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

| Filer Identification Number  | Report Filed By Candida   | ite  | Committee  | Lobbyist   |
|--|---|--|--|--|
| Name of Filing Committee, Candidate or Lobbyist  | Commitee  | Ta 25  | Flatte   | ttRAT the  |
| Street Address   | 1   | of the   |  | o TIKASIETTER  |
| City   | State   | PA   | 'Zin Codo  | 6509   |
| Type of Report (Place x under report type)   | •   |  | A communication of the communi |  |
| 1- 6 <sup>th</sup> Tuesday 2- 2 <sup>nd</sup> Friday 3-30 Day Post<br>Pre-Primary Pre-Primary Primary                              | 4-6 <sup>th</sup> Tuesday 5-2 <sup>nd</sup> Friday<br>Pre-Election Pre-Election                   | 6-30 Day Post<br>Election  |  | il 2 <sup>nd</sup> Friday   Special 30 Day<br>ection   Post-Election |
|  |   |  |  |  |
| Date Of Election (MM/DD/YYYY) 05/18/2021   | Year  | Amendment<br>Report  | Termii<br>Repor  | nation<br>i  |
| Summary of Receipts and From Date Expenditures   | 70 Date   | The state of the s | For Office U   | se Only  |
| A. Amount Brought Forward From Last Report  B. Total Monetary Contributions and Receipts   | #1 1 <b>I</b>   |  |  | ã B  |
| (From Schedule'I)  C. Total Funds Available (Sum of Lines A'and B)   | \$ 5/3.09   |  |  |  |
| D. Total Expenditures<br>(From Schedule III)<br>E. Ending Cash Balance   | \$  |  |  |  |
| (Subtract Line D from Line C) F. Value of In:Kind Contributions Received (From Schedule II)  | \$  |  |  | 7 <b>5</b>   |
| G Unpaid Debts and Obligations (From Schedule IV)  | \$ 513.02   |  |  |  |
| Part 1- if this is a Committee report, treasurer sign her I swear (or affirm) that this report, including the attack               | Affidavit Secti<br>e. If this is a Candidate report, cand<br>led schedules on paper, is to the be | didate sign bere   | and belief true, correc  | t and complete   |
| Sworn to and subscribed before me this   | ,   | 1  | 1-1-1  | <u> Land complete</u>  |
| day of20   |   | Signature of   | Person Submitting repo   | الله   |
| Signature  |   | 20>4N  | KAS (ETTE<br>Printed Name  | <u> </u>   |
| My Commission expires MO. DAY YR.  | Are   | a Code   | 866-75<br>Daytime Telep  |  |
| Part II- If this is a report of a Candidate's Authorized Co<br>I swear (or affirm) that to the best of my knowledge an<br>amended. | ommittee, candidate shall sign here<br>d belief this political committee has                      | e.<br>s not violated any p   | ovisions of the Act of Ju  | une 3, 1937 (P.L. 1333, NO.320) as                                   |
| Sworn to and subscribed before me this   |   | 7 4  | 0011   |  |
| day of20   | ·   ,   | Signatu  | ure of Candidate   | Tea  |
| Signature  |   | <i>ار هی د.</i><br>Pri   | nted Name  | , , ,  |
| My Commission expires MO. DAY YR.  | Area  | ı Code   | 8/4 F Daytime Telepho  | 734 /5/5<br>one Number   |
|  |   |  |  |  |



SUSAN KA

Printed Name

#### Pennsylvania Department of State

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 Statement in Lieu of Sworn Statement for Campaign Finance Reports

Note: Per the temporary waiver granted by the Governor on April 6, 2020, Campaign Finance Reports (form DSEB-502), Campaign Finance Statements In lieu of full reports (form DSEB-503), and Independent Expenditure Reports (form DSEB-505) need not be notarized. (See <u>Temporary Waiver of Notarization Requirement for Campaign Finance Reports and Statements</u>). 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 and only so long as the waiver referenced above is in effect. This form must be signed by hand or by typing your name where a signature is required. If you type your name, you understand that's your electronic signature and will constitute the legal equivalent of your signature on this form.

| Name of Filing Comr   | nitiee Candidate oc   | logavis:  |   |
|---|---|---|---|
|   |   |   |   |
| Reporting Cycle Nam   | e   | To a Secretary  |   |
| ☐ Cycle 1   | ☐ Cycle 2   | ☐ Cycle 3   | ☐ Cycle 9   |
| 6 <sup>th</sup> Tuesday Pre-Primary   | 2 <sup>nd</sup> Friday Pre-Primary                                      | 30 Day Post Primary   | 30-Day Post Special<br>Election                     |
| this form is submitted with a report is submitted with a report is submitted with a report is signing or typing my pursuant to 18 Pa.C.S. Campaign Finance Report complete. | rt by a contributing loby  name below, I hereby  4 4904, that the infor | byist, the lobbyist mu<br>by declare under the<br>mation contained in | st sign here.  penalty of perjury, the accompanying |
| Susan Rastet  | ter   | <i></i>   | -7-2024   |
| Signature of Treasu   | rer, Candidate, or Lobb   | yist  | Date  |

DSEB-502R 4/15/2020



### Pennsylvania Department of State

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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.

By signing or typing my name below, I hereby declare under the penalty of perjury, pursuant to 18 Pa.C.S. § 4904, that the information contained in the accompanying Campaign Finance Report is to the best of my knowledge and belief true, correct and complete.

Signature of Candidate

Scotta. RASTETTER

**Printed Name** 

## SCHEDULE I Contributions and Receipts Detailed Summary Page

| (Filer Identification Number  | ٧.                                      |         |  |
|---|---|---------|--|
| 1. Unitemized Contributions and Receipts \$50.00 or Less per Contributor  |   |         |  |
| Total for the reporting period  | (1)                                     | \$      | 25'00  |
| 2 Contributions of \$50.01 to \$250.00 (From Part A and Part B)   |   |         |  |
| Contributions Received from Political Committees (Part A)   | ayne cod                                | \$      | en de la compania de<br>La compania de la co   |
| All Other Contributions (Part B)  | <u>-</u>                                | \$      |  |
| Total for the reporting period  | (2)                                     | \$      | <u> </u>   |
| 3. Contributions Over \$250.00 (From Part C and Part D)  Contributions Received from Political Committees (Part C)  Il Other Contributions (Part D)   | Para Para Para Para Para Para Para Para | \$      |  |
| Total for the reporting period  | (3)                                     | \$      | 488.00   |
| . Other Receipts Refunds, interest Earned, Returned Checks, ETC. (From Part E)  | To so the                               | Silva s |  |
| Total for the reporting period  | (4)                                     | \$      | the second secon |
| otal Monetary Contributions and Receipts during this reporting period (Add and atternation of the Add and atternation of the Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Repover Page, Item B) | ort                                     | \$      | \$513.02   |

### 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   | valit ethevelien i                                       |                              |  |   | , 4.              |
|--|--|------------------------------|--|---|-------------------|
| C. Action Constitution   |  |                              |  |   |                   |
| Full Name of Cont  | ributing   |                              |  | Amou  | nt                |
| Committee  |  |                              |  | Date [MM/DD/YYYY]   |                   |
| House#   | Street Addres  | s                            |  | (2)   (2)   (2)   (3)   (3)   (4) |                   |
|  | <ul> <li>Essablity (% 10) 5</li> </ul>                   |                              |  | Date [MM/DD/YYYY]   \$  |                   |
| (City)   |  | State                        | 1.20.77  |   |                   |
| ti de la   |  | Jaire                        | Źip Code   | Date [MM/DD/YYYY]   |                   |
| Full Name of Contr   | ibuting  | 302 25.56                    |  |   |                   |
| Committee  |  |                              |  | Date [MM/DD/YYYY]   |                   |
| House#   | Z. T. X. S. J.   |                              |  |   |                   |
|  | Street Address   |                              | · · · · · · · · · · · · · · · · · · ·  | Date [MM/DD/YYYY]   |                   |
| MCDD SALE  |  |                              |  |   |                   |
| City   |  | State                        | Žip Gode   | Date [MM/DD/YYYY] \$  |                   |
| and a said   |  | To the Safety<br>Safety Hard | Service and the design of the service of the servic | 1   |                   |
| ull Name of Contri<br>Committee  | buting   |                              |  | Date MM/DD/YYYYI \$   | And You a         |
| AND DESCRIPTION OF THE PROPERTY OF THE PROPERT |  |                              |  | 1   |                   |
| louse#   | Street Address   | <del></del>                  | <del></del>  | Date [MM/DD/YYYY] \$  |                   |
|  |  |                              |  | Date [MM/DD/YYYY] \$  |                   |
| ity  |  | State                        | Zip Code   |   |                   |
|  |  |                              |  | Date [MM/DD/YYYY] S   |                   |
| ill Name of Contrib  | uting  |                              | at a harman harman   | N. San  | ****              |
| mmittee  |  |                              |  | Date [MM/DD/YYYY] \$  |                   |
| ouse#  | Street Address   |                              |  | Date [MM/DD/YYYY]   |                   |
|  |  |                              |  | Date [MM/DD/YYYY]   |                   |
| Y  | The sale of the sale of                                  | State                        | 'Zip Code  |   |                   |
| (vige<br>of the soci   |  | 3.5                          | Zip code   | Date [MM/DD/YYYY] S   |                   |
| Name of Contribu   | Iting  |                              | 100 100 100 100 100 100 100 100 100 100  | 120   |                   |
| mmittee  | 144.5  |                              |  | Date [MM/DD/YYYY] \$  | Sayan to A mark & |
| use#   |  |                              |  |   |                   |
| use#   | Street Address   |                              |  | Date [MM/DD/YYYY] \$  |                   |
|  |  |                              |  |   |                   |
|  |  | State                        | Zip Code   | Date [MM/DD/YYYY] \\$   |                   |
| ALC: Y   |  |                              |  |   |                   |
| Name of Contribu   | ting   |                              |  | Date [MM/DD/YYYY] \$  | tion              |
|  |  |                              |  | 1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-  |                   |
| ise#   | Street Address   |                              |  | Date [MIN/DD/YYYY]  |                   |
|  |  |                              |  |   |                   |
|  |  | State                        | Zip Code   | Date [MM/DD/YYYY] \$  |                   |
|  |  |                              |  | Date [MM/DD/YYYY] \$  |                   |
| The state of the s | <u> partito de la filosoficia de 110</u> e diferenciado. | Barrier W.                   | Part and the second  |   |                   |

#### 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 dentification Number:  |  |                                       |  |               |
|--|--|---------------------------------------|--|---------------|
|  |  |                                       | ·  |               |
| [5ŭ  ]Namerof (contributor)  | THE STATE OF THE S | · · · · · · · · · · · · · · · · · · · |  |               |
|  |  |                                       | Date [MM/DD/MYM]   |               |
| House # Street A   | ddress   |                                       | IData IMM/DD/www.ashsey  |               |
|  |  |                                       | IDate/IMM/IQD/WW/IN #SY  |               |
| Gity   | State  | /ZipYdőde                             | Date (MM/DD/YYYY)  |               |
| Full Name of Contributor   | And the second   |                                       |  |               |
|  |  |                                       | (Date)(MM/DD/MM); 453  |               |
| House #9 Street Ad   | dress  | <u>·</u>                              | Date I MM/DD/YYYY I E  | ·             |
| House## Street/Ad  |  |                                       | And the second s |               |
| Giy  | State  | Zip Codé                              | TOSTE TWW/DD/XXXXIS SS   |               |
| Full Name of Contributors  |  |                                       |  |               |
|  |  |                                       | /Pate/[MM/DD/WYY/] #5*   |               |
| House it as the state of the st | dress  |                                       | Date (MM/DD/YYYM) (S)  |               |
| House Street Ad  |  |                                       |  | j             |
| Gity K(  | State"   | Zip Göde                              | Date [MM/DD/YYYY] A USE  |               |
| Juli Name of Contributors  |  |                                       |  |               |
| A second contributor   |  |                                       | (Date(MM/DD/YYM))  |               |
| House #1 Street Add  | lress  | <u> </u>                              |  |               |
|  |  |                                       | Date [MM/DD/XYYY]  |               |
| Ġit <b>y</b> 1   | State  | ZipCode                               | Date (MM/DD/XYYY) MX3  | <del></del> - |
| tivit.<br>Full Name of Contributor:  |  |                                       |  | 1             |
|  |  |                                       | Pate [MM/DD/YYYY]  | 2             |
| Jouse # Street Addr  | ress   |                                       | Date [MM/DD/YYYY]   (5)  |               |
|  |  |                                       |  |               |
|  | State  | Zip Code                              | Date [MM/DD/YYYY]   \$\$   |               |
| Williame of Contractor   | 7 (***) (***)<br>  |                                       |  |               |
| Ull Name of Contributor  |  |                                       | Date [MM/DD/XYYY]   \$   |               |
| ületiss<br>öuse'# Street Addr  | ess  |                                       | Special Control Contro |               |
| Por sect value   |  |                                       | Date [MM/DD/YYYY] [5]  |               |
| TEV 1978   | State  | Zip Gode                              |  | ,             |
|  |  |                                       | Date [MM/DD/YYYY] " 153  | ı             |

### 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.

| Itle (Identification Number)   |  |  |  |   |          |
|--|--|--|--|---|----------|
| Full Name of ).<br>Contributing Committee .  | ·  |  | J  | Date MM/DD/MYM s                                    |          |
|  | 0  |  |  |   |          |
|  |  |  |  | Date [MM/DD/YYYY] 3 78                              |          |
| (GEV II)   | State  | Zip Gode   |  | Date (MM/DD/MMM) 35                                 |          |
| Full Name of Contributing Committee  | (constraint)   | THE STATE OF THE S | The state of the s | Date (MM/DD/YYYM)                                   |          |
| Street Address   |  |  |  | Date MM/DD/M/M/                                     | <u> </u> |
| 97.1   | State  | ZipiGöde   |  | ###<br>##################################           |          |
| ACT NOTICE TO SELECT   |  | Zip)Göde   | and the second s | 100 m   |          |
| Full Name of Committee (Containing Containing Committee (Containing Containing Containing Containing Containing Containing Containing (Containing Containing Containi |  |  |  | DateliniM/DD/\\\\i\                                 |          |
| House # Street Address   |  |  |  | Date [MM/DD/YYYY] SS                                |          |
| (Gtvy)   | State  | √Zip∖Cödé<br>Asia  | 1  | Pate IMM/DD/YYYYI) I KST                            |          |
| Contributing Committee)  | [Street Control of the Control of th | SARESTALES SARES EST   |  | Date MM/DD/MY/MM                                    |          |
| House # Street Address   | <del></del>  |  |  | Date [MM/DD/YYYY] \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |          |
| ETACIVA<br>GIVE  | State  | Zip Code   |  | Date [MM/DD//YYYY]   \$5                            |          |
| MANANE<br>FUNDAMENTAN MANANEN  |  |  |  | 73  |          |
| Contabuting Committee  |  |  | ik   | Dätë/[MM/Db/YYYM]] Sj                               |          |
| House #   Street Address   |  |  |  | Date [MM/DD/YYYY]                                   |          |
| Gity)  | State  | 'Zip¦Godé  | <u> </u>   | Date [MM/DD/YYYY]   \$                              |          |
| ill Name of<br>Sontributing Committee<br>Sontributing Committee  |  |  |  | ate[[MM/DD/MY/M]]/ '\\$'                            |          |
| Street Address   |  |  |  | ate [MM/DD/YYYY] 35                                 |          |
| Sirest Audress   | State  | .Zip Code  |  | ate[[MM]/DD//YYYY] 35)                              |          |
|  |  | All-Localitation   |  |   | Ì        |

#### PART D

### **All Other Contributions**

Over \$250.00

טעפן אָבטט.טט 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)

| <b>表现现在中国现在的发展的</b>                                       | · · · · · · · · · · · · · · · · · · ·  |                   |  |          |
|---|--|-------------------|--|----------|
| FULLName of Contributor                                   | Sott R.A   | astetten          | Pate IMM/DD/XYYYI S  | 488.02   |
| 5301 Street Address [Giv] Edinboro                        | RTGN   |                   | Date (MM/DD/YYYY) S  |          |
| Employennamens  | State  | ↓   izip code     | 69 - 05/06/2021  |          |
| EmployerMailing Address/<br>Principal Place of Business   | 3co7/3   | CARPET            | INDORO PA 1530   | <u> </u> |
| Edition Patrician Contributor                             | V.V.B.   | 141 Ea            | Date MM/DDM/MMI  | RTIN     |
| House (H. Street Address                                  | larian el  |                   | åDäte\[MM/DD/XYYYY] \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \  |          |
| Employer Name   | State  | Zip Code          | Date [MM/DD/YYYY] is a company of the company of th |          |
| Employer Mailing Address/<br>Rungpal Place of Business    |  |                   |  |          |
| Full Name of (Gontributor)                                | Andrew Control of the |                   | Date [MIM/DD/XXXXX]  |          |
| House(#) Street Address                                   | State  | ₹Zipicode         | Date [MM/DD/XXYY]( ) is  |          |
| Employer Name   |  |                   | Date MM/DD/YYYY] S   |          |
| mployeriMailing:Addressy/<br>PrincipaliPlace:ofjBusinessy |  |                   |  |          |
| UII/Name of/Contributor (  1005e/F.   Street Address      |  |                   | Date [MM/DD/YYYY] \$   |          |
| Street Address  | State  | Zip Code          | Date [MM/DD/YYYY] 351  |          |
| mployer;Name  |  | es vicence allere | Date [MM/DD/YYYY] 75   |          |
| mployer Mailing Address ///<br>ringpal Place of Business  |  | ,                 |  |          |

#### 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.

| \$200年20日17年18日18日<br>第二日           | KILLERIU          |  |  |   |
|-------------------------------------|-------------------|--|--|---|
| Füll Name                           | Scot              | TR.RA  | STETTER  |   |
| 1005 30 (                           | Street Address AT | 6 P  | 1/24/25/2019                                   | Pate IIM M/DD/WWY 153                                 |
| Receipt/Description                 | Ed, None<br>Bonde | PA   | Code 16412                                     | mittee Account  |
| Fúll Namez 1                        | Bonde,            | 1)eport  | open Con                                       | mitteestwant  |
| House#<br>Gity                      | Street Address    |  |  |   |
|                                     |                   | State  | /Zip<br>(Gode                                  | Date [MM/DD/XYYYY]] ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; |
| Receipt (Description)               |                   | L. W. A. C. L. P. C. S. A.   | 1654 5964 15 yeer 64                           | [2394]  |
|                                     | Sireet/Address    |  |  |   |
| (Giv                                |                   | State  | Zip<br>Code                                    | Date [MM/DD/XXXX] (\$                                 |
| Receipt (Description )              |                   |  |  |   |
| (Rull Name)                         |                   | agente religio pare e anti del perio   |  |   |
| Housem<br>Markin<br>Givania         | Street Address    | State  | Zip  | Date [MM/DD/YYYY] \\ \\ \\$                           |
| Receipt/Description I/I             |                   |  | Code:  | SSE STATISTICS OF STATES                              |
| Full (Name XI)                      |                   | A Control of the Cont | The same of the second still the second second |   |
| House#                              | Street Address    |  |  |   |
| GIV P                               |                   | State  | Zip<br>Code                                    | Date [MM/DD/YYYY]: \$                                 |
| Receipt Description                 |                   |  |  |   |
| TUTINAME<br>AFFERICA<br>TOUSE #   E | treet Address     |  |  |   |
| arty 33<br>Leceipt Description)     |                   | State  | Zip<br>Code                                    | Date [MM/DD/YYYY]   \$                                |
| Receipt Description                 |                   | (1) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4   | Code (Code)                                    |   |

#### 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

| Fileridentineation), umberski   |  |
|---|--|
| TOTAL for the reporting period (1)  | 50.00.00RILESS(PER)GONTRIBUTOR   |
|   | \$ DOOKER ON APARTIFICATION OF THE PROPERTY OF |
| TOTAL for the reporting period (2)  | \$   |
| TOTAL for the reporting period (3)  | Y IF A King)   |
| TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F) | \$   |

#### SCHEDULE II PART F

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

VALUE OF \$50.01 TO \$250

| Fileridentification | Number (4)               |       |                     |                               |
|---------------------|--------------------------|-------|---------------------|-------------------------------|
|                     |                          |       |                     |                               |
| Full Namelof Go     | ntributor:               |       |                     | *Date (MW/DD/WWY)             |
| House#              | Street Address           |       | ·                   | Date [MM/DD/XYYY]             |
| GbV.                |                          | State | Zip Göde            | Date IMM/DD/YYYX] 75          |
|                     | ontribution (            |       |                     |                               |
| Full Name of Con    | tributor                 |       |                     | ];bate (MM/DD/YYYYY)]   \$\$7 |
| (Flouse 4)          | Street Address           |       |                     | Date [MM/DD/YYYY]   IS:       |
| Oty.                | <b>宣和記憶的意思的</b>          | State | Zip Code            | Date [MM/DD/XYYM]   \$51      |
| Description of Co   | ntribution               |       |                     |                               |
| Full Name of Con    | tributor                 |       | <u> </u>            | /LDate:[[MM/DD/YYYY]]  \$3    |
| Full Name of Con    | Stijeet Address          |       |                     | "OBTE (MM/DD/YYYY)] "E"       |
| Grey (              | Management and Secure    | State | Zip Gode            | Date [MM/DD/YYYY] 157         |
|                     |                          |       |                     | [-25-91]                      |
| FUII/Name\of.Cont   |                          |       |                     | Date (MM/DD/XYYY)             |
| House#              | Street Address           |       |                     | Date  MM/DB/\\\]              |
| Giv                 | President Claim I in Was | State | Zip Code            | Poate/IMM/DD/XYYYY]           |
| Description of Con  | tribution                |       |                     |                               |
| Full Name of Conti  | ibutor.                  |       |                     | Date [MM/DD/XYYY] SS          |
| House'#1            | Street Address           |       |                     | Date MM/DD/YYYY] 75°          |
| Gity 15             | pescampors percent       | State | Zip;Gódě            | Date [MM/DD/YYYY] \$          |
| Description of Gon  | i davie di dicale di     |       | (2013) M. (2017) 41 | [base]                        |

### SCHEDULE II

#### Part G

### In-Kind Contributions Received

VALUE OVER \$250

| (FILETICIA PROPERTY AND  | VACUE OVER \$250   |   |
|--|--|---|
| fileridentification number://  |  |   |
| IEUWNEEDSZAIGSSEENSTAZAN   |  |   |
| Full Name of Gontributor.  |  | Date MM/DD/MYYM S   |
| Houseled   | <u>सम्बद्धाः स्थ</u>   |   |
| House III Stree  | t Address  | Date [MM/DD/AYYY]   |
| Gty  | State Zip Code   |   |
| Trong Carlo  | State Zip'(Code  | Patel[MM/PD/YYYY] 35  |
| EmployeriName)   | All de la contraction de la co | Occupation  |
| Employer Mailing/Address//<br>Employer Mailing/Address//<br>PlaceforiBusiness (1992)   | Heringian Waria<br>Principal Waria<br>Drince American  | Description   |
| THE RESIDENCE OF THE PARTY OF T | Principal (#75)  | of 44<br>Contribution   |
| Full Name of Contributor   |  | apatelym/pp/wyyless /\$7  |
|  | MATRONELLAND   |   |
| Houself Street   | Address  | IDate (MM/DD/MM)  |
| Gity) 1  | State Zip Code   | (報題)  |
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| Employer Name  <br>Employer Name  <br>Employer Mailing Address V.P<br>Place of Business L. V.P.P.  | A Company (Company Company Com | Occupation (A)  |
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| EmployerName<br>EmployerMailing'Addiess//Pi<br>PlaceJor/Business/I   |  | Occupation  |
| Err prover i Vrailing Address // Pr<br>Place of Business (12.34)   | Incipal  | Description:  |
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|  | State Zip.Code   |   |
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| mplover/Mailing Address //Pri  | HERNOLD MATERIAL AND THE STATE OF THE STATE  | Description   |
| Hiployerdylaling Address// Pri<br>lace of Business   |  | Description<br>of in the second of the second o |
|  |  | Christian Marie College   |

# Statement of Expenditures

|                                | ation Numbers                 | Paul III and State of the State |  |
|--------------------------------|-------------------------------|--|--|
| ID WhomP                       | aid y                         |  | *Date*(MM/DD/MYYY) # 35 /  |
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| House#                         | d (1)                         |  | *Date[IMM/DD////Y/];   \$50  |
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| ijo Whom Raij                  | 15 W. F                       |  | IDatelimm/po/www.isa   |
| House#                         | Střeet/Address                |  | Description of Expenditure   |
| Salkini<br>Gity                | State                         | Zip<br>Code  |  |
| Townom Pair<br>House #<br>Sity |                               |  | i Date (MM/OD/YYYY) (S.  |
| louse#                         | Street Address                |  | Description of Expenditure.  |
|                                | State                         | Zip<br>Code  |  |
| lö)Whôm Paid                   | 100 M                         |  | Date[MM/DD/YYYYY] / 5  |
| House#1                        | Street Address                |  | Description of Expenditure   |
| ity                            | State                         | Zip Gode   | The state of the s |

### 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.

| All and the second seco | garant the reporting period.   |
|--|--|
| Name of Greditor  Street Address  Given  Description of Joebs  | [DATE DEBT INCURRED AND STATE OF STATE  |
| Name of Greditor  House # Street Address  Giv  Description of Debt Name of Greditary   | DATE DEBTANCURRED STATE OF Debt 1/2 STATE  |
| Name of Greditor   | DATE DEBT IN GURRED 25T I MINI MARKET 25T I MINI |
| Name of Greditor  House // Street Address  Giv  Description of Debt y/W  Name of Greditor  | Outstanding Balance of Debt  DATE DEBTINGURRED  [MM/,DD//YYYY)  State Zip'i  Code  |
| Street Address   | DATE DEBT INCURRED ST ST STATE |
| emeloficeditoria  ouse # Street Address  Type  | Outstanding Balance of Debt  DATE DEBT INCURRED  S  I[MW/DD/YYYY]  /State  Zip  Góde   |