

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

Filer Identificati	ion	,,,,,,,		rt Filed E		Candid	ato ato	<b>1 2 3</b>	Comn		<u>-</u>		Lobbyist	
Number			(Mark X)				ate	X	COMM	mutec			Loudyist	
Name of Filing Committee, Candidate or Lobbyist			<u> </u>	Ronald Manna										
Street Address			3223	3223 Dynes Avenue										
City	Erie		<u> </u>			State	PA		Zip Co	de	16510	<del>*************************************</del>		· ,
Type of Report (	Place x under	report type)			•		<del></del>		<u> </u>					
1-6 <sup>th</sup> Tuesday	2- 2 <sup>nd</sup> Friday	3- 30 Day Post	4-6 <sup>th</sup>	Tuesday	5- 2 <sup>nc</sup>	Friday	6-300	ay Post	7- Anı	nual	Special 2 <sup>n</sup>	<sup>io</sup> Friday	Special 3	0 Day
Pre-Primary	Pre-Primary	Primary	Pre- Election Pre- Election				Electio	Election		Pre-Election Post		Post-Elec	tion	
	X													
Date Of Election (MM/DD/YYYY)		05/21/2019	Year	· .	2	019	Amend Report				Terminati Report	ion		]
Summary of Red	eipts and	From Date		To Date	)					For	Office Use (	Only	<u></u>	,
Expenditures		02/01/19		0	5/06/1	9	, A <sup>2</sup>				-			
A. Amount Brou	ght Forward F	rom Last Repor	\$		0									
B. Total Moneta (From Schedule		ns and Receipts	\$		1950		1							
C. Total Funds A	<u> </u>	<u></u>	\$	***************************************	4050									
(Sum of Lines A					1950									
D. Total Expend (From Schedule			\$	2	236.5	1								
E. Ending Cash Balance			\$	\$ ~ 286.51		İ								
(Subtract Line D from Line C) F. Value of In-Kind Contributions Received			\$	\$ 596.18		i								
(From Schedule G. Unpaid Debts		ns	\$		~~~~~									
(From Schedule	IV)									<i></i>			<del></del>	
Part 1- If this is a C	ommittee renor	t treasurer sign h	ere lfth	is is a Can		fidavit Se		gn here						
I swear (or affirm)									ge and b	elief tr	rue, correct ar	nd complet	e.	
Sworn to and subs	cribed before me	e this						/	1	1				
05day of	/ 09	2019	<del></del>	1			Kon	ald	10	121	reno			
Limber	h AX	it is	l			R	<b>/</b> onald Mar	ignature (	of Person	Subm	itting report			
	Signature	· 24(0)	-\				oriala iria	17104	Printed	Nam	e	• . ,		
My Commission ex	pires / D	13 19		• •		8	14			806-	-5623			
•	MO.	WKOMMOJ <sup>ACI</sup>			VANIA	/	Area Code		•	Day	time Telepho	ne Numbe	r	
Part II- If this is a re	port of a Cand	late's Authorized	<u>OTARIAI</u> Godonnit	SFAL Decembed	date sh	all sign h	ere.	,					<del></del>	
I swear (or affirm) amended.	that to the best	of my knowledge   MILLCRE My Commiss	Nodatyit EK TWP.	<b>éblis</b> poli ERIE COL	tical co JNTY	mmittee	has not vio	lated any	provisio	ns of t	he Act of June	e 3, 1937 (i	P.L. 1333, NO	0.320) as
Sworn to and subs	cribed before m	my vvininas			.,		•							
day of_		20	_	· 1										
Signature of Candidate														
Signature				*****			Printed N	lame						
My Commission ex		DAV VP	_				roo CrI-	_	-	D				
	MO.	DAY YR.				P	rea Code			Dayti	ime Telephon	ie Number		
· · · · · · · · · · · · · · · · · · ·														

#### SCHEDULE I

# **Contributions and Receipts**

**Detailed Summary Page** 

Filer identification Number		
1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor		
1. Ornitellitzed Contributions and Receipts-350.00 or Less per Contributor		
Total for the reporting period (1)	\$	50.00
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)	\$	o
All Other Contributions (Part D)	\$	1700.00
Total for the reporting period (3)	\$	1700.00
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)	<u>:                                    </u>	
Total for the reporting period (4)	\$	o
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 8)	\$	1950.00

#### 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.

riler (dentification NC	, inde				
					Amount
Full Name of Contr Committee	buting			Date [MM/DD/YYYY]	\$
House #	Street Address	<u></u>		Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contri Committee	buting			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contri Committee	buting			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contri Committee	outing	<u> </u>		Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contril Committee	auting			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City	1	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contrib Committee	buting			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City	<del></del>	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	n Number:					
	ALIANSA SAN	<u> </u>				
Full Name of Co				Date [MM/DD/YYYY]	\$	
	Fred Koebele	≱in		02/07/2019		100.00
House#	Street Address		· · · · · · · · · · · · · · · · · · ·	Date [MM/DD/YYYY]	\$	
190	K	(raus Drive		,		
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Eie		PA	16511			
Full Name of Co		•		Date [MM/DD/YYYY]	\$	
	Robert Allisor	n		05/01/2019		100.00
House #	Street Address		· · · · · · · · · · · · · · · · · · ·	Date [MM/DD/YYYY]	\$	
8424	E 1	ast Lake Road				
City	<u> </u>	State	Zip Code	Date [MM/DD/YYYY]	\$	
Erie		PA	16511			
Full Name of Co	ntributor			Date [MM/DD/YYYY]	\$	
House #	Street Address		<del>,</del>	Date [MM/DD/YYYY]	\$	
City	<u> </u>	State	Zip Code	Date [MM/DD/YYYY]	\$	<u> </u>
Full Name of Co	ntributor	surjectivity.		Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$	
		-				
City		State	Zip Code	Date [MM/DD/YYYY]	S	
Full Name of Cor	ntributor			Date [MM/DD/YYYY]	\$	
				Annual and a financial and a f		
House #	Street Address			Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Cor	ntributor	KD 614 a 401		Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$	
				pate (min) pay 11 mg		
Ch.		State	7in Cada	Date IAAA Inn haran		
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
60 Sec. 31		1.7 C AL - 1	Fr (2004) 137 5 14	i	15 %	

#### 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:

		<del> </del>			
Full Name of Contributing C	ommittee			Date [MM/DD/YYYY]	2 <b>. 5</b> .
House #	Street Addre	iss		Date [MM/DD/YYYY]	
City	<u> </u>	State	Zip Code	Date [MM/DD/YYYY]	
Full Name of Contributing C	committee	1X365.4		Date [MM/DD/YYYY]	
House #	Street Addre	SS		Date [MM/DD/YYYY]	
City		State	Zip Code	Date [MM/DD/YYYY]	<b>3</b>
Full Name of Contributing C	ommittee	12274	Mar Market	Date [MM/DD/YYYY]	<b>S</b>
House #	Street Addre	SS		Date [MM/DD/YYYY]	<b>\$</b>
City State Zip Code				Date [MM/DD/YYYY]	
Full Name of Contributing Co	ommittee	L. Charles Land		Date [MM/DD/YYYY]	<b>\$</b>
House #	Street Addres	)s		Date [MM/DD/YYYY]	<b>\$</b>
City	<u>Injag</u> nga jawaa	State	Zip Code	Date [MM/DD/YYYY]	<b>S</b>
Full Name of Contributing Co	ommittee			Date [MM/DD/YYYY]	<b>S</b>
House #	Street Addres	is		Date [MM/DD/YYYY]	
City	F 447, 4, 75 92, 5, 5, 3, 3, 3	State	Zip Code	Date [MM/DD/YYYY]	
Full Name of Contributing Co	ımmittee.			Date [MM/DD/YYYY]	• · · · · · · · · · · · · · · · · · · ·
House #	Street Addres	is d		Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	<b>5</b>

#### 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	n Number:					
			······································			
Full Name of C	ontributor Gus Manna			Date [MM/DD/YYYY]	\$ 500.00	
	Ous Maina			02/13/2019	300.00	
House # 710	Street Address			Date [MM/DD/YYYY]	\$ 300.00	
10		rvine Drive	02/23/2019	300.00		
City Erie		State PA	<b>Zip Code</b> 16510	Date [MM/DD/YYYY]	\$ 300.00	
NY 120			10010	03/10/2019	300.00	
Employer Nam				Occupation		
Employer Maili Principal Place				and a distribution of the second		
Full Name of Co	ontributor			Date [MM/DD/YYYY]	\$	
	Charles Roa	ıch		03/23/2019	600.00	
House #	Street Address	· · · · · · · · · · · · · · · · · · ·	diameter in the second	Date [MM/DD/YYYY]		
3302	N	/lingo Avenue				
City	Paringarina d	State	Zip Code	Date [MM/DD/YYYY]	_   <u>                                  </u>	
Erie		PA	16510			
Employer Name				Occupation	<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>	
Employer Maili	ng Address /					
Principal Place					· · · · · · · · · · · · · · · · · · ·	
Full Name of Co	entributor			Date [MM/DD/YYYY]	4 <b>5</b>	
					# 1	
House #	Street Address			Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Employer Name				Occupation		
Employer Maili Principal Place					, , , , , , , , , , , , , , , , , , , ,	
Full Name of Co	ntributor			Date [MM/DD/YYYY]		
House #	Street Address			Date [MM/DD/YYYY]		
				1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		
City		State	Zip Code	Date [MM/DD/YYYY]	<b>S</b>	
					4 85% 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
Employer Name		<b>原政党条件</b>	<u> </u>	Occupation	<u>1996</u>	
Employer Mailir	og Address /					
Principal Place						

#### 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 Nu	ımber:			
Full Name				
House #			· · · · · · · · · · · · · · · · · · ·	
	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
			/ COURT IN	
Receipt Description	1			
Full Name		<del></del>		
House #	Street Address		· , , , , , , , , , , , , , , , , , , ,	W
City and the second		State	[ - mag _ 2 + 7 + 7 + 7 + 7 + 7 + 7 + 7 + 7 + 7 +	Date Issaelpp hound
City	분환경기 보통하다	State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		N. 15, 87	[100] [100]	1,53
Full Name				
House #	Street Address			
City		State	Zip	Date [MM/DD/YYYY] \$
	24 1. 1. 1. 1. Parishes		Code	
Receipt Description			<u></u>	· · · · · · · · · · · · · · · · · · ·
Full Name	1948 (1941) 1948 (1941)	······································		
		· · · · · · · · · · · · · · · · · · ·		
House#	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
			Code	
Receipt Description				
Full Name				
House #	Street Address		· · · · · · · · · · · · · · · · · · ·	
City		State	Zip Code	Date [MM/DD/YYYY] \$
			Code	
Receipt Description				- Alamana di Alamana d
Full Name				* * * * * * * * * * * * * * * * * * * *
House #	Street Address			
City		State	Zip	Date [MM/DD/YYYY] \$
			Code	
Receipt Description		, , , , , , , , , , , , , , , , , , ,		
renjerak Liber, die 1670 – efficie	11 / TW/			

#### 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 CONTRIBUT	TIONS RECEIVED-VALUE OF \$5	i0.00 (	DR LESS PER CONTRIBUTOR
TOTAL for the reporting period	(1)	\$	132.56
2. IN-KIND CONTRIBUTIONS RECEIVE	ED-VALUE OF \$50.01 TO \$250	.00 (F	ROM PART F)
TOTAL for the reporting period	(2)	\$	175.94
3. IN-KIND CONTRIBUTION RECEIVE	D-VALUE OVER \$250.00 (FROM	VI PAR	T <b>G</b> )
TOTAL for the reporting period	(3)	\$	287.68
TOTAL VALUE OF IN-KIND CONTRIBUTIONS PERIOD (Add and enter amount totals from on Page 1, Report Cover Page, Item F)		\$	

# SCHEDULE II PART F

### **In-Kind Contributions Received**

VALUE OF \$50.01 TO \$250

	 	 <del></del>
Filer Identification Number:		
■ 4 (CLL) (10 / GCL) (3 (B) (CL) (CL) (CL) (CL) (CL) (CL) (CL) (CL		
■ 1. 시스트 : La Caralla Carall		
를 가게 입어하는 것 같아. 전화가 되어 있다면 하다. 나를 하는 사람		

Full Name of Contributor			Date [MM/DD/YYYY]	\$	
Jo	di Manna		01/20/2019		77.86
House # Street A			Date [MM/DD/YYYY]	\$	
3223	Dynes Avenue	02/01/2019		98.08	
City Erie	State PA	Zip Code 16510	Date [MM/DD/YYYY]	\$	
Description of Contribution	Ink				
Full Name of Contributor			Date [MM/DD/YYYY]	\$	
House # Street A	Address	· · · · · · · · · · · · · · · · · · ·	Date [MM/DD/YYYY]	\$	
City	State	Zip Code	Date [MM/DD/YYYY]	\$	***************************************
				A.A.	
Description of Contribution					
Full Name of Contributor	and the second s	· · · · · · · · · · · · · · · · · · ·	Date [MM/DD/YYYY]	\$	
House # Street A	ddress		Date [MM/DD/YYYY]	\$	**************************************
	. '참. 차 당 '참.화		1		
Gty	State	Zip Code	Date [MM/DD/YYYY]	\$	
				4), () () ()	
Description of Contribution					
Full Name of Contributor			Date [MM/DD/YYYY]	\$	
House # Street A	ddress		Date [MM/DD/YYYY]	\$	
City	State	Zip Code	Date [MM/DD/YYYY]	\$	
Description of Contribution					
Full Name of Contributor			Date [MM/DD/YYYY]	\$	<u> </u>
				ŠŹ	
House # Street A	ddress		Date [MM/DD/YYYY]	\$	
City	State	Zip Code	Date [MM/DD/YYYY]	\$	
Description of Contribution				1	

# SCHEDULE II Part G

### **In-Kind Contributions Received**

VALUE OVER \$250

l			
Filer Identification Number:			
■ Filer Identification Number:			
(4) たっぱい きゅうしょく はっぱい しょうだいがく 一般 とずです (特別の)ます。			
■ 4.5 A 3 5 10 10 125 45 5 5 10 10 10 10 10 10 10 10 10 10 10 10 10			
■ 「行為」と称 「適と見の見し」、ませたたいは、「あっますあい」、「まったり、切り間			
■ 5			
■ 4 利 - 1 内部 2 L 利 第 1 4 4 5 1 1 1 以入外 2 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			
the state of the s	 		

Full Name of Cor	itributor			Date [MM/DD/YYYY]	\$
	Jodi Manna			02/08/2019	287.68
House #	Street Address	<del> </del>		Date [MM/DD/YYYY]	s
3223	D)	ynes Avenue			
City	Villende desirable	State	Zip Code	Date [MM/DD/YYYY]	s
Erie		PA	16510		
Employer Name				Occupation	]
Employer Mailing Place of Business	g Address / Principal			Description of Contribution	
Full Name of Con	tributor			Date [MM/DD/YYYY]	<b>.\$</b>
House#	Street Address			Date [MM/DD/YYYY]	
City	ENTERNATION	State	Zip Code	Date [MM/DD/YYYY]	<b>8</b>
Employer Name				Occupation	
	g Address / Principal		· · · · · · · · · · · · · · · · · · ·	Description	<u>, , , , , , , , , , , , , , , , , , , </u>
Place of Business		्र इं		of Contribution	
Full Name of Con	tributor			Date [MM/DD/YYYY]	\$
House #	Street Address		and the second s	Date [MM/DD/YYYY]	<b>S</b>
City	<u></u>	State	Zip Code	Date [MM/DD/YYYY]	<b>\$</b>
Employer Name			<u></u>	Occupation	- 100
Employer Mailing Place of Business	g Address / Principal			Description of Contribution	
Full Name of Con	tributor			Date [MM/DD/YYYY]	
House #	Street Address	<del></del>		Date [MM/DD/YYYY]	
City		State	Zip Code	Date [MM/DD/YYYY]	
Employer Name				Occupation	
Employer Mailing Place of Business	Address / Principal		- Personal Control of the Control of	Description of Contribution	

# SCHEDULE III Statement of Expenditures

Filer Identification Number:	 	

To Whom Paid			Date [MM/DD/YYYY]	<b>S</b>			
E Form Online					12/21/2018	128.00	
House # 3015	Street Address N	Ocean Bi	vd		Description of Expenditure		
City Fort Lauder	dale	State	EIN Number				
To Whom Paid	Wacky Buttons	***************************************			Date [MM/DD/YYYY]	<b>(\$</b> )	
	vvacky bullons				01/14/2019	46.51	
House # 101	Street Address Li	ncoln Pari	kway Suite A	1	Description of Expenditure		
City East Roche	ster	State	Buttons				
To Whom Paid  Erie Promotion					Date [MM/DD/YYYY]	\$ 450.00	
				01/22/2019	450.09		
House # 5938	Street Address Sp	ires Drive	)	Description of Expenditure			
City Erie		State	Zip Code 16509	Signs			
To Whom Paid	r: - p				Date [MM/DD/YYYY]	<b>35</b> (8)	
	Erie Promotions				02/06/2019	225.00	
House # 5938	Street Address Sp	oires Drive	)		Description of Expenditure		
City Erie State PA Zip Code 16509					Banner		
To Whom Paid Office epot					Date [MM/DD/YYYY]	<b>等</b> 無	
	Office epot					401.73	
House #		·		THE PROPERTY OF THE PARTY OF TH	03/21/2019	401.73	
House #	Office epot Street Address	·				401.73	
		State		Zip Code	03/21/2019	401.73	
House #	Street Address	State			03/21/2019 Description of Expenditu	401.73 ure \$	
House #  City  To Whom Paid		State			03/21/2019  Description of Expenditum  Brocheres	401.73 ure	
House # City To Whom Paid House # 5938	Street Address  Erie Promotions	State State			03/21/2019  Description of Expenditum  Brocheres  Date [MM/DD/YYYY]	\$ 326.22	
City  To Whom Paid	Street Address  Erie Promotions		PA		03/21/2019  Description of Expendito  Brocheres  Date [MM/DD/YYYY]  03/26/2019	\$ 326.22	
House #  City  To Whom Paid  House # 5938	Street Address  Erie Promotions  Street Address Sp	ires Drive	<u> </u>	Code	03/21/2019  Description of Expenditum  Brocheres  Date [MM/DD/YYYY]  03/26/2019  Description of Expenditum  50 Signs	\$ 326.22	
House # City To Whom Paid House # 5938 City   Erie To Whom Paid	Erie Promotions  Street Address Sp  Rebecca Buckel	ires Drive	<u> </u>	Code	03/21/2019 Description of Expenditor Brocheres Date [MM/DD/YYYY] 03/26/2019 Description of Expenditor 50 Signs Date [MM/DD/YYYY] 03/31/2019	\$ 326.22	
House # City To Whom Paid House # 5938 City Erie To Whom Paid House # 440	Erie Promotions  Street Address Sp  Rebecca Buckel	State  Owery Ros	PA	Code 16509	03/21/2019 Description of Expenditum Brocheres Date [MM/DD/YYYY] 03/26/2019 Description of Expenditum 50 Signs Date [MM/DD/YYYY]	\$ 326.22	
House #  City  To Whom Paid  House # 5938  City Erie  To Whom Paid	Erie Promotions  Street Address Sp  Rebecca Buckel	State  Owery Roa	PA	Code	03/21/2019 Description of Expenditor Brocheres Date [MM/DD/YYYY] 03/26/2019 Description of Expenditor 50 Signs Date [MM/DD/YYYY] 03/31/2019	\$ 326.22	
House #  City  To Whom Paid  House # 5938  City Erie  To Whom Paid  House # 440	Erie Promotions  Street Address Sp  Rebecca Buckel	State  Owery Roa	PA ad	Code 16509	Description of Expenditum Brocheres Date [MM/DD/YYYY] 03/26/2019 Description of Expenditum 50 Signs Date [MM/DD/YYYY] 03/31/2019 Description of Expenditum Tshirts Date [MM/DD/YYYY]	\$ 326.22	
House # City To Whom Paid  House # 5938 City	Street Address  Erie Promotions  Street Address Sp  Rebecca Buckel  Street Address Lo  Emerald Printing	State  Owery Roa	PA PA	Code 16509	Description of Expenditum Brocheres Date [MM/DD/YYYY] 03/26/2019 Description of Expenditum 50 Signs Date [MM/DD/YYYY] 03/31/2019 Description of Expenditum Tshirts	\$ 326.22 ure  \$ 100.00  ure  \$ 558.96	
House #  City To Whom Paid  House # 5938  City Erie To Whom Paid  House # 440  City Erie To Whom Paid	Street Address  Erie Promotions  Street Address Sp  Rebecca Buckel  Street Address Lo  Emerald Printing	State  Owery Roa  State	PA PA	Code 16509	Description of Expenditum Brocheres  Date [MM/DD/YYYY] 03/26/2019 Description of Expenditum 50 Signs  Date [MM/DD/YYYY] 03/31/2019 Description of Expenditum Tshirts  Date [MM/DD/YYYY] 05/02/2019	\$ 326.22 ure  \$ 100.00  ure  \$ 558.96	

#### 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			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	
City	No. 68 of Seal	State Zip Code	
Description of Debt		en in the state of	- Par el
Name of Creditor	68 (1965) (400) (400)		Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	
City		State Zip Code	-
Description of Debt			
Name of Creditor			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	<b>S</b>
City		State Zip Code	
Description of Debt			- Line Company of the
Name of Creditor			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$
Ann.	<u> Indiana na an ar Leonarda a la companya a </u>		
City  Description of Debt		State Zip Code	
Description of Debt			
Description of Debt  Name of Creditor		Code	Outstanding Balance of Debt
Description of Debt  Name of Creditor	Street Address		Outstanding Balance of Debt
Description of Debt  Name of Creditor  House #	Street Address	Code  DATE DEBT INCURRED	
Description of Debt  Name of Creditor  House #  City  Description of Debt	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]  State Zip	
Description of Debt  Name of Creditor  House #  City  Description of Debt	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]  State Zip Code	
Description of Debt  Name of Creditor  House #  City  Description of Debt	Street Address Street Address	DATE DEBT INCURRED [MM/DD/YYYY]  State Zip	
Description of Debt  Name of Creditor  House #  City  Description of Debt	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]  State Zip Code	Outstanding Balance of Debt