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

Filer Identificati Number	iler Identification			Report Filed By Candida (Mark X)					Committee				∇	Lobi	oyist	
Name of Filing Committee, Candidate or Lobbyist			Con	44°m	ee	- Re	rect (ch d	:27a) L.	epo	×				
Street Address		•	1		_		-21									
City	E	rie		<u>ν - ·</u>		State	49	•	Zip Co	de	11	o5	උපී			
Type of Report (Place x under	report type)														
1- 6 th Tuesday Pre-Primary	2- 2 nd Friday Pre-Primary	3- 30 Day Post Primary	1 '	Tuesday lection	1	^d Friday Election	6-30 Da Election	•	7- Anr	nual	1 -	cial 2 Elect	nd Friday ion	1 -	ial 30 -Electi	
]		!	,			<u> </u>
Date Of Election (MM/DD/YYYY)		11/05/2019	Year		ac	PIC	Amendi Report	ment			Terr Rep	ninat ort	ion			
Summary of Rec Expenditures		From Date		To Date	-		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			For	Office	Use	Only			2 1
A. Amount Brou	and the second second	D3 11 301 rom Last Report		050	16/3 2	019		· · · · · · · · · · · · · · · · · · ·			<u> </u>	• •	· .		<u></u>	<u> </u>
B. Total Moneta (From Schedule	· · -	ns and Receipts	\$	1,23	<u>.</u> 32. !	5Ò										
C. Total Funds A (Sum of Lines A	and B)		\$	1,2		.50						- <u>-</u>		, ,		
D. Total Expendi (From Schedule	III)		\$	1,10	11	31						**************************************		* 2		
E. Ending Cash B (Subtract Line D F. Value of In-Kii (From Schedule	from Line C) nd Contributio	ns Received	\$	4	1. 1 [']	9	:					7 () () () () () ())		
G. Unpaid Debts (From Schedule	and Obligatio	ns	\$	ノフミ	5 · l	8						-	-i ·	ه د	\	
				e a		fidavit Sec						-	i me	}``		
Part 1- If this is a C I swear (or affirm)	ommittee repor that this report,	t, treasurer sign he including the atta	ere. If th ched sch	is is a Car	Morper	report, ca	ndidate sig	gn here. knowled	ge and be	elief tr	ue ∕ €61	rect a	ind comple	te.		
Sworn to and subse		e this		0.2		•			- }		[]	/				
10 CH day of	MAY	20_19	_	ania Sary	or 1284 1	_	<u> </u>									
	Mul	<u> </u>	_	s, Noi	Asso		Reb	gnature o	of Person	M- Shpw	itting r	eport				
	gnature		_	f Per bbas irle (an ia				Printed	i Name	9					
My Commission ex	pires <i>OQ</i> MO.	11 202: DAY YR.	_	Inwealth of Pennsylv Qussay Abbas, Not Erie Count Ommission exotres	ommission number Pennsylvania Asso		814 rea Code	_	-	Day			One Number	- er		
Part II- If this is a re			Commit	Eee , cand	datesi	nall sign he										
I swear (or affirm) t amended.	that to the best	of my knowledge a	and beli	f this policy		7	nas not viol	lated any	provisio	ns of tl	ne Act	of Jun	ne 3, 1937 (P.L. 133	33, NO.	320) as
Sworn to and subso	cribed before me	this		- Notary S.	2022	Sotaries /	10	$\stackrel{\sim}{\sim}$	1/	ر (P.	1	2	Q.		
/Ulfaday of	Mh.	20 19	- /	Pussay Abbas, Notary Bussay S Erie County mnission expires	ennsylvania Association 51	(KU	Sign h	ature of	Candid	~ ()x ate クノ	Le de	LICH K	-		
- Ch	gnature	11 2022	- _	Abbas, Not Erie Count	Associ				Printed N	lame	~~~		7/020	_ }		
My Commission ex	pires 00.	DAY YR.	afth of D	Gussay Abbas, Notary B. Erie County Commission expires I.	Isylvania	A	rea Code	-	-	Dayti	me Tel	ephor	ne Number			
			monwe.	Committee Commit	ef, Penr								·			

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

Cilou Idontification Number	
i Filer Identification Number	
and the second s	
· ·	

	•	
Total for the reporting period (1)	\$	562.50
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		
Contributions Received from Political Committees (Part A)	\$	-0 -
All Other Contributions (Part B)	\$	200.00
Total for the reporting period (2)	\$	200.00
3. Contributions Over \$250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)	\$	**
	\$	11-10 00
All Other Contributions (Part D)	•	1 4 10.
All Other Contributions (Part D) Total for the reporting period (3)	\$	470.00
Total for the reporting period (3)		470.00
, ,		470.00

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	n Number					<u> </u>
			•			Amount
Full Name of Co	ontributing			Date [MM/DD/YYYY]	\$	
Committee		AL			T	0
House #	Street Address		······································	Date [MM/DD/YYYY]	\$	
]	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
7-11 N	i manife autono			make India (mm honor)		
Full Name of Co Committee	ontributing			Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$	
City	1	State	Zip Code	Date [MM/DD/YYYY]	\$	
			'			
Full Name of Co Committee	ontributing			Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$	
	Street Address			Bace (MINI/BB/1111)		
City	les to les	State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Co Committee	ontributing			Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$	
City	,	State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Co Committee	ontributing			Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$	
City	, <u> </u>	State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Co	ntributing			Date [MM/DD/YYYY]	\$	
Committee	arring .			Date [MM/DD/CTT]		
House #	Street Address			Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	

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:

Methodological P	44 V. M.				

Full Name of Co	ontributor			Date [MM/DD/YYYY] \$	•
	Joyce	L. Sa	wcch:0	०५०८ ३०११	200.00
House #	Street Address			Date [MM/DD/YYYY] \$	
40	15	Alleghe	uny Rd		
City		State P	Zip Code	Date [MM/DD/YYYY] \$	_
 - 7	-ie	\/	A 165	09	
Full Name of Co	ontributor			Date [MM/DD/YYYY] \$	
Marie Verter March				2 A (1) 3 G (2) 4 G (2)	
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Co	ontributor	8052 SZ188WE1	W	Date [MM/DD/YYYY] \$	-
House #				Date [MM/DD/YYYY] \$	
	Street Address				
City	######################################	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Co	intributor	基金的结构	2 中,1760年2月2年2日 	Date [MM/DD/YYYY] \$	
				17 TO THE SECRET SECRET SECTION AND SECTION AS A SECTION	
House #	Street Address			Date [MM/DD/YYYY] \$	-
City		State	Zip Code	Date [MM/DD/YYYY] \$	·-
		V (30) 4 0			
Full Name of Co	ntributor	P 10 - 10 20 20 20 20	In the control of the second	Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
		State	Zip Code		
Full Name of Co	ortributor.	200 - A C. A		Date [MM/DD/YYYY] \$	
House#	Street Address			Date [MM/DD/YYYY] \$	
SP AND SP		n paradise of the	1		
City		State	Zip Code	Date [MM/DD/YYYYY] \$	

PART C

Contributions Received From Political Committees

Over \$250.00

Filer Identification Number:

Use this Part to itemize only contributions received from Political Committees with an aggregate value over \$250.00 in the reporting period.

Full Name of Contributing Committee	NA		Date [MM/DD/YYYY] \$	C.
	·			0
House # Stre	et Address		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
			Little de Maria Fris Carria Charles (al actual de la Superioria) Esperioria	
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	
House # Stre	et Address		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee		·	Date [MM/DD/YYYY] \$	
House # Stre	et Address		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	
House # Stree	et Address		Date [MM/DD/YYYY] \$	
Gitý	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	
House # Stree	et Address		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee	December of all	Paracon and Complete	Date [MM/DD/YYYY] \$	
House # Stree	et Address		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	

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:	

no mandron del colo de la companya d	Auditor : Net				Transferance	(Fig. 1)
Full Name of Contribu	Ator O \-	V V V .		, , ,	Date [MM/DD/YYYY]	\$
and and depote the property of	上りて	istal Le	-pak-Cand	sidate !	03/22/2019	40.00
					- · ·	44/4/44
House#	Street Address			ŀ	Date [MM/DD/YYYY]	
2657	(\$5) 2.00 (\$5) 2.00 (\$5)	Poplar			04/10/2019	350.∞
City		State	Zip Code		Date [MM/DD/YYYY]	5 1000
Erie			4	16508	04/18/2019	60.00
Employer Name		F0-4:8	20 Lent 6	Erie		ructor
Employer Mailing Add Principal Place of Busi		5757	West 26	JUSH, E		.6506
Full Name of Contribu	ended agents and the control of the control				Date [MM/DD/YYYY]	\$
		-		ţ	AN AND STATE OF THE STATE OF TH	
						6
House #	Street Address			F	Date [MM/DD/YYYY]	\$
		i]	
City	Section of the sectio	State	Zip Code		Date [MM/DD/YYYY]	5
				Γ	ATS TO BE AND THE ATTENDANCE OF A THE ATTENDED	
Employer Name		新安全30年8	Statistical process of the		Occupation	<u></u>
	An Private Mariana.	1				·
Employer Mailing Add Principal Place of Busi					· · · · · · · · · · · · · · · · · · ·	
AND AND THE PARTY OF THE PARTY	anning page happens in the large to pale of a rate			-		Poor Control
Full Name of Contribu	tor			3	Date [MM/DD/YYYY]	
最终的的数据						
House #	Street Address				Date [MM/DD/YYYY]	S
				J	1	
City		State	Zip Code		Date [MM/DD/YYYY]	
City		State :		f*	Date [MIN/DO/GROUT	
Employer Name					f orces 4 to 1	
	ANTONIO DE LES TORS				Occupation	
Employer Mailing Add Principal Place of Busin					300 Sec. 1	
Full Name of Contribut	raging gata () a military of military () and			F	Date [MM/DD/YYYY]	\$ (
					A STATE OF THE STA	
House #	Street Address			 	Date [MM/DD/YYYY]	Sil
	Suecus			ľ	Late Ilania de Caracia	
						(2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4
City		State	Zip Code	7	Date [MM/DD/YYYY]	\$
					1	
Employer Name		Marting to over a	1 Marketing and the second	2	Occupation	
Employer Mailing Addi	race (
Principal Place of Busin						

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	A/A			
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description			W.13475(E.S.S.)	
Full Name	A STATE OF THE STA			
House #	Street Address			
City	PARTICLE STATE OF STA	State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description			To expense of the Land	
Full Name				
House #	Street Address		**************************************	·
City		State	Zip. Code	Date [MM/DD/YYYY]
Receipt Description		PC+200-11-01	100 M 100 M 20 M 2	
Full Name				
House'#	Street Address			· · · · · · · · · · · · · · · · · · ·
City	Transaction of the state of the	State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				·
Fúll Name				
House #	Street Address			
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 CONTRI	BUTIONS RECEIVED-VA	LUE OF \$50.00 OR LES	S PER CONTRIBUTOR	
TOTAL for the reporting period	(1)	\$	0	
2. IN-KIND CONTRIBUTIONS REC	EIVED-VALUE OF \$50.0	1 TO \$250.00 (FROM	PART F)	
TOTAL for the reporting period	(2)	\$	0	
3. IN-KIND CONTRIBUTION RECE	IVED-VALUE OVER \$250	0.00 (FROM PART G)		
TOTAL for the reporting period	(3)	\$	0	
TOTAL VALUE OF IN-KIND CONTRIBUTION PERIOD (Add and enter amount totals from Page 1, Report Cover Page, Item F)		1 ' 1		

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

20			
Filer identification Number:			
	_		
SALLAND TO SELECT AND THE SELECTION OF T			

Full Name of Contribu	****			Date [MM/DD/YYYY]	
Turi Marile Or Curring 1955 Sarress Co. Sarres	1	IN.		Date [[vilv], DD], [[vill]]	134
gill far should be determined the			aucones:		0
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	.
Description of Contrib	ution				,
Full Name of Contribu	tor	×1		Date [MM/DD/YYYY]	(\$5)
	(2)				
House:#	Street Address			Date [MM/DD/YYYY]	(6// 4
		11.77		To produce the second of the product of the second of the	
City		State	Zip Code	Date [MM/DD/YYYY]	\$
	out Investor and Investor and				
Description of Contrib	ution		,		
Full Name of Contribu	tor			Date [MM/DD/YYYY]	§
					 (本)
House #	Street Address		****	Date [MM/DD/YYYY]	1023.0
City		State	Zip Code	Date [MM/DD/YYYY]	
				Contract de la contraction de	100 Mg
Description of Contrib	ution		· · · · · · · · · · · · · · · · · · ·		超速数
					F(* 100.)
Full Name of Contribu	tor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
	Line Cheston (1987)				
City	\$21,522(\$51,957) \$21,000 (\$21,000)	State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contrib	ution	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	The state of the s		
Full Name of Contribu	tor			Date [MM/DD/YYYY]	\$
House #				Date [MM/DD/YYYY]	
HUMBU T	Street Address				
		Deservation on L	Parent resource to sold	No	
City		State	Zip Code	Date [MM/DD/YYYY]	
					DATA Carlos Carlos Persons
Description of Contrib	uuon Maga Sala Hali				

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer Identification Number:	

				Port of seed from honory and the seed
Full Name of Contril		A)		Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
				(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
City		State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name	TE I STATE OF THE			Occupation
Employer Mailing A	ddress / Principal			Description
Place of Business				of Contribution
Full Name of Contrib	autor			Date [MM/DD/YYYY] \$
				· · · · · · · · · · · · · · · · · · ·
House #	Street Address			Date [MM/DD/YYYY] \$
City	· · · · · · · · · · · · · · · · · · ·	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name				Occupation:
Employer Mailing Ad Place of Business	Idress / Principal			Description of
				Contribution
Full Name of Contrib	iutor			Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
City		State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name			建 的图象描绘数据	Occupation
Employer Mailing Ac	idress / Principal			Description
Place of Business				of Contribution
Full Name of Contrib	iutor			Date [MM/DD/YYYY] \$
House#	Street Address			Date [MM/DD/YYYY] \$
City :		State	Zip Code	Date [MM/DD/YYYY] \$
				# 10 miles 20 miles 20 miles
Employer Name				Occupation
Employer Mailing Ad Place of Business	dress / Principal			Description of
		ı		Contribution

Statement of Expenditures

				er:

To Whom Paid		^	Date [MM/DD/YYYY] \$	
	ax Printing	glo. Inc.	04/05/2019	53.00
House # 1919 Street Address	Peach St.		Description of Expenditure	
Civ Erie	State PA	Zip Code 16502	50/50 Fundra	ising 45
To Whom Paid	[+,200,200,200,8]	Transfers & See T	Date [MM/DD/YYYY] \$	
	Post 470	-	04/10/2019	482.87
	West 26th	The state of the s	Description of Expenditure	ក្រុក ។ ខេត្ត ប្រកាស ក្រុក ។ ខេត្ត ខេត្ត ខេត្ត ។
Eric	State PA	Code 16508	Campa: gn Tund	raising Event
To Whom Paid	- (.) 0	· · · · · · · · · · · · · · · · · · ·	Date [MM/DD/YYYY] \$	50 00
THE STATE OF THE S	= lite Ser	vices	04/10/2019	100.00
House # 1234 Street Address	Browns	e .	Description of Expenditure	
Erie	State PA	Zip Code 16502	DJ MC Funda	aiser
To Whom Paid	0	0	Date [MM/DD/YYYY] \$	
DeSan	tis Signs	& Graphics	04/10/2019	300.00
10 10 10 10 10 10 10 10	West 18th	St.	Description of Expenditure	
City Etie	State PA	Zip Code \650	Deposit Yards	ðigns
To Whom Paid	35 S	.	Date [MM/DD/YYYY] \$	255,44
ogapications.com. Accumings of the planting and the common of the common	42 2842	& Graphics	04/17/2019	222,44
The state of the s	West 184	<u>i.</u> 9.	Description of Expenditure	
city Erie	State PA	Zip Code 16502	Balance Yourd	Signs
To Whom Paid			Date [MM/DD/YYYY] \$	
House # Street Address			Description of Expenditure	17. W
City	State	Zip Code		
To Whom Paid	在共作的中央	a Tak Pijika Yasa	Date [MM/DD/YYYY] \$	
House # Street Address			Description of Expenditure	
City.	State	Zip Code		<u>and an artist and an artist and artist artist and artist artist and artist a</u>
To Whom Paid	Park Australia	No. of the second secon	Date [MM/DD/YYYY] \$	
House # Street Address			Description of Expenditure	
TOTAL JUICEVACUIESS				
City	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 Identification Number:

Name of Creditor	Christal Lepak	Outstanding Balance of Debt
House # Str	eet Address DATE DEBT INCURRED	- [2019년 1일 1일 2일
2457	Poplar St. [MM/pD/YYY]	3-1-1-1-1-1
219 -7 \	04/05/2019	25,31
City		
of management	E-i-e State PA Zip L650	3
Description of Debt	Food & Beverages- Most & Breet @ Eri-	141 SC 274
Line Colonia de Colonia	THE TOTAL SELECTION OF THE SELECTION OF	e Erbrar 9
Name of Creditor		Outstanding Balance of Debt
A CONTRACTOR OF THE PROPERTY O	Christal Lepak	
	eet Address DATE DEBT INCURRED [MM/DD/YYYY]	
2657	経験的な影響がある	100,44
City	State 0 Zip	
	Erie PA Code 1650	
Description of Debt	Fundraiser Food decor dc.	
	FUNDI CIOCI DECOP SEC.	
Name of Creditor	Christal Lepak	Outstanding Balance of Debt
House# Stre	eet Address Poplar St. DATE DEBT INCURRED [MM/DD/YYYY]	
a657	LODIEL DE: [WW/DD/AAAA]	
	04/19/2019	39.89
City		
	E-:e State PA Code 1650	
Description of Debt	Luncklon	
		· ·
Name of Freditor		Months and low Polomore Polomore
Name of Creditor	Christal Lepak	Outstanding Balance of Debt
House # Stre	Christal Legax DATE DEBT INCURRED	Outstanding Balance of Debt
House # Stre	Christal Lepox DATE DEBT INCURRED [MM/DD/YYYY]	\$
House # AUST Stre	Christal Lepak Beet Address Poplar St O4 89 8019	
House # Stre	Christal Lepox DATE DEBT INCURRED [MM/DD/YYYY] O4 29 2019 State 2 Zib	9.54
House# AV51 Stre	Christal Lepax DATE DEBT INCURRED [MM/DD/YYYY] O4 29 2019 Erie State PA Code 16508	9.54
House # AUST Stre	Christal Lepax DATE DEBT INCURRED [MM/DD/YYYY] O4 29 2019 Erie State PA Code 16508	9.54
House # AUST Stree City Description of Debt.	Christal Lepox DATE DEBT INCURRED [MM/DD/YYYY] O4 29 2019 State 2 Zib	9.54
House # Aug Stre	Christal Lepax DATE DEBT INCURRED [MM/DD/YYYY] O4 29 2019 Erie State PA Code 16508 Tape for Yard Signs	9.54
House # Aus Street	Christal Lepax Bet Address Poplar St Code 1608 Tape for Yard Signs DATE DEBT INCURRED IMM/DD/YYYY] O4 99 9019 Code 1608 Tape for Yard Signs DATE DEBT INCURRED	9.54
House # Aus Street	Christal Lepax Bet Address Poplar St Erie State PA Code Tape for Yard Signs	9.54) Outstanding Balance of Debt
House # Street City Description of Debt Name of Creditor House # Street	Christal Lepax Bet Address Poplar St Code 1608 Tape for Yard Signs DATE DEBT INCURRED IMM/DD/YYYY] O4 99 9019 Code 1608 Tape for Yard Signs DATE DEBT INCURRED	9.54) Outstanding Balance of Debt
House # Aus Street	Christal Lepax DATE DEBT INCURRED [MM/DD/YYYY] OH 29 2019 Erie State PA code 1608 Tape for Yard Dign9 DATE DEBT INCURRED [MM/DD/YYYY] State Zip DATE DEBT INCURRED [MM/DD/YYYY]	9.54) Outstanding Balance of Debt
House # Street City Description of Debt Name of Creditor House # Street City	Christal Lepax DATE DEBT INCURRED [MM/DD/YYYY] O4 29 2019 Erie State PA Code 1608 Tape for Yard Dign9 DATE DEBT INCURRED [MM/DD/YYYY]	9.54) Outstanding Balance of Debt
House # Street City Description of Debt Name of Creditor House # Street	Christal Lepax DATE DEBT INCURRED [MM/DD/YYYY] OH 29 2019 Erie State PA code 1608 Tape for Yard Dign9 DATE DEBT INCURRED [MM/DD/YYYY] State Zip DATE DEBT INCURRED [MM/DD/YYYY]	9.54) Outstanding Balance of Debt
City Description of Debt Name of Creditor House # Stree City Description of Debt	Christal Lepax DATE DEBT INCURRED [MM/DD/YYYY] OH 29 2019 Erie State PA code 1608 Tape for Yard Dign9 DATE DEBT INCURRED [MM/DD/YYYY] State Zip DATE DEBT INCURRED [MM/DD/YYYY]	9.54 Outstanding Balance of Debt
House # Street City Description of Debt Name of Creditor House # Street City	Christal Lepax DATE DEBT INCURRED [MM/DD/YYYY] OH 29 2019 Erie State PA code 1608 Tape for Yard Dign9 DATE DEBT INCURRED [MM/DD/YYYY] State Zip DATE DEBT INCURRED [MM/DD/YYYY]	9.54) Outstanding Balance of Debt
House # Stree City Description of Debt Name of Creditor City Description of Debt Name of Creditor	Christal Legax Bet Address Poplar St Erie State PA Zib Code 16508 Tape for Yard Digno Bet Address Date Debt Incurred [MM/DD/YYYY] State Zip Code Code Code Date Debt Incurred Code Date Debt Incurred Code Date Debt Incurred Code	9.54 Outstanding Balance of Debt
House # Stree City Description of Debt Name of Creditor City Description of Debt Name of Creditor	Christal Lepax Bet Address Poplar St Erie State PA Zib Code 16508 Tape for Yard Dign9 Date Debt Incurred IMM/DD/YYYY] Date Debt Incurred IMM/DD/YYYY] State Zip Code Code	S (つっちょ) Outstanding Balance of Debt Outstanding Balance of Debt
House # Stree City Description of Debt Name of Creditor City Description of Debt Name of Creditor	Christal Legax Bet Address Poplar St Erie State PA Zib Code 16508 Tape for Yard Digno Bet Address Date Debt Incurred [MM/DD/YYYY] State Zip Code Code Code Date Debt Incurred Code Date Debt Incurred Code Date Debt Incurred Code	9.54) Outstanding Balance of Debt S Outstanding Balance of Debt
House # Stree City Description of Debt Name of Creditor City Description of Debt Name of Creditor	Christal Legax Bet Address Poplar St Erie State PA Zib Code 16508 Tape for Yard Digno Bet Address Date Debt Incurred [MM/DD/YYYY] State Zip Code Code Code Date Debt Incurred Code Date Debt Incurred Code Date Debt Incurred Code	9.54) Outstanding Balance of Debt S Outstanding Balance of Debt
House # Stree City Description of Debt Name of Creditor House # Stree City Name of Creditor House # Stree Stree City City City City	Christal Legox Beet Address Poplar St Erie State PA Code 1608 Tape for Yard Diaria Date Debt incurred [MM/DD/YYYY] Date Debt incurred [MM/DD/YYYY] State Date Debt incurred [MM/DD/YYYY]	9.54) Outstanding Balance of Debt S Outstanding Balance of Debt
House # Stree City Description of Debt Name of Creditor House # Stree City Description of Debt Stree Stree Stree Stree	Christal Lepox Beet Address Poplar St Erie State PA Zip Tape for Yard Diaria Date Debt incurred [MM/DD/YYYY] Date Debt incurred [MM/DD/YYYY] State Zip Code Code Date Debt incurred [MM/DD/YYYY] State Zip Code Date Debt incurred [MM/DD/YYYY]	9.54) Outstanding Balance of Debt S Outstanding Balance of Debt