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

Filer Identification Number 4+	Report Filed (Mark X)	By Candida	ate X	Committee		Lobbyist
Name of Filing Committee, Candida Lobbyist	ite or 5.	BRIAN	Folit			
Street Address	80	Larn	RE			
GINY FAIR	view	State	PA	Zip Code	16415	
Type of Report (Place x under report	t type)				•	
1-6 th Tuesday 2- 2 nd Friday 3-3 Pre-Primary Pre-Primary Prim	O Day Post 4- 6th Tuesday nary Pre- Election	5- 2 nd Friday Pre- Election	6- 30 Day Post Election	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
Date Of Election	Year		Amendment		Termination	
(MM/DD/YYYY)		1	Report		Report	
Expenditures 5		ed17/7/9)	For (Office Use Only	
A. Amount Brought Forward From L B. Total Monetary Contributions an		<i></i>	-			
(From Schedule I) C. Total Funds Available	8					
(Sum of Lines A and B)					60% 60% 60% 60%	
D: Total Expenditures (From Schedule III)	18/18/	1 08			na Ru	Contract Con
E. Ending Cash Balance (Subtract Line D from Line C)	8				17.7 13.4 17.7 13.4 17.7 13.4	to the second se
F. Value of In-Kind Contributions Re (From Schedule II)	ceived \$				See all the see al	
G. Unpaid Debts and Obligations (From Schedule IV)	8				ent.	N N
		Affidavit Sec	tion	·=··		0
Part 1- If this is a Committee report, treas	surer sign here. If this is a Car	ndidate report, car	ndidate sign here.			
I swear (or affirm) that this report, includi Sworn to and subscribed before me this	ing the attached schedules of	1 paper, is to the t	est of my knowledg	je and belief tru	e, correct and complet	е.
day of 20) • •					
			Signature o	f Person Submi	tting report	
Signature			<u> </u>	Printed Name		
My Commission expires	YR,					
MO. DA	it tn.	AI	ea Code	Dayt	ime Telephone Numbe	r
Part II- If this is a report of a Candidate's A I swear (or affirm) that to the best of my k amended.	Authorized Committee, cand knowledge and belief this pol	idate shall sign he itical committee h	re. as not violated any	provisions of th	e Act of June 3, 1937 (I	P.L. 1333, NO.320) as
Sworn to and subscribed before me this						
day of20	• •					
			Signa	ture of Candida	te	_
Signature			P	rinted Name		
My Commission expires						_
MO. DAY	YR.	Ar	ea Code	Daytin	ne Telephone Number	



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 • <a href="mailto:rasketaling-

2021 JUN 16 PM 2: 44

Unsworn Declaration in Lieu of Sworn Statement for Campaign Finance Reports

Note: Per Act 2020-15, which was signed into law on April 20, 2020 and allows for unsworn declarations, Campaign Finance Reports (form DSEB-502), Campaign Finance Statements in lieu of full reports (form DSEB-503), Non-Bid Contract Reporting Form (DSEB-504) and Independent Expenditure Reports (form DSEB-505) need not be notarized. Instead, the filer may file with each report or statement the corresponding version of this form signed by the required individual(s). **This particular form is to be used only for Campaign Finance Reports.** This form must be signed by hand where a signature is required.

Name of Filing (Committee, Can	didate, or Lobby	ist		
Reporting Cycle	Name				androdec Coles (2004,241) for Revelope
☐ Cycle 1 6 th Tuesday Pre-Primary	☐ Cycle 2 2 nd Friday Pre-Primary	□ Cycle 3 30 Day Post Primary	6 th T	Cycle 4 Juesday Election	☐ Cycle 5 2 nd Friday Pre-Election
30 Day Post-Election	☐ Cycle 7 Annual Report	☐ Cycle 8 2 nd Friday Pre-Special	Election	•	cle 9 st-Special Election

Part I - If this form is submitted with a Committee report, the treasurer must sign here. If this form is submitted with a Candidate report, the candidate must sign here. If this report is submitted with a report by a contributing lobbyist, the lobbyist 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

ERIE PA USA

Location (City/State/Country)

SCHEDULE I Contributions and Receipts Detailed Summary Page

Flier identification Number	· · ·	
1. Uniternized Contributions and Receipts-\$ 50.00 or Less per Contributor	A CONTRACTOR	
Total for the reporting period (1)) 8	A CONTRACTOR OF THE PROPERTY O
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)	8	
Total for the reporting period (2)	8	
3. Contributions Over \$ 250.00 (From Part C and Part D)	1 700 mg. 6 - N 2 128, 1 mg.	
Contributions Received from Political Committees (Part C)	8	2.1.200 (1.2.400) - 1.2.400 (1.2.400) - 1.2.400 (1.2.400) - 1.2.400 (1.2.400) - 1.2.400 (1.2.400) - 1.2.4
All Other Contributions (Part D)	8	
Total for the reporting period (3)	8	
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		
Total for the reporting period (4)	8	
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, Report Cover Page, Item B)	\$	

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	i Number				
					Amount/
Full Name of Co Committee	ntributing			Date [MM/DD/YYYY] 8	K
					Ψ
House #	Street Address			Date [MM/DD/YYYY] .8	ľ
City		State	Zip Code	Date [MM/DD/YYYY] 8	
Full Name of Co	ntributing		A CONTRACT OF STREET	Date [MM/DD/YYYY] 8	
Committee					
House #	Street Address			Date [MM/DD/YYYY] 1	
	A Sec. 1 Action				
City	Marina Palanana and Andrews	State	Zip Code	Date [MM/DD/YYYY] 8	
Harrist Kirol I		W 124 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
Full Name of Co Committee	ntributing			Date [MM/DD/YYYY] 8	
Commission of					
House #	Street Address			Date [MM/DD/YYYY] \$	
		`		50 A 199 50 7 2 2 2 50 7 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	
City		State	Zip Code	Date [MM/DD/YYYY] 8	1
Full Name of Co.	ntributina = -	a. 1		Date [MM/DD/YYYY] 8	
Committee					
House #	Street Address		•	Date [MM/DD/YYYY] \$	
				1. September 1. Se	
City	<u> </u>	State	Zip Code	Date [MM/DD/YYYY] 8	-
Full Name of Cor	itributing			Date [MM/DD/YYYY] \$	
Committee					i i
House#	Street Address			Date [MM/DD/YYYY] \$	
	N. I.				
City	I	State	Zip Code	Date [MM/DD/YYYY] 8	
Full Name of Cor Committee	itributing			Date [MM/DD/YYYY] 8	
House#	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
				The state of the s	<u> </u>
EGATETA N					

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	on Number:				
#Full Name of C				C Parage and Annual States	
Full Ival 1000	Ontributor			Date [MM/DD/YYYY]	
House #	Street Address	<u> </u>		Date [MM/DD/YYYY] 3	
City	. Vérminei	State	Zip Code	Date [MM/DD/YYYY] 8:	
Full Name of C	Jonus but of		Control of the contro	Date [MM/DD/YYYY] 1	سند
				The Control of the Co	
House #	Street Address	3		Date [MM/DD/YYYY] \$	
City		State	Zip Code		
Uity			Alp sour	Date [MM/DD/YYYY] \$	
Full-Name of G	ontributor	100000	Fig. 20 to 10 to 1	Date [MM/DD/YYYY] 3	
				(文) (大) (大) (大) (大) (大) (大) (大) (大) (大) (大	
House #	Street Address	Á		Date [MM/DD/YYYY] 3	
City		State	Zip Code	Date [MM/DD/YYYY] 8	
Full Name of Co	ontributor			Date [MM/DD/YYYY] 8	
House #	Street Address	ŝ		Date [MM/DD/YYYY] \$	
					I
City.	- ulive bu	State	Zip Code	Date [MM/DD/YYYY] \$	i
Full Name of Co	ontributor			Date [MM/DD/YYYY] \$	
		_			l
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	<u> </u>
			Elpova	COSTS LANDERED BELLET	i
Full Name of Co	intributor		No.	Date [MM/DD/XYYY] 3	
House#	Street Address			Date (MM/DD/YYYY)	
WOLAC	STREET AUDITESS				l i
Eity -		State	Zip Code	Date [MM/DD/YYYY] 8	
	ř		######################################		

PART C

Contributions Received From Political Committees

Over \$ 250.00

Filer Identification Number:

Use this Part to itemize only contributions received from Political Committees with an aggregate value over \$ 250.00 in the reporting period.

AMAGE ST					
Full Name of Contributing Co				Date [MM/DD/YYYY] 8	I
House#	Street Address			Date [MM/DD/YYYY] 6	<u>D</u>
JIMMON				Date (Million Date)	r
City	K-n	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of				Date [MM/DD/YYYY] \$	
Contributing Co					
House #	Street Address			Date [MM/DD/YYYY]	
City	Company of the Company of the Company	State	Zip Code	Date [MM/DD/YYYY]	
Full Name of		A STATE OF THE STA	TO A TOTAL STATE OF THE STATE O	Date [MM/DD/YYYY] 3	
Contributing Co	Street Address			Date [MM/DD/YYYY] 33	·
Tibudo II	SHEEL NUMBER			Date [MM/DD/YYYY] \$	
City	To the commence of the set	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Co	ammittée.	Para transition and		Date [MM/DD/YYYY]	<u> </u>
House #	Street Address			Date [MM/DD/YYYY] \$	_
City	Barry	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Co		<u>ilia intita. 2001</u>	POCCHAPTER THE COME IS PROPERTY	Date (MM/DD/YYYY) \$	
House #	Street Address			Date [MM/DD/YYYY] 1	
		V-17/12 (1)	to make a second	Data IMM/DD/WWW	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Co	<i>i</i> mmittee		,	Date [MM/DD/YYYY] \$	
House#	Street Address			Date [MM/DD/YYYY] \$	
City-		State:	Zip Code	Date [MM/DD/YYYY] \$	
					,

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)

Employer Name Employer Mailing Address / Principal Place of Contributor Date [MM/DD/YYYY] \$ Principal Place of Contributor Date [MM/DD/YYYY] \$ Principal Place of Contributor Date [MM/DD/YYYY] \$ Employer Mailing Address Date [MM/DD/YYYY] \$ Principal Place of Business Date [MM/DD/YYYY] \$ Employer Mailing Address Date [MM/DD/YYYY] \$ House # Street Address Date [MM/DD/YYYY] \$ House # Street Address Date [MM/DD/YYYY] \$ House # Street Address Date [MM/DD/YYYY] \$ City	Filer Identification Number:			
Employer Name Employer Mailing Address Employer Mailing Address Employer Mailing Address Employer Mailing Address Employer Name Employer Name Employer Name Employer Name Employer Mailing Address Employer Name Employer Mailing Address Employer Name Employer Mailing Address Employer Name	Full Name of Contributor			Date [MM/DD/YYYY] 3
Employer Name Employer Mailing Address / Principal Pacco Dusiness Full Name of Gontributor Date [MM/DD/YYYY] \$ Employer Name Employer Name Cocupation Employer Name Employer Mailing Address / Principal Pacco of Business Full Name of Contributor Gity State Zip Code Date [MM/DD/YYYY] \$ Employer Mailing Address / Principal Pacco of Business Full Name of Contributor Gity State Zip Code Date [MM/DD/YYYY] \$ Employer Mailing Address / Principal Pacco of Business Full Name of Contributor Date [MM/DD/YYYY] \$ Employer Mailing Address / Principal Pacco of Business Full Name of Contributor Date [MM/DD/YYYY] \$ Employer Mailing Address / Principal Pacco of Business Employer Mailing Address / Employer Mailing Address / Employer Mailing Address / Employer Mailing Address /	House:# Street Ad	ldress		Date [MM/DD/YYYY] 8
Employer Mailing Address / Principal Piace of Business Principal Piace of Business	City	State	provide a consequent of the late.	Date [MM/DD/YYYY] \$
### Process Street Address Date [MM/DD/YYYY] \$	Employer Name		。	Occupation
Bit	Principal Place of Business		,	
Employer Name City Employer Mailing Address / Principal Place of Business Full Name of Contributor House # Street Address Employer Mailing Address / Principal Place of Business Full Name of Contributor City State Zip Code Date [MM/DD/YYYY] Employer Mailing Address / Plill Name of Contributor Employer Mailing Address / Plill Name of Contributor Date [MM/DD/YYYY] Employer Mailing Address / Plill Name of Contributor Date [MM/DD/YYYY] Employer Mailing Address / Plill Name of Contributor Date [MM/DD/YYYY] Employer Name City State Zip Code Date [MM/DD/YYYY] Employer Name Coccupation Employer Name Coccupation Employer Name Coccupation				
Employer Name Employer Mailing Address / Principal Place of Business Full Name of Contributor Gity State Zip Code Date [MM/DD/YYYY] Employer Name Cocupation 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 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 / Employer Name Cocupation City State Zip Code Date [MM/DD/YYYY] Employer Name Cocupation				
Employer Mailing Address / Principal Place of Business Full Name of Contributor Date [MM/DD/YYYY] \$ City State Zip Code 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 Occupation Date [MM/DD/YYYY] \$ City State Zip Code Date [MM/DD/YYYY] \$ Employer Name Occupation Date		State	Zíp Code	
Full Name of Contributor Date [MM/DD/YYYY] \$	Employer Mailing Address /			Occupation
House # Street Address Date [MM/DD/YYYY] \$ Employer Name Occupation Employer Mailing Address / Fill Name of Contributor Date [MM/DD/YYYY] \$ House # Street Address City State Zip Code Date [MM/DD/YYYY] \$ City State Zip Code Date [MM/DD/YYYY] \$ Employer Name Occupation Employer Name Occupation Employer Mailing Address /	Control of the Contro			
Employer Name Employer Mailing Address / Principal Place of Business Full Name of Contributor Date [MM/DD/YYYY] \$ House # Street Address Employer Name Occupation Date [MM/DD/YYYY] \$ Employer Name Occupation Date [MM/DD/YYYY] \$ Employer Name Occupation	House # Street Ad	dress		
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 Occupation Employer Mailing Address /	Gity	State	Zip Gode	Date [MM/DD/YYYY]
Full Name of Contributor Date [MM/DD/YYYY] Street Address City State Zip Code Date [MM/DD/YYYY] State City City Mailing Address /	Employer Name			Occupation
House # Street Address City State Zip Code Date [MM/DD/YYYY] \$ Employer Name Occupation Employer Mailing Address /	Employer Mailing Address / Rrincipal Place of Business			
City State Zip Code Date [MM/DD/YYYY] \$ Employer Name Occupation Employer Mailing Address /		· ·		
Employer Name Occupation Employer Malling Address /		A SECURITY OF THE SECURITY OF		
Employer Name Occupation Employer Mailing Address /	City	State	Zip Code	
	Employer Name Employer Mailing Address /			

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 Num	ider:		_			
Full Name						
House#	Stre	et Address				<u> </u>
City			State	Zip Code	Date [MM/DD/YYYY] \$	11
Receipt Description			200 (200 (200 (200 (200 (200 (200 (200	Code	· · · · · · · · · · · · · · · · · · ·	1
Full Name						i
House#	Stree	et Address				
City			State	Zip	Date [MM/DD/YYYY] \$	
Receipt Description			19 (19 (19 (19 (19 (19 (19 (19 (19 (19 (Code —		
Full Name				·····		
House #	Stres	et Address				
City			State	Zip	Date [MM/DD/YYYY]	
				Code		
Receipt Description						
Full Name						
House #	Stree	et Address		Professional I		
City.			State	Zip Code	Date [MM/DD/YYYY] \$	
Receipt Description			[A \$W-44] #4 2]	1 Character and Character	[22]	
Full Name					,	
House.#	20572000	et Address				
City			State	Zip Code	Date [MM/DD/YYYY] 4	
Receipt Description					(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	
Full Name						
House.#	Stree	nt Address				
City		o e gun e petingty Felandus to 15 to C	State	Zip Code	Date [MM/DD/YYYY] 1	
Receipt Description				社会 [57] (155)		
	PARTITION OF THE PARTIES.					

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

Flier identification Number			
1UNITEMIZED IN KIND CONTRIBL	JTIONS RECEIVED-V/	ALUE OF \$50.00 OR LESS PER CON	TRIBUTOR
TOTAL for the reporting period	(1)	8	NA
2 IN-KIND CONTRIBUTIONS RECEIVE		01 TO \$250.00 (FROM PART F)	
TOTAL for the reporting period	(2)	<u> </u>	
3: IN-KIND CONTRIBUTION RECEIVE	ED-VALUE OVER \$25	0.00 (FROM PART G)	
TOTAL for the reporting period	(3)	8	
TOTAL VALUE OF IN-KIND CONTRIBUTIONS PERIOD (Add and enter amount totals from on Page 1, Report Cover Page, Item F)			

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$ 50.01 TO \$ 250

Filer identification Number:				
Full Name of Contributor			Date [MM/DD/YYYY]	AL
House # Street Addres	88		Date [MM/DD/YYYY] 3	
City Description of Contribution	State	Zip Code	Date [MM/DD/YYYY] 8	
Full Name of Contributor			Date [MM/DD/YYYY] 8	
House # Street Addres	55		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] 8	
Description of Contribution Full Name of Contributor			Date [MM//DD//YYYY)	
House # Street Addres	\$		Date [MM/DD/YYYY] 8	
Gity Description of Contribution	State	Zip Code	Date [MM/DD/YYYY] 3	
Full Name of Contributor			Date [MM/DD/YYYY] 3	
House # Street Addres	SS		Date [MM/DD/YYYY] \$	
City i Description of Contribution	State	Zip Gode	Date [MM/DD/YYYY] \$	
Full Name of Contributor			Date [MM/DD/YYYY] 3	
House# Street Addres	\$		Date [MM/DD/YYYY] \$	
City .	State	Zip Code	Date [MM/DD/YYYY] 3	
Description of Contribution		Prince and a second second	PASSET	

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$ 250

rier dentification Number:			
Eull-Name of Contributor			Date [MM/DD/YYYY] 1
House # Street Address			Date [MM/DD/YYYY] 8
			Date IMM/DD/YYYY 8
City .	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name Employer Mailing Address / Principal		Production and activities and activities	Occupation Service Ser
Place of Business			Description of Contribution
Full Name of Contributor		· · · · · · · · · · · · · · · · · · ·	Date [MM/DD/YYYY] \$
House# Street Address			Date [MM/DD/YYYY]
City	State	Zip Gode	Date [MM/DD/YYYY]
Employer Name		The second secon	Occupation
Employer Mailing Address / Principal Place of Business		-	Description of Contribution
Full Name of Contributor			Date [MM/DD/YYYY] \$
House # Street Address	·		Date [MM/DD/YYYY] 3
Clty -	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name			Occupation
Employer Mailing Address / Principal Place of Business			Description of Contribution
Full Name of Contributor			Date [MM/DD/YYYY] 8
House # Street Address		,	Date [MM/DD/YYYY] 8
City	State	Zip Code	Date [MM/DD/YYYY] 8
Employer Name			Occupation.
Employer Mailing Address / Principal Place of Business			Description of Contribution

Statement of Expenditures

	=		
Ellas blandidantian kirinchan			
Filer Identification Number:			
ALCOHOL SERVICE SERVIC			

To Whom Paid	DESANTIS EIGNS			Date [MM/DD/YYYY] 1	944.00
House# 540	Stroot Address	W. (8th S	it	Descriptión of Expenditure	
city ER	IE	State PA	Zip Code /6502	Political 1	MAILER
To Whom Paid	DESAN	Date [MM/DD/YYYY] 8 05((2/2021	867.08		
House# 540	Street Address	M. 18th 54		Description of Expenditure	
City ER	E	State PA	Zip Code (6501	Political Mx	HURR
To Whom Paid				Date [MM/DD/YYYY]	
House#	Street Address			Description of Expenditure	
City	See Aller 2011 and See See See See See See See See See Se	State	Zip Code		
To Whom Paid		National Control of the Control of t	Eman (Contact Contact	Date [MM/DD/YYYY] &	
House #	Street Address	· · · · · · · · · · · · · · · · · · ·		Description of Expenditure	
City		State	Zip Code		
To Whom Paid		MATERIAL PROPERTY	MACANISM NEW YORK NO	Date [MM/DD/YYYY] &	
House #	Street Address			Description of Expenditure	
City	Market and the second s	State	Zip Gode	TOWN MY, Mr. 197, NO. 189, ALL Mr THE STOCK TOWN TO THE PROPERTY APPROXIMATION OF THE PROPERT	maggings (No. 8 and su. com. 5 r stages of termination with Westerland 1 and 1
To Whom Paid	· · ·			Date [MM/DD/YYYY] 8	****
House #	Street Address			Description of Expenditure	F3, 110 F3
City	\$ 1.5000 m 20	State	Zip Code		
To Whom Paid				Date [MM/DD/YYYY] \$	
House #	Street Address			Description of Expenditure	
Gly.	Harante Vizione en provincia de la compansión de la compa	State	Zip Code		
To Whom Paid				Date [MM/DD/YYYY] \$	
House #	Street Address			Description of Expenditure	The state of the s
Olty.	Letti-leaves too toolitise excite to tad	State	Zip Code		

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
House # Street Addr	ess	DATE DEBT INCURRED [MM/DD/YYYY]	** The standing salarice of Debt
City Description of Debt	State	Zip Code	
Name of Creditor			Outstanding Balance of Debt
House # Street Addr	355	DATE DEBT INCURRED [MM/DD/YYYY]	3
Gity	State	Zip Code	
Description of Debt			
Name of creditor			Outstanding Balance of Dept
House # Street Addre		DATE DEBT INCURRED [MM/DD/YYYY]	
Olty	State	Zip Code	
Description of Debt :: Name of Creditor			Outstanding Balance of Debt
House # Street Addre	988	DATE DEBT INCURRED	S Sustained Balance of Debt
		[MM/DD/YYYY]	
City	State	Zip Code	
Description of Debt			-
Name of Preditor			Outstanding Balance of Debt
House:# Street, Addre		DATE DEBT INCURRED [MM/DD/YYYY]	
City	State	Zip Gode	
Description of Debt			
Name of Creditor			Outstanding Balance of Debt
House # Street Addre		DATE DEBT INCURRED [MM/DD/YYYY]	
City Description of Debt	State	Zip Gode	