Reset Form	

Print Form

Commonwealth of Pennsylvania - Campaign Finance Report

Filer Identificat	ina in	(Note: T	his report :	nust be	clear an	d legible. It si	hould be type	d)		
Name of Filipp	i		Report Fil (Mark X)	ed By	Candida	ite	Committe		Lobbyist	
Name of Filing (Lobbyist	committee, C	ındidate or	OALL	1177		+7% \		1 1 5 1 1 1	<u> </u>	
Street Address			Coni	ulli		10 EL	ECT 1	YDIA LA	MHE	
City			40	70	KIN	TER 1	4111 k	20		
Type of a	IED	INBORO)		State	PA	Zip Code	116412		
Type of Report (Place x under	report type)						110112		
L-6" Tuesday	2- 2nd Friday	3-30 Day Post	4. 6th Tuesc	av e.	z ^{od} Friday	6- 30 Day Po				
Pre-Primary	Pre-Primary	Primary	Pre- Electio	n Pre	- Election	Election	st 7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election	
024								1 7		
Date Of Election (MM/DD/YYYY)		4.5	Year		<u> </u>	Amendment		Termination	 _ <u> _ </u>	
		05/18/2021		12	021	Report		Report		
Summary of Rec Expenditures	eipts and	From Date	Tot	ate			For	Office Use Only		
		171/2021	57	3/20	271	-				
A. Amount Brou	ght Forward F	rom Last Report	- e - '							
B. Total Moneta	ry Contributio	ns and Receipte	\$ 0	400	16				3	
Fire new Scategible	1)	and moderhed	112	731	.00			entrip entrip		
C. Total Funds A (Sum of Lines A	valiable		\$ 7	771	7/			99		
D. Total Expendi	tures		\$ 211026							
(From Schedule			112	\$ 2,17q.40 \$ 1,091.86 \$ 396.00 \$ 0						
E. Endling Cash B (Subtract Line D	alance from Line M		\$ 17	\$ 1.091.86					2	
F. Value of In-Kir	nd Contributio	ns Received	\$ 1,0	1410				المناسب الرياسي إيسام المناسبية		
(From Schedule	19}			396	.00			Comp.	ä	
G. Unpaid Debts (From Schedule)	and Obligatio	ns .	\$			မာ				
				<u> </u>	Affidavit Sec	41				
Part 1- If this is a Co	ommittee repor	t, treasurer sign he	re. If this is a	Candidat	****		e.			
Sworn to and subso	nat this report.	including the attac	hed schedule	s on pape	er, is to the	est of my know	ledge and belief t	rue, correct and comple	te.	
3 day of	Mad	~ i			-	2 .	01	-		
		20	• 1			Signatur	m of Borne Sub-		·	
	Ignature		· ł	-		BRAND		NOTON		
			. 1			വ	Printed Nam			
My Commission exp	MO.	DAY YR.	-			814		03-1150		
						rea Code	Da	ytime Telephone Numbe	er ·	
Part II- If this is a re-	port of a Candid	ate's Authorized C	ommittee, co	ndidate .	shall sign he	re.				
amended.	on the pear of	u nd myasenec bi	NO DENET UIS	postica i	ommicee i	ias not violated (any provisions of	the Act of June 3, 1937 (P.L. 1333, NO.320) as	
Sworn to and subsci	ribed before me	this								
7	MANIE	21	• .		i	INA	1 MW	Q n		
day of	riwi	_20_2	1		4	Minni	ignature of Candi	data		
			i	•		LYDIA	LAYTH			
	grature		. 1			ស	Printed Name			
My Commission exp		DAY YR.				814		103-1177		
	WIE.	upi (fi.			А	rea Code	Day	time Telephone Number	7	

SCHEDULE I Contributions and Receipts

Detailed Summary Page

real togratication Number	******	
1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor		
sind Receipts-550.00 or Less per Contributor		
Total for the reporting period	41.1.2	
	(1) \$	905.00
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)	*	1 0
	\$	1326.00
	2) \$	1326.00
3. Contributions Over \$250.00 (From Part C and Part D)		11000
Contributions Resolved & Contributions Resolve		
Contributions Received from Political Committees (Part C)	\$	1
All Other Contributions (Part D)	\$	0
		1500.00
	3) \$	500.00
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		
Total for the reporting period (4) \$	10
Total Monetary Contributions and Receipts during this reporting period (Add and		<u> </u>
enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Repo. Cover Page, Rem B)	rt \$	2,731.00
	l_	<u> </u>

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.

Liidl (QE	ntification Numb	er				
Full Na	me of Contribu	Ala-				Amount
Commi	ttee	rung		Date [MM/DD/YYYY]	\$	
House	#	Street Address			Date [MM/DD/YYY]	\$
City		<u> </u>	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Nat Commi	me of Contribu ttee	rting			Date [MM/DD/YYYY]	\$
House (#	Street Address		· ,	Date [MM/DD/YYY]	\$
City		<u> </u>	State	Zip Code	Date [MM/DD/YYYY]	5
Full Nati Commi	me of Contribu ittee	rting			Date [MM/DD/YYYY]	
House (#	Street Address			Date [MM/DD/YYYY]	\$
City			State	Zip Code	Date [MM/DD/YYYY]	\$
Fuli Nar Commi	me of Co ntribu I ttee	_			Date [MM/DD/YYYY]	Ş
House		Street Address			Date (MM/DD/YYYY)	\$
City			State	Zip Code	Date [MM/DD/YYYY]	S
Full Na Commi	me of Contribu Ittee	ting			Date [MM/DD/YYYY]	\$
House (•	Street Address	······································		Date [MM/DD/YYYY]	\$
City		<u> </u>	State	Zip Code		\$
Full Name of Contributing Committee						\$
House	*	Street Address				\$
City		<u> 1</u>	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		I Date Issue Inc. No. of I A i
DON	GOLDSTEIN	3/10/2021 100.00
1015 - Population	STAL ROUTE	Date [MM/DD/YYYY] \$
MEADVILLE	State DA Zip Code 1633	Date [MM/DD/YYYY] \$
Full Name of Contributor		Date (MAL/DD/WWW)
	SUBEDI	3/18/2021 51.00
SUPEL ADDRESS	MILL STREET	Date [MM/DD/YYYY] \$
City EME	State PA Zip Code 1650	Date [MM/DD/YYYY] \$
Full Name of Contributor Jim	scarpitti	3/14/2021 \$ 100,00
House # 11691 Street Address	MAPLE LAWN DR.	Date [MM/DD/YYYY] \$
EDINBORD	State PA Zip Code 1641	Date [MM/DD/YYYY] \$
Full Name of Contributor MW6	dith Supjewski	3/24/2021 100.00
House # 1920 Street Address	COLLINGWOOD BLVD	Date [MM/DD/YYYY) \$
TOLEDO	State 0H Zip Code 43604	Date [MM/DD/YYYY] \$
Full Name of Contributor Shrac	tdha Prabhu	3/27/202 100.00
House # 840 Street Address	E 40th STREET	Date [MM/DD/YYYY] \$
CAN EPIE	State PA Zip Code 1650	4 Date [MM/DD/YYYY] \$
Full Name of Contributor	Date [MM/DD/YYY] \$ 100.00	
House # 21392 Street Address	N CIRCLE RD.	Date [MM/DD/YYYY] \$
RATHORUM	State ID Zip Code 8385	B Date [MM/DD/YYYY] \$

PARTB

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.)

Surface Surface (
Full Name of Contributor			
JMIChae	1 Keyes	Date [MM/DD/YYYY] \$	100.00
5909 Si	DEARBORN RD.	Date [MM/DD/YYYY] \$	
SPOKANE SPOKANE	WA- 250 Code 99223	Date [MM/DD/YYYY] \$	
Full Name of Contributor RUTUE	Keyes	Date [MM/DD/YYY] \$	100.00
House #	6TH PLSE	4/7/202 Date [MM/DD/YYYY] \$	100**
NEW CASTLE		Date [MM/DD/YYYY] \$	
Full Name of Contributor	Nwachukwu	Date [MM/DD/TYYY] \$	7- 00
Floure #		4/23/2021 Date [MM/DD/YYYY] \$	75.00
Chy	STNUT STREET	*Date [MM/DD/YYY] \$	
EFFE	PA 16508		
<u> </u>	Parendes	Date [MM/DD/YYYY] \$ 4 2 2021	100.00
302 Street Address W	PLVM STREET	Date [MM/DD/YYYY] \$	
Chy EDINBORO	PA 2000 16412	Date [MM/DD/YYYY] \$	
Full Name of Contributor May J	o Campbell .	Date [MM/DD/YYY] \$ 4/20/2021	100.00
House # 5431 Street Address LIN	IDEN AVENUE	Date [MNS/DD/YYYY] \$	
Cay EDINBORO Sum	PA Zip Code 16412	Date [MM/DD/YYYY] &	
Full Name of Contributor DOUGIAS	Date [MM/DD/YYY] \$	100.00	
House # 315 Street Address Lak	e STREET	Date [MM/DD/YYYY] \$	
GIRARD	PA 16417	*Dete [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.)

raer spendincation Number	er;				المراجع		
Full Name of Contribu	JUDIT		Date [MM/DD/YYY] 4/23/2021	\$	100.00		
House # 1180	Street Address	INTER	HILL RI).	Date [MM/DD/YYYY]	\$	
CAMBRI	DGE SPRING	State PA	Zip Code	16403	Date [MM/DD/YYYY]	\$	
Full Name of Contribu	DAVE	E ROBI	NSDN		5/1/2021	\$	100.00
House # 10175)IETZE			Date [MM/DD/YYYY]	\$	
CILY UNION		State PA	Zip Code	16438	Date [MM/DD/YYYY]	\$	
Full Name of Contribu	ntor	 		<u> </u>	Date [MM/DD/YYYY]	\$	
House #	Street Address	· _ · · · · · · · · · · · · · · · · · ·			Date [MM/DD/YYYY]	\$	
City	<u> </u>	State	Zip Code		Data [MM/DD/YYYY]	\$	
Full Name of Contribu	itor	<u> </u>	<u> L</u> .,	1	Date [MM/DD/YYYY]	\$	
House #	Street Address				Date [MM/DD/YYYY]	\$	
City		State	Zip Code		Date [MM/DD/YYYY]	\$	
Full Name of Contribu	tor	<u> </u>	<u></u>		Date [MM/DD/YYYY]	\$	***************************************
House #	Street Address				Date [MM/DD/YYYY]	\$	
City		State	Zip Code		Date [MM/DD/YYYY]	5	
Full Name of Contribu	Date [MM/DD/YYYY]	\$					
House #	Street Address				Date [MM/DD/YYYY]	\$	
City		State	Zip Code		Date [MM/DD/YYY]	\$	

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.

Piler Identification Rumber:								
Ĺ								
							_	
Full Na	me of				***************************************	Date form ton Donald	1 4	
	uting Committee					Date [MM/DD/YYYY]	\$	
House :	Str	eet Address				Date [MM/DD/YYYY]	 \$	<u> </u>
City]	
, .		51	ate	Zip Code		Date [MM/DD/YYYY]	\$	
Full Na	ne of						<u>I.</u>	
Contrib	uting Committee					Date [MM/DD/YYYY]	\$	
House (Str	eet Address	····		· · · · · · · · · · · · · · · · · · ·	Date [MM/DD/YYYY]	1	
						Date (MIM/UD/TTTT)	\$	
City		St	ate	Zip Code		Date [MM/DD/YYYY)	5	
				<u>L</u>]		1	}
Full Na	me of				<u> </u>	Date [MM/DD/YYYY]	\$	
	uting Committee						ľ	
House !	Sta	eet Address				Date [MM/DD/YYYY]	\$	
City		St	ate	Zip Code		Date [MM/DD/YYYY]	\$	
Full Na	ne of	1						
	uting Committee					Date [MM/DD/YYYY]	\$	
House i	Str	eet Address				Date [MM/DD/YYYY]	\$	
	2	ā				age frame and this	•	
Oby .		St	ate	Zip Code		Oate [MM/DD/YYYY]	\$	
Full Na								
	uting Committee				!	Date [MM/DD/YYYY]	\$	
House (Stor	tet Address				Date [MM/DD/YYYY]	\$	
						-acc (may bo) [111]	3	
City		Sc	ite	Zip Code		Date [MM/DD/YYYY]	\$	
Engli Ma			-4					
	Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House (House if Street Address					Date [MM/DD/YYYY]	Š	
					į	Framed on 1115()	3	
City		St	the	Zip Code		Date [MM/DD/YYYY]	\$	
V 3000							Ĭ	

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 I	lumber:				
Full Name of Cont				Date [MM/DD/YYY]	\$ 500.00
	STE	EVE MA	<i>rlany</i>	3/28/2021	
300	Street Address	NE 518	T AVE.	Date [MM/DD/YYYY]	\$
city por	TLAND	State OF	Zip Code 972	13 Date [MM/DD/YYYY]	\$
Employer Name		D& C (MOSTRUCTION	Occupation PRESI	
Employer Mailing Principal Place of		2133 NI	N YORK STREE	T, PORTLAND, OR G	7210
Full Name of Con				Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name				Occupation **	<u> </u>
Employer Mailing Principal Place of					
Full Name of Con	tributor			Date [MM/DD/YYYY]	\$
House #	Street Address	<u> </u>		Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYY]	\$
Employer Name		<u> </u>		Occupation	<u></u>
Employer Mailing					
Principal Place of Full Name of Con	أراد المستنان والمستنان والمستان والمستنان والمستنان والمستنان وال			Date [MM/DD/YYYY]	\$
House #	Street Address	<u></u>		Date [MM/DD/YYYY]	
City		State	Zip Code	*Date [MM/DD/YYYY]	\$
Employer Nesse	19			Occupation	
Employer Malling					<u></u>

PART E

Other Receipts

and the state of t

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 Date [MM/DD/YYYY] State City Code Receipt Description **Full Name** House # Street Address Date [MM/DD/YYYY] State Zip City Code Receipt Description Full Name House # Street Address Date [MM/DD/YYYY] State City Code Receipt Description Full Name Street Address House # Date [MM/DD/YYYY] Zip State City Code Receipt Description Full Name Street Address House # Date [MM/DD/YYYY] Zip State City Code Receipt Description Full Name Street Address House # Date [MM/DD/YYYY] ŹΙρ State City Code

Receipt Description

SCHEDULE (

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

DELVITED	
Filer Identification Number:	
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF	\$50.00 OR LESS PER CONTRIBUTOR
TOTAL for the reporting period (1)	\$ 72.00
Z. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.81 TO \$	250.00 (FROM PART F)
TOTAL for the reporting period (2)	\$ 324.00
3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (F	ROM PART G)
TOTAL for the reporting period (3)	\$ 0
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from boxes 1, 2, and 3; also er on Page 1, Report Cover Page, Item F)	396.00

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Full Name of Contributor		
THERESA THEWES	1/1/202	72.00
House # 127 Street Address WATERFORD STREET	Date [MM/DD/YYYY]	\$
City EDINBURO State PA Zip Code 16412	Date [MM/DD/YYY]	\$
Description of Contribution addressed & Stamped	Post (ards	
Full Name of Contributor	Date [MM/DD/YYYY]	\$
JUDITH DAUSON	5/1/2021	108.00
House # 1180 Street Address KINTER HILL RD	Date [SHM/DD/YYYY]	\$
CAMBRIDGE SPRINGS State PA Zip Code 16403	Date [MM/DD/TYYY]	\$
Description of Contribution addressed + Stamped P	OST CALTS	·
GRETCHEN FAIRLEY	Date [MM/DD/YYYY] 4/1/2021	\$ 72.00
House # 637 Street Address WEST 9TH STREET	5/1/2021	5 72.00
City ERIE State PA Zip Code 16502	Date [MM/DD/YYYY]	\$
Description of Contribution addressed + Stamped	ost cards.	
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 2	Date (Mix/OD/YYYY)	Š
Description of Contribution		

SCHEDULE II Part G In-Kind Contributions Received

VALUE OVER \$250

1 100 100	entification Num	ber:						
				****				ووبالأر الهريد والمتراب المسبوبين
Full Na	me of Contrib	utor	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Date [MM/DD/	YYYY]	\$
House	*	Street Address				Date [MM/DD/	YYYY]	\$
CRY	1		State	Zip Code		Date [MM/DD/	YYYY]	\$
Employ	rer Name	-	-			Occupation		
	rer Mailing Ad If Business	dress / Principal				Description of Contribution		
Full Na	me of Contribu	utter				Date (MM/DD/	YYYY]	\$
House		Street Address				Date [MM/DD/	7777]	\$
City	<u> </u>	<u> </u>	State	Zip Code		Date [MM/DD/	7777]	\$
Employ	Employer Name					Occupation		
	er Mailing Add f Business	iress / Principal				Description of Contribution		
Puli Na	Full Name of Contributor					Date [MM/DD/	YYYY]	\$
House i		Street Address				Date [MM/DD/	YYYY]	\$
City		<u> </u>	State	Zip Code		Date [MM/DD/	YYY]	\$
Employ	er Name	, , , , , , , , , , , , , , , , , , , 		<u> </u>		Occupation		
	er Mailing Add Business	iress / Principal						
Full Man	me of Contribu	tor				Date [MM/DD/		\$
House 4	1	Street Address	· • · · · · · · · · · · · · · · · · · ·			Date [MM/DD/		\$
City	· · · · · · · · ·		State	7ip Code		Date (MAX/DO/	1111]	\$
Employe	Employer Name			<u></u>		Occupation 1		
Employs Place of	er Stalling Add Business	ness / Principal				Description of Contribution		

Statement of Expenditures

	Contains or make an are
Filer Identification Number:	
(

To Whom Date		المتحديد والمتحدث والمتحدد	
To Whom Paid VISTA	DINIT		Date [MM/DD/YYYY] \$ 286.10
			0/ 0/ 20 /
275 Street Address	Wyman STR	EET	Description of Expenditure
WALTHAM	State MA	Zip 0245	postcards+ door hungers
To Whom Pald HANN	AH FUNN		3/23/202 \$ 50.00
House # 205 Street Address		EN DRIVE	Description of Expenditure
CON EDINBORO	State PA	Zip 16412	1090 design
To Whom Paid BRIN	KINK		3/2/p/202 \$ 200.00
House # 5430 Street Address			Description of Expenditure
CAY EDINBORO	State PA	Zip Code 16412	t-Shirt deposit
To Whom Paid POST 07	FICE		3/30/202\ \$ 72.00
House # 300 Street Address	WATERFORD	STREET	Description of Expenditure
BOINBORO	State PA	Zip 16412	Stamps
To Whom Paid VISTA P	PINT		Date [MM/DD/YYY] \$ 8.48
House # 275 Street Address	WYMAN STA	ZEET	Description of Expenditure
CARY WALTHAM	State MA	Zip 0245	business cards
To Whom Paid COPY	KING		4/6/2021 506 o 15
COPY		EFT	160/16
COPY		EFT Zip 16502	4/6/202 506 al5 Description of Expenditure
House # 1162 Street Address City EPLE To Whom Paid	W 8TH STR	7(n 🗑	4/6/202 506 al5 Description of Expenditure
House # 1162 Street Address City EPIE To Whom Paid	W BTH STR	Zip Code 16502	4/6/202 506 a 15 Description of Expenditure 81905 alposit Date [MM/DD/YYYY] \$ Falls 17
House # 1162 Street Address City EPIE To Whom Paid COPY	W 8TH STR	Zip Code 16502	4/6/202 506 o 15 Description of Expenditure 81905
House # 1162 Street Address City EPIE To Whom Paid COPY House # 1162 Street Address City EFIE	W 8TH STR State PA HNG W 8TH S	Zip 16502 T. Zip 16502	4/6/202 506 a 15 Description of Expenditure 81905 ALPDS it Date [MM/DD/YYYY] \$ 506 a 15 Description of Expenditure
House # 1162 Street Address City EPIE To Whom Paid COPY House # 1162 Street Address City EFIE	W 8TH STREET PA	Zip 16502 T. Zip 16502	Description of Expenditure \$190 Supposit Date [MM/DD/YYYY] \$ 506.15 Description of Expenditure \$190 Supposit Description of Expenditure \$190 Supposit Description of Expenditure

SCHEDULE BI Statement of Expenditures

	Statement o	t Expenditures
Filer identification N	turnbar:	
•		
-		
4		
To Whom Paid	20	Date [MM/D0/YYYY] \$ 0 0 0 0

TaWi							
	om Paid	00.00		<u> </u>			Date [MM/DD/YYY] \$ 0.12 (3)
		BRINK	IN				4/23/204 212.00
House	# E420						Description of Expenditure
	12130 KI 6N						
City	1	BORD	State	PA	Zip Code	16412	t-shirts
To Whom Paid VISTAPPINT						Oute [MM/DD/YYY] \$ 210,48	
		VISIALE	1101				4/25/2021 210.10
House # 275 Street Address WYMAN ST						Description of Expenditure	
	1119	11/	14 Mt	110 51			
City		HAM	State	MA	Zip Code	02451	Stickers
To W	om Pald	00.4051		'			Date [MM/DD/YYYY] \$ 72 0/
		PAYPAL					5/1/202 72.04
House	2211	Street Address	1 E	DCK CT	PFE		Description of Expenditure
	1011		J TI	k-2 01	7 LT		
		Street Address N	State	CA	Zip Code	95131	online payment srvs.
To Wi	nom Paid			-			Date [MM/DD/YYYY] \$
House	•	Street Address					Description of Expenditure
City	1	1	State	(Zip	1	
			}		Code		
To Wi	oom Paid					<u> </u>	Date [MM/DD/YYYY] \$
House							The same of the sa
	· • • •	Street Andress					Description of Expenditure
- Table 1		Street Address	1 Chain i		1° 760	K-	Description of Expensionre
Caty		Street Address	State		Zip Code		Description of Expenditure
		Street Address	State		, .		
	nom Paid	Street Address	State		, .		Date [MM/DD/YYYY] \$
To Wi	acess Paid		State		, .		Date [MM/DD/YYYY] \$
	acess Paid	Street Address	State	,	, .		Date [MM/DD/YYYY] \$
To Wi	acess Paid		State		Code		Date [MM/DD/YYYY] \$
To Wit	nom Paid				Code		Date [MM/DD/YYYY] \$ Description of Expenditure
To Wit	acess Paid				Code		Date [MM/DD/YYYY] \$
To Wit	nom Paid				Code		Date [MM/DD/YYYY] \$ Description of Expenditure Date [MM/DD/YYYY] \$
To Wit	nom Paid				Code		Date [MM/DD/YYYY] \$ Description of Expenditure
To White House Oby	nom Paid	Street Address			Zip Code		Date [MM/DD/YYYY] \$ Description of Expenditure Date [MM/DD/YYYY] \$
To With House City	nom Paid	Street Address	State		Zip Code		Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Description of Expenditure
To With House City	nom Paid	Street Address	State		Zip Code		Date [MM/DD/YYYY] \$ Description of Expenditure Date [MM/DD/YYYY] \$
To With House City	nom Paid	Street Address	State		Zip Code		Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Description of Expenditure Date [MM/DD/YYYY] \$
To With House City	nom Paid	Street Address	State		Zip Code		Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Description of Expenditure
To With House City To With House City	nom Paid	Street Address	State		Zip Code		Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Description of Expenditure Date [MM/DD/YYYY] \$

SCHEDULE IV

Statement of Unpaid Debts

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

Filer Ide	ntification Numbe	ar.			
<u> </u>					
Name o	f Creditor				Outstanding Balance of Debt
House #	s	treet Address		DATE DEST INCURRE	
				[MM/DD/YYYY]	
City			State 1	Zip Code	
Descrip	tion of Debt			 	
Name o	f Creditor				Outstanding Balance of Debt
House N	Si	treet Address		DATE DEBT INCURRE	
<u> </u>				[MM/DD/YYYY]	
City			State	Zip Code	
Descript	ion of Debt				
	Creditor			 	Outstanding Balance of Debt
House #	51	reet Address		DATE DEBT INCURRE	D \$
			•	[MM/DD/YYYY]	
City			State	Zip Code	
	ion of Debt				
L	Creditor				Outstanding Balance of Debt
House #	Si	treet Address		DATE DEBT INCURRED [MM/DD/YYYY]	5
City	I	T	State	(Zip	
Descript	ion of Debt			Code	
	Creditor				Outstanding Balance of Debt
House #	St	reet Address		DATE DEBT INCURRED [MM/DD/YYYY]	D \$
City	<u> </u>		State	P=12 **X0	
	on of Debt		State	Zip Code	
	Creditor				Outstanding Balance of Debt
House #	Sta	reet Address		DATE DEBT INCURRED [MM/DD/YYYY]	D \$
City			State	Zip .	
Descripti	on of Debt	 		Code	
		1			