

Commonwealth of Pennsylvania - Campaign Finance Report

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

	La response la la com		Committee		Lobbyist
Filer Identification	Report Filed By Candida	^{эте} у /	Committee		rophylat
Number Name of Filing Committee, Candidate or	(Mark X)		<u> </u>		<u> </u>
Lobbyist	TANY P	KATI	UIFF	, TR	
Street Address	1/20 (1		VENU	<u>, , , , , , , , , , , , , , , , , , , </u>	
Street Address	1 420 H	ESS A		<u></u>	
City	State	PA	Zip Code	16507	7
Type of Report (Place x under report type)					
1- 6 th Tuesday 2- 2 nd Friday 3- 30 Day Pos Pre-Primary Primary Primary	t 4-6 th Tuesday 5-2 nd Friday Pre-Election Pre-Election	1	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
Date Of Election	Year	Amendment		Termination	
(MM/DD/YYYY) 05/21/2019		Report		Report	4
Summary of Receipts and From Date	To Date		For	Office Use Only	
Expenditures					
04/23/21	19 05/10/2019				- 12
A. Amount Brought Forward From Last Repo	rt \$ 0			· · · · · · · · · · · · · · · · · · ·	-
B. Total Monetary Contributions and Receipt (From Schedule I)	s \$ 71/2 49	1			
C. Total Funds Available	\$ 126.49			4≅ ੱ	<u>5</u>
(Sum of Lines A and B)	126.49			C	KØ.
D. Total Expenditures	\$				ar gast ar design Maria
(From Schedule III)	606.49			understandig mening graphy	Arter Co.
E. Ending Cash Balance	\$ / 0 00				
(Subtract Line D from Line C)	120.00			2 Jan. 1	
F. Value of In-Kind Contributions Received	\$ A			Subject to the same of the sam	Frequency Control of the Control of
(From Schedule II) G. Unpaid Debts and Obligations	\$ 6	•		و المراد الم أي منام والارتاق	_ _
(From Schedule IV)					opane.
(Trongodicality)	Affidavit Se	ection	<u> </u>	- 100 - 100	CD -
Part 1- If this is a Committee report, treasurer sign	here. If this is a Candidate report, o	andidate sign here.	Δ		
I swear (or affirm) that this report, including the att	ached schedules on paper, is to the	best of my knowle	dge and belief t	rue, correct and comple	ete.
Sworn to and subscribed before me this	ila - Notary ary Public Upril 3, 202 1288912 atton of Nota	\sim	///		
day of May 20 19	Avania - Notar Notary Public mty ses April 3, 20 ber 1288912	x		101	_
		- Sepature	of Person Subr	aitting report	•
Source Amon		7600	Printed Nam	CUFF	
Signature		Rul	riiiteu Naii	9911/911-	1
My Commission expires (3-23	m of Penns ernandez, Erie Co Ission exp Ission nun	814	_ <i></i>	014041	<u>'</u>
MO. DAY YE		Area Code	Da	ytime Telephone Numb	er
Design Making and the Co. Miles I A. M.		nora	in section		
Part II- If this is a report of a Candidate's Authorize I swear (or affirm) that to the best of my knowledge	u committee, एक्स्पावित्यस्ट्राम्बाङ्गाङ्गाङ्गारा	has not violated ar	ny provisions of	the Act of June 3, 1937	(P.L. 1333, NO.320) as
amended.				,	•
Sworn to and subscribed before me this	Comm				
Sworn to and substribed before the this					
day of20	_ 'i -			1	
	Ţ,	Sig	nature of Candi	date	
Signature	- -		Printed Name		
	, 1				
My Commission expires		Avec Code		time Telephone Numbe	
MO. DAY YR.		Area Code	Бау	ите тегерионе митре	

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor		
Total for the reporting period (1) \$	20.00
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)	56 (* 1) 197 (*)	
Contributions Received from Political Committees (Part A)	\$	10000
All Other Contributions (Part B)	\$	100-00
Total for the reporting period (2) \$	120.00
3: Contributions Over \$250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)	\$	0
All Other Contributions (Part D)	\$	
Total for the reporting period (3	3) \$	

Total for the reporting period

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)

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.

Full Name of Contributing Committee Date MM/DD/YYYY	riler identification					
Committee City State Zip Code Date [MM/DD/YYYY] S						
Date MM/DD/YYYY S		ntributing			Date [MM/DD/YYYY] \$	
City State Zip Code Date [MM/DD/YYYY] S Full Name of Contributing Committee House # Street Address City State Zip Code Date [MM/DD/YYYY] S Full Name of Contributing Committee House # Street Address City State Zip Code Date [MM/DD/YYYY] S Full Name of Contributing Committee House # Street Address City State Zip Code Date [MM/DD/YYYY] S Full Name of Contributing Committee Full Name of Contributing Committe	Committee				12.00	
State Zip Code Date MM/DD/YYYY S	House #	Street Address			Date [MM/DD/YYYY] \$	*
State Zip Code Date MM/DD/YYYY S					8	
Full Name of Contributing Committee Date [MM/DD/YYYY] S	City	w w so gamana water I	State	「「「「「「「」」」」「「「」」「「」」「「」「」「」「」「」「」「」「」「	Date [MM/DD/YYYY] \$	
Date MM/DD/YYYY S		and the product of the outside sector	1050 in 1	建心缩图图数	The Table Von Anna Was	
House # Street Address Date [MM/DD/YYYY] S Full Name of Contributing Committee Date [MM/DD/YYYY] S Full Name of Contributing Date [MM/DD/YYYY] S		ntributing			Pare [IAIIAI\DD\\\XXXX]	
City State Zip Code Date [MM/DD/YYYY] S Full Name of Contributing Committee Street Address Date [MM/DD/YYYY] S City State Zip Code Date [MM/DD/YYYY] S Full Name of Contributing Committee Date [MM/DD/YYYY] S Full Name of Contributing Committee Date [MM/DD/YYYY] S Full Name of Contributing Committee Date [MM/DD/YYYY] S Full Name of Contributing Date [MM/DD/YYYY] S	36.25	2 13 13 13 13 13 13 13 13 13 13 13 13 13			There Industry to the same	¥.
City State Zip Code Date MM/DD/YYYY S	House #	Street Address			Date [MINI/DD/YYYY] \$	64 48 65 65
Full Name of Contributing Committee Date [MM/DD/YYYY] S		A TOP OF S	is ## formal	Company of Security	Chara Tabas Ton Adams	
Committee House # Street Address Date IMM/DD/YYYY S	City .		State	ZIP Code	Date [MIN/DD/YYYY] S	76000000000000000000000000000000000000
Committee House # Street Address Date IMM/DD/YYYY S	Frill Name of C	ntribution	· (表) (基)	· 法學樣的開始的	Date [MM/DD/YYYY]	96
City State Zip Code Date [MM/DD/YYYY] S Full Name of Contributing Committee Date [MM/DD/YYYY] S City State Zip Code Date [MM/DD/YYYY] S Full Name of Contributing Committee Date [MM/DD/YYYY] S Full Name of Contributing Committee Date [MM/DD/YYYY] S City State Zip Code Date [MM/DD/YYYY] S Full Name of Contributing Committee Date [MM/DD/YYYY] S	是最高的關係的機能可能到 化工作性工作	tora, tora			The same comprehensive of a section of the section	
City State Zip Code Date [MM/DD/YYYY] S Full Name of Contributing Committee Date [MM/DD/YYYY] S City State Zip Code Date [MM/DD/YYYY] S Full Name of Contributing Committee Date [MM/DD/YYYY] S Full Name of Contributing Committee Date [MM/DD/YYYY] S City State Zip Code Date [MM/DD/YYYY] S Full Name of Contributing Committee Date [MM/DD/YYYY] S	Horico #	Stroot Add-a-F			Date IMM/DD/YYYYI	<u>新</u> 品
City State Zip Code Date MM/DD/YYYY S Full Name of Contributing Date MM/DD/YYYY S City State Zip Code Date MM/DD/YYYY S Full Name of Contributing Date MM/DD/YYYY S Full Name of Contributing Date MM/DD/YYYY S Committee Date MM/DD/YYYY S City State Zip Code Date MM/DD/YYYY S Full Name of Contributing Date MM/DD/YYYY S Full Name of Con	HOUSE #				(2) よっちょう ないき こうせい 前されること からからない (2) (2) (2) (2) (3) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	
Full Name of Contributing Committee Date [MM/DD/YYYY] S	Citú	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	State	Zip Code	Date [MM/DD/YYYY]	
Committee Boate MM/DD/YYYY S					The same area - transplent armine - the first of the armine -	70 10 10 10 10 10 10 10 10 10 10 10 10 10
City State Zip Code Date [MM/DD/YYYY] \$ Full Name of Contributing Committee Date [MM/DD/YYYY] \$ City State Zip Code Date [MM/DD/YYYY] \$ Full Name of Contributing Date [MM/DD/YYYY] \$ City State Zip Code Date [MM/DD/YYYY] \$ Full Name of Contributing Date [MM/DD/YYYY] \$ Full Name of Contributing Date [MM/DD/YYYY] \$ Full Name of Contributing Date [MM/DD/YYYY] \$ City State Zip Code Date [MM/DD/YYYY] \$ Full Name of Contributing Date [MM/DD/YYYY] \$ Street Address Date [MM/DD/YYYY] \$	Full Name of Co	intributing	Property of the gr	in The Control of the	*Date [MM/DD/YYYY] \$	
House # Street Address Date [MM/DD/YYYY] S	· 這些問題發展的 多性線性語言					
City State Zip Code Date [MM/DD/YYYY] S					Date [MM/DD/YYYY] S	· (表)
City State Zip Code Date [MM/DD/YYYY] S						
Committee House # Street Address Date [MM/DD/YYYY] \$ City State Zip Code Date [MM/DD/YYYY] \$ Full Name of Contributing Committee House # Street Address Date [MM/DD/YYYY] \$	City	The section of the desired angles a	State	Zip Code	Date [MM/DD/YYYY] \$	
Committee House # Street Address Date [MM/DD/YYYY] \$ City State Zip Code Date [MM/DD/YYYY] \$ Full Name of Contributing Committee House # Street Address Date [MM/DD/YYYY] \$						
House # Street Address Date [MM/DD/YYYY] \$ City State Zip Code Date [MM/DD/YYYY] \$ Full Name of Contributing Committee Date [MM/DD/YYYY] \$ House # Street Address Date [MM/DD/YYYY] \$		ontributing			Date [MM/DD/YYYY] \$	
City State Zip Code Date [MM/DD/YYYY] \$ Full Name of Contributing Committee Date [MM/DD/YYYY] \$ House # Street Address Date [MM/DD/YYYY] \$	Committee	er e				
Full Name of Contributing Committee Date [MM/DD/YYY] \$ Committee Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$	House #	Street Address			Date [MM/DD/YYYY]	
Full Name of Contributing Committee Date [MM/DD/YYY] \$ Committee Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$					해선 *** *** ****	
Full Name of Contributing Committee Date [MM/DD/YYYY]	City	and the second second second second	2. E. S. C. C. S.	月花水鹽的食物造物造成	Date [MM/DD/YYYY] S	
Committee House # Street Address Stre		Size I gang and State of the st		(这集委员会和证金)	Shafe IMMAYOD VVVVVI 1876	羅
House # Street Address Date [MM/DD/YYYY] \$		ontributing				
	建新线流 线系统	Street Address			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	8± 100 100 100 100 100 100 100 100 100 10
City State Zip Code Date [MM/DD/YYYY] S		a Audies			to A section prompting of Mathematical Conference of Association (Association of Association of	
	City		State	Zip Code	Date [MM/DD/YYYY] S	08
■ 400 Martin 100 Mart		,				

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:	
	Been combined and the Company of the
FUII Name of Contributor. CHARLES MOCK	Date [MIM/DD/YYYY]
House # Street Address E. 43 rd Street	(Date (MM/DD/XYXVI)) \$5
ERIE State PA 210 Code 16504	Date MM/DD/XYXY) S
Tim Kuzna	04/38/2019 20.00
Housest 4wa Street Address Pahade Stkeet	(Date IMM/DD/MYW) 55
City ERIE State PA ZIDGODE 16504	(Date MM/DD/MOM)
(RulliName of Contributor	Date (MW//DD/YYYY)
House :: Street Address	Date(MM/DD/AAAA/L) S
Gliy Zip(Godie)	(Date [MIV/DD/AAAA] 5
[理則公mesof@anidbutos	HOERTE [[VIIVI/ADD//AVAVA]] SX
Hotise; # Street Address	Dane ([VI]VI/DD/AA/A4()
'Giy Zip(Code)	Date [V XY/DDY/ARAX4] S.
Remain en l'éontributor	Date (MM/DD/AXAA)
Stneet-Address	[Date [MIM/DD/AWY(V]] S
Giy Zipicode	_pata[[XIX/]dd/\xxxxi](\$;
Tauli Neme of Routtilbutor	idate[MM/DD/AMY/J]
Singer Address	@Bate[MM/DD/AYWM]); [S]
(eity) State ZipGode	

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.

Filandentification Number.				
NFOII Name of			:Date(MIV//DD/MYY) \$	
Contributing/Committee	dress		Date [MM/DD/YYYY];	
		投資子監查子經過 至總額時		
(diy	State	Zip Code		
Fullikemeof ContributingContributes			(Date MM/DD/XXXX)	
House # Street Ad	idress		Date [MM//DD/AYYYA]	
env	State	ZIp Code-	Date (MIX/DD/AAAA)	
Fight/pineof CountibutingCommisce	- manuscryptol (UU-2004)		Date [MINI/DD/MAM]	
House (i) Suger #Ad	ddress		Date [MMMDD/MMM] [35	
dity.	Sinte	Z i fo∈ode.	Date:[VIM/DD/AAAAI] \$	
izuli Name oli Goni tilbudh 3 Gommittee			Date (MIM/DD/AMAM)	
(Houselik Streat/Ac	dress		(Date)[MM/DD/AYYM]	
Giv	State	Mp(code	Date IMM/DD/AAAA)	
Fullificació Contributing Comulitée			Parte [MIN/ODV/AYY)] \$	
(House ii Street Ar	785 C 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Date (MIX/DD/W-M), S.	
Gly	State	24(a)(God€	Date [MIMI/DD/XXXXI) \$	
GontalbudiagGonnalitee			Date [MIXI/IDDYANAGA] S	
#buse## Street/A			Date MM/DD/MAAA \$	
Gisy :	Sate	Z(p)Gode	Date/[MIXMODYAMAK) . Se	

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

Gull Name of Contributor			Date (MM/DD/YYYY) \$
House/# Street/			Date [MM/DD/YYYY] \$
(Glty, 1	State	Zip Code.	(Date IMM/DD//YYYI) (\$
amployer/Name			Occupation)
Hamidoyari Mailling/Addicase// Pahadjali Pilagaro / Business			
Full Name of Contributor			*Date [MM//DD/MYV) \$
Worse:# Street	Address		*Date*[MM//DD//YYY] *>
City	State.	9Zip.code	(Date (MM/DD//\\\)
Епрюузи Хапте			(Occupation)
(बिल्कृष्टिप्रबर्ग्यक्षणित्रङ्ग्यदिलेखकः// भिरोत्तर्वकृतिमयिकारकार्विकारिकारकार्यः			
Southing Formal (life)	accord and the state of the sta		Date MM/DD/MYMI
House(# Street)	Addiress		(Date:[MM/DD/AYAN]
(City)	State	Zip Code.	Date [MIM/DD/WW]
Employer(Value			Occupation.
चित्तवील्यकाश्रेष्ट्राधितस्य श्रीधीतस्य श्री शित्तवाल्यास्य स्थापना			
Hull(Neme of Contributor	3557.N-93.15(20) 1695-1		Date [MM/DD/MMM] \$
House## Street	Áddréss		Date(IMIM/(DD/AXXVI)) S
Cliv	State	Zjp(code: 44	Date(MM/DD/MMM)
Æmployer Name : 11			Occupation.
iangleyer/Medities/Addicess//			

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.

FilmIdentification (lumber»:				
Full Name		<u>.</u>		
House## Stre	et Address			
Gity	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	State	Zip Göde	Date [MM/DD/YYYY] * \$:
Receipt Description				
Hull Name				
House # Stre	et/Address		·	
(GLy)		State	Zip Gode	(Date)[MM/DD/MAM/A
Resilve Description		I PROPERTY AND THE PROP	ANNEXES (HELDS REACHASIN)	, TOSOMER I
(ëtilli\eme				
lilovae# Sne	et/Address	The second	Team Tolegoreanne	The accompanion of the control of th
Gliy		State !	Zip Icode	(Date [MM//DD/WWW] S
Recips Description				
litillitane			·	
	e Address			
City		State	Zip Code	(\$
Receipt Description				
(Rul)(Verme)				
	eat/Address	INDEX PERSONS DEPOSE 1	Tages yearing multiwork	Personal Section 1997 (1997)
Glay 17		State	ZIP (Gode	iDate([VIM/JPD//WAY/]) \$-
Regalité Destadition				
Full Name				
House() Suc	ert/Address		- Markey	A Company and the Company of the Com
(etty)		State	72lp: Code	(Date (MMV/DD//MMM) \$
सिल्लाको विश्वतिहासका		The state of the s		

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

ng jar jaran ng mga			· · ·	
TE UNITEMIZED INEKIND (CO)	NERIBUMIONSREGEIVIEDEVAL	UE:OF \$50,000 OR LESS I	RERGONIRIBUTOR	
TOTAL for the reporting period	(1)	\$		· · · · · · · · · · · · · · · · · · ·
				A PANNE MATERIAL REPORT REAL PROPERTY AND A SERVICE AND A
2 INEKINDGONTRIBUTIONS	RECEIVEDEVICEER	ATRONSSZESGERÜÖTÜREKÖLYÜNEVA	RMPR	
TOTAL for the reporting period	(2)	\$		
			ACCORDED THE RESERVE OF THE RESERVE	
3. INHANDREONARIBURIONA	REGENAED-WALUE OMER \$250	MOO)((FR(G))YATEYAYRAF(G))		
TOTAL for the reporting period	(3)	\$		
TOTAL VALUE OF IN-KIND CONTRIB PERIOD (Add and enter amount tot				
on Page 1, Report Cover Page, Item	F)			

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Gilevičianifičenico Numbak		
fāullhVlamevoif Contrilbutor		Date (IVM/DD/AYYY)
Elouse# Street/Address		Date MM/DD/MMM
City	Zip/Code.	Date IVIW/DD/YYXYII S
Description of Contribution.		
Fullykine of Contributor		Date MM/DD/AWA
House:(f) Singar/Attitises	_	Date [VIM/DD/M///II] \$
idky State.	Zija Gode	(Date([XIXY/DD/AAAAA)
Description of Contribution		
Eull (Jameof Contributos		Deta [VIVI/DDY/AAAA] \$
House: Sircial/Address		Date [MM/JDD/AWAM] \$
(diay	. द्रयुक्तिक्रिक्ति	Dete (VIM/DD/AXXVI) S
પ્રિલ્ફલના મું લેવન લોગ		
Full (Neme of Contributor)		Date iningog/wwwj \$
Sugar Addicess		Detie MM/ DD/MMM S
(Tity) States	Zijp Gode,	Detre XIVV DDY XXXXII
Full-Name of Contilbutor .		DEGA [MIN/ODY/WWW] \$
Hovee # Steen Stee		Dete [VIM/DD/AYAYA] \$
City State	ZÍpGode	Prie (viv)(DD/XXXX) \$
Desagnition of Contidorition		

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer Identification Number:	
Full Name of Contributors	Date [MM/DD/YYYY] (S)

	The same of the sa
Full Name of Contributor	Date:[MM/DD/YYYY] (2)
House#/ Street Address	Date:[WM/DD/WYYY] \$
city State Zip Code	Date [MM/DD/YYYY]
EmployerName	Occupation (
lemployer/Meilling/Address://Principal	Descriptions of Gontribution
Hall Manue of Contributor	Date(MM/DD/AYAY)
(douse## Street*Address	¿Date (MM/DD/XXXX)
Glay State (\$Zip.Gode	Date [MIM/DD/AVAVI] S
Employer/Name	(Orenpation
Employer(Xeiling/Addisss//Brindpell Ribrasof(Business	Desaribition of Confiduation
FULLYETU SOF CONTRIBUTOR	DETE [MIM/DD/WYY] S
Street/Address	(Date/IMM/DD/XXXXI) SS
City. State Zipicode.	Date[MM/DD/MYM] (S
Employer/Name	Octupation .
चित्तात्रीक्युद्धर्गितंत्रुं/Addiress://izidireipall (होत्तव्यर्गितिप्रतोव्हरेड	Dissolipiton of Connibition
fulltileine of Contillator	Date(MIXI/DDI/AXAA)
House(i). Street Address	Date (MIX)/DD/XXXX()
idisy States Zipicode	Date(MM/DD//W/W) (3
[Bmployar/Veme	Occupation
Hamployer (Mailling/Addiress/) (Paindipal) (Rhoesof Business)	Placediffico. of Contribution

Statement of Expenditures

30.24 - 30.24 (19.00) 5.5 (19.	 	***************************************		
Filer.Identification Numbers				

To Whom Paid 1				Date[MM/DD/YYYY]
House##	Street Address		Trianguage.	Description of Expenditure
City Description		State	Zip Code	
To:Whom Paid				Date:[MM/DD/XYYY] \$5
	Street Address		·	Description of Expenditure
City		State	Zip Gode	
To Whom Paid				@Date:IMM/DD//YYYYI & \$3
Liouse#	Street Address			Description of Expenditure
@Gy/		State	Zip Code	
ile Whom Paild				Date (MIMYADDAAAA) S
(#louses://	StreetAddress			Description of Expenditure
(CLV)	Maria and M	Sate	Zip Gode	
voaVVirojintRatida		. 1911		#Datte/[MM//DD//XX/Y/]
House (#)	Street Address	<u></u>		Description of Expenditure
(विद्येष्ट्र)	- Open Comment	State	Ziji. Code	
To Whom Raid				Date (MM/DD/AWA)
	Street Address			Description of Expanditure
Giv/		State	Zip Gode	
ro/Witem/Relief				[Data MM/DD/AMA]] {\$
House (#	Street/Address			Description of Expenditure a
Œίγγ		Sate	ZID (Gode	
vo/Whamiratio				; Date (MM/DD/XXXX)
	Street Address			Description of Expenditure
GDy.		State	ZID Gode	

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.

eliy.	ireet Address DATE DEBT INCURRED [MM/DD/yyyyy] State Zip Code
(etty)	Cutstanding Balance of Debt reet Address DATE DEBT INCURRED SI[MM/DD//////] State Lode Cutstanding Balance of Debt Sill Middle Sill Sill Sill Sill Sill Sill Sill Si
Name of Caditor (day Decadption of Dept	COUTS and ing Balance of Debt: Rect Address DATE DEBT INCURRED S [IMM//DD/AWA/] State Z/p (Code:
Efforsection of Deby	Outstanding Balance of Debt Neurred
Citay एटसन्त्रीकृतिकर्तालसम्बद्धाः	Outstandingsalancerof bebit setvAddress DATE DEBIT INGURRED \$ [(VIVV/DEV/VAVV)]; [Alexander Set
Verne of Greditor Sire Siry Pescalpiton of Pelot	Outstanding Balance of Debt et Address DATE DEBT NGURRED [MM/ADD/AYYM] State Code