA 15212	3/2/2021	\$12.52	Processing fees on donations
Pennsylvania United	841 California Ave, 3rd Floor Pittsburgh, PA 15212	4/2/2021	\$105.75	Processing fees on donations
Pennsylvania United	841 California Ave, 3rd Floor Pittsburgh, PA 15212	5/3/2021	\$41.66	Processing fees on donations
Tom Bobrowicz	12344 Hill Rd, Wattsburgh PA 16	3/10/2021	\$174.74	25 masks (6.99 ea)
Jasmine Fiores	1162 E 10th St Fl 2, Erie PA 1650	3/11/2021	\$40	masks

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Part G

Full name of Contributor	Mailing Address	Date	Amount	Description
	841 California Ave, 3rd Floor Pittsburgh, PA 15212	5/3/2021		Staff time spent c

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4				
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See attachment

Statement of Expenditures

Filer Identification Number:		
The transfer of the second		

The state of the s	***			11004360
To Whom Paid			Date [MM/DD/YYYY]	\$
House # Street Address			Description of Expendi	ture
City	State	Zip . Code		A participation of the state of
To Whom Paid			Date [MM/DD/YYYY]	\$ /
House # Street Address			Description of Expendit	ure .
City :	State	Zip Code		3
To Whom Paid			Date [MM/DD/YYYY]	
House # Street Address		- A-F-A-F-	Description of Expendit	ure
City	State	Zip		
		Code	West Change Change and the Change Cha	A.com Const
.To:Whom Paid			Date [MM/DD/YYYY]	5
House # Street Address			Description of Expendit	ure 1
City	State	Zip Code		
To Whom Paid			Date [MM/DD/YYYY]	\$
House # Street Address			Description of Expendit	ure
City	State	Zip Code		
To Whom Paid			Date [MM/DD/YYYY]	.5
House # Street Address			Description of Expendit	ure a Ariano
Ĉity L	State	Zíp - Code		
To Whom Paid			Date [MM/DD/YYYY]	9 - ₹1.
House # Street Address			Description of Expendit	ure .
City	State	Zip Code		
To Whom Paid			Date [MM/DD/YYYY]	\$
House # Street Address			Description of Expendit	ure .
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
In the Table 1 and the second	et: Address		E DEBT INCURRED MM/DD/YYYYJ	\$
City		State	Zip	
Description of Debt			Code	
Name of Creditor				Outstanding Balance of Debt
Janes British St.	et Address		E DEBT INCURRED MM/DD/YYYY]	\$
City		State	Zip	
Description of Debt			Code	
Name of Creditor		_		Outstanding Balance of Debt
	et Address	PATRICULAR PROPERTY AND ADMINISTRATION AND ADMINIST	E DEBT INCURRED MM/DD/YYYY]	\$
Ghi				
City Description of Debt		State	Zip Code	
Name of Creditor				Outstanding Balance of Debt
House # Stre	set Address	Francisco (1980) (1980)	E DEST INCURRED MM/DD/YYYY]	15
City		State	Zip	
Description of Debt			Code	
Name of Creditor		_		Outstanding Balance of Debt
	eet Address		E DEBT INCURRED MM/DD/YYYY]	\$
City		State	Zip	
Description of Debt			Code	
Name of Creditor				Outstanding Balance of Debt
House # Stre	eet Address		E DEBT INCURRED MM/DD/YYYY)	\$
City		State	Zip S	
Description of Debt	20 LEGISTRE		Code	k see

Date	To Whom Paid	Mailing Address	Description	Amount	
		3113 Buffalo Rd.			
03/22/2021	Box Streetware LLC	Erie, PA 16510	Printing - masks	\$716.00	
03/08/2021	Erie County Elections Office	140 West Sixth Street F	Filing Fee	\$25	
03/02/2021	Leader Graphics, LLC	1107 Hess Ave, Erie, PA	Printing- Electior	\$42.40	
APP 5 SAA 11 TO DEED ON THE SEASON CONSISTS A SEASON CONSISTS AND				\$783.40	

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