

Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification	Report Filed I	By Candida	25	Committee		Lobbyist	
Number Name of Filing Committee, Candidate or	(Mark X)						
Lobbyist	Committee to el	ect Edward Wilson	n		<u> </u>		
Street Address	7700 Lymehurst	Dr.					
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 Post Pre-Primary 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	
Date Of Election	Year	2004	Amendment		Termination		
(MM/DD/YYYY) 5/18/2021		2021	Report		Report		
Summary of Receipts and From Date	To Date			For	Office Use Only	(名/英/大学)	
Expenditures 5/18/2021	500, 1870, F.S.	6/7/21					
A. Amount Brought Forward From Last Report	\$	1,244.96					
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	250					
C. Total Funds Available (Sum of Lines A and B)	\$	-994.96					
D. Total Expenditures (From Schedule III)	\$	750					
E. Ending Cash Balance (Subtract Line D from Line C)	\$	349.47					
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0					
G. Unpaid Debts and Obligations (From Schedule IV)	\$	494.96		,			
	(46)4	Affidavit Sect	tion				
Part 1- If this is a Committee report, treasurer sign he	ere. If this is a Can	didate report, car	ndidate sign here.				
I swear (or affirm) that this report, including the attac Sworn to and subscribed before me this	cnea scneaules on	paper, is to the b رام	est of my knowleds	ge and belief tri	ie, correct and complet	te.	
day.of 20		\	To Den	$v \cup I$	" » ~ ~ /		
to the state of th		•	Signature o	Person Submi	tting report		
Signature	-		<u>- 70</u>	Printed Name		_	
My Commission expires	• •	814			460 4140)	
MO. DAY YR.	-	Ar	ea Code	Dayt	ime Telephone Numbe	er	
Part II- If this is a report of a Candidate's Authorized (I Swear, (or affirm) that to the best of my knowledge a amended.				provisions of th	ne Act of June 3, 1937 (P.L. 1333, NO.320) as	
Sworn to and subscribed before me this			0 1	., /			
day of20	- '1		Toul	net		<u></u>	
and the state of t			とういろれ	Ture of Candid	250.~		
Signature	, 1			rinted Name			
My Commission expires	-	814			54. 7543		
MO. DAY YR.		Are	ea Code	Dayti	ne Telephone Number		

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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) www.dos.pa.gov/campaignfinance@ • rastranspaignfinance@pa.gov

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: Candidate of Lobbyist

	-			Management and arrangement desired in product and	and the participation of the p			
Reporting Gyale	Name: V							
□ 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 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			cle 9 st-Special Election			
Annual Report 2nd Friday Pre-Special Election 30 Day Post-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 accompan					of Pennsylvania			
Signature of Trea	surer, Candidate,	or Lobbyist	D	ate (DD/M	IM/YYYY)			

DSEB-502R Updated 1/22/2021

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Extensión (

Markey Charles

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)

Printed Name

Location (City/State/Country)

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SCHEDULE I Contributions and Receipts

Detailed Summary Page

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Filer Identification Number			
4 - 1 - 1			
1.Unitemized Contributions and Receipts	s-\$50.00 or Less per Contributor		
CANCALE TO THE LAW BY THE	Total for the reporting period	(1)	\$ 50
2. Contributions of \$50.01 to \$250.00 (F Part A and Part B)	rom		
Contributions Received from Political Con	nmittees (Part A)		\$
All Other Contributions (Part B)			\$ 200
government of the control of the con	Total for the reporting period	(2)	\$ 200
3. Contributions Over \$250.00 (From Par	t C and Part D)	,	
Contributions Received from Political Com	nmittees (Part C)		\$
All Other Contributions (Part D)			\$
Marie Bullyng meg merika da a saga a salah	Total for the reporting period	(3)	\$
4. Other Receipts-Refunds, Interest Earn	ed, Returned Checks, ETC. (From Part E)	
	Total for the reporting period	(4)	\$
Total Monetary Contributions and Receipt enter amount totals from Boxes 1, 2, 3 and			\$ - Senacion

I Chart

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Cover Page, Item B)

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PART A

Richard Commence

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 Ide	ntification Numb	er					
						Amo	ount
	me of Contribut	ting			Date [MM/DD/YYYY]	\$	
Commi	ttee				-		
House #	#	Street Ad	ddress		Date [MM/DD/YYYY]	\$	
					,,,		
City	 		State	7in Codo	Date [MAN /DD /WWW]		· · · · · · · · · · · · · · · · · · ·
City			State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Na	me of Contribut	ing	L		Date [MM/DD/YYYY]	\$	
Commi	ttee						
House #	# 1	Street Ad	ddress		Date [MM/DD/YYYY]	\$	
	"	-uncern			Date figural polititit	,	
Cia					Para de la companya de company		
	and said		State	Zip Code	Date [MM/DD/YYYY]	\$	
Cisurino							
Full Nar Commit	me of Contribut	ing			Date [MM/DD/YYYY]	\$	
Commit	riee.						
House #	#	Street Ac	ldress		Date [MM/DD/YYYY]	\$	
City	k atanggan tiya digan ding tangganggan tiya digan ding	O DATABLE	State	Zip Code	Date [MM/DD/YYYY]	\$	
3 Find 1978	resident martigar	ì					
Full Nar	me of Contribut	ing	<u> </u>		Date [MM/DD/YYYY]	\$	
Commit		-				. •	
House #	#	Street Ac	ldress		Date [MM/DD/YYYY]	\$	
City	eggi turi		State	Zip Code	Date [MM/DD/YYYY]	\$	
. Ret.: "					- con Figure 2011	7	
E. Balan		·			Park Francisms forced		_
Commit	ne of Contribut ttee	ıng			Date [MM/DD/YYYY]	\$	
House #		Street Ac	ldress		Date [MM/DD/YYYY]	\$	
APP CO	era Maria e variada era Militaria estado	umumin ¹⁹					
City			State	Zip Code	Date [MM/DD/YYYY]	\$	
	ne of Contribut	ing		· · · · · · · · · · · · · · · · · · ·	Date [MM/DD/YYYY]	\$	· -
Commit	tee						
House #	<u> </u>	Street Ad	ldress		Date [MM/DD/YYYY]	\$	
Chrys d	4, 44						
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 Identification Number:

<u> </u>									
Full Name of Contr	ibutor						Date [MM/DD/YYYY]	\$	
		Karen Doric	h				5/11/21		50
House #	Str	eet Address					Date [MM/DD/YYYY]	\$	
			1852 East 33	rd St					
City			State	_	Zip Code	1	Date [MM/DD/YYYY]	\$	1
Erie				Pa		16510			
Full Name of Contr	ibutor						Date [MM/DD/YYYY]	\$	
* 1	: .	Tom Zipperi					6/7/21	1	200
House #	Str	 eet Address					Date [MM/DD/YYYY]	\$	
	Ì		1926 Northw	ood Lane				1	
City		<u> </u>	State	T	Zip Code		Date [MM/DD/YYYY]	\$	
Erie	ang W			Pa	 	16509			
Rull Name of Contr	butor					,	Date [MM/DD/YYYY]	\$	
								1	
House #	ri.		<u></u>				Date [MM/DD/YYYY]	\$	
	Str	eet Address						•	
City			State		Zip Code	1	Date [MM/DD/YYYY]	\$	
The March of									
Full Name of Contri	butor						Date [MM/DD/YYYY]	\$	
Carried and Carried Control of the C									
House #	Str	 eet Address	;				Date [MM/DD/YYYY]	\$	
Specifical Company of the second	1.14.51.								:
Cityasea seasonario vicini			State		Zip Code		Date [MM/DD/YYYY]	\$	
e e e e e e e e e e e e e e e e e e e	-								
Full Name of Contri	butor						Date [MM/DD/YYYY]	\$	
House #	Stre	et Address					Date [MM/DD/YYYY]	\$	
PAR SERVICE CONTRACTOR									
Gity	1 .	<u>*. * * </u>	State		Zip Code	1	Date [MM/DD/YYYY]	\$	
Farytan Malanessa M								1	
Full Name of Contri	butor						Date [MM/DD/YYYY]	\$	
House#,	Stre	et Address					Date [MM/DD/YYYY]	\$	
And Particular Apples 1985 1995 1995 1995	· · · · · · · · · · · · · · · · · · ·	et Addiess	,					•	
City			State		Zip Code		Date [MM/DD/YYYY]	\$	

PART C

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* Livering to the state of the

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	n Number:					
Full Name of				Data [R/R/DD/VVVV]	1.4.1	
Contributing Co	mmittee			Date [MM/DD/YYYY]	_ \$	
House #	Street Address			Date [MM/DD/YYYY]	\$	
	- 1 gr (1)	1			10 12 1	
City	or contracting pays	State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Co	gy muga al har			Date [MM/DD/YYYY]	\$	
House #	Street Address	<u>. </u>	-1-	Date [MM/DD/YYYY]	_ S	
City -		State	Zip Code	Date [MM/DD/YYYY]	\$	
Fuil Name of Contributing Cor	mmittee			Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$	
city and maria areas weathfuggered as		State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Con	nmittee	<u> </u>		Date [MM/DD/YYYY]	\$.	
House #	Street Address		344	Date [MM/DD/YYYY]	\$	
CITY		State	Zip Code	Date [MM/DD/YYYY]	\$:
Full Name of Contributing Con	nmittee			Date [MM/DD/YYYY]	\$	_
"中國的權利權利益 (1)	Street Address			Date [MM/DD/YYYY]	. \$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Com	nmittee	<u>.</u>		Date [MM/DD/YYYY]	\$	
House#	Street Address			Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
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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)

Filer Identification Number:

Service Co.					
Full Name of Cor	ntributor			Date [MM/DD/YYYY]	\$
House #	Street Address		***************************************	Date [MM/DD/YYYY]	* \$
City		State	Zip Code	Date [MM/DD/YYYY]	\$ \$
		State	21p code	Date [WW/DD/1111]	1.7
Employer Name				Occupation	
Employer Mailin	g Address /				<u></u>
Principal Place o					
Full Name of Contributor				Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
Managara (
City	The state of the s	State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name			Occupation		
Employer Mailin Principal Place of			· · · · · · · · · · · · · · · · · · ·		
Full Name of Con	tributor			Date [MM/DD/YYYY]	\$
				·	
House #	Street Address	,,,, <u>.,,,,</u>		Date [MM/DD/YYYY]	- \$
City.		State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name					
Employer Name				Occupation	
Employer Mailing Principal Place of					
Full Name of Con				Date [MM/DD/YYYY]	\$
and house of					
House #	Street Address			Date [MM/DD/YYYY]	\$
ANGE STATE COMMENT					
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name	de ser l'interè		, <u>lana </u>	Occupation	<u>1</u>
Employer Mailing	g Address /				
Principal Place of					

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PART E

Other Receipts

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Filer Identification Number:

Mary Mary Control of the Control of

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.

Full Name				
House #	Street Address	· · · · · · · · · · · · · · · · · · ·	P.544	
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Descri	. 1		<u> </u>	
ull Name				
House #	lo a d L	*****		
1	Street Address			
City	1 44 - 1 A	State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Descri	ption			
ull Name	a a pro-			
House #	Street Address	- 10.1		·
City		State	Zip	Date [MM/DD/YYYY] \$
		June	Code	Date (MINA) DD) (111)
Receipt Descrip	otion			
	14.5			
Full Name				
House #	Street Address	ALISAN I		
City		State	Zip	Date [MM/DD/YYYY] \$
			Code	
Receipt Descrip	otion			
ull Name				
louse #	Street Address			
100		1	1 = 1	
ity		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Descrip	ntion			
જ્યારે સમાઉદ્યાન ૧ હોઇ છે.	Assault application		=	
ull Name				
louse #	Street Address			
ity		State	Zip	Date [MM/DD/YYYY] \$
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11. 12. 14. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15	tion	•		, ,
leceipt Descrip	,cion			

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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

Filer Identification Number:		
Principle conference on the control of the control		
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$5	0.00 C	OR LESS PER CONTRIBUTOR
TOTAL for the reporting period (1)	\$	
2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.	00 /EF	(FROM PART F)
TOTAL for the reporting period (2)	\$	
(2)	,	
3. IN-KIND CONTRIBUTION RECEIVED VALUE OVER \$250.00 (FROM	/I PAR	RTG)
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)		
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SCHEDULE II PART F

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In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Number:				
The state of the s				
Full Name of Contributor			Date [MM/DD/YYYY]	\$
:				
House # Street Ad	dress		Date [MM/DD/YYYY]	\$
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
City	State	Zip Code	Date [MM/DD/YYYY]	.\$
Description of Contribution				
and the second second second				
Full Name of Contributor			Date [MM/DD/YYYY]	\$
A Property of the Control of the Con				
House # Street Ad	dress		Date [MM/DD/YYYY]	\$
Control of the Contro				1.4.
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contribution				
Full Name of Contributor	<u> </u>		Date [MM/DD/YYYY]	\$
May part of the second				
House # Street Ad	dress		Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Service of the servic	*** a			
Description of Contribution				
Full Name of Contributor	<u>'</u>		Date [MM/DD/YYYY]	\$
House # Street Ad	dress		Date [MM/DD/YYYY]	-\$
Jesephak Orif				. *
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contribution	Art was			
Full Name of Contributor			Date [MM/DD/YYYY]	\$
House # Street Ad	dress		Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	. \$:
Description of Contribution				·

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SCHEDULE II

Part G

In-Kind Contributions Received

V	ALUE OVER \$250
Filer Identification Number:	
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Committee of the Committee	
Full/Name of Contributor	Date [MM/DD/YYYY] \$
ing a mentioner on the control of th	
House # Street Address	Date [MM/DD/YYYY] \$
	ϵ_{i}
City	D. Jane (D. August)
City State Zi	p Code Date [MM/DD/YYYY] \$
Employer Name	Occupation
Employer Mailing Address / Principal	Description
Place of Business	of
The second accordance	Contribution
Full Name of Contributor	Date [MM/DD/YYYY] \$
PANATAN SAT	
House # Street Address	Date [MM/DD/YYYY] \$
2. 糖素体统。	
	p Code Date [MM/DD/YYYY] \$
Employer Name	Occupation
Employer Mailing Address / Principal	Description
Place of Business	of 30 10 10 10 10 10 10 10 10 10 10 10 10 10
	Contribution
Full Name of Contributor	Date [MM/DD/YYYY] \$
House # Street Address	Date [MM/DD/YYYY] \$
City State Zig	Date [MM/DD/YYYY] \$
	Sate [Miny DD) 1111
Employer Name	Occupation
Application of the second of t	
Employer Mailing Address / Principal Place of Business	Description
Figure Of Dualifess	of Contribution
Full Name of Contributor	
rui vaine of Contributor	Date [MM/DD/YYYY] \$
House # Street Address	Date [MM/DD/YYYY] \$

Date [MM/DD/YYYY]

Occupation

Description

Contribution

of

State

Zip Code

City

Employer Name

Employer Mailing Address / Principal

Place of Business

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SCHEDULE III

				SCHE	EDULE III	
	4		State		f Expend	ditures
Filer Identification	Number:					
And the state of t						
To Whom Paid						- Page From Reserved A
	Edward Wilson					Date [MM/DD/YYYY] \$
House#	Street Address 91	14 Reed	***			Description of Expenditure
City Erie		State	Pa	Zip Code	16503	Reimbursement of legal fees
To Whom Paid						Date [MM/DD/YYYY] \$
House #	Street Address	,				Description of Expenditure
City		State		Zip Code		
To Whom Paid				<u> </u>		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] \$
House #	Street Address	-				Description of Expenditure
GW	Contraction of the second	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 #	Stroot Address					Description of Evnanditure

City State Zip Code THE POST OF THE PO To Whom Paid Date [MM/DD/YYYY] \$ House # Street Address Description of Expenditure City State Zip Code \$ (<u>s</u>. $M_{\overline{\mathbf{q}}}^{\mathbf{q}}:=\{(\mathbf{r}_{i_{1}}^{\mathbf{q}_{1}}, \mathbf{r}_{i_{1}}^{\mathbf{q}_{2}}, \mathbf{r}_{i_{1}}^{\mathbf{q}_{2}}, \mathbf{r}_{i_{2}}^{\mathbf{q}_{2}}, \mathbf{r}_{i_{1}}^{\mathbf{q}_{2}}, \mathbf{r}_{i_{1}}^{\mathbf{q}_{2}}, \mathbf{r}_{i_{1}}^{\mathbf{q}_{2}}, \mathbf{r}_{i_{1}}^{\mathbf{q}_{2}}, \mathbf{r}_{i_{2}}^{\mathbf{q}_{2}}, \mathbf{r}_{i_{1}}^{\mathbf{q}_{2}}, \mathbf{r}_{i_{1}}^{\mathbf{q}_{2}}, \mathbf{r}_{i_{1}}^{\mathbf{q}_{2}}, \mathbf{r}_{i_{2}}^{\mathbf{q}_{2}}, \mathbf{r}_{i_{1}}^{\mathbf{q}_{2}}, \mathbf{r}_{i_{1}}^{\mathbf{q}_{2}}, \mathbf{r}_{i_{1}}^{\mathbf{q}_{2}}, \mathbf{r}_{i_{1}}^{\mathbf{q}_{2}}, \mathbf{r}_{i_{2}}^{\mathbf{q}_{2}}, \mathbf{r}_{i_{1}}^{\mathbf{q}_{2}}, \mathbf{r}_{i_{2}}^{\mathbf{q}_{2}}, \mathbf{r}_{i_{1}}^{\mathbf{q}_{2}}, \mathbf{r}_{i_{2}}^{\mathbf{q}_{2}}, \mathbf{r}_{i_{1}}^{\mathbf{q}_{2}}, \mathbf{r}_{i_{2}}^{\mathbf{q}_{2}}, \mathbf{r}_{i_{2}}^{\mathbf{q}_{2}$

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SCHEDULE IV

as interpolation

Filer Identification Number:

Statement of Unpaid Debts

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 Creditor		Edward Wi	Ison					Out	standing Balance of Debt
House #						DATE DEBT INCURRED [MM/DD/YYYY]		\$	
1 * 1 * 1 * 1 * 1 * 1 * 1 * 1 * 1 * 1 *			914 Reed			6/4/2		7	
City		Erie	<u>, </u>	State	Pa	Zip	16503		194.94
Description of Deb	t	loan-legal	fees	. : 1		Code	1		
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