

# Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification	T	ii.	Pone	rt Filed	2	Condid	-4-	116						1
Number			1 -		ру	Candid	ate	Com	nittee	2		Lob	byist	H
			( Ma	rk A)				<u>]</u>				<u> </u>		
Name of Filing Com	mittee, La	indidate or	FRIEN	DS TO ELE	CT KIRI	K McCASLI	iN							-
Lobbyist			1111274		C1 1()()	K IVICERSE								
Street Address			4737	NORTH W	AYSIDE	DRIVE								
City					1300									
City	ERIE				i	State	PA	Zip Co	ode	16505				
	<u> </u>									10303				
Type of Report (Place	e x under i	report type)												
1-6 <sup>th</sup> Tuesday 2- 2	nd Eriday	3-30 Day Post	a cth	Tuesday	r all	<sup>d</sup> Friday	6- 30 Day Pos	t 7- Ani		Special 2	nd	C	-1.70	D
	·Primary						1	7" AIII	iiuai	4 *		1 '	ial 30	-
ric-rimary rie-	rilliary	Primary	Pre- E	lection	hte-	Election	Election			Pre-Elect	ion	POST	-Election	on .
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				- 1	1 1		1 1 1					]	1 1	
Date Of Election		<u> </u>	Year		<del></del>		Amendment	<del>                                     </del>	-	Tauminns		<del> </del>		
(MM/DD/YYYY)		05/18/2021	, cor		,	2021	1		1	Terminat	IUI)			
(All 1927)					_		Report	<b>L</b>	J	Report				
Summary of Receipts	s and	From Date		To Date	2			<del></del>	For	Office Use	Only	-		
Expenditures			i						. 01	Office Ose (	Offic			
			1	05	/28/20	21	* •							
A. Amount Brought F	anyond P	rom Lock Day and					<b> </b>				·			
A. Amount brought r	orwaru r	rom tast keport	\$	3	3,300.0	0								
B. Total Monetary Co	mtribudi-	ne and Passint-	Ś											-
(From Schedule I)	MICHDUEIO	ns and keceipts	>	9	,065.0	0				,				
											and the same	***		
C. Total Funds Availa			\$	6	,365.0						(*****)	A distant	š	
(Sum of Lines A and I					,,505,01	'		•				de distant	9 9	
D. Total Expenditure:	S		\$		240.7						12,12	( ( (	14	
(From Schedule III)				3	,348.2	8					The second secon	مدين ما - ۱۹ ما المادية	- #	
E. Ending Cash Baland	ce		\$	•		***					FALL			
(Subtract Line D from	Line C)			3	,016.7	2					- 62	$\circ$	,	
F. Value of In-Kind Co	entributio	ns Received	\$								1.626		_	
(From Schedule II)			1		0						and a	****	-	
G. Unpaid Debts and	Obligation	ne	\$								Mary Land			
(From Schedule IV)	001182410		۲		361.71						****	ب	•	
(From Delication)		·										U		· .
D- + 0 (C(1) / D						fidavit Sec					40000	Q.	1	
Part 1- If this is a Commi	ttee report	, treasurer sign he	re. If th	is is a Can	didate	report, ca	ndidate sign here.							
I swear (or affirm) that the			hed sch	edules on	paper,	is to the l	best of my knowle	dge and be	elief tr	ue, correct ar	nd complet	ę.		
Sworn to and subscribed	l before me	this					31	~ 1						
day of		20				,		//						
uuy u		20	-	1		1			c l			_		
						<b>VIET</b>	Signature WEIDNER	of Person	Subm	itting report				
Signat	ure			1				Printed	i Nama		<del></del>			
<b>J</b>				. •				imie	rivalile	•				
My Commission expires_			_			814	4		969-0	0917				
	MO.	DAY YR.				A	rea Code	-	Davi	time Telepho	ne Number			
Part II- If this is a report of	of a Candid	ate's Authorized C	ommitt	ee, candi	date sh	ail sign he	re.						-	
I swear (or affirm) that to	the best o	f my knowledge ai	nd belie	f this poli	ical co	mmittee h	as not violated ar	y provisio	ns of th	ne Act of June	3. 1937 (P	L. 133	3. NO.3	20) as
amended.				•					••		-, h		_,	,
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Sworn to and subscribed	before me	this					i/	p	0	7				
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day of		20		ì			<i>y</i>			<u></u>		_		
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		·		1.		KIR	K McCASLIN					_		
Signatu	ire							Printed N	ame					
Mu Canaminal				•		814	1	Δ	34-96	n <del>9</del>				
My Commission expires_	MO	DAY VS	,			***************************************	<del></del>							
	MO.	DAY YR.				Ar	ea Code		Daytir	ne Telephon	e Number			
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### SCHEDULE I

# **Contributions and Receipts**

**Detailed Summary Page** 

Filer Identification Number		
1.Uniternized Contributions and Receipts-\$50.00 or Less per Contributor		
Total for the reporting period (1)	\$	115.00
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		<u></u>
Contributions Received from Political Committees (Part A)	\$	
All Other Contributions (Part B)	\$	950.00
Total for the reporting period (2)	\$	950.00
3. Contributions Over \$250.00 (From Part C and Part D)	-	
Contributions Received from Political Committees (Part C)	\$	
All Other Contributions (Part D)	\$	2,000.00
Total for the reporting period (3)	\$	2,000.00
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		
Total for the reporting period (4)	\$	
Total Monetary Contributions and Receipts during this reporting period (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page I tem B)	\$	3,065.00



#### **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

2021 JUN 16 PM 3: 56

# ENIE COUNTY 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 Reporting Cycle	Committee, Can				
Cycle 1 6 <sup>th</sup> Tuesday Pre-Primary	☐ <b>Cycle 2</b> 2 <sup>nd</sup> Friday  Pre-Primary	Cycle 3 30 Day Post Primary	☐ (6 <sup>th</sup> T	Cycle 4 Tuesday Election	☐ <b>Cycle 5</b> 2 <sup>nd</sup> Friday  Pre-Election
☐ Cycle 6 30 Day Post-Election	☐ Cycle 7  Annual Report	☐ Cycle 8  2 <sup>nd</sup> Friday Pre-Special	Election	_	cle 9 ost-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

LEN WEIDNER

**Printed Name** 

6 · 15 · 202)

Date (DD/MM/YYYY)

ERIE PA USI

Location (City/State/Country)



#### **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

**Part II** - If this form is submitted with a report by a Candidate's Authorized Committee, the candidate must sign here.

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

Signature of Treasurer, Candidate, or Lobbyist

Date (DD/MM/YYYY)

6.15.2021

ERIE PA USA

KIRK MUCASUIN

Printed Name

Location (City/State/Country)



#### PART A

### **Contributions Received From Political Committees**

\$50.01 TO \$250.00
Use this Part to itemize only contributions received from Political Committees with an aggregate value from \$50.01 TO \$250.00 in the reporting period.

					Amount
Full Name of Contribu Committee	ıting			Date [MM/DD/YYYY	1 \$
House #	Street Address			Date [MM/DD/YYYY	1 \$
City	<u> </u>	State	Zip Code	Date [MM/DD/YYYY	] \$
Full Name of Contribu Committee	iting	<u> </u>		Date [MM/DD/YYYY]	] \$
House #	Street Address		Date [MM/DD/YYYY]	1 \$	
City		State	Zip Code	Date [MM/DD/YYYY]	1 \$
Full Name of Contribu Committee	iting		<u> </u>	Date [MM/DD/YYYY]	] \$
House #	Street Address			Date [MM/DD/YYYY]	1 \$
City		State	Zip Code	Date [MM/DD/YYYY]	1 \$
Full Name of Contribu Committee	iting			Date [MM/DD/YYYY]	] \$
House #	Street Address			Date [MM/DD/YYYY]	3 \$
City		State	Zip Code	Date [MM/DD/YYYY]	1 \$
Full Name of Contribu Committee	ting		——————————————————————————————————————	Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City	1	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contribut Committee	ting			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City	1	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.)

*		. ·									
Full N	ame of Cont	ributor	·····						Date [MM/DD/YYYY]	\$	<del>T</del>
	· · · · · · · · · · · · · · · · · · ·		JEFFREY J. CO	OLE					05/13/2021		200.00
House	#	Stre	eet Address				<del> ·</del>		Date [MM/DD/YYYY]	\$	-1
£1.	3741			LOCHIEL	L AVE					'	
City	1		1	St	tate	Τ	Zip Code		Date [MM/DD/YYYY]	\$	
å ·	ERIE					PA		16505		1	
Full Na	me of Cont	ributor			-	<del></del>			Date [MM/DD/YYYY]	\$	
\$			GARY OEHLI	NG					05/13/2021	1	250.00
House	#	Str	eet Address				,***,		Date [MM/DD/YYYY]	\$	+
	4544			WOLF R	(D					1	
City				St	tate		Zip Code	T	Date [MM/DD/YYYY]	\$	
·	ERIE					PA		16505			
Full Na	me of Cont	ibutor				<del></del>			Date [MM/DD/YYYY]	\$	
Ŷ.			FRANK FRAN	IGIONE					05/13/2021	1	100.00
House	#	Str	eet Address						Date [MM/DD/YYYY]	\$	
12.1 -	511			NEVADA	A DR						
City	T .			St	tate		Zip Code		Date [MM/DD/YYYY]	\$	
<i>i</i>	ERIE			ľ		PA		16505		1	
Full Na	me of Conti	ibutor							Date [MM/DD/YYYY]	\$	
	•		RANDOLPH L	LACHOW	/SKI				05/13/2021		100.00
House	#	Str	eet Address						Date [MM/DD/YYYY]	\$	
	204			BAY MIS	ST DR					1	
City	<u> </u>			St	tate	T	Zip Code	1	Date [MM/DD/YYYY]	\$	1
	ERIE					PA		16505			
Full Na	me of Contr	ibutor			لست		<u></u>	<u>-1</u>	Date [MM/DD/YYYY]	\$	
			FRANK ADIU	TORI					05/04/2021		200.00
House	# [	Stre	et Address						Date [MM/DD/YYYY]	\$	
	3028			W. 6th S	ST						·
City	<del>i.l.</del>			Sta	ate	Γ	Zip Code	T	Date [MM/DD/YYYY]	\$	1
	ERIE					PA		16505			
Full Na	me of Contr	ibutor					<u></u>		Date [MM/DD/YYYY]	\$	
:		:	SANDRA KOK	(ET					05/05/2021		100.00
House	#	Stre	et Address						Date [MM/DD/YYYY]	\$	
	322	İ		FOREST I	DR						
City	<u> </u>		1	Sta	ate		Zip Code	1	Date [MM/DD/YYYY]	\$	<del> </del>
•	ERIE					PA		16505		1	

#### 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.

	English	·			
Full Name of Contributing Com	ımittee			Date [MM/DD/YYYY]	\$
House #	Street Address		4-88-4-8	Date [MM/DD/YYYY]	\$
27.				Table for formal	
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Com	ımittee	<u> </u>	4	Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Com	ımittee	<u> </u>	<u> </u>	Date [MM/DD/YYYY]	Ş
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	
Full Name of				Date [MM/DD/YYYY]	\$
Contributing Com					
House #	Street Address	······································		Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Comm	mittee			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of				Date [MM/DD/YYYY]	:
Contributing Comm					
House #	Street Address	•		Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$ .

#### PART D

### **All Other Contributions**

Over \$250.00

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

Full Name of Contr							Date [MM/DD/Y	VVVI	7	
, To Array and Array and Array	1	HAEL DONI	KOWSKI						<b>\$</b> .	500.00
September 1981 in 1981 In 1981 in 198	100						05/13/2021	1		
House #	Street Ac	dress	*				Date [MM/DD/Y	YYY]	\$	
4804		wc	LF RD							
City		<u></u>	State		Zip Code		Date [MM/DD/Y	YYY]	\$	
ERIE				PA		16505				
Employer Name				1	<u>,                                     </u>		Occupation   RET	IRED		
Employer Mailing	Address /					<del>.</del>				
Principal Place of E										
Full Name of Contr	ibutor						Date [MM/DD/Y	YYY] .	\$	
	PAU	L NELSON					05/13/2021	,		1,500.00
House #	Street Ac	ldress					Date [MM/DD/Y	YYY]	\$	
6900			IEGATE RD					<del></del>		
City		<u> </u>	State	1	Zip Code	1	Date [MM/DD/Y	YYY]	\$	
FAIRVIEW				PA		16415				
Employer Name			ALDAMEER	DADY			Occupation	NER		
Employer Mailing			ALDAIVIECK	PARK			UW	IVER		
Principal Place of B		221	D PENINSUL	LA DR ERIE	, PA. 16505					
Full Name of Contr							Date [MM/DD/Y	/YY]	\$	
and the second of								-		
House #	Street Ac	dress					Date [MM/DD/Y	(YYI	\$	
					T = 1 = 1	1	The state of the s		_	
City			State		Zip Code		Date [MM/DD/Y	YYYI	\$	
Fundament Mana		•								
Employer Name	a a sa						Occupation			
Employer Mailing / Principal Place of 8										
Full Name of Contr		1					Date [MM/DD/Y	/YY1	\$	
					•			•	•	
House #	Street Ad	dress					Date [MM/DD/Y	<b>/YY</b> ]	\$	
		.								
City		·	State		Zip Code		Date [MM/DD/Y	/YY]	\$	
Employer Name		. [	1	<u> </u>		<u> </u>	Occupation			
• •							•			
Employer Mailing A										

#### 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.

rijer ipentitication Numi	ueri.			
- 1, a				
Full Name	. की क			
House #	Street Address			
City		State	Zîp Code	Date [MM/DD/YYYY] \$
Receipt Description			<u></u>	
Full Name			***	
House #	Street Address			
City	4	State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description	A.			2
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				
Full Name				
	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				
Full Name				
House #	Street Address	· · · · · · · · · · · · · · · · · · ·		
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				
Full Name	·			
	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		<u> </u>		

#### 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 CONTRIBUTIONS RECEIVED-VALUE OF \$5	0.00 OR LESS PER CONTRIBUTOR
TOTAL for the reporting period (1)	\$
2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250	.00 (FROM PART F)
TOTAL for the reporting period (2)	\$
3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM	M PART G)
TOTAL for the reporting period (3)	\$
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

			AECE O1 \$30.01 10 \$230	<u></u>	
Filer Identification Numb	er:				
	· .				
Full Name of Contribu	tor			Date [MM/DD/YYYY]	\$
House #			,—,,—,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Des [8484/DD (VVVV)]	
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
					<b>1 1</b>
Description of Contrib	ution	<del> </del>	<u> </u>		<u> </u>
Full Name of Contribu	tor			Date [MM/DD/YYYY]	\$
	·				
House #	e da analana			Date [MM/DD/YYYY]	\$
HOuse #	Street Address			Date [MIM/DD/ 1111]	•
City	•	State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contrib	ution				
ocal polon of contrib					
Full Name of Contribut	tor			Date [MM/DD/YYYY]	\$
富姓 医二甲的二甲					
House #				D Francisco francis	
House #	Street Address			Date [MM/DD/YYYY]	\$
City	·	State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contribu	ution		J	.1	1 1
Full Name of Contribut	tor			Date [MM/DD/YYYY]	\$
	A.				
House #	Street Address			Date [MM/DD/YYYY]	ş
	oti cet Address				
City		State	Zip Code	Date [MM/DD/YYYY]	\$
1					ï.
Description of Contribu	ution				
Full Name of Contribut	enting value of the state of the off name			Date [MM/DD/YYYY]	5.A.
run Name or Contribut	or			Date [WW/DD/TTTT]	\$
House #	Street Address		and the second s	Date [MM/DD/YYYY]	\$
No.					
Cia		Para'r I	7:- C- d-	D Francisco Inn lange	
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contribu	ition		<del></del>		

### SCHEDULE II

#### Part G

# **In-Kind Contributions Received**

VALUE OVER \$250

Full Name of Co	ntributor			Date [MM/DD/YYYY]	\$
House #	Street Address		· · · · · · · · · · · · · · · · · · ·	Date [MM/DD/YYYY]	\$
50, 1 d					
City	1 1	State	Zip Code	Date [MM/DD/YYYY]	\$
					<b>-</b>   `
mployer Name				Occupation	
molover Mailin	ng Address / Principal	·		Description	
Place of Busines				of	
				Contribution	
Full Name of Co	ntributor			Date [MM/DD/YYYY]	\$
· · · · · · · · · · · · · · · · · · ·					
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
mployer Name				Occupation	1 1
mplover Mailin	ng Address / Principal	•		Description	
Place of Busines				of	
				Contribution	
Full Name of Co	ntributor			Date [MM/DD/YYYY]	\$
					<b>.</b>
House #	Street Address			Date [MM/DD/YYYY]	\$
City	i	State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name				Occupation	<u> </u>
Employer Mailin Place of Busines	ig Address / Principal s			Description of	
	<del>™</del>			Contribution	
Full Name of Co	ntributor			Date [MM/DD/YYYY]	\$
House #	Street Address		<u>.</u>	Date [MM/DD/YYYY]	\$
				***************************************	7
City		State	Zip Code	Date [MM/DD/YYYY]	\$
~ <b>,</b>		State	FIL COME	Date flausian 1111	┦*┃
mployer Name				Occupation	.1.1
mployer Mailin	g Address / Principal			Description of	
race or pusines	3			Contribution	

# Statement of Expenditures

Filer Identification Number:	
	and the control of th

To Whom Paid					Date [MM/DD/YYYY]	\$		
(c) (3), (a) ∈ (3), (b), (b) (b) (c) (b) (1)		EIMER & ASSOCIATES			04/26/2021	1,348.28		
House # Street Address					Description of Expend	liture		
- 0	Street Address PO BOX 640814				pescipion of experiment			
CINCINNATI		State OH	Zip Code	45264	YARD SIGNS			
To Whom Paid	MELANIE BREWER				Date [MM/DD/YYYY]	\$		
	IVICEATURE BREWER				05/28/2021	2,000.00		
House # 125	Street Address	OSONIA AVE			Description of Expenditure			
City ERIE	City ERIE		Zip Code	16509	CAMPAIGN MANAGEMENT			
To Whom Paid					Date [MM/DD/YYYY]	\$		
House #	Street Address				Description of Expendi	ture		
City		State	Zip Code					
To Whom Paid				· · · · · · · · · · · · · · · · · · ·	Date [MM/DD/YYYY]	\$		
	·	7						
House #	Street Address				Description of Expendi	ture		
City		State	Zip Code					
To Whom Paid					Date [MM/DD/YYYY]	\$		
	* / - 14							
House #	Street Address				Description of Expendi	ture		
City		State	Zip					
			Code			·		
To Whom Paid					Date [MM/DD/YYYY]	\$		
House #	Street Address				Description of Expendit	ure.		
City		State	Zip			Section 1 Section 1 Section 2 Sectio		
To William David			Code					
To Whom Paid					Date [MM/DD/YYYY]	\$		
House #	Street Address	···		<del></del>	Description of Expendit			
					sestifiable of Expendit			
City		State	Zip Code					
To Whom Paid	1		COGE		Date [MM/DD/YYYY]	ş		
					Dare Lianal ADV LT 11	35.0		
House #	Street Address		****		Description of Expendit	ure		
200								
City		State	Zip					
.Z 11			Code			<u>.</u>		

#### **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.

Name of Credito	er hannen	ET MacACLIN				Outstanding Balance	of Debt	
House #	IVINOR	MARGARET McCASLIN			DEBT INCURRED	\$		
4737	Street Addre				/M/DD/YYYY]			
1.31		NORTH WAYSIDE DR			05/18/2021	<b>1</b> 1		
City	service and ERIE		State	PΑ	Zip Code 16505	311.71		
Description of D	ebt	ECTION GATHERING		,				
Name of Creditor KIRK McCASLIN					Outstanding Balance	of Debt		
House #	Street Addre	Address		DATE DEBT INCURRED		\$		
4737		•		[1	/IM/DD/YYYY]			
		."	1 64.4		04/16/2021			
City	ERIE		State	PA	Zip Code	50.00		
Description of D		ON INTERVIEW FEE				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	·	
		ON MIERVIEW FEE				Outstanding Balance	of Dobt	
Name of Credito	or						or Dept	
House #	Street Addre	ess		DATE DEBT INCURRED [MM/DD/YYYY]		\$		
City		· · · · · · · · · · · · · · · · · · ·	State		Zip Code			
Description of D	leht .				Lode			
Description of a								
Name of Credite	or					Outstanding Balance	of Debt	
House #	Street Addre	ess		DATE DEBT INCURRED		\$		
				[MM/DD/YYYY]		_		
City			State		Zip	<del> </del>		
City			June		Code			
Description of D	Debt							
	or .		<del>-</del>			Outstanding Balance	of Debt	
Name of Credit	· ·	366		DAT	E DEBT INCURRED	\$		
Name of Credito	Street Addre			. [	MM/DD/YYYY]			
e de la companya de l	Street Addre	·						
e de la companya de l	Street Addre							
Name of Credito	Street Addre		State		Zip Code			
House #			State					
House # City Description of E	Debt		State			Outstanding Balance	e of Debt	
City  Description of D	Debt		State	DAT	Code		e of Debt	
House #	Debt	ess	State			Outstanding Balance	of Debt	
City  Description of D	Debt	ess	State		Code  E DEBT INCURRED		of Debt	
City  Description of D	Debt	ess	State		Code  E DEBT INCURRED		of Debt	