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

Filer Identification Number	Report Filed ((Mark X)	By Candid	ate	Committee		Lobbyist
Name of Filing Committee, Candidate or Lobbyist	Committee to E	lect Anthony San	filippo for Sheriff			
Street Address	2921 Flower Ro	ad				
City Erie		State	PA	Zip Code	16509	
Type of Report (Place x under report type	:)					
1-6 th Tuesday 2- 2 nd Friday 3-30 Day Pre-Primary Pre-Primary Primary	Post 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
Date Of Election (MM/DD/YYYY) 05/18/20	Year)21	2021	Amendment Report		Termination Report	
Summary of Receipts and Expenditures From Date	7 A (A)	<u> </u>		For	Office Use Only	
05/04/ A. Amount Brought Forward From Last R	eport \$	4,959.75			Ö	and the second
B. Total Monetary Contributions and Rec (From Schedule I)	740, 354 Oct. 15	0.00			Ħ.	3 =
C. Total Funds Available (Sum of Lines A and B)	8	1,959.75				
D. Total Expenditures (From Schedule III)	8	4,540.00			() () () () () () () () () ()	
E. Ending Cash Balance (Subtract Line D from Line C)	8	419.75	2:50			
F. Value of In-Kind Contributions Receive (From Schedule II)	Congression (in the congression of the congression	0.00			e.	N. A.
G. Unpaid Debts and Obligations (From Schedule IV)	5	0.00				
Part 1- If this is a Committee report, treasurer	sion here. If this is a Car	Affidavit Se Ididate report o				
I swear (or affirm) that this report, including the				ge and belief tr	ue, correct and comple	ete.
Sworn to and subscribed before me this			am/	7 m	/	
day of20	1		01111	11111	,	
Signature		<u>N</u>	Signature of atthew J. Sanfilippo	of Person Submi		
อเฐกิสเนาช	, 1	•				
My Commission expiresMO. DAY	YR.		t4 trea Code		0325 time Telephone Numb	er
Part II- If this is a report of a Candidate's Autho	rized Committee, cand	idate shall sign h	ere.			
I swear (or affirm) that to the best of my knowl amended.				provisions of ti	ne Act of June 3, 1937	(P.L. 1333, NO.320) as
Sworn to and subscribed before me this			DAH	F. 1	/	
day of20		_	Sign	arture of Candid	ate	
Signature	— <u> </u>	_		Printed Name		
My Commission expires MO. DAY Y	/R.	<u> </u>	rea Code	- V - Davti	me Telephone Numbe	 r
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Pennsylvania Department of State

Bureau of Campaign Finance & Civic Engagement 210 North Office Building, Harrisburg, PA 17120 • 717.787.5280 (Option 4)

Unsworn Declaration in Lieu of Sworm 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.

Co	mmittee to Ele	didate, or Lobbyi ct Anthony Sar	nfilippo	for She	
Cycle 1 6 th Tuesday Pre-Primary	Name Cycle 2 2 nd Friday Pre-Primary	Cycle 3 30 Day Post Primary	□ (6 th Ti	Cycle 4 uesday Election	Cycle 5 2 nd Friday Pre-Election
☐ Cycle 6 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 that the accompanying Campaign Finance Report	
MIM	06/16/2021
Signature of Treasurer, Candidate, or Lobbyist	Date (DD/MM/YYYY)
Matthew J. Sanfilippo	Erie, PA United States
Printed Name	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.go.gov/campaign/inance • ra-stcampaign/inance@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 Treasyrer, Candidate, or Lobbyist

06/16/2021

Date (DD/MM/YYYY)

Anthony J. Sanfilippo

Printed Name

Erie, PA, United States

Location (City/State/Country)

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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 Identificatio	n Number		No.		
				Amour	ıt
Full Name of Co Committee	ontributing			Date [MM/DD/YYYY] 8	
House #	Street Address			Date [MM/DD/YYYY] 8	
City	1	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Co Committee	ntributing			Date [MM/DD/YYYY] 8	
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Co Committee	ntributing			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] 8	
Full Name of Co Committee	ntributing	J		Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] 8	
City	<u> </u>	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Co Committee	ntributing			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] 8	
City	#*** ** ** <u> </u>	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Co Committee	ntributing			Date [MM/DD/YYYY] 8	
House #	Street Address			Date [MM/DD/YYYY] \$	
City	* ************************************	State	Zip Code	Date [MM/DD/YYYY] \$	

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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.)

Filer Identificatio	n Number:		Ċ	
Full Name of Co	Catality to a			T D. C. Thirt (DD 00000) T. C. T.
Full Name 01 G	WILIDAROL			Date [MM/DD/YYYY] 8
				Line of States
House #	Street Addre	38		Date [MM/DD/YYYY] 8
City		State	Zip Code	Date [MM/DD/YYYY] \$
		Constitution of the		
Full Name of Co	ontributor			Date [MM/DD/YYYY] \$
House #	Street Addre	SS		Date [MM/DD/YYYY] \$
		홍기 왕기		
City	1 27138 <u>2715 2017</u>	State	Zip Code	Date [MM/DD/YYYY] 8
等级文学(古 文学》				Zoe -
Full Name of Co	ntributor			Date [MM/DD/YYYY] \$
	. 12 - 50 12 10 10 10 10 10 10 10 10 10 10 10 10 10			
House #	Street Addre	SS		Date [MM/DD/YYYY] \$
		4 T		
City	Baytesty by \$1506 (1971), o	State	Zip Code	Date [MM/DD/YYYY] 8
Full Name of Co	ntributor	44 12 Aug (1)		Date [MM/DD/YYYY] 8
				5-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
House #	Street Addres	ts .		Date [MM/DD/YYYY] 8
City	militarija tikana a Balagua _{Mi} erjāra serejas Asti _s u Karj	State	Zip Code	Date [MM/DD/YYYY] 8
		olais	Zip Gode	Date [MM/DD/11111]
Full Name of Co	ntributor	M. Western		Date [MM/DD/YYYY] 8
House #	Street Addres	ie		Date [MM/DD/YYYY] 8
				Date [MM/DD/YYYY]
City	The standard of the first of the standard of t	[Otata	7 - Carla	D-1- (8141/DD-00006
svierera		State	Zip Code	Date [MM/DD/YYYY] 8
Full Name of Co	ntributor			Date [MM/DD/YYYY] 3
				Date [MM/DD/YYYY] \$
		-		
House #	Street Addres	8		Date [MM/DD/YYYY] 8
City		State	Zip Code	Date [MM/DD/YYYY] 8
<u> 174,474 î.</u> Veni av				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.

Filer Identification Number:			
Full Name of			Date [MM/DD/YYYY] 8
Contributing Committee			
House # Stre	et Address		Date [MM/DD/YYYY] 8
City	State	Zip Code	Date [MM/DD/YYYY] 8
Full Name of Contributing Committee	PARACLES .	Maryle to Salve 17	Date [MM/DD/YYYY] 8
House # Stre	et Address		Date [MM/DD/YYYY] 3
City	State	Zip Code	Date [MM/DD/YYYY] 8
Full Name of Contributing Committee	 		Date [MM/DD/YYYY] 8
House # Stre	et Address		Date [MM/DD/YYYY]
City	State	Zip Code	Date [MM/DD/YYYY] - \$
Full Name of Contributing Committee	Surviva ¹⁴		Date [MM/DD/YYYY] 8
House # Stree	at Address		Date [MM/DD/YYYY] 8
City	State	Zip Code	Date [MM/DD/YYYY] \$
Full Name of Contributing Committee	1 97 7 98 8 7 31	1000 3000 30031	Date [MM/DD/YYYY] 8
House # Stree	et Address		Date [MM/DD/YYYY] 8
City	State	Zip Code	Date [MM/DD/YYYY] 8
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$
House # Stree	t Address		Date [MM/DD/YYYY] \$
City	State:	Zip Code	Date [MM/DD/YYYY] \$

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	v.		

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 identificatio	n Number:			
ang sa promong a pag	<u> </u>			
Full Name of Co	ontributor	<u> </u>		Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
		<u>.</u>		
City		State	Zip Code	Date [MM/DD/YYYY] 8
Employer Name	(A to all the week of the second			Occupation
Employer Mailir				
Principal Place (of Business			
Full Name of Co	ontributor			Date [MM/DD/YYYY] 8
House #	Street Address			Date [MM/DD/YYYY] 8
		_		
City		State	Zip Code	Date [MM/DD/YYYY] 8
Employer Name		Market Committee		Principal Control of the Control of
	스타고 하나 가는 것 같아 없는데 그리다.			Occupation
Employer Mailin Principal Place o	ig Address / of Business			
Full Name of Co	the state of the s	,		Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
City	WATER CO.	State	Zíp Code	Date [MM/DD/YYYY] 8
Employer Name				Occupation
Employer Mailin Principal Place of	g Address / of Rusiness			kuntiin gente 4
Full Name of Con	and the state of t			Date [MM/DD/YYYY] 8
				A
House #	Street Address	<u> </u>		Date [MM/DD/YYYY] \$
				7.77.78 MITTON CO. 1979, 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
City	The state of the state of	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name		1977 200	K sanger	Occupation
Employer Mailing	ig Address /			CONTRACTOR
Principal Place of	/ Business		1	

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PART E **Other Receipts**

REFUNDS, INTEREST 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	ıber:		1	
AN BOTANTO CAMBARAGOS CONTRA	Territori			
Full Name				
House #	Street Address			
City	And the second s	State	Zip Code	Date [MM/DD/YYYY] 8
Receipt Description	24,000 12,000 20,000 20,000			
Full Name	ANAS N NAMES TALLES			
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		[1] (1) A · A · A		
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description			Maritage Inc., white for element	A STATE OF THE STA
Full Name	2000 2000 2000			
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] 8
Receipt Description	목부() [기타] 보기()	[4.4.4.168]		
Full Name	484 750			
	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				
Full Name	(2005년) 2012년 1914년 1914년			
	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] 8
Receipt Description	1974 1979 1988	<u> 1886 1886 488 </u>	Contract on	<u> []</u>

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SCHEDULE I Contributions and Receipts

Detailed Summary Page

Filer Identification Number	

1.Unitemized Contributions and Receipts-\$ 50.00 or Less per Contributor		
Total for the reporting period (1)	8	0.00
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)	· .	
Contributions Received from Political Committees (Part A)	8	0.00
All Other Contributions (Part B)	8	0.00
Total for the reporting period (2)	8	0.00
3. Contributions Over \$ 250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)	8	0.00
All Other Contributions (Part D)	\$	0.00
Total for the reporting period (3)	8	0.00
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		
Total for the reporting period (4)	\$	0.00
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)	8	0.00

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SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD DETAILED SUMMARY PAGE

Filer Identification Number:		A .	
1. UNITEMIZED IN-KIND CONTRI TOTAL for the reporting period	(1)	ALUE UF \$50.00 OR TESS PER I	CUNTRIBUTOR
A NEWIND CONTRIBUTIONS DEC		ALTO AREA DO VEDO MADA SE	
2. IN-KIND CONTRIBUTIONS REC	(2)		
3. IN-KIND CONTRIBUTION RECE	IVED VALHE OVER 425	O OO (FROM PART C)	
TOTAL for the reporting period	(3)		
TOTAL VALUE OF IN-KIND CONTRIBUTION	ONS DURING THIS REPO	DRTING 8	
PERIOD (Add and enter amount totals for on Page 1, Report Cover Page, Item F)	rom boxes 1, 2, and 3;	also enter	
	,		

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$ 50.01 TO \$ 250

Filer identification	n Number:		٨		· · · · · · · · · · · · · · · · · · ·
Full Name of Co	ontributos -	· · · · · · · · · · · · · · · · · · ·		- Part Parts (P.P. Sanner	F.A
				Date [MM/DD/YYYY]	
		1			
House #	Street Address			Date [MM/DD/YYYY]	
					00 200 201
City		State	Zip Code	Date [MM/DD/YYYY]	
Description of (Contribution	gilingunikini getarraski jigi	01913 NV 02014 8089 FB 30 200		pline.
Full Name of Co	ontributor			Date [MM/DD/YYYY]	
House #	Street Address			Date [MM/DD/YYYY]	8.0
					######################################
City		State	Zip Code	Date [MM/DD/YYYY]	8
Description of C	ontribution				
Full Name of Co	ntributor			Date [MM/DD/YYYY]	14 8 00
				**************************************	.
House #	Street Address			Date [MM/DD/YYYY]	以(1)
					(2.60) Marko
City	Marke of the area sector	State	Zip Code	Date [MM/DD/YYYY]	
[35,35,35,2] ₩ +3 0,241					
Description of C	ontribution			<u> </u>	[Page 2.19]
Full Name of Co	ntributor	W. 1754. 1		Date [MM/DD/YYYY]	8.0
					7-6-7
House #	Street Address			Date [MM/DD/YYYY]	
City	Experience of the control of the con	State	Zip Code	Date [MM/DD/YYYY]	2000 - 10
Description of C	ontribution		1000 00 00 00 00 00 00 00 00 00 00 00 00		<u> </u>
Full Name of Co	ntributor	A CAN		Date [MM/DD/YYYY]	.
iller og state og st Dette state og state				Eparcellina Von V. Chill.	
House #	Street Address	<u> </u>		Date [MM/DD/YYYY]	
				Pare fanal, ppt 1.(1.1)	
City		State	Zip Gode	Date [MM/DD/YYYY]	26.2 (1.25) (1.60)
rene sen		State	Aip Gode	Date [MIM/DD/1111]	
Description of Co	ontribution	<u> </u>	a aferical		7.18
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SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$ 250

Filer Identification Number:	Í	
Manager exception value of each surface		
Full Name of Contributor		Date [MM/DD/YYYY] 8
House # Street Address		Date [MM/DD/YYYY] \$
City	State Zip Code	Date [MM/DD/YYYY] \$
Employer Name		Occupation
Employer Mailing Address / Principal	*A	Description
Place of Business		of
		Contribution
Full Name of Contributor		Date [MM/DD/YYYY] \$
	İ	
House # Street Address		Date [MM/DD/YYYY] 8
City	State Zip Code	Date [MM/DD/YYYY] 8
Contraction of the Contraction o		
Employer Name	0) 0.3	Occupation
Employer Mailing Address / Principal		Description
Place of Business		of
Full Name of Contributor		Date [MM/DD/YYYY]
House # Street Address		Date [MM/DD/YYYY] 8
ou cot Audi ess		
City	State Zip Gode	Date [MM/DD/YYYY] 8
	10 Vol. 10 Vol	Date [MIM/DD/TTTT]
Employer Name	10 10 10 10 10 10 10 10	Pag 18 (7.5)
		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
4		
Employer Name	The second secon	Occupation
Employer Mailing Address / Principal		Description
Place of Business	0.00 101 100 100	
		Contribution

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Statement of Expenditures

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Filer Identification Number:		 	
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【MSD 17、 17、 19、 19 14、 18 14、 19 14、 14 14、 14 14、 14 14、 14 14、 14 14、 14 14、 14 14、 14 14、 14 14、 14 14、 14			
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	l .		

To Whom Paid				Date [MM/DD/YYYY] \$	·
	R. Frank Media			05/25/2021 4,000.	.00
House # 1940	Street Address West 8th Street		Description of Expenditure		
City Erie	The Control of the Co	State PA	Zip Code ¹⁶⁵⁰⁵	Media production services	<u>Principal Andrian</u>
To Whom Paid	Tristate Senior News	s		Date [MM/DD/YYYY] 8	3
House #	Street Address	P.O. Box 3056		06/07/2021 340.00 Description of Expenditure	La la leve de la
	Uli GCL Addi Ggo			Description of Expenditure	and the second second
City Erie	Erie PA Code 16508		advertising		
To Whom Paid	900 1004 004 400			Date [MM/DD/YYYY] \$	
House #	Street Address			Description of Expenditure	
City	Providence of the state of the	State	Zip Code	protection and action of the second of the s	
To Whom Paid		I Annual Control of the Control of t	Line of Control of	Date [MM/DD/YYYY] 8	(
House #	Street Address	· · · · · · · · · · · · · · · · · · ·		Description of Expenditure	
City	May now on more as a	State	Zip Code		<u> 1800) (1 44) (30, 11</u>
To Whom Paid	otto. Studen J. S. S.			Date [MM/DD/YYYY] 8	
House #	Street Address			Description of Expenditure	
City	<u> </u>	State	Žíp Code	 Area control transmission from Interpretation of the control of the	rus sidilei paragi digi
To Whom Paid	:- :4 :4:	Prince September 1	De 1990 e zod	Date [MM/DD/YYYY] 8	
House #	Street Address		-	Description of Expenditure	
City	<u>k. 1473-y y d</u>	State	Zip Code	The Court of Sulph September 1999 and a	
To Whom Paid		- Province	Long Canada and	Date [MM/DD/YYYY] \$	
House #	Street Address	***************************************		Description of Expenditure	
City	N. 1, 1813 (18, 12, 13, 13, 13, 14, 14)	State	Zip Code		
To Whom Paid		Programme Landson	177 × 1 × 141	Date [MM/DD/YYYY] \$	
House #	Street Address			Description of Expenditure	
City	<u> </u>	State	Zip Code		

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.

Filer Identificatio	n Number:		(C + C)
STE AND STREET	<u> </u>	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
Name of Credit			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	
		alveri - fianav bisviris m 17 des. ve	
City	Library Conference of Telephone	State Zip	
Description of E	Debt	Code	
Name of Credit	of the state of th		Outstanding Balance of Debt
House #	Street Address		
	ottogt vanitoe	[MM/DD/YYYY]	
City	MARKER STATE	State Zip	
		State Zip Code	
Description of D	/ebt		<u> </u>
Name of Credito	nr. Santa		Outstanding Balance of Debt
House #	Street Address		8
	STreet Address	[MM/DD/YYYY]	100 700 1701
City		State Zip Code	
Description of D	Jebt	A STATE OF THE STA	A24
Name of Credito	Or. Experience		Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED	1
		[MM/DD/YYYY]	
City			
		Code	100 mg
Description of D	ebi		***************************************
Name of Credito			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED 8	
		[MM/DD/YYYY]	
City		State Zip	
Description of De		Code	in the second se
Description of 5.			
Name of Credito			Outstanding Balance of Debt
	** *	DATE DEBT INCURRED 8	and the first time of the property of the second
House #	Street Address		7(<u>)</u>
House #	Street Address	[WW\DD\XXXX]	Section 1
House #		[MM/DD/YYYY]	

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