

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

Filer Identification Number	Report Filed By ( Mark X)	Candida	ite \	Committee	<u> </u>	Lobbyist
Name of Filing Committee, Candidate or Lobbyist	Janis Fi	1 beck	•			
Street Address	4879 Th			oP	· · · · · · · · · · · · · · · · · · ·	
city Erie		State	PA	Zip Code	1160/	
Type of Report (Place x under report type)			1/2		16506	
		.nd =				
1- 6 <sup>th</sup> Tuesday 2- 2 <sup>nd</sup> Friday 3- 30 Day Post Pre-Primary Pre-Primary Primary	the second second second second	2 <sup>nd</sup> Friday e- Election	6-30 Day Post Election	7- Annual	Special 2 <sup>nd</sup> Frida Pre-Election	y   Special 30 Day Post-Election
Date Of Election (MM/DD/YYYY)	Year		Amendment Report		Termination Report	
Summary of Receipts and Expenditures  5 3 2021  A. Amount Brought Forward From Last Report  B. Total Monetary Contributions and Receipts (From Schedule I)  C. Total Funds Available (Sum of Lines A and B)  D. Total Expenditures (From Schedule III)  E. Ending Cash Balance (Subtract Line D from Line C)  F. Value of In-Kind Contributions Received (From Schedule II)  G. Unpaid Debts and Obligations (From Schedule IV)	To Date  6 7 2  \$ 2,000  \$ 2,000  \$ \$			For	Office Use Only	202 July 20 Pt 3: 42
		Affidavit Sect	ion			
Part 1- If this is a Committee report, treasurer sign he	re. If this is a <b>Carididat</b>	te repest, can	didate sign here.			
Sworn to and subscribed before me this  day of 20  Signature  My Commission expires MO. DAY YR.	commission expires Octol Commission number 13 ber, Pennstivania Associati	monwealth of Pennsylvania Jennifer L. Turner, Notar	Janis T Janis Bacode	N. 9.1 Person Submit M. F. I Printed Name	l buch	  %6
Part II- If this is a report of a Candidate's Authorized C I swear (or affirm) that to the best of my knowledge ar amended. Sworn to and subscribed before me this	ommittee, carded & side belief this totaries	shatusign hero controllee ha	e. s not violated any p	provisions of the	e Act of June 3, 1937	(P.L. 1333, NO.320) as
day of20	٠ ١					
			Signat	ure of Candida	te	<del></del> .
Signature	,		Pr	inted Name		_
My Commission expiresMO. DAY YR.		Are	a Code	Daytim	e Telephone Numbe	<u>.</u> r

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#### SCHEDULE I

## **Contributions and Receipts**

**Detailed Summary Page** 

Filer Identification Number a			
1. Unitemized Contributions and Receipts: \$50.00 or Less per Contributor	- 269 F. S.		
Total for the reporting period	(1)	\$	нулгияния жиз картымынын и режини башканы жизнын кизнын кизны киз достур эх дагар жи
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)		\$	
Total for the reporting period	(2)	\$	
3. Contributions Over \$250.00 (From Part C and Part D)			
Contributions Received from Political Committees (Part C)		\$	
All Other Contributions (Part D)		\$	2,000
Total for the reporting period	(3)	\$	2,000
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		izui Sakir	
Total for the reporting period	(4)	\$	reachtach, dae Mair de Chair ann an Air an t-Air ann an Air a
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, Repo	oort	\$	

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#### 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	iumber				
					Amount
Full Name of Cont Committee	ributing			Date [MM/DD/YYYY]	
House #	Street Address			Date [MM/DD/YYYY]	\$
City	ELECTRON TRANSPORTER	State	Zip Code	Date [MM/DD/YYYY]	S
Full Name of Cont Committee	ributing			Spate [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	
City	neeratharen (Militiera	State	<b>ZipiCode</b>	Date [MM/DD/YYYY]	
Full Name of Cont Committee	ributing			Date [MM/DD/YYYY]	
House #	Street Address			Date [MM/DD/YYYY]	
<b>City</b>	HORMAN AREA THE SERVICE SERVIC	State	Zip Code	Date [MM/DD/YYYY]	
Full Name of Cont Committee				Date (MM/DD/XYYY)	
House #	Street Address			Date [MM/DD/YYYY]	
City:	AMMERICAN STREET, STRE	State	Zip Code	Date [MM/DD/YYYY]	
Full Name of Cont Committee	ributing	and the second		Date [MM/DD/YYYY]	
House #	Street Address			Date [MM/DD/YYYY]	
Gity	LANGER FOR THE EAST.	State	Zipi Code	Date [MM/DD/YYYY]	S
Full Name of Cont Committee	ributing	· · · · · · · · · · · · · · · · · · ·		Date [MM/DD/YYYY]	
House #	Street Address			Date [MM/DD/YYYY]	
City :	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	State	Zip Code	Date [MM/DD/YYYY]	<b>15</b>

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#### 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.)

				/0V/V
Full Name of Contributor			Date [MM/DB/YYYY]	
House # Stre	et Address			<b>5</b>
City	State	Zip Code	Date [MM/DD/YYYY]	
Full Name of Contributor	<b>温泉</b> 安東語		Date [MM/DD/YYYY]	\$3 \$3
House # Stre	set Address		Date (MM/DD/YYYY)	\$ 15 miles
Gltý.	State	Zip Code	Date [MM/DD/YYYY]	<b>S</b> ti
Full Name of Contributor				
rum (vame un contributo)				
0.546	eet Address		Date [MM/DD/YYYY]	\$
City	State	Zip Gode	Date [MM/DD/YYYY]:	
Full Name of Contributor			Date [MIV/DD/YYYY]	
House # Str	eet Address			S T
City	State	Zip.Code	i i	\$
Full Name of Contributor	Mark States	The state of the s		\$ 6
	eer Address			\$
City	State	Zip Gode		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Full Name of Contributor				
House # Stra	eet Address			<b>\$</b>
City	State	Zip Code	Date [MM/DD/YYYY]	\$1
	(Juliana)			



#### 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.

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Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	
House # Street Address			Date [MM/DD/YYYY] \$	· · · · · · · · · · · · · · · · · · ·
- City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	
House # Street Address			Date [MM/DD/YYYY] 3	
City -	State	Zip Gode	Date [MM/DD/YYYY] \$	
<b>医感激的</b>			433	
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	
House# Street Address			Date [MIM/DD/YYYY] = \$	
City .	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of	KE KE EU	ET-125500 (841 (850))	Date [MM/DD/YYYY] \$	
Contributing Committee			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
House # Street Address			Date [MM/DD/YYYY] \$	
City -	State	Zip Code	Date [MM/DD/YYYY] \$	-
Full Name of Contributing Committee	politica de la politica del la politica de la politica del la politica de la politica del la politica de la politica del la politica dela politica del la politica del la politica del la politica del la	Account on the second control of the second	Date [MM/DD/YYYY] \$	
House # Street Address			Date [MM/DD/YYYY] \$	
	1.7.2			
City.	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	
House # Street Address	· · · · · · · · · · · · · · · · · · ·		Date [MIM/DD/YYYY] \$	
.City	State	Zip Code	Date [MIM/DD/YYYY] \$	

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#### PART D

### **All Other Contributions**

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period. (Exclude contributions from political committees reported in Part C)

Filer identification Number:

House of Contributes   Date   MM/DD/YYYY    S		
Date   MM/DD/YVY    State   Tip Code   Date   MM/DD/YVY    S	Full Name of Contributor	Date (MM/DD/YYYY) \$
City State   Zip Code   Date (MM/DD/YYYY)   S   Employer Name   Date (MM/DD/YYYYY)   S   Employer Name   Date (MM/DD/YYYYYYYYYYYYYYYYYYYYYYYYYYYYYYYYY		
City State Zip Code Date [MM/DD/YYY] \$  Employer Name  Employer Mailing Address / Principal Place of Business  Full Name of Contributor  House # Street Address  Employer Name  Employer Mailing Address / Business  Full Name of Contributor  Employer Mailing Address / Business  Full Name of Contributor  Employer Name  Employer Name  Employer Mailing Address / Business  Full Name of Contributor  Employer Name  Employer Mailing Address / Business  Full Name of Contributor  City State Zip Code Date [MM/DD/YYYY] \$  Full Name of Contributor  City State Zip Code Date [MM/DD/YYYY] \$  City State Zip Code Date [MM/DD/YYYY] \$  Full Name of Contributor  City State Zip Code Date [MM/DD/YYYY] \$  City State Zip Code Date [MM/DD/YYYY] \$  City State Zip Code Date [MM/DD/YYYY] \$  Employer Name  Employer Name  Employer Name  Employer Name  Employer Mailing Address / Business  City State Zip Code Date [MM/DD/YYYY] \$  Employer Name  City State Zip Code Date [MM/DD/YYYY] \$  City State Zip Code Date [MM/DD/YYYY] \$  Employer Name  Employer Name  Employer Name  Employer Name  Employer Name  City State Zip Code Date [MM/DD/YYYY] \$  Employer Name  Employer Name  Employer Name  City State Zip Code Date [MM/DD/YYYY] \$  Employer Name  Employer Name  Employer Name  City State Zip Code Date [MM/DD/YYYY] \$  Employer Name  Employer Name  Employer Name  Employer Name  City State Zip Code Date [MM/DD/YYYY] \$  Employer Name  Employer	Unité f	Date MM/DD/XXXVIII IS
Employer Mailing Address / Principal Place of Business / Principal Place / Principal Place / Principal Place / Principal Place	Street Aduress	
Employer Mailing Address / Principal Place of Business / Principal Place / Principal Place / Principal Place / Principal Place		
Employer Mailing Address   Date [MM/DD/YYYY]   S    City   State   Zip Code   Date [MM/DD/YYYY]   S    Employer Name   Occupation    Employer Mailing Address   Date [MM/DD/YYYY]   S    Employer Mailing Address   Date [MM/DD/YY	City. State Zip Code	Date IMM/DDATA1
Full Name of Contributor  House if Street Address  City State Zip Code Date [MM/DD/YYYY] S  Employer Name  Employer Mailing Address Synder Address  Full Name of Contributor  City State Zip Code Date [MM/DD/YYYY] S  House if Mailing Address Synder Address Date [MM/DD/YYYY] S  House if Mailing Address Synder Address Date [MM/DD/YYYY] S  Employer Mailing Address Synder Address Date [MM/DD/YYYY] S  House if Mailing Address Synder Address Date [MM/DD/YYYY] S  Employer Name Coccupation Date [MM/DD/YYYY] S  Employer Name Coccupation Date [MM/DD/YYYY] S  Employer Mailing Address Synder Address Date [MM/DD/YYYY] S  Employer Mailing Address Synder Address Date [MM/DD/YYYY] S  Employer Name Coccupation Date [MM/DD/YYYY] S  Employer Mailing Address Synder Address Synder Address Synder Address Synder Address Synder Sy	EmployerName	Occupation.
Full Name of Contributor  City State Zip Code Date [MM/DD/YYYY] S  Employer Name Occupation  Employer Mailing Address / Principal Place of Business  Full Name of Contributor State Zip Code Date [MM/DD/YYYY] S  Employer Name Occupation  Employer Name Street Address Date [MM/DD/YYYY] S  Employer Name Occupation  Employer Mailing Address / Principal Place of Business  Full Name of Contributor Date [MM/DD/YYYY] S  Employer Mailing Address / Principal Place of Business  Full Name of Contributor Date [MM/DD/YYYY] S  Employer Mailing Address / Principal Place of Business  Full Name of Contributor Date [MM/DD/YYYY] S  Employer Mailing Address / Date [MM/DD/YYYY] S  Employer Name Occupation Date [MM/DD/YYYY] S		Extra populari for fi
House # Street Address Date [MM/DD/YYYY] \$  Employer Name Occupation  Employer Mailing Address / Principal Place of Business  Full Name of Contributor  City State Zip Code Date [MM/DD/YYYY] \$  Employer Name Occupation  Employer Name Occupation  Employer Mailing Address / Principal Place of Business  Full Name of Contributor  City State Zip Code Date [MM/DD/YYYY] \$  House # Street Address / Principal Place of Business  Full Name of Contributor  Date [MM/DD/YYYY] \$  City State Zip Code Date [MM/DD/YYYY] \$  Employer Name Occupation		Date MM/DD/YYYY
City State Zip Code Date [MM/DD/YYYY] 5  Employer Name  Employer Mailing Address / Principal Place of Business  Full Name of Contributor  City State Zip Code Date [MM/DD/YYYY] 5  Employer Mailing Address / Principal Place of Business  Full Name of Contributor  Date [MM/DD/YYYY] 5  Employer Mailing Address / Principal Place of Business  Full Name of Contributor  City State Zip Code Date [MM/DD/YYYY] 5  Employer Mailing Address / Date [MM/DD/YYYY] 5  Employer Name  City State Zip Code Date [MM/DD/YYYY] 5  Employer Name  Cocupation		The beautiful product of the second s
Employer Name  Employer Name  Employer Mailing Address / Principal Place of Business  Full Name of Contributor  City  State  Zip Code  Date [MM/DD/YYYY]  State  Zip Code  Date [MM/DD/YYYY]  State  Date [MM/DD/YYYY]  State  City  Date [MM/DD/YYYY]  State  Date [MM/DD/YYYY]  State  City  State  Date [MM/DD/YYYY]  State  City  State  Date [MM/DD/YYYY]  State  Date [MM/DD/YYYY]  State  City  State  Date [MM/DD/YYYY]  State  City  City  State  Date [MM/DD/YYYY]  State  Date [MM/DD/YYYY]  State  City  City  State  Date [MM/DD/YYYY]  State  City  City  State  City  City  State  Coccupation	House # Street Address	Date [MM/DD/YYYY] \$
Employer Name  Employer Name  Employer Mailing Address / Principal Place of Business  Full Name of Contributor  City  State  Zip Code  Date [MM/DD/YYYY]  State  Zip Code  Date [MM/DD/YYYY]  State  Date [MM/DD/YYYY]  State  City  Date [MM/DD/YYYY]  State  Date [MM/DD/YYYY]  State  City  State  Date [MM/DD/YYYY]  State  City  State  Date [MM/DD/YYYY]  State  Date [MM/DD/YYYY]  State  City  State  Date [MM/DD/YYYY]  State  City  City  State  Date [MM/DD/YYYY]  State  Date [MM/DD/YYYY]  State  City  City  State  Date [MM/DD/YYYY]  State  City  City  State  City  City  State  Coccupation		
Employer Mailing Address / Principal Place of Business  Full Name of Contributor  Date [MM/DD/YYYY] \$  House # Street Address  City State Zip Code Date [MM/DD/YYYY] \$  Employer Mailing Address / Principal Place of Business  Full Name of Contributor  Date [MM/DD/YYYY] \$  Employer Mailing Address / Principal Place of Business  Full Name of Contributor  Date [MM/DD/YYYY] \$  City State Zip Code Date [MM/DD/YYYY] \$  Employer Name  City State Zip Code Date [MM/DD/YYYY] \$  Employer Name  Occupation  Employer Name  Occupation		Date [MM/DD/YYYY] 5
Employer Mailing Address / Principal Place of Business  Full Name of Contributor  Date [MM/DD/YYYY] \$  House # Street Address  City State Zip Code Date [MM/DD/YYYY] \$  Employer Mailing Address / Principal Place of Business  Full Name of Contributor  Date [MM/DD/YYYY] \$  Employer Mailing Address / Principal Place of Business  Full Name of Contributor  Date [MM/DD/YYYY] \$  City State Zip Code Date [MM/DD/YYYY] \$  Employer Name  City State Zip Code Date [MM/DD/YYYY] \$  Employer Name  Occupation  Employer Name  Occupation		
### Principal Place of Business  #### Full Name of Contributor  #### Breet Address    Date  MM/DD/YYYY    \$	Employer Name	roccupation
House # Street Address Date [MM/DD/YYYY] \$  House # Street Address Date [MM/DD/YYYY] \$  Employer Name		
City State Zip Code Date [MM/DD/YYYY] \$  Employer Name Occupation  Employer Mailing Address / Principal Place of Business  Full Name of Contributor Date [MM/DD/YYYY] \$  House # Street Address Date [MM/DD/YYYY] \$  City State Zip Code Date [MM/DD/YYYY] \$  Employer Name Occupation  Employer Name Occupation		Date [MM/DD/YYYY] 5
City State Zip Code Date [MM/DD/YYYY] \$  Employer Name Occupation  Employer Mailing Address / Principal Place of Business  Full Name of Contributor Date [MM/DD/YYYY] \$  House # Street Address Date [MM/DD/YYYY] \$  City State Zip Code Date [MM/DD/YYYY] \$  Employer Name Occupation  Employer Name Occupation		
Employer Mailing Address / Principal Place of Business  Full Name of Contributor  Date [MM/DD/YYYY] \$  House # Street Address  Date [MM/DD/YYYY] \$  City State Zip Code Date [MM/DD/YYYY] \$  Employer Name Occupation	House # Street Address	Date [MM/DD/YYYY] \$
Employer Mailing Address / Principal Place of Business  Full Name of Contributor  Date [MM/DD/YYYY] \$  House # Street Address  Date [MM/DD/YYYY] \$  City State Zip Code Date [MM/DD/YYYY] \$  Employer Name Occupation		
Employer Mailing Address / Principal Place of Business  Full: Name of Contributor  Date [MM/DD/YYYY]  Street Address  City  State  Zip Code  Date [MM/DD/YYYY]  S  Employer Name  Occupation  Cocupation	City State Zip Code	
Employer Mailing Address / Principal Place of Business  Full Name of Contributor Date [MM/DD/YYYY] \$  House # Street Address  City State Zip Code Date [MM/DD/YYYY] \$  Employer Name Occupation  Employer Mailing Address /		
Full Name of Contributor  Date [MM/DD/YYYY]  Full Name of Contributor  Date [MM/DD/YYYY]  Street Address  Date [MM/DD/YYYY]  Street Address  City  State  Zip Code  Date [MM/DD/YYYY]  S  Employer Name  Coccupation  Employer Mailing Address /	ere 28 a la partir de la lagra de la l	Gecupation
House # Street Address  City State Zip Code Date [MM/DD/YYYY] \$  Employer Name Occupation  Employer Mailing Address /	Employer Mailing Address / Principal Place of Business	
House # Street Address Date [MM/DD/YYYY] \$  City Date [MM/DD/YYYY] \$  Employer Name Occupation    Employer Mailing Address /	Full Name of Contributor	Date [MM/DD/YYYY] \$
House # Street Address Date [MM/DD/YYYY] \$  City Date [MM/DD/YYYY] \$  Employer Name Occupation    Employer Mailing Address /		500 (RCs.) 1 100 (RCs.) 1 100 (RCs.) 1 100 (RCs.) 1 100 (RCs.) 1
Employer Name  Cocupation  Employer Mailing Address/		Date [MM/DD/YYYY]\$
Employer Name  Cocupation  Employer Mailing Address/		- 100
Employer Mailing Address /	City State Zip Code	Date [MM/DD/YYYY) 5
Employer Mailing Address /		
Employer Mailing Address /	Employer Name	Occupation
Purincipal Diagont Rusingss	Employer Mailing Address / Principal Place of Business	

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#### 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 Numbe				
Full Name				
	Street Address		<u> </u>	
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description			Kauesaal	調報
Full Name				
The Shape	Street Address			
City		State	Zip Gøde	Date [MM/DD/YYYY] \$
Receipt Description				
Full Name House #	itreet Address			
		State	Zio	Date [MM/DD/YYYY]   \$
City			Code	
Receipt Description				
Full Name House#	treet Address			
City		State	Zip.	Date [MM/DD/YYYY] \$
Receipt Description		Nije odprej	Code	
Full Name			, , , , , , , , , , , , , , , , , , ,	
	treet Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				
Full Name	en.			
House # St	treet Address			
City		State:	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		gerba essa deli Sabet I. velidoli II.	echomos eschiolitation	J Paragrafi

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#### 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

Filer identification Number:		_		
1. UNITEMIZED IN-KIND CONT	RIBUTIONS RECEIVED-VAL	LUE OF \$50,00 OR LESS PE	ER CONTRIBUTOR	
TOTAL for the reporting period	(1)	\$		
2. IN-KIND CONTRIBUTIONS RE	CEIVED-VALUE OF \$50.01	LTO \$250.00 (FROM PAR	(F)	
TOTAL for the reporting period	(2)	\$		
		1		
3, IN-KIND CONTRIBUTION REC	JEIVED-VALUE ØVER \$250	):00 (FROM PART G)		
TOTAL for the reporting period	(3)	\$		
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; a	. i I		

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# SCHEDULE II PART F

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

VALUE OF \$50.01 TO \$250

Filer identification Number:

unio é contrato de discolor de la contrata de la c			
Full Name of Contributor		Date [MM/DD/YYYY]	\$#.
House # Street Address		Date [MM/DD/YYYY]	\$
City. Sta	te Zip Code	Date [MM/DD/YYYY]	\$ Total Control of the Control of th
Description of Contribution			
Full Name of Contributor		Date [MM/DD/YYYY]	\$   ·
House# Street Address		Date [MM/DD/YYYY]	<b>\$</b>
Gity:	te Zip Code	Date [MM/DD/YYYY]	\$
Description of Contribution	CHANG BEHTERHER PROPERTY	1 FS	257117
Full Name of Contributor		Date [MM/DD/YYYY]	
		* 4754	
House# Street Address		Date [MM/DD/YYYY]	\$
City State	te Zip Gode	Date [MM/DD/YYYY]	\$   \$
Description of Contribution	AE(B) 国际ABBOMISTATION	i i	<u> </u>
Full Name of Contributor	····	Date [MM/DD/YYYY]	\$
MATAGE OF CONTINUED		See Insulant 1011	(fig.
House# Street Address		Date (MM/DP/YYYY)	\$
House # Street Address			
City: Stat	te Zip Code	Date [MM/DD/YYYY]	\$ I
		-sec promised in this	
Description of Contribution	新拉斯 拉斯斯斯斯特斯克罗斯斯克斯		<u> </u>
Full Name of Contributor		Date [WM/DD/WWY]	804
	ļ	Pare India/201/1111	
		Date [MIM/DD/YYYY]	
House # Street Address		Pare IMM/SP/1011	
		Date [MM/DD/YYYY]	<u> </u>
City			
Description of Contribution			
Description of Contribution			

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## SCHEDULE II Part G

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

VALUE OVER \$250

Filer Identification Number:		
Full Name of Contributor		Date [MIM/DD/YYYY] \$.
House# Street Ad		Date (MM/DD/YYYY) \$
City	State Zip Code	Date [MIM/DD/YYYY] \$
Employer Name	TO THE RESIDENCE OF THE PARTY O	Occupation
Employer Mailing Address / Prin Place of Business		Description of Contribution
Full Name of Contributor		Date [MM/DD/YYYY] \$
House # Street Add		Date [MM/DD/YYYY] \$
Civilia 14.101	State Zip Code	Date [MIM/DD/YYYY] \$
Employer Name		Occupation
Employer Mailing Address / Princ Place of Business	cipal in an	Description de descri
Full Name of Contributor		Date [MM/DD/YYYY] \$
House # Street Add	ress	Date (MM/DD/WYY)
City	State Zip Code	Date [MIM/DD/XYYY4] \$
Employer Name		Occupation
Employer Mailing Address / Princ Place of Business	ioa	Description of Contribution
Full Name of Contributor		Pate MM/DD/AYYYY
House # Street Add		Date [MM/DD/YYYY] \$
City Employer Name	State Zip Code	Date [MM/DD/YYYY] - \$
all charge could be highly being the		Occupation
Employer Mailing Address / Princ Place of Business		Description of Contribution

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# Statement of Expenditures

				_
Fo Whom Pald			Date [MM/DD/YYYY] \$	
House # Street Address			Description of Expenditure	
Gity	State	Zip		
To Whom Paid			Date [MM/DD/YYYY] \$	
House # Street Address			Description of Expenditure	
City.	State	Zip Code		
To Whom Paid			Date [MM/DD/YY/YY] \$	
House # Street Address			Description of Expenditure	
City.	State	Zip Code		
To Whom Paid			Date [MM/DD/YYYY) S	
House# Street Address			Description of Expenditure	
City	State	Zip		
To Whom Paid			Date [MM/DD/YYYY] \$	
House# Street Address			Description of Expenditure	
Gley	State	Zip Code		
To Whom Paid			Date [MM/DD/YYYY] \$	
House # Street Address			Description of Expenditure	
City	State	Zip Code		
To Whom Paid.			Date [MM/DD/YYYY] \$	
House# Street Address			Description of Expenditure	
Gity	State	Zip Code		
To Whom Paid			Date [MM/DD/YYYY] \$	
House# Street Address			Description of Expenditure	
Gity 1	State	Zipi Code		

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#### **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.

File Calification Number		
Name of Creditor		Outstanding Balance of Debt
House # Street Address	DATE DEBT INCURRED [MM//DD/YYYY]	
Gity:	State Zip Code	
Description of Debt		EBBS43
Name of Creditor	From the restrict of the second secon	Outstanding Balance of Debt
House # Street Address	DATE DEBT INCURRED. [IMM/DD/YYYY]	5
City	State Zip Code	
Description of Debt	ESTATION OF THE PROPERTY OF TH	
Name of Creditor		Outstanding Balance of Debt:
House # Street Address	DATE DEBT INCURRED: [IVIM/DD/YYYY]	15
City	State Zip Code	
Description of Debt	<b>高級電視器計算</b>	EMSERI .
Name of Greditor		Outstanding Balance of Debt
House # Street Address	DATE DEBTINGURRED [MM/DD/YYYY]	
City	State : Zip Code:	
Description of Deht	THE RESIDENCE OF THE PROPERTY	
Name of Greditor		Outstanding Balance of Debt
House # Street Address	DATE DEBT INCURRED. [MM/DD/YYYY]	
City	State Zíp. Code	
Description of Debt.	ATTEMPT OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER	
Name of Creditor	NOON-PORT AND A CONTROL OF THE PROPERTY OF THE	Outstanding Balance of Debt
House # Street Addiress	DATE DEBT INCURRED [MM/DD/YYYY]	
City	State Zip Code	
Description of Debt.		(統領)

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