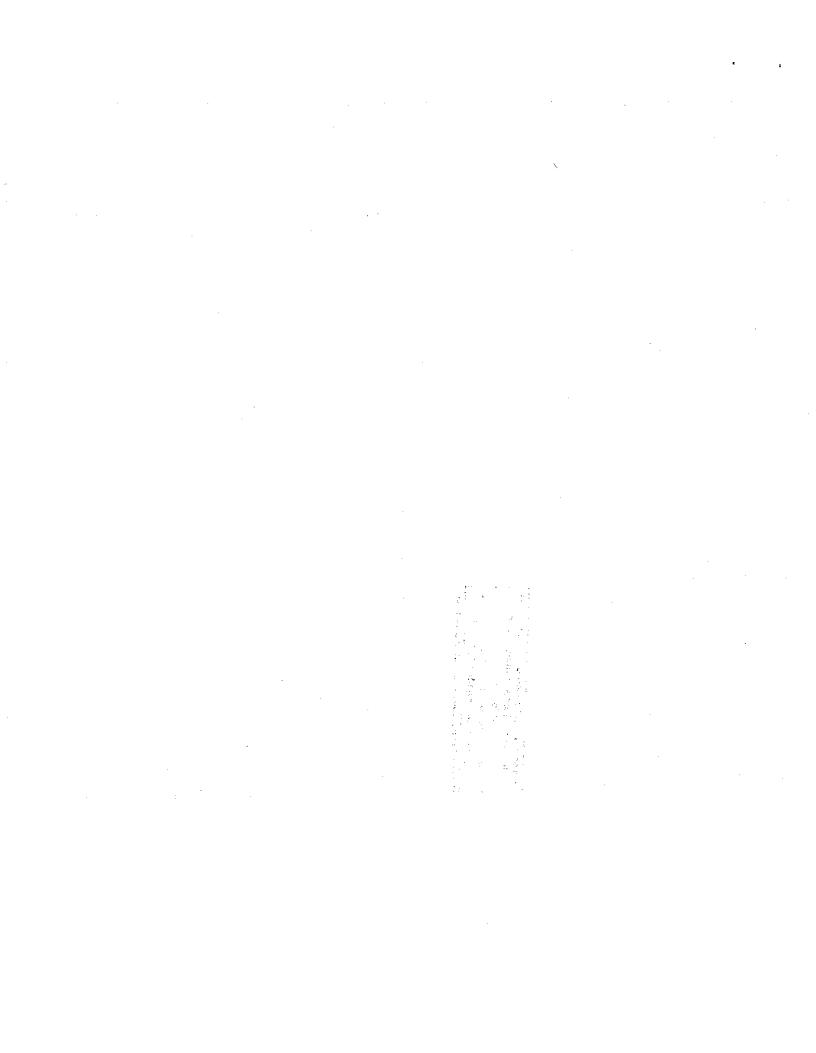
Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification Number	Report Filed (By Candida	ate X	Committee		Lobbyist
Name of Filing Committee, Candidate or Lobbyist	Kevi	Pas-	tenka	l·	<u> </u>	<u> </u>
Street Address	1 '			pl. 1	 .	
City	722	State	and riew	Zip Code	1/6-11	
- CRIC		Julie	PA	Zip code	16504	
Type of Report (Place x under report type)						
1- 6 th Tuesday 2- 2 nd Friday 3- 30 Day Post Pre-Primary Primary	4- 6 th Tuesday 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
			X			
Date Of Election (MM/DD/YYYY) 05/18	Year	2021	Amendment Report		Termination Report	
	To Date		Keport	F		
Summary of Receipts and From Date Expenditures				FOR	Office Use Only	
3-9-2		10-21				
A. Amount Brought Forward From Last Repor	t \$ 0.	00				e. 4
B. Total Monetary Contributions and Receipts	\$ 5/0	0,00			(<u>-</u>	हिन्दी अप्रेशि शहरी
(From Schedule I) C. Total Funds Available	ر اخ				to the second	pr Topical and professions
(Sum of Lines A and B)	1 56	0.00			اورگیر کیائی مدیده در اورکین و اورکین	5, • T or • T or
D. Total Expenditures	\$ 10	22 2 2			111 <u>- 1</u>	**************************************
(From Schedule III)	10	11-35				
E. Ending Cash Balance	\$ _/	2 <i>73.33</i>			Marie San Barrier	eres yes
(Subtract Line D from Line C) F. Value of In-Kind Contributions Received	\$ 1101	<u> </u>			end of the	Ď
(From Schedule II)	- 13 H81	.82				് പ
G. Unpaid Debts and Obligations	\$ 5				ودستونية	w
(From Schedule IV)	17 00	野				
Day 1 Habitati Caraba and American	S 02	Affidavit Sec			 	
Part 1- If this is a Committee report, treasurer sign h	ere. IT TABLE IS A SAIT	Poater. is to the	indidate sign nere. best of my knowled	ge and belief tr	ue, correct and complet	re.
I swear (or affirm) that this report, including the atta Sworn to and subscribed before me this	Sp P P	8 5 5		60 anna aonton an	A 0	
Day of Sulle 20 Il	nsylvania - er, Notary county res Octob	를 <mark>할</mark>	3/	- Park	rent	
(N) J. A	nsylva er, Nol res Oc	Associ	Signature	of Person Subm	itting report	
Spray /	ic # UL##	₹1. 22	Kevin		tewkA.	_ _
Signature	7 124 9	Commission ner, Pennsylvania	(m. e.c.)	Printed Name	e 	1
My Commission expires	issi		-814)		825-5159	/
MÖ, DAY YR.	nonwealth of Pe Jennifer L. Tur	A A	rea Code	Day	time Telephone Numbe	r
Part II- If this is a report of a Candidate's Authorized	16 / 3	7-	ere.			· · · · · · · · · · · · · · · · · · ·
I swear (or affirm) that to the best of my knowledge amended.	and belief this pol	itical committee l	has not violated any	provisions of t	he Act of June 3, 1937 (P.L. 1333, NO.320) as
Sworn to and subscribed before me this						
day of 20	•					
	_		Sign	ature of Candid	ate	
Signature	-			Printed Name		
_	, 1		,			
My Commission expires MO. DAY YR.	_	A	rea Code	Dayti	me Telephone Number	



SCHEDULE I

Contributions and Receipts

Detailed Summary Page

Filer Identification Number		
1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor	497939 107479	
Total for the reporting period (1	.) \$	560.00
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)	-000/5 -000/5 -000/5	
Contributions Received from Political Committees (Part A)	\$	0.00
All Other Contributions (Part B)	\$	
Total for the reporting period (2)) \$	
3. Contributions Over \$250.00 (From Part C and Part D)	1 8467000 245700	
Contributions Received from Political Committees (Part C)	\$	t oo dagaa waana ka dagaa ah ka dagaa k
All Other Contributions (Part D)	\$	<u> </u>
Total for the reporting period (3)) \$	0.00
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)	gardansa Selektrasi Selektrasi	
Total for the reporting period (4)) \$	19.00
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)	\$	560.00

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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.

FUIL Name of Contributing Date [MM/DD/YYYY] S	Hiler Identificațio	n Number				
Committee Cate Ca					A	mount
House # Street Address Date [MM/DD/YYYY] \$ FBIIN Name of Contributing Committee Date [MM/DD/YYYY] \$ FBIIN Name of Contributing Committee Date [MM/DD/YYYY] \$ City Street Address Date [MM/DD/YYYY] \$ City State Zip Code Date [MM/DD/YYYY] \$ Street Address Date [MM/DD/YYYY] \$ Street Address Date [MM/DD/YYYY] \$ Sign Date [MM/DD/YYYY] \$ Sign Date [MM/DD/YYYY] \$ City State Zip Code Date [MM/DD/YYYY] \$ City State		ntributing			Date [MM/DD/YYYY] \$	
City State Zip Code Date [MM/DD/YYYY] S	Committee					
Date MM/DD/YYYY S	House#	Street Address			Date [MM/DD/YYYY] \$	
Date MM/DD/YYYY S				/	Bara. Mark	
Date MM/DD/YYYY S	City	**************************************	State	Zip Code	Date [MM/DD/YYYY] \$	
Street Address Date [MM/DD/YYYY] S			ing factor	and the second of the second o	i de la companya de l	
Bouse # Street Address Date [MM/DD/YYYY] S	TRANSPORTER BUILDING STREET, BUT AND A STREET BUILDING	ntributing			Date [MM/DD/YYYY] \$	
State Zip Code Date [MM/DD/YYYY] S						
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Fall Name of Contributing Committee House # Street Address Date [MM/DD/YYYY] \$ City State Zip Code Date [MM/DD/YYYY] \$ Fall Name of Contributing Committee House # Street Address Date [MM/DD/YYYY] \$ City Date [MM/DD/YYYY] \$ Committee House # Street Address Date [MM/DD/YYYY] \$ City Date [MM/DD/YYYY] \$ Committee House # Street Address Date [MM/DD/YYYY] \$	a company					
Committee House # Street Address Date [MM/DD/YYYY] \$ Full Name of Contributing Committee House # Street Address City State Zip Code Date [MM/DD/YYYY] \$ City State Zip Code Date [MM/DD/YYYY] \$ Full Name of Contributing Committee Date [MM/DD/YYYY] \$ Full Name of Contributing Committee House # Street Address Date [MM/DD/YYYY] \$ Full Name of Contributing Committee Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$	City		State	Zip Code	Date [MM/DD/YYYY] \$	
Committee House # Street Address Date [MM/DD/YYYY] \$ Full Name of Contributing Committee House # Street Address City State Zip Code Date [MM/DD/YYYY] \$ City State Zip Code Date [MM/DD/YYYY] \$ Full Name of Contributing Committee Date [MM/DD/YYYY] \$ Full Name of Contributing Committee House # Street Address Date [MM/DD/YYYY] \$ Full Name of Contributing Committee Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$			all (figures) All Market (M			
House # Street Address Date [MM/DD/YYYY] \$ Gity State Zip Code Date [MM/DD/YYYY] \$ Full Name of Contributing Committee Date [MM/DD/YYYY] \$ Gity Street Address Date [MM/DD/YYYY] \$ Gity State Zip Code Date [MM/DD/YYYY] \$ Full Name of Contributing Committee Date [MM/DD/YYYY] \$ Full Name of Contributing Committee Date [MM/DD/YYYY] \$ Full Name of Contributing Committee Date [MM/DD/YYYY] \$		ntributing			Date [MM/DD/YYYY] \$	
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Füll/Name of Contributing Committee Date [MM/DD/YYYY] S	House#	Street Address			Date [MM/DD/YYYY] \$	
Füll/Name of Contributing Committee Date [MM/DD/YYYY] S						
Committee Committee Contributing Committee C	City		State	Zip Code	Date [MM/DD/YYYY] \$	
Committee Committee Contributing Committee C	Mes					
Date [MM/DD/YYYY] State Zip Code Date [MM/DD/YYYY] S		itributing	/		Date [MM/DD/YYYY] \$	
Gity Zip Code Date [MM/DD/YYYY] \$ Full Name of Contributing Date [MM/DD/YYYY] \$ Committee Date [MM/DD/YYYY] \$ House # Street Address Date [MM/DD/YYYY] \$	12. 12. 13. 13. 13. 13. 13. 13. 13. 13. 13. 13	Stroot Address			Data IMM/DD/VVVVI S	
Full Name of Contributing Committee House # Street Address Date [MM/DD/YYYY] \$ 5.		Jule Laddies			Date MM/DD/11/101	
Full Name of Contributing Committee House # Street Address Date [MM/DD/YYYY] \$ 5.	645V	一般发展的	stata/ l	[7th cs85] [Data IMMA/DD /VVVVI 300	
Committee House # Street Address Date [MM/DD/YYYY] \$	y		State	Zip code	pare [wild]	
Committee House # Street Address Date [MM/DD/YYYY] \$	ENIMES SEC	字 (1) 1 (1) 1-2 (2) (2) (2) (2) (2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4)		teli dia Nicola	DEFECTA A TENNANT COM	
House # Street Address Date [MM/DD/YYYY] S	Committee	Thindeting			Date [MINI/DD/11111] S	
	anere Promissi	Restoration 1991			D. S. Frank Institution	
Gitw Zin Code Date [MM/DD/YYYY] S	House #	Street Address			Date [MM/DD/YYYY] 5	
City®®7 / Estate Zip Code Date.IMM/DD/YYYYY 1850			/ 		20.0	
	City	,	State	Zip Code	Date [MM/DD/YYYY]	
FUII Name of Contributing Date [MM/DD/YYYY] \$	Fill Name of Cor	tributing 1	P\$48,11 Run	Land Change of the		
000000000000000000000000000000000000	Committee	1115			Pare flatting physical and a second	
House# Street Address Date [MM/DD/YYYY] \$	House#	Street Address			Date [MM/DD/YYYY] \$	
City State Zip Code Date [MM/DD/YYYY] \$	City		State	Zip Code	Date [MM/DD/YYYY] S	
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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.)

Filerdientification Numbers	
Fell Name of Gontributor.	Date [MM/00/XXXX] 15
House (H.) Street Address	Date [MM/DD/YYYY] (S.
Gity: Zip:Gode /	Date IMM/DD/YYYW] \$
Full Name of Gonta butor.	Date MM/DD//YYYI
Illouse# Street/Address	Date (IMM/DD/MYYY) 75.
State Zip Code	Pates(MM/DD/Syyyy), WS
[2822] [EDate IMM/DD/MYYM/7 ISY
	Date MM/DD/YYYW 357
House## Street Address	
State Zipicode	Date M.M./DD//YY.YY 55
Full Name of Contributor.	Date (MM/DD/YYYY)
House ## Sheet Address	Date IMM/DD/YWW) 4
######################################	Date IMM/DD/YYYY] 25
(FUI) Name (of (Contributor, V	Date [MM/DD/XXXX] DS
House # Street Address	Pate [MM/DD/XXXX]
	Date IMM/DD/WYM S
JEUI Name of Contributor	Date [MM/OD/XXXX]
House) Street Address	Date [MM/DD/YYYY] 75
Gity Zip∛Code	Date [MM/PD/YYYY] \$
	(2012年) (2012年)

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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.

cile ildentification in umber		
FulliName of Contributing Committee		Date IMM/DD/YYYY] \$
	•	
House## Street Address		Date/IMM/DD/WYY) \$
		Date [IMM/BD/WYYY] \$
(Cty)	State Zip Code	Date [MM//DD//YYY)] 155
House # Street Address		
Full Name of Contributing Committee!		(Date:IMM/DD/MYYM)
Hapse/file Street/Address		Date (MM/DD/MYY) 15
House ## Street Address		
Gi-V	State Zip Code	Date(MM/DD/M)(Y) 7
Ituli Name of	/	(Date)[VM//DD//XXXX]] VS/V
Contributing Committee.	/	
House#: Street Address	7	Date (MM/DD/MYYY)
House# Street Address	/	
Chy.	State ZjólCode	(Date)[MM/DQ/YYYY] 557
Full Name of Gontabusing Committee	/	Date IMM/DD/MYM/III IS
	/	
House## Street Address		Date [MW/DD/XXXX][\$5
	/	
G ty	State / Zip Gode	Date IMM/DD/YYYYII \$
Particular Control of		
FUII Name of Contributing Committée		Date IMM/DD//YYYYII 151
House# Street Address Give	/	Date [IMM/DD/YYYY][] [S]
		i de la companya de
i Git Vasta	Staté Zip Code	Date [MM/DD/YYYY]] S
BEST TEATRA DESCRIPTION OF THE PROPERTY OF THE PROPERTY OF		INVE
RUIIN ame of the state of the s		Date [MMMDD/MYYX]
A STATE OF THE STA		
House# Street Address		Date [MM//DD/YYYY] \$
House # Street Address	Francisco d	
(Gity)	State Zip Gode	Date IMM//DD/YYYYI) \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\
		18 M

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)

Fallen (dentification Number,)				
Full Name of Contributor			[pate [MM/DD/XXXX]	
House# Stiget Address		<u>. </u>	/Pate [MM/pd/YYYY]	5
iGty /	State	Zip:Code	Date[MM/DD/YYYY]	<u>(S.)</u>
EmployerName!			Occupation	
Employer/Mailing/Address/ Principal Place of Business				
Full Name of Goot ributer.			(Jeate MW/Job/AAAA)	(\$)
House#X Street/Address			Date [MM/DD/XXXX]	\$
City	State	Zip:Code/	//Date(I/VIM//DD//YYYY]	Ş
Employer Names Employer Mailing/Address/		/	Ogenpation	
Principal Place of Business 11 no 11 11				
(RVII) Name (of Contributor)			Date [MM/DD/MMM]	S
House#, Street Address	. /			5
(GIGY	State	Zip,Gode	(Date:IMM/OD//YYY)	S
Employer Name Employer Malling Address // Phinopal Placelon Business			(Occupation	
Full Name of Contributor			Date MMM/DD/YYYYYI	
House#4 Street Address			.	<u> </u>
Giv :	State:	Zip:Code		\$ 1
(Employer Name	[17:79285.50]	politican-recolerat	(Occupation	Start.
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.

Filealdenbiticationinumber.				
Full Names House # Str Git # Str Receipt Description # Str	eet Address	State	Zip Gade	Date [MM/DD/YYYY] \$
Full Name Mouse :: Gity Receipt peschiption	eet Address	State	Zijo	Date [MM/DD/YYYY]
Full Name House *** Star City Receipts Description		State	/Code	Date I MM/DD/YWWI / S
(Fird) Name. Flouse (:) Strice S	VI .	State	Zip Gode	Date [MM/DD/YYYY]
Full Name	set/Address	State:	Zip Cöde/	Date [MM//DD//YYYY] \$
(Full Names)	Set/Address	State	Zip Cade	Date (MM//DD//YYYY)

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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

Filericentification(Numbers		
THE UNIMENTIZED/INSKIND/CONI		ALUE OF S50(00) OF UESS PER CONTRIBUTION
TOTAL for the reporting period	(1)	\$
5. LINEKINDICONERIBUTIONS B	ecemed=value of \$50%	01 NC \$250100 (FRO MIPARTIE)
TOTAL for the reporting period	(2)	\$ 67.82
X 73.5XIN3KIND/CONTRIBUTION/REC	zeiven waim etaved szis	
Sales and the sales of the sales in the sales	Halling Ward Care and Market	50 (00)/(ER.O MPPAREG))
TOTAL for the reporting period	(3)	\$ 414,00
TOTAL VALUE OF IN KIND CONTRIBUT	ZONE DURING THE DEDG	ODTING A L
TOTAL VALUE OF IN-KIND CONTRIBUT PERIOD (Add and enter amount totals		also enter
on Page 1, Report Cover Page, Item F)		481.82

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Rijen dentification Number:				
FUILNAME OF CONTRIBUTIONS Shawns	ON Hoka / Ecenth	shine Co. C	Date [MM/DD/YYYY]; \$ 55/06/202 /	67.82
計句USE# Street Address	N Hokaj/Earth	-	Date [MM/DD/YYYY] S	
EdiNboro	PA I	16412	Date [MM/DD/YYYY] \$	
Destription of Contribution	GIFT BASA	ket		
Frull Name of Contributor			Paté (MM/Jodynyny) (RS)	
House #/		Ø.	Pate [MM/DD/XYXYY]	
(Clty)	State Zip Gode	i C	Pate [MM/DD/YYYY]] [5]	
Description of Contribution	ž			
(Full Nameroricantributor)			ate(IMM/DD/YYYYY))	
House## Street Address		F D	atelivim/vob/yyyy/ji <mark>(\$)</mark>	
(GTV) Description of Contribution	State Zip Gode		ate [MM//DD/AY/M]	
Full Name of Contributor.			ate [[MM/DD///YYY]]	
House# Street Address	In a subject to the s		ate [IMM/DD/YY/Y/]]; FS:	
City 1 Lescaption of Contribution	State Zip Gode	D	ate [MM/DD/YYYY]	
		[replicate	rigis kengga jampa sebagai sagal segaran kenggan berpada persebagai sebagai sebagai	······································
FollName of Contrabutor.			ate [MM//DD//Y/Y/Y]	
HTOUSEM Street Address	by suggery, "]		ate\[MM/JDD/XYYYI]/ \S	
City Fig. Description of Contribution	State Zip/Code	Di	ate [MM/DD/YYYY] . \$	
Secamental of Contribution	1		•	

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SCHEDULE II

Part G

In-Kind Contributions Received

VALUE OVER \$250

Fileri den stication i Number.				
Agent (III) Internative set (No energias Internative)			ISM STEMMANDES	AXXXII CERTECER
Full Name of Gentra But or	n George		Date [MM/DD/ 05/86/	2021 414,00
House:# Street Address	2525 W	1.26th St.	Date [MM/DD/	******1
ERIE	State PA	zip:Gode /6506	/Date (MM//DD/	MYYYI] S
Employer, Name.	5e1F	[Contents in the Content of the A	Occupation	Attorney
Employer Mailing Address // Principal Place of Business	1	as above	Description of. Contribution	Cost of Candidate party
Full Name of Contributor			adate/IMM//DD/	
House T			Date (MM/JDD/	
(Gtvy	State/	Zip Gode	Date (NiM/OD/	YYYYI EE IS
Employer Name			Occupations.	
Employer Mailing Address // Principally (Place of Business*)			Desgription : Of the Contribution	
Rull Name of Contillactor.			Date IMM/DD/	YYYYJ
Houseff Street/Address	-		Date (MM//DD/	
City 2	State	Zip Gode.	Date (MM/DD/	YYYYI
PETTELOYERName ETTELOYERMailing Addiness / Principal			Occupation .	
Employer Mailing Address/(Principal Place on Business Place on Business			Description of Contribution;	
Full Name of Contributors			opatei[MM/Jod/	YYYYI
House# Street/Address			Date IMM/DD/	313
	State	Zip Code	Pate IMM//DD/	YYYYM
Employer Name			Occupation	
Employer Mailing Address// Principal Place of Business			Description of Contributions	

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Statement of Expenditures

Filer Identification Number:		

To Whom Paid	Clai			•	Date [MM/DD/YYYY]	\$ 110
	Staple	·S			04/22/2021	26.49
House #	Street Address	1924 Key	stone Da	₹.	Description of Expendi	ture
City ER		State PA	Zip Code	16509	Address labo	els
To Whom Paid	1 / V	· .			Date [MM/DD/YYYY]	\$
- A	Copy K.				05/10/2021	201.40
House #	Street Address	1162 W.			Description of Expendit	ure
City ER	E	State PA	Zip Code	16502	Photo cop	oies
To Whom Paid	1 A 1	r			Date [MM/DD/YYYY]	\$, _
	WALMAR	<u>:t</u>			05/10/2021	
House #	Street Address	711 Elm	54.		Description of Expendit	ure
City		State PA		16504	Envelopes +	Painter ink
To Whom Paid	- 0		,		Date [MM/DD/YYYY]	\$
		ounty Lett			05/05/2021	
House #	Street Address	2904 SA State PA	LONNON	Rd.	Description of Expendit	ure
City ERI	e	State PA	Zip Code	16510	MAILINJS	
•		1 - 1 <u> </u>	1	·	77777	
To Whom Paid	DCL		· .		Date [MM/DD/YYYY]	\$ 6116-
	De Santi	5 Signs I	-nc.	· · · · · · · · · · · · · · · · · · ·	Date [MM/DD/YYYY] 05/04/202/	611-62
House #	Street Address	s Signs 7 540 W. 12	-nc. 3 th st.	· · · · · · · · · · · · · · · · · · ·	Date [MM/DD/YYYY] OS/OY/ZOZ/ Description of Expendit	6//-6Z ure
House #	De Santi Street Address	5 Signs 7 540 W. 12 State PA	8 th 5t.	16502	Date [MM/DD/YYYY] OS/OY/ZOZ/ Description of Expendit	6//-6Z ure
House #	Street Address	540 W. 18 State PA	8 th St.	· · · · · · · · · · · · · · · · · · ·	Date [MM/DD/YYYY] OS/OY/ZOZ/ Description of Expendito YARD SIGNS Date [MM/DD/YYYY]	1/9/5 its
House #	Street Address [18] Zippity	State PA PRINT	8 tte 5t. Zip Code	· · · · · · · · · · · · · · · · · · ·	Date [MM/DD/YYYY] 05/04/2021 Description of Expendit YARD 519~5/ Date [MM/DD/YYYY] 05/04/2021	6/1-62 ure /post-its \$ 282.99
House # City	Street Address Zipit	540 W. 18 State PA	8 tte 5t. Zip Code	16502	Date [MM/DD/YYYY] OS/OY/ZOZ/ Description of Expendito YARD SIGNS Date [MM/DD/YYYY]	6/1-62 ure /post-its \$ 282.99
House # City	Street Address [18] Zippity	State PA PRINT	8 tte 5t. Zip Code	· · · · · · · · · · · · · · · · · · ·	Date [MM/DD/YYYY] 05/04/2021 Description of Expendit YARD 519~5/ Date [MM/DD/YYYY] 05/04/2021	6//-62 ure /post-its \$ 2.82.99 ure
House # City	Street Address Zippit Street Address Street Address	State PA PRINT 1600 E. Z State OH	Zip Code	16502	Date [MM/DD/YYYY] 05/04/202/ Description of Expenditude YARD 5/9N5/ Date [MM/DD/YYYY] 05/04/202/ Description of Expenditude Campa, 9N Date [MM/DD/YYYY]	6/1.62 19st-its 282.99 ure Flyers
House # City En To Whom Paid House # City Clea	Street Address Zippit Street Address Street Address	540 W. 12 State PA PRINT 1600 E. 2 State OH MAT LISAN	Zip Code	16502	Date [MM/DD/YYYY] OS/OY/ZOZ/ Description of Expendite YARD SIGNS Date [MM/DD/YYYY] OS/OY/ZOZ/ Description of Expendite Campa, gn	6/1.62 ure /post-its \$ 282.99 ure Flyers \$ 180.00
House # City E To Whom Paid House # City Clcu To Whom Paid	Street Address Tile Zippity Street Address Street Address Look Wh	540 W. 12 State PA PRINT 1600 E. 2 State OH MAT LISAN	Zip Code Zip Code Zip Code	16502	Date [MM/DD/YYYY] 05/04/202/ Description of Expenditude YARD 5'9M5/ Date [MM/DD/YYYY] 05/04/202/ Description of Expenditude Campa, gn Date [MM/DD/YYYY] 05/10/202/ Description of Expenditude Campa, gn	6/1.62 ure /post-its \$ 282.99 ure Flyers \$ 180.00
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House # City E To Whom Paid House # City Clcu To Whom Paid	Street Address Street Address Street Address Look Wh Street Address	State PA PRINT 1600 E.Z State OH At Lisan Andre State NJ	Zip Code Zip Code Zip Code	16502	Date [MM/DD/YYYY] OS/OY/ZOZ/ Description of Expenditude YARD SIGNS Date [MM/DD/YYYY] OS/OY/20Z/ Description of Expenditude Campa, gn Date [MM/DD/YYYY] OS/10/20Z/ Description of Expenditude +- ShiR S Date [MM/DD/YYYY]	611.62 ure 1.09st-its \$ 282.99 ure 180.00 ure
House # City E To Whom Paid House # City Clcu To Whom Paid House # City To Whom Paid	Street Address Street Address Street Address Look Wh Street Address	State PA PRINT 1600 E.2 State OH WAT LISAN PAINC State NJ RINT	Zip Code Zip Code Zip Code	16502	Date [MM/DD/YYYY] OS/OY/ZOZ/ Description of Expendite YARD SIGNS Date [MM/DD/YYYY] OS/OY/ZOZ/ Description of Expendite Campa, gn Date [MM/DD/YYYY] OS/10/20Z/ Description of Expendite +- ShiRts Date [MM/DD/YYYY] OS/Ob/20Z/	6/1.62 182.99 282.99 4 4 4 4 4 4 4 4 4 4
House # City E To Whom Paid House # City Clcu To Whom Paid House # City	Street Address Street Address Street Address Look Wh Street Address	State PA PRINT 1600 E.Z State OH At Lisan Andre State NJ	Zip Code Zip Code Zip Code	16502	Date [MM/DD/YYYY] OS/OY/ZOZ/ Description of Expenditude YARD SIGNS Date [MM/DD/YYYY] OS/OY/20Z/ Description of Expenditude Campa, gn Date [MM/DD/YYYY] OS/10/20Z/ Description of Expenditude +- ShiR S Date [MM/DD/YYYY]	6/1.62 182.99 282.99 4 4 4 4 4 4 4 4 4 4

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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.

Infoldentification numbers	
Name of Ciculton House W. Street Address DAME DEBTING [MM//DD//	
Gry State Zip Gode Zip Gode Zip	
INDITIED Greditor. Housen Street Address DATE DEBT INC. IMMINDERY	DEPONICION CERTAMENTONIC
Code Description of Debt	
Name of Greditor Howself Street Address DATE DEBTING IMM/DD///	
Gity State : Zip Gode Pedarintion Gifeet	
Name of Greditor House ## Datte Debting Immi//DD///	
Cly State Zip Gode L. Description of	
Namero (Gjedikor) Housey Sereet Address DATE DEBT (NC	
Git/ Git/ Description of Dest/	
Name, or / Greditor // / Edusc // Street Address DATE DEBIT IN CO	
GIV State. Zip. Code Description of petit 41.	

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