

Print Form



# 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 Cand	idate	X	Committee			Lobbyist	
Name of Filing Committee, Ca Lobbyist	ndidate or	Committee to e	elect Edward W	ison						<u></u>
Street Address		914 Reed								
<b>City</b> Erie	L		State	Pa		Zip Code	16503		<del></del>	
Type of Report (Place x under	report type)									
1- 6 <sup>th</sup> Tuesday   2- 2 <sup>nd</sup> Friday Pre-Primary   Pre-Primary		4- 6 <sup>th</sup> Tuesday Pre- Election	/ 5- 2 <sup>nd</sup> Frida Pre- Electi	· I	ay Post n	7- Annual	Special 2 <sup>nd</sup> Pre-Election	_	Special 30 I Post-Election	-
Date Of Election (MM/DD/YYYY)	5/18/2021	Year	2021	Amend Report			Terminatio Report	n		
Summary of Receipts and	From Date	To Da	te	1		For	Office Use Or	nly		
Expenditures	5/18/2021		6/7/21	1						
A. Amount Brought Forward F	l	\$	-1,244.96							
B. Total Monetary Contribution (From Schedule I)	ns and Receipts	\$	250	1						
C. Total Funds Available (Sum of Lines A and B)		\$	-994.96							
D. Total Expenditures (1993) (From Schedule III)	750									
E. Ending Cash Balance (Subtract Line D from Line C)	•	\$	349.47							
F. Value of In-Kind Contribution (From Schedule II)	ns Received	\$	0							
G. Unpaid Debts and Obligation (From Schedule IV)	ons	\$	494.96							
7 (2 x 2 x 2 x 2 x 2 x 2 x 2 x 2 x 2 x 2			Affidavit						•—•	
Part 1- If this is a <b>Committee</b> report, I swear (or affirm) that this report,						ge and belief tr	ue, correct and	d complet	e.	
Sworn to and subscribed before m			,			uli		,		
day of	20	- 1				of Person Subm	nitting report		<del></del>	
Signature	-	·		Edward Wilse		Printed Nam				
		. 1		814			e 7543			
My Commission expiresMO.	DAY YR.	-		Area Code	_		time Telephon	e Numbe	ur .	
Part II- If this is a report of a <b>Candi</b> o	date's Authorized C	Committee, can	didate shall sig	here.						
I swear (or affirm) that to the best amended.	of my knowledge a	nd belief this po	olitical committ	ee has not vid	olated any	provisions of t	he Act of June	3, 1937 (	P.L. 1333, NO.	320) as
Sworn to and subscribed before me	e this									
Jurishin M. day of	20	. 1								
	Signature of Candidate Nancy Feeney									
Signature		. 1				Printed Name				
My Commission expires		<u>.</u>		814	_	460-43		NT		
MO.	DAY YR.			Area Code		Dayt	ime Telephone	: Number		



•		
·		
· .		



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

# 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.

	Committee, Can e Name	didate, or Pobby	ist.		
G <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 uesday 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 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 the Commonwealth of Pennsylvania that the accompanying Campaign Finance Report is true and correct.

Signature of Treasurer, (Candidate, or Lobbyist

Date (DD/MM/YYYY

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-stcampaignfinauce@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)

· · · · · · · · · · · · · · · · · · ·			-
:			

#### **SCHEDULE I**

# **Contributions and Receipts**

**Detailed Summary Page** 

Filer Identification Number	
1 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	
1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor	
Total for the reporting period (1)	\$ 50
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)	
Contributions Received from Political Committees (Part A) ( செல்றோர்கள் நிரிக்கோள்	\$   "
All Other Contributions (Part B)	\$ 200
Total for the reporting period (2)	\$ 200
3. Contributions Over \$250.00 (From Part C and Part D)	
Contributions Received from Political Committees (Part C)	\$
All Other Contributions (Part D)	\$
Total for the reporting period (3)	\$
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, Item B)	\$
Name of the second of the seco	· · · · · · · · · · · · · · · · · · ·

E and their	Newspaper (1971) De teacher		
r			
Antennational	a Medigde (Lighter) i ga gid	dangang Aday	Transmus :
	Summer Section		
g is A care	et operation Verbreiteitigt		

gett egenetik egyatte apret sociala gande stantificant fotter in her s social

An experience of the second

 $\alpha = (1, 1, \frac{1}{2}, -1, \frac{1}{2})$ 

A September of the second seco

, ; ;			
· -			

#### 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 Nu	mber						
<b>I</b> -	I						Amount
Full Name of Contril	buting				Date [MM/DD/YYYY]	\$	
Committee							
House #	Street Address				Date [MM/DD/YYYY]	\$	
City	·	State	Zip Code		Date [MM/DD/YYYY]	\$	
Full Name of Contrib Committee	outing				Date [MM/DD/YYYY]	\$	
	10:						
House #	Street Address				Date [MM/DD/YYYY]	\$	_ <del>_</del>
		T Paris 1			B face /		
Citymole artemeter Fill to graves		State	Zip Code		Date [MM/DD/YYYY]	\$	
Full Name of Contrib	outing				Date [MM/DD/YYYY]	\$	
Committee							
House #	Street Address				Date [MM/DD/YYYY]	\$	
	1						
City of contract		State	Zip Code		Date [MM/DD/YYYY]	\$	
TOTAL STATE OF THE			Lip Code		Date [minuton [111]		
Full Name of Contrib	outing				Date [MM/DD/YYYY]	\$	
Committee							
House #	Street Address				Date [MM/DD/YYYY]	\$	
जिल्ली संभित्तिमान १ विल्ली सम्बद्धाः					<u> </u>		
City		State	Zip Code		Date [MM/DD/YYYY]	\$	
Full Name of Contrib	outing				Date [MM/DD/YYYY]	\$	
Committee							
House#	Street Address				Date [MM/DD/YYYY]	\$	
							_
City		State	Zip Code		Date [MM/DD/YYYY]	\$	
	1						
Full Name of Contrib Committee	nuting				Date [MM/DD/YYYY]	\$	
House #	Street Address				Date [MM/DD/YYYY]	\$	-
. Jeuse #	Juleet Address				Date [MINITOD/1111]		
City		State	Zip Code		Date [MM/DD/YYYY]	\$	
7		State	Zip Coue		Sacc Danah DDL 1111	1 1	
ł		1 1	1 1	1	1		

· · · · · · · · · · · · · · · · · · ·					

#### 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 Ide	ntification Number:			•					
Eull Na	me of Contributor						Date [MM/DD/YYYY]	\$	
FUII INA	ine of Contributor	Karen Dorich							50
Juda Chi	Construction 1						5/11/21		
House # Street Address						Date [MM/DD/YYYY]	\$		
	1852 East 33rd St								
City	Erie		State	Pa	Zip Code	16510	Date [MM/DD/YYYY]	\$	
Full Na	me of Contributor			J	I	!	Date [MM/DD/YYYY]	\$	
f dividedys	4-   1   1   1   1   1   1   1   1   1	Tom Zipperi					6/7/21		200
House	Stre	eet Address					Date [MM/DD/YYYY]	\$	
		1920	Northwo	ood Lane					
City	F.:-		State	n.	Zip Code	46700	Date [MM/DD/YYYY]	\$	
	Erie			Pa		16509			
1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	me of Contributor						Date [MM/DD/YYYY]	\$	
( Measure of	<b>x</b> 94								
House #	Stre	eet Address					Date [MM/DD/YYYY]	\$	
								1 : '	
City	1		State		Zip Code		Date [MM/DD/YYYY]	\$	
								]	
Full Na	ne of Contributor		· · · · · · · · · · · · · · · · · · ·				Date [MM/DD/YYYY]	\$	
		i e						] :	
House #	Stre	eet Address					Date [MM/DD/YYYY]	\$	
City	Test	***	State		Zip Code		Date [MM/DD/YYYY]	\$	
	de la companya de la La companya de la co				•			1	
Full Nar	ne of Contributor						Date [MM/DD/YYYY]	\$	
erennen antare eren								1 ·	
House #	Stre	et Address				<u></u>	Date [MM/DD/YYYY]	\$	<u></u>
City	maniferation is a conserve secretary entre	Tan i	State		Zip Code		Date [MM/DD/YYYY]	\$	
Andrewskinster	Called Call of Table Anna Anna Called	are.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
Full Nar	ne of Contributor						Date [MM/DD/YYYY]	\$	
House #		et Address					Date [MM/DD/YYYY]	\$	
City		·	State	·	Zip Code		Date [MM/DD/YYYY]	\$	
					-			1	

# Frings #

#### 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 Numb	er:				
antique man equipment					
Full Name of				Date [MM/DD/YYYY]	\$
Contributing Committ	ee				
House#	Street Address			Date [MM/DD/YYYY]	\$
City	<u> </u>	State	Zip Code	Date [MM/DD/YYYY]	
,,			Lip 6000	Date prints = -,	-
Full Name of			<u> </u>	Date [MM/DD/YYYY]	\$
Contributing Committe	ee				1
House #	Street Address		-	Date [MM/DD/YYYY]	\$
esistanting of					
City	<u> </u>	State	Zip Code	Date [MM/DD/YYYY]	\$
					1.
Full Name of	• 1			Date [MM/DD/YYYY]	\$
Contributing Committe	ee			Pare firming 1	171
	T			- Free Amin Animals	
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of			<u> </u>	Date [MM/DD/YYYY]	\$
Contributing Committe	ee			Date limit work	
House #	Street Address			Date [MM/DD/YYYY]	\$
		·			<b>!</b>
City	The state of the s	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of		<del>'</del>		Date [MM/DD/YYYY]	\$
Contributing Committe	36				
House #	Street Address			Date [MM/DD/YYYY]	<b>\$</b>
City was a second	<u> </u>	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Committe	20			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
reimss -					].
Cityalia	that they are a second of the	State	Zip Code	Date [MM/DD/YYYY]	.\$-
				·	1
					I's a l

State of the second sec

	·			

PART D

Filer Identification Number:

Control of the state of the sta

Market And

State of the second sec

## **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)

S. THE MAN CONTRACTOR OF THE STATE OF THE ST				
Full Name of Contributor			Date [MM/DD/YYYY]	\$
House # Street Address			Date [MM/DD/YYYY]	\$
Long the state of			· · · · · · · · · · · · · · · · · ·	
	[ C+n+o	Zip Code	Date [MM/DD/YYYY]	
City	State	Zip Code	Date [MIM/DD/1111]	<u> </u>
Employer Name			Occupation	
* **				
Employer Mailing Address / Principal Place of Business				
Full Name of Contributor			Date [MM/DD/YYYY]	\$
			· and frames and · · · · · · · · · · · · · · · · · · ·	
House # Street Address			Date [MM/DD/YYYY]	_ \$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
				<u> </u>
Employer Name			Occupation	
Employer Mailing Address /			1 1	
Principal Place of Business				
Full Name of Contributor			Date [MM/DD/YYYY]	\$
HISTORIAN PROCESS OF THE POST OF THE PROCESS OF THE				(1) 图 (2)
House # Street Address			Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
and the second s				7
Employer Name			Occupation	
Employer Mailing Address / Principal Place of Business				
Full Name of Contributor			Date [MM/DD/YYYY]	\$
			The Ministration of	4.*1
			- Francis Inches	
House # Street Address			Date [MM/DD/YYYY]	
City	State	Zip Code	Date [MM/DD/YYYY]	\$
		'	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
Employer Name			Occupation	
Employer Mailing Address / Principal Place of Business			<u>'</u>	

#### 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	Number:			
garage and place				
A September 1				
Full Name				
House #	Street Address			and the second section of the second of the
City		State	Zip	Date [MM/DD/YYYY] \$
e structure de la compa	Francis Carre	4.	Code	:
Receipt Descrip	eau alia たかがたいいいな響か			
		·		
Full Name				
House #	Street Address			
City	et aparalis	State	Zip	Date [MM/DD/YYYY] \$
Lastration of the Control of the Con			Code	
Receipt Descript	tion		····	
Full Name				
House #	Street Address			
City		State	Zip	Date [MM/DD/YYYY] \$
City	a more the chapter of		Code	
Receipt Descript	tion	I		
Full Name				
House #	Street Address			
City		State	Zip	Date [MM/DD/YYYY] \$
Frank to this section is			Code	
Receipt Descript		<u> </u>		
Full Name				
House #	Street Address			
City		State	7in	Date [MM/DD/YYYY]   \$
		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Descript	ion			
Full Name				
House #	Street Address			
City		State	Zip	Date [MM/DD/YYYY] \$
		State	Code	Same from San
Receipt Descript	ion	······ I	<u> </u>	
Mary Mary	and the second			

1 - 1 (6 4 P 3 )

・対象情報をよっても、この、概念をいう を対象を対象としていません。

:		

#### **SCHEDULE II**

en grande e

Survey But

Constitution of the Consti

 $\Phi = f(t_{\rm conf}) \phi + \delta + 2 e^{\alpha t_{\rm conf}}$ 

months of the second of the se

The state of the s

Books transfer

# **IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECIEVED**

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

DETAILED SU	MMARY PAGE
Filer Identification Number:	
UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50	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	// 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)	\$
AND	
Secretarial designation of the second of the	

:			·	

# SCHEDULE II PART F

## **In-Kind Contributions Received**

VALUE OF \$50.01 TO \$250

Filer Identification Number:					
gereng te sette					
Full Name of Contributor			Date [MM/DD/YYYY]	\$	
A TIME TO SEE A		•			
House # Street Address			Date [MM/DD/YYYY]	\$	
Jan Sur Addiess				1.	
City	State	Zip Code	Date [MM/DD/YYYY]	\$	
Description of Contribution					
Full Name of Contributor			Date [MM/DD/YYYY]	<b>S</b>	
Control of Control			Date [WW/DD/1111]	•	
House # Street Address		<del></del>	Date [MM/DD/YYYY]	\$	
				1	
City	Canto	7:- 6-4-	Date Installed house		<del></del>
City	State	Zip Code	Date [MM/DD/YYYY]	\$	
Description of Contribution		71112	•		
Full Name of Contributor			Date [MM/DD/YYYY]	\$	
tuli italie of contributor			Date [WWW/DD/1111]	3	
and the second of the second o					
House # Street Address		· · · · · · · · · · · · · · · · · · ·	Date [MM/DD/YYYY]	\$	
City of the second seco	State	7in Codo	Date [MANA (DD (WWW)]	\$	
	State	Zip Code	Date [MM/DD/YYYY]	3	
and the second s					
Description of Contribution					
Full Name of Contributor			Date [MM/DD/YYYY]	\$	
House # Street Address			Date [MM/DD/YYYY]	\$	
SIT STATE OF COUNTY OF CO					
City	State	Zip Code	Date [MM/DD/YYYY]	\$	
phoring ()   Charles					
Description of Contribution			I		
Full Name of Contributor			Date [MM/DD/YYYY]	\$	
Anales strong of 3"					
House# Street Address			Date [MM/DD/YYYY]	\$	
Street Address			Date Innividual 11111		
Lating also in a special					
City	State	Zip Code	Date [MM/DD/YYYY]	\$	-
Description of Contribution			1		
or many described and represent the season of the course are the season of the season of the					

# SCHEDULE II Part G

E SONO CO

**₩** -1862 - 0 -0 1 -

# **In-Kind Contributions Received**

**VALUE OVER \$250** 

Filer Identification Number:		·	 _,
		•	
Company of the Self-money of the source of the control of the self-self-self-self-self-self-self-self-			
A 1985年 1	Brieff'	•	

and the state of t				
Full Name of Contributor		<u></u>	Date [MM/DD/YYYY]	\$
				1 ` <u> </u>
				]
House # Street Address			Date [MM/DD/YYYY]	\$
House # Street Address			Date [WINDD/1111]	•
				[ * ]
etalandik estek			D . forestandound	<del></del>
1 City	State	Zip Code	Date [MM/DD/YYYY]	\$
* Is Waste a Period				.·
	<u>,                                    </u>			17.
Employer Name			Occupation	
Employer Mailing Address / Principal				
			Description	
Place of Business	-		.of	
Property of the Second Control			Contribution	
Full Name of Contributor			Date [MM/DD/YYYY]	\$
and the second second				
				[
House # Street Address	W-4.		Date [MM/DD/YYYY]	\$
Street Address			Date fransh polici (1)	
100				
City	Chata	7in Cada	Data francisco (pp. (pp. pp.	A .
City	State	Zip Code	Date [MM/DD/YYYY]	\$
				100
Employer Name			Occupation	
Employer Mailing Address / Principal			Description	
Place of Business			of	·
			Contribution	
Full Name of Contributor			Date [MM/DD/YYYY]	\$
CONTRACTOR				[ast
				[表記]
House # Street Address			Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
		·   '		
				N
Employer Name	•		Occupation	
a the state of the				
Employer Mailing Address / Principal			Description	· · · · · · · · · · · · · · · · · · ·
Place of Business			of *	
**************************************			Contribution	
Full Name of Contributor			Date [MM/DD/YYYY]	\$
MERCHANIST SERVICE CONTROL CON				
House# Street Address		<u> </u>	Date [MM/DD/YYYY]	\$
				5.4.
City	State	Zip Code	Date [MM/DD/YYYY]	\$
.				· [
Employer Name	1	· · · · · · · · · · · · · · · · · · ·	Occupation	
Employer Mailing Address / Principal			Description	
Place of Business			of	

:					
:					
:					
:				-	
:					
1					
		·			
				;	
:					

# Statement of Expenditures

	<u> </u>
Filer Identification Number:	

To Whom Paid	Edward Wilson				Date [MM/DD/YYYY]   \$			
· Village of the				6/1/21 750				
House #	Street Address	914 Reed			Description of Expenditure			
<b>City</b> Erie	<u> </u>	<b>State</b> Pa	Zip Code	16503	Reimbursement of legal fees			
To Whom Paid					Date [MM/DD/YYYY] \$			
aydaliyasina darah yaya iy Araban iyo								
House #	Street Address				Description of Expenditure			
City		State	Zip Code					
To Whom Paid					Date [MM/DD/YYYY]   \$			
House #			<del></del> ,					
	Street Address				Description of Expenditure			
City		State	Zip Code					
To Whom Paid			Code	<u> </u>	Date [MM/DD/YYYY] \$			
	:				Date (MIM/DD/1111)			
House #	Street Address				Description of Expenditure			
City	i _	State	Zip	Т				
			Code					
To Whom Paid	1				Date [MM/DD/YYYY] \$			
And anima	<u> </u>							
House #	Street Address			<u> </u>	Description of Expenditure			
City		State	Zip	T				
And the second of the second			Code					
To Whom Paid					Date [MM/DD/YYYY] \$			
House #	Street Address		· · · · · · · · · · · · · · · · · · ·	714 774	Description of Expenditure			
City	False, with	State	Zip	<u> </u>				
			Code	£2				
To Whom Paid					Date [MM/DD/YYYY] \$			
House #	Street Address				Description of Expenditure			
ity.	<u> </u>	State	Zip	Γ				
			Code					
o Whom Paid				· <del></del>	Date [MM/DD/YYYY] \$			
louse # Street Address					Description of Expenditure			
ity a l	Street	State	Zip	<del></del>				
	1.15 ( ) Set 1		Code					

\* FETT

		*		
# :				
:				
	÷			
				·
1				

**SCHEDULE IV** 

The state of the s

Filer Identification Number:

We will have been a second to be a s

# **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	Service.	i.			Outstanding Palance of Dobt		
		Edward Wil	son	T	Outstanding Balance of Debt		
		et Address	914 Reed	DATE DEBT INCURRED [MM/DD/YYYY]	\$		
				6/4/21	7		
City		Erie	State	Pa Zip 16503	494.94		
Description of Dek	ot	loan-legal f	ees				
Name of Creditor	*				Outstanding Balance of Debt		
House #	Stree	t Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$		
CLA CONTROL AND THE SECOND SECOND	inga yanunun k	AT (\$5500)	State	Zip Code			
Description of Deb							
	in and a						
Name of Creditor			W	<u> </u>	Outstanding Balance of Debt		
House #	Stree	t Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$		
Survey of the su				,			
City			State	Zip Code			
Description of Deb	t						
Name of Creditor					Outstanding Balance of Debt		
House##	1	t Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$		
City							
		· · ·	State	Zip Code	<b>-</b>   √		
Description of Deb			State		1		
Description of Deb			State		Outstanding Balance of Debt		
Description of Deb  Name of Creditor  House #	<b>t</b>	t Address	State		Outstanding Balance of Debt		
Description of Deb  Name of Creditor  House #	Stree	. <u></u>	State	Code  DATE DEBT INCURRED	Maria Ma		
Description of Deb  Name of Creditor  House #	Stree	. <u></u>		DATE DEBT INCURRED [MM/DD/YYYY]  Zip	Maria Ma		
Description of Deb Name of Creditor House # City Description of Deb	Stree	. <u></u>		DATE DEBT INCURRED [MM/DD/YYYY]  Zip	Maria Ma		
Description of Deb  Name of Creditor  House #  City  Description of Deb  Name of Creditor  House #	Stree	. <u></u>		DATE DEBT INCURRED [MM/DD/YYYY]  Zip	\$		
Description of Deb  Name of Creditor  House #  City  Description of Deb  Name of Creditor  House #	Stree	to hoo da ""	State	DATE DEBT INCURRED [MM/DD/YYYY]  Zip Code  DATE DEBT INCURRED	\$ Outstanding Balance of Debt		
Description of Deb  Name of Creditor  House #  City  Description of Deb  Name of Creditor  House #	Stree	to hoo da ""		DATE DEBT INCURRED [MM/DD/YYYY]  Zip Code  DATE DEBT INCURRED	\$ Outstanding Balance of Debt		
Description of Deb  Name of Creditor  House #  City  Description of Deb  Name of Creditor  House #	Stree	to hoo da ""	State	DATE DEBT INCURRED [MM/DD/YYYY]  Zip Code  DATE DEBT INCURRED [MM/DD/YYYY]	\$ Outstanding Balance of Debt		

-				
				-
:				
!				
!				
i				
:				
# E				
:				
i				
i :				
:				
:				