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

Filer Identification Report Filed by Candidate X Committee Lobbyist Name of Filing Committee, Candidate or Lobbyst Name of Filing Committee, Candidate or Name of Name of Filing Committee, Candidate or Name of Candidate or Name of Filing Committee, Candidate or Name of Candidate or Name of Candidate or Name of Candidate	(110101					,	T
Name of Filing Committee, Candidate or Lobbyist Street Address IOIGO TIGER ILLY LANE ILLY LANE ILLY			Candida	te メ	Committee		Lobbyist
Lobbyist Lobbyist Lorent		(Mark X)					
Street Address IDIGO TIGER INY LOWE Lip Code Light	■ 148 April 1987 A	MARK	PAN	VELKA			
Type of Report (Place x under report type) 1.6th Tuesday 2.2th Friday 3-30 pay Post 4-6th Tuesday 5-2th Friday Pre-Flection Pre-	Street Address				WE		
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1.6th Tuesday 2 · 2th Friday 3 · 30 Day Post 4 · 6h Tuesday 5 · 2th Friday Pre-Primary Pre-Primary Pre-Election Pre-Election	WATERFOR	D		FP		16441	
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Summary of Receipts and Expenditures From Date Expenditures S-4-21 A. Amount Brought Forward From Last Report S-33 3/6 co B. Total Monetary Contributions and Receipts (From Schedule I) C. Total Funds Available (Sum of Lines A and B) D. Total Expenditures S-22 B 9 69 D. Total Expenditures From Schedule III G. Unpaid Debts and Obligations (From Schedule III) G. Unpaid Debts and Obligations (From Schedule IV) Affidavit Section Part 1- If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here. Iswaer (or affirm) that this report, including the attached schedules on paper, is to the best of my knowledge and belief true, correct and complete. Sworn to and subscribed before me this Signature of Person Submitting report This is a report of a Candidate's Authorized Committee, candidate shall sign here. I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, NO.320) as amended. Sworn to and subscribed before me this Afrea Code Signature of Candidate	Pre-Primary Primary Primary	Pre- Election P	Pre- Election	Election		Pre-Election	Post-Election
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day of		•					•
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Signature of Candidate	Sworn to and subscribed before me this				•		
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Signature Printed Name				Sign	ature of Candid	late	
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• •	Signature	, 1			Printed Name		
My Commission expires		<u></u> '					
MO. DAY YR. Area Code Daytime Telephone Number	MO. DAY YR.		Α	rea Code	Dayt	ime Telephone Number	

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)	\$	num und gegenheim der und der eine eine der Egw Terreter
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)	\$4 6 N	
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)	20 % , 61, 1	
Contributions Received from Political Committees (Part C)	\$	
All Other Contributions (Part D)	\$	220000
Total for the reporting period (3)	\$	2200°°
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)	in i	
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, Item B)	\$	2200°°

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	Property of the second				•
					Amount
Full Name of Con	ntributing			Date [MM/DD/YYYY] \$. — ——
Committee					·
House #	Street Address			Date [MM/DD/YYYY] \$	
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City	• management account of the	State	Zip Code	Date [MM/DD/YYYY] \$	
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Full Name of Con Committee	ntributing	_	_	Date [MM/DD/YYYY] \$	_
House #	Street Address			Date [MM/DD/YYYY] \$	
			•		<u></u>
City	A constraint was constraint and a section of the	State	Zip Code	Date [MM/DD/YYYY] \$	
					_
Full Name of Con Committee	ntributing			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
G. Mariere		Total St.			
Citý		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Con	itributing	00.35E	等种种等的产业 数	Date [MM/DD/YYYY] \$	
Committee	5			237 Tags 1945/14-77 (1.183) - 1845	
House #	Street Address			Date [MM/DD/YYYY] \$	
City	postorage Aller (S)	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Cor Committee	ntributing	· · 1		Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
		Treis . or I	Market are or d	These Indealing Agency	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Cor	ntributing 1000	parabur U		Date [MM/DD/YYYY] \$	
Committée					
House #	Street Address			Date [MM/DD/YYYY] \$	
27.00% - 0.00° 14.00% 22.7%					
City	ERANGER IN ARREST	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 Identification Number:		-; ;		
Full Name of Contributor			Date [MM/DD/YYYY]	\$
			*	
House # Street Address			Date [MM/DD/YYYY]	
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City	State	Zip Code	5 y 3 4 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	\$
Full Name of Contributor			Date [MM/DD/YYYY]	* \$
House # Street Address	· · ·		Date [MM/DD/YYYY]	\$
House # Street Address			1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0	
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributor	p.go., 44 (8598860)4	, energy (1986) (1996) (1996) (1996) (1996)	Date [MM/DD/YYYY]	\$
			S. OCHOTY, I. Committee of the College State of the	
House # Street Address			Date [MM/DD/YYYY]	\$
	196-197-	The second second	Section 18 have seen	e e
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributor	puettena de 18.	्रम्यः स्ववद्वाः परक्षः विकासने प्रति ।	Date [MM/DD/YYYY]	\$
TANKER OF			Date [MM/DD/YYYY]	S
House # Street Address			Pace MINI/DD/YYXY)	.5
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Full Name of Contributor	y wyd XIW]	maght years the	Date [MM/DD/YYYY]	S
House # Street Address			Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
	\$2.4800000 \$2.48000000000000000000000000000000000000	BOOK OF THE STATE		
Full Name of Contributor			Date [MM/DD/YYYY]	\$
House # Street Address			Date [MM/DD/YYYY]	5
City.	State	Zip Code	Date [MM/DD/YYYY]	\$

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 Contributing Committee			Date [MM/DD//YYYY]	\$\$ <u>.</u>
House # Street Address			Date [MM/DD/YYYY]	\$.
City	State	Zip Code	Date [MM/DD/YYYY]	\$ 1
Full Name of Contributing Committee	· 李章·李章·李章·	大学には本語的性にはならながら、大変だった。	Date [MM/DD/YYYY]	\$
House # Street Address			Date [MM/DD/YYYY]	\$ i
City	State	Zip Code	Date [MM/DD/YYYY]	\$ 1
Full Name of Contributing Committee	ү сезандары Көбе	Processors and service of a manuscription	Date [MM/DD/YYYY]	\$\$
House # Street Address			Date [MM/DD/YYYY]	\$
City, "	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of A Contributing Committee			Date [MM/DD/WYY]	\$
House # Street Address		<u> </u>	Date [MM/DD/YYYY]	\$
Cify	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee				\$
House # Street Address			Date [MM/DD/YYYY]	5
ICIT	State	Zip Code		\$
Full Name of: Contributing Committee:			Date [MM/DD/YYYY]	2\$
House # Street Address			Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	5

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)

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Full Name of Contributor	ARK WELKA	Date [MM/DD/YYYY] \$ 500	
House # Street Address	TIGER LILY LANE	Date [MM/DD/YYYY] \$	
City	State	Date [MM/DD/YYYY] \$	
Employer Name	SUMMET TOWNSHIP	Occupation Sufferisor	
Employer Mailing Address // Principal Place of Business	1230 TOWNHALL Rd ERIE	D 16509	
Full Name of Contributor		Date [MM/DD/YYYY] \$	
	AN MARSH	5/4/21 500°	
House # Street Address 2231	DORN ROAD	Date [MM/DD/YYYY] \$	
Gity ERIE	State 22ip Code 16509	*Date [MM/DD/YYYY] \$	
Employer Name	MARSH REALTY	Occupation REALTOR	
Employer Mailing Address / Principal Place of Business	8840 PEACH ST ERIE PA	- against track of the address of th	
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Section 1. Section and supplied to the section of t		TOSESTRAM/DD/VVVVI	
Full Name of Contributor Joh	N DAVIS	5/11/21 200°C	
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Joh House # Street Address		5/11/21 200 000 Date [MM/DD/YYYY] \$	
House # Street Address 980 Gity	IN TO WIN HALL Rd	5/11/21 Z00°C Z00°C Z00°C Z00°C Z00°C Z	
House # Street Address 980 Gity ERIE	State PA Zip Code 1650 9	5/11/21 200 200 200 200 200 200 200 200 200 2	
House # 980 Street Address 980 Sity Employer Name Employer Malling Address / Principal Place of Business	IN TOWNHALL Rd State PA Zip Code 1650 9 RETIFED	5/11/21 200 000 Date [MM/DD/YYYY] \$ Occupation	
House # Street Address 980 Gity Employer Name Employer Mailing Address / Principal Place of Business Full Name of Contributor	IN TOWNHALL Rd State PA Zip Code 1650 9 RETIFED	5/11/21 200°2 Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ S / 11 / 21 1000°00	
House # Street Address 980 Gity Employer Name Employer Mailing Address / Principal Place of Business Full Name of Contributor	State PA Zip Code 16509 RETIFED NA	5/11/21 200 200 Date [MM/DD/YYYY] \$ Occupation	
House # 980 Street Address 980 Gity. Employer Name Employer Malling Address / Principal Place of Business Full Name of Contributor House # Street Address	IN TOWNHALL Rd State PA Zip Code 1650 9 RETIFED NA OE ASKINS	5/11/21 200 00 Date [MM/DD/YYYY] \$ Occupation	
House # 980 Gity EMPLE Employer Name Employer Mailing Address / Principal Place of Business Full Name of Contributor House # Street Address 2531	State PA Zip Code 1650 9 RETIRED NA OE ASKINS NEW ROAD State Zip Code	5/11/21 200 00 Date [MM/DD/YYYY] \$ Occupation	

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	iber:			
Full Name				
House #	Street Address			
City	Transfer and the second	State	Zip Code	Date [MM/DD/YYYY] .\$
Receipt Description		[attended a control]	To a second secundary	leite I.
Full Name				
House #	Street Address	L. ARRIVERA	I , <u>ess</u> s. verblet price se}	Commission in the Section Advanced (SA)
City of a state of the state of		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				
Full Name	1 Shared states			
House #	Street Address	Trespect of	1.5篇▲世典/經濟/河	THE CHARGE INCHANA SERVE
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		Probability and	Later St. J. Sec. 4	
Full Name				
House #	Street Address	Luc acompositions	Manager (SMMS, Tyl	1 to controlling and the residence plans are now that (ASA) (1)
City (State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				
Full Name				
House #	Street Address	{	Louis County (Co.)	Lands State (Teen Konnel 18 [78])
		State	Zip -Code	Date [MM/DD/YYYY] & \$
Receipt Description				
Full Name				
House #	Street Address	Louis of Mark	Do alia in go green	became at the state of the state (b) of (c)
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				

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 CONTRIB	ITIONS RECEIVED-VA	LUE OF \$50.00 OR LESS PER CONTI	RIBUTOR
TOTAL for the reporting period	(1)	\$	
2. IN-KIND CONTRIBUTIONS RECEI	VED-VALUE OF \$50.0	1 TO \$250.00 (EROM PART E)	
TOTAL for the reporting period	(2)	\$	
3. IN-KIND CONTRIBUTION RECEIV	/ED-VALUE OVER \$25	0.00 (FROM PART G)	
TOTAL for the reporting period	(3)	\$	Marin (1) Apagament a vallation (2) i i bassis (2) en 2 a alla contra de la capacita (bassis companies est ter
TOTAL VALUE OF IN-KIND CONTRIBUTION PERIOD (Add and enter amount totals fro on Page 1, Report Cover Page, Item F)		1 ' !	

SCHEDULE II

PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Number	oer				
Full Name of Contribu	tor			Date [MM/DD/YYYY]	(\$?
House #	Street Address			Date [MM/DD/YYYY]	\$
City T	EARL COME CONTINUES OF AN ANALYSIS AND A PARK	State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contrib	oution				
Full Name of Contribu				Date [MM/DD/YYYY]	\$
	Street Address	are A Sun Sul		Date [MM/DD/YYYY]	\$
Gity	the enter a solution a debtase of A to a proof to a monage of the last of	State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contrib	oution		1		
Full Name of Contribu	tor 			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City Description of Contrib		State	Zip Code .	Date [MM/DD/YYYY]	i s
Full Name of Contribu				Date [MM/DD/YYYY]	
House #	Street Address	a con a Penale.		Date [MM/DD/YYYY]	\$.
City. Description of Contrib	Wition the second second	State	Zip Code	Date [MM/DD/YYYY]	
				GENERAL SERVICES AND	Supplemental S
Full Name of Contribu				Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	S
City	egentaga 2.552 regressi 5.585 regress 28 verstebenska senten	State	Zip Code	Date [MM/DD/XXXX]	\$
Description of Contrib	oution Section 1				

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

等。是是是自然的。 1. 10 10 10 10 10 10 10 10 10 10 10 10 10	
Filer Identification Number:	
Continues at the conservation of a second particles of the continues of th	
Filer Identification Number:	
- bill 50-metaldheb-40-st-sets - Se ste 10 5 - meld-set-darmass r. v. (160-3 share - m.	

Full Name of Contributor	Date [MM/DD/YYYY] 3/8 \$
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	Description of Contribution
Füll 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	Description of, Contribution
Full Name of Contributor	Date [MM/DD/YYYY] \$
House # Street Address	Date [MM/DD/YYYY] \$
City State Zip Code	Date [MM/DD/YYYY] S
Employer Name	Occupation
Employer Malling Address / Principal Place of Business	Description of Contribution
Full Name of Contributor	Date [MM/DD/YYYY] S
House # Street Address	Date [MM/DD/YYYY] S
City. State Zip Code.	Date [MM/DD/YYYY] \$
Employer Name	Occupation
Employer Mailing Address / Principal Place of Business	Description of Contribution

Statement of Expenditures

Filer Identification Number:			

House # AREA Street Address PACHE AVE Observation of Expenditure	To Whom Paid			_			Date [MM/DD/YYYY]	\$ 63
ABC PACHC AVE State PA Code PANTING		PRINTIN	I Co.	NCEPT	<i>"5</i>		05/10/2021	576 20
To Whom Paid Street Address Street	4982	Street Address		E AVE			Description of Expendit	ure
	City ERIE		State	PA	· 查别,不是数据的。	16506	PRINTING	
House #	To Whom Paid	<i>[*</i> 1					Date [MM/DD/YYYY]	\$ 75
To Whom Paid Street Address State Zip Code Cod		VERIFY	Com	MUNICO	ATION	S LLC		
To Whom Paid Code 16-50	2233	Street Address	EBCO	DR			Description of Expenditu	ure
House # 3585 Street Address State Pa Code Co	City ERIO	£	State	PA	11 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	16506	Post CARD IN	WILLING.
House # Street Address State Zip Code Date [MM/DD/YYY] S	To Whom Paid	11.12. 20	تقنيب و				Control of the contro	\$ 2000
City	1122224	<i></i>	1 7000	W API	MREL	,		chaecot do
To Whom Paid Date [MM/DD/YYYY] \$ Description of Expenditure To Whom Paid Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ To Whom Paid Date [MM/DD/YYYY] \$ Description of Expenditure To Whom Paid Date [MM/DD/YYYY] \$ Description of Expenditure To Whom Paid Date [MM/DD/YYYY] \$ Description of Expenditure To Whom Paid Date [MM/DD/YYYY] \$ Description of Expenditure To Whom Paid Date [MM/DD/YYYY] \$ Description of Expenditure To Whom Paid Date [MM/DD/YYYY] \$ Description of Expenditure To Whom Paid Date [MM/DD/YYYY] \$ Description of Expenditure	J-03	Street Address 5	Daniel Carlos and Aller	QUARK	La la marana f		Description of expendit	ure
House # Street Address Description of Expenditure City State Zip Code To Whom Paid Date [MM/DD/YYYY] \$ House # Street Address Description of Expenditure City State Zip Code To Whom Paid Description of Expenditure City 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 City State Zip Code To Whom Paid Date [MM/DD/YYYY] \$ City State Zip Code City State Zip Code City State Zip Code Date [MM/DD/YYYY] \$ Description of Expenditure City State Zip Code	City WATE	RFORD	State	PA	(2) · 股份或在 (3) (3) (4) (4)	16441	CLOTHING	a.
City State Zip Code Date [MM/DD/YYYY] \$ House # Street Address Description of Expenditure To Whom Paid Date [MM/DD/YYYY] \$ House # Street Address Description of Expenditure City State Zip Code Date [MM/DD/YYYY] \$ House # Street Address Description of Expenditure City State Zip Code Date [MM/DD/YYYY] \$ House # Street Address Description of Expenditure City State Zip Code Date [MM/DD/YYYY] \$ House # Street Address Description of Expenditure City State Zip Code Date [MM/DD/YYYY] \$ House # Street Address Description of Expenditure	To Whom Paid						Date [MM/DD/YYYY]	\$
To Whom Paid Date [MM/DD/YYYY] \$	House #	Street Address					1 多数 高校 表示,进入处理机	ire
To Whom Paid Date [MM/DD/YYYY] \$	City		State		(1) · 20 (1) · 20 (1) · 20 (1) · 20 (1) · 20 (1) · 20 (1) · 20 (1) · 20 (1) · 20 (1) · 20 (1) · 20 (1) · 20 (1)		1 000 m 排除 000 m 200 m	2. 《公司·公司·公司·公司·公司·公司·公司·公司·公司·公司·公司·公司·公司·公
House # Street Address	To Whom Paid		1.639636		SEE SEELES		Date [MM/DD/YYYY]	*\$
City State Zip								
To Whom Paid Date [MM/DD/YYYY] \$	House #	Street Address					Description of Expenditu	<u>ire</u>
House # Street Address Description of Expenditure City State Zip Code To Whom Paid Description of Expenditure City State Zip Code To Whom Paid Description of Expenditure City State Zip Code To Whom Paid Date [MM/DD/YYYY] \$ House # Street Address Description of Expenditure City State Zip Code	City	Section of Section Assessment of the	State		新郷状治さんほご	•	The first of the second of the	general and the second of the
City 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 City State Zip Code	To Whom Paid						Date [MM/DD/YYYY]	\$
To Whom Paid Date [MM/DD/YYYY] \$	House #	Street Address					Description of Expenditu	ire
To Whom Paid Date [MM/DD/YYYY] \$		Listed & Complete Co.	State				Course Section of Course	
House # Street Address Description of Expenditure City State Zip Code To Whom Paid Date [MM/DD/YYYY] \$ House # Street Address Description of Expenditure City State Zip					Code		Data [MM/DD/VVVV]	(€:1
City State Zip Code To Whom Paid Date [MM/DD/YYYY] \$ House # Street Address Description of Expenditure City State Zip								
To Whom Paid Date [MM/DD/YYYY] \$ House # Street Address Description of Expenditure City State Zip	House #	■ 1.20 mm (4.40)を発展する 大変を 大変を 発展を 4					■最近實際人工的數值製工作の中で「是過程の「TRAN」で記憶します。	
House # Street Address Description of Expenditure City State Zip	City	The state of the s	State					
House # Street Address Description of Expenditure City State Zip	第二次 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						Date [MM/DD/YYYY]	\$
City State Zip	House #	Street Address					A SALLAR SHOLL EVENDS MICH	ire
	City		State	İ	Zio		Ling	

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 Identification	on Number:	·
Name of Credi	tor	Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED \$ [MM/DD/YYYY]
City		State Zip
Description of	Debt	Code
Name of Credit		Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED \$ [MM/DD/YYYY]
City		State Zip
Déscription of	Debt Debt	Code
Name of Credit	tor	Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED \$\\ [MM/DD/YYYY]
City Description of I	NAME AND ADDRESS OF THE PARTY O	State Zip Code
Name of Credit	100 Marie 100 Ma	Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED \$ [MM/DD/YYYY]
City		
Description of I	Debt .	Code
Name of Credit	or	Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED \$
		State Zip
City Description of E	Dobt.	State Zip Code
n b		Province of the second of the
Name of Credit		Outstanding Balance of Debt DATE DEBT INCURRED \$
		[MM/DD/XYYY]
City	Parameter of the Parame	State Zip Code
Description of E	Debt	