

Commonwealth of Pennsylvania - Campaign Finance Report

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

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Filer Identification Number	mittee Co	adidaka ay	Report Filed B (Mark X)	ly Candid	ate		Committee		X	Lobbyist	
Name of Filing Com Lobbyist	Committee to Elect Lydia Laythe										
Street Address			13031 Rt 99			,				.,	
City	Edinboro			State	PA		Zip Code	16412			
Type of Report (Place	e x under r	eport type)						•	·		
		3- 30 Day Post		5- 2 nd Friday	6- 30 Da	-	7- Annual	Special 2 nd	-	Special 3	
Pre-Primary Pre-	Primary	Primary	Pre- Election	Pre- Election	Election			Pre-Election	on	Post-Ele	ction
		X									
Date Of Election (MM/DD/YYYY)		05/21/2019	Year	2019	Amenda Report	nent		Termination Report	on]
Summary of Receipt	s and	From Date	To Date	:			For	Office Use O	nly		-
Expenditures		05/06/20	19 06/1	0/2019					•		
A. Amount Brought I	orward Fi	rom Last Report				<u></u>		<u> </u>		·	
B. Total Monetary Co	ontributio	ns and Receints		26.50	Ī						
(From Schedule I)			26	5.00				n; **		÷ 1	
C. Total Funds Availa (Sum of Lines A and I			\$ 79	1.50				<u></u>		- 7	
D. Total Expenditure	<u>T</u>		\$ 20/	20	l			1.			
(From Schedule III) E. Ending Cash Balan	re		- A	0.89				٠		Mary 17	
(Subtract Line D from	Line C)		3 504	7.61				1. 1.		n magnetic	
F. Value of In-Kind Co (From Schedule II)	ontributio	ns Received	\$	Ø				h 1]	isal mas 👃	
G. Unpaid Debts and	Obligation	ns	\$	-				:			\
(From Schedule IV)				0			***			£ 1	
Part 1- If this is a Commi	ttee report	, treasurer sign he	re. If this iণ্ডি Cand	Affigavit Se Spate diport, ca	ction Indidate sign	n here.	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	•		
I swear (or affirm) that t	his report, i	ncluding the attac	hed scheddegon	(Rper, i€to the	best of my k	nowled	ge and belief tr	ue, correct an	d complet	e.	
Sworn to and subscribed	perore me	this	a-No N-Pul	April 3, 12889	? ?	_	2 O	1. 12			
day of II	A NIA.	20 1	insylvania 22. Notary	8 6 8	Sig	nature o	f Person Subm	tting report			
Signat	- Table 1	under) <u>[</u> [[] §	X 313	randon		<u>)ohnston</u> Printed Name				
My Commission expires	4-3	-13	of Pen nande Erie C	Vani	814			03 - 11	150		
wy commission expires_	MO.	DAY YR.	wealth of Pen ia Fernande	mmission ey mmission n Pennsylvania	rea Code			ime Telephor		 r	
Part II- If this is a report	of a Candid	ate's Authorized C	ommitte pandio	हिस्की की sign he	ere.	<u> </u>				**	
I swear (or affirm) that to amended.	o the best o	f my knowledge ai	nd belief this polit	Øel con∰mittee l ≥	has not viola	ited any	provisions of th	ne Act of June	3, 193 7 (F	P.L. 1333, N	O.320) as
Sworn to and subscribed	before me	this	Seal	9-	. ,,,(1	ou have	7			
day of	wl	_20_19	in Section 1	often _	LUMC	Uh	MW	W			
Louis	Don	Manda	2/1/24 . 2	8 6	LYDIA	Signa	ture of Candid	ete			
Signat	ure		A Single A	ciation 27		F	rinted Name				
My Commission expires_	<u>U-</u>	<u>3-23</u>	o of Pennsylvania - Noi mandez, Nojany Pub Erie County sion expires April 3.	on number 1288912	114	_	_4	<u> </u>	77	_	
	MO.	DAY YR.	f Pen Bride rie C	E E A	rea Code		Daytii	ne Telephone	Number		
			- 5 8	8 8							
			Tonia F	er, Penn							
			E	عَ إِنَّ الْمُ							

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

Filer Identification Number		
1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor		
Total for the reporting period (1	11 1 4	<u> </u>
Total for the reporting period (1	4)	\$ 65.00
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		
Contributions Received from Political Committees (Part A)	Ţ;	\$ 0
All Other Contributions (Part B)	一 ;	\$ 200.00
Total for the reporting period (2)	2) ;	\$ 200.00
3. Contributions Over \$250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)	T \$	\$ 0
All Other Contributions (Part D)	+:	\$ 0
Total for the reporting period (3)	3) \$	\$ o
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		
Total for the reporting period (4)	1) \$	5 0
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)	rt \$	265.00

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.

	on Number				
					Amount
Full Name of Co	ontributing			Date [MM/DD/YYYY]	\$
Committee					
House #	Street Address			Date [MM/DD/YYYY]	\$
	(100)			Constant]
City		State	7in Code	Data face into haced	
witey		Juace	Zip Code	Date [MM/DD/YYYY]	_ \$
Full Name of Co	ıntributing			Date [MM/DD/YYYY]	\$
Committee					7
House#	Street Address			Date [MM/DD/YYYY]	\$
	Ces Augi ess			Save finish DD\ 1111]	- T
City		State	Zip Code	Date [MM/DD/YYYY]	\$
					1
Full Name of Co	ntributing			Date [MM/DD/YYYY]	\$
Committee					
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co	ntributing		<u>'</u>	Date [MM/DD/YYYY]	\$.
Committee				· ·	
House #	Street Address		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Date [MM/DD/YYYY]	\$
City	4	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co	ntributing			Date [MM/DD/YYYY]	\$
Committee				Townshamb (1113)	
House #	Street Address			Date [MM/DD/YYYY]	\$
					[· *]
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Cor	ntributing			Date [MM/DD/YYYY]	\$
Committee				,	
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
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. 1		1		1	`. [

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 Ident	tification Number:							
							_	
Full Nam	ne of Contributor					Date [MM/DD/YYYY]	\$	A.
		Corbin Fowler	er .			05/13/19		100.00
House#	Str	reet Address			****	Date [MM/DD/YYYY]	\$	
	12231	St. 1996 (40%) 1996 (44%) 4.54 (44%)	Ridge Ave			NATA GANT DA METERA (MARIA ANTANA	10	4 3.
City	<u> </u>	<u> </u>	State	Zip Code		Date [MM/DD/YYYY]	\$	
E	Edinboro		PA		16412	1 (1.1.1.5 to 1.1.1.5	4997	
Full Name	e of Contributor	7				Date [MM/DD/YYYY]	\$	19
meedle 350		Mike Wode				05/22/19		100.00
House #		reet Address		rivering and the second		Date [MM/DD/YYYY]	\$	
	5000	W	Villamette Blvd					
City	<u> </u>	<u> 18 demokrativa ya 🔃</u>	State	Zip Code		Date [MM/DD/YYYY]	\$	
Archa Parel	Portland		OR		97203		(S) (30) (S) (60)	
Full Name	e of Contributor	in the second				Date [MM/DD/YYYY]	\$	
House #	Str	reet Address				Date [MM/DD/YYYY]	\$	
	1					****		
City	<u>F </u>	a Stall Arthory on	State	Zip Code		Date [MM/DD/YYYY]	\$,
					1		100	
Full Name	e of Contributor	ál.	20 Rocks (1	Colffee years among		Date [MM/DD/YYYY]	\$	2
TOTAL PROPERTY.		Á				THE PART OF THE PARTY OF THE PA		ſ
House #	Str	reet Address				Date [MM/DD/YYYY]	\$	
	1 1					<u>Agent and the management of the second of </u>		1
City	E% &		State	Zip Code		Date [MM/DD/YYYY]	\$	
					ſ			1
Full Name	e of Contributor	4	In the latest consequent	Paragram		Date [MM/DD/YYYY]	\$	
		<u> </u>				1		1
House #	Str	eet Address				Date [MM/DD/YYYY]	\$	
	2 2 2 2 2 2 2 2 2 2					25-78-98-940-9-22-4-4-4-3		1
City	[211784] 12 [211784] 12	<u> </u>	State	Zip Code	i	Date [MM/DD/YYYY]	\$	
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Full Name	e of Contributor	:	Educati Media	1.5 Commission and Commission		Date [MM/DD/YYYY]	\$	
is all the second realistics (2015) in		4						I
House #	Stre	eet Address		- 		Date [MM/DD/YYYY]	\$	
ACCOMING TO						1997 gill Ter∰ taga at r®ter book a rassa ⊕ a		1
City	<u>(5, 329</u>)	A Dallace Services	State	Zip Code		Date [MM/DD/YYYY]	\$	1
さめ, 2000 (12 mm)			No. 25 - 10 - 1	 1 (表表表表表表表) 		<u> </u>	10.7	i

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 Identificatio	in Number:				
Full Name of Contributing Co	ammittee			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
		I Townson	L. was compared to the state of		
Gity		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of	nen stead al	MARCO	A COLUMN MARKET	Date MM/DD/YYYY] \$	
Contributing Co	ommittee			Date Immy Dolining	
House #	Street Address	ėl –		Date [MM/DD/YYYY] \$	
City	Section Section in the con-	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of				Date [MM/DD/YYYY] \$	
Contributing Co					
House#	Street Address		7-78	Date [MM/DD/YYYY] \$	
		4			
City	***************************************	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of	astro-greative garage	#/A/\$0			
Contributing Co	mmittee			Date [MM/DD/YYYY] \$	
House#	Street Address	A		Date [MM/DD/YYYY] \$	
		.[
City	<u>Bujukitét nga terbesah nang</u>	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Co	mmittee			Date [MM/DD/YYYY] \$	
House #	Street Address	1		Date [MM/DD/YYYY] \$	
			- <u> </u>	6.00	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of		Jamilan pular	Minda Negra, haraba, p	Date [MM/DD/YYYY] \$	****
Contributing Cor	mmittee				
House #	Street Address	·		Date [MM/DD/YYYY] \$	
		ı			
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:

City State Zip Code Date [MM/DD/YYYY] \$ Employer Mailing Address / Principal Place of Business Full Name of Contributor Date [MM/DD/YYYY] \$ City State Zip Code Date [MM/DD/YYYY] \$ City State Zip Code Date [MM/DD/YYYY] \$ Employer Mailing Address / Principal Place of Business Full Name of Contributor Date [MM/DD/YYYY] \$ Idouse # Street Address / Principal Place of Business Full Name of Contributor Date [MM/DD/YYYY] \$ City State Zip Code Date [MM/DD/YYYY] \$ City Dat	City State Zip Code Date [MM/DD/YYYY] \$ Employer Mailing Address / Principal Place of Business Full Name of Contributor Date [MM/DD/YYYY] \$ Employer Mailing Address / Principal Place of Business Full Name of Contributor Date [MM/DD/YYYY] \$ Employer Mailing Address / Principal Place of Business Full Name of Contributor Date [MM/DD/YYYY] \$ State Zip Code Date [MM/DD/YYYY] \$ Employer Mailing Address / Principal Place of Business Full Name of Contributor Date [MM/DD/YYYY] \$ Employer Name Date [MM/DD/YYYY] \$	Full Name of Co	ntributor			Date [MM/DD/YYYY] \$
City State Zip Code Date [MM/DD/YYYY] \$ Employer Name Employer Mailing Address / Principal Place of Business Full Name of Contributor City State Zip Code Date [MM/DD/YYYY] \$ Employer Name Occupation Employer Mailing Address / Principal Place of Business Full Name of Contributor Date [MM/DD/YYYY] \$ Employer Mailing Address / Principal Place of Business Full Name of Contributor Date [MM/DD/YYYY] \$ Employer Name Occupation Date [MM/DD/YYYY] \$ City State Zip Code Date [MM/DD/YYYY] \$ Employer Name Occupation Date [MM/DD/YYYY] \$ State Zip Code Date [MM/DD/YYYY] \$ City State Zip Code Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ State Zip Code Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ State Zip Code Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$	City State Zip Code Date [MM/DD/YYYY] \$ Employer Mailing Address / Principal Place of Business Full Name of Contributor Date [MM/DD/YYYY] \$ City State Zip Code Date [MM/DD/YYYY] \$ City State Zip Code Date [MM/DD/YYYY] \$ Employer Mailing Address / Principal Place of Business Full Name of Contributor Date [MM/DD/YYYY] \$ City State Zip Code Date [MM/DD/YYYY] \$					
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City State Zip Code Date [MM/DD/YYYY] \$ Employer Name Occupation Employer Mailing Address / Principal Place of Business Full Name of Contributor Date [MM/DD/YYYY] \$ House # Street Address Date [MM/DD/YYYY] \$ City State Zip Code Date [MM/DD/YYYY] \$ Employer Name Occupation	City State Zip Code Date [MM/DD/YYYY] \$ Employer Name Occupation Employer Mailing Address / Principal Place of Business Full Name of Contributor Date [MM/DD/YYYY] \$ House # Street Address Date [MM/DD/YYYY] \$ State Zip Code Date [MM/DD/YYYY] \$ Employer Name Occupation	Jude Mand, 1964 hangs in This see want their				
City State Zip Code Date [MM/DD/YYYY] \$ Employer Name Occupation Employer Mailing Address / Principal Place of Business Full Name of Contributor Date [MM/DD/YYYY] \$ House # Street Address Date [MM/DD/YYYY] \$ City State Zip Code Date [MM/DD/YYYY] \$ Employer Name Occupation	City State Zip Code Date [MM/DD/YYYY] \$ Employer Name Occupation Employer Mailing Address / Principal Place of Business Full Name of Contributor Date [MM/DD/YYYY] \$ House # Street Address Date [MM/DD/YYYY] \$ State Zip Code Date [MM/DD/YYYY] \$ Employer Name Occupation	(A) (B) (B) (B) (B) (B) (B) (B) (B) (B) (B				793
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Employer Name Employer Mailing Address / Principal Place of Business Full Name of Contributor Date [MM/DD/YYYY] \$ City State Zip Code Date [MM/DD/YYYY] \$ Employer Name Occupation	Employer Name Employer Mailing Address / Principal Place of Business Full Name of Contributor Date [MM/DD/YYYY] \$ House # Street Address Date [MM/DD/YYYY] \$ State Zip Code Date [MM/DD/YYYY] \$	W. 16				
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Principal Place of Business Full Name of Contributor Date [MM/DD/YYYY] \$ House # Street Address Date [MM/DD/YYYY] \$ City State Zip Code Date [MM/DD/YYYY] \$ Employer Name Occupation	Principal Place of Business Full Name of Contributor Date [MM/DD/YYYY] \$ Date [MM/DD/YYYYY] \$ Date [MM/	Employer Name	A Part Police was for the		I a process the second second	Occupation
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Full Name of Contributor Date [MM/DD/YYYY] \$	Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$					
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City State Zip Code Date [MM/DD/YYYY] \$ Employer Name Occupation	State Zip Code Date [MM/DD/YYYY] \$ Employer Name Occupation	de de la				1 Art - The Total Art Mark of Earth 200 Art 20
City State Zip Code Date [MM/DD/YYYY] \$ Employer Name Occupation	State Zip Code Date [MM/DD/YYYY] \$ Employer Name Occupation	AGUSTON TO THE		····		
Employer Name Occupation	imployer Name Occupation	House#	Street Address			Date [MM/DD/YYYY] \$
Employer Name Occupation	imployer Name Occupation	in the second				
Employer Name Occupation	mployer Name Occupation	City	Specification of the second second second	State	Zip Code	Date [MM/DD/YYYY] \$
		Employer Name	74-14-17-18-1-18-18-18-18-18-18-18-18-18-18-18-1	<u>Partitions</u>		Occupation
###	molover Mailing Address /					Judgation

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	Der:			
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description	100 mm / 100			
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		709 A 144 CT 144 CT		1 3 30 2 7 3
Full Name				
House #	Street Address			·
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		/ 整个体化。/	S. W. C. C. C.	

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:			
	IBUTIONS RECEIVED-VALUE OF \$50	0.000	DR LESS PER CONTRIBUTOR
TOTAL for the reporting period	(1)	\$	0
2. IN-KIND CONTRIBUTIONS REC	EIVED-VALUE OF \$50.01 TO \$250.	.00 (F	ROM PART F)
TOTAL for the reporting period	(2)	\$	0
3. IN-KIND CONTRIBUTION RECE	EIVED-VALUE OVER \$250.00 (FROM	VI PAR	T.6)
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)		\$	0

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Number:

		· · · · · · · · · · · · · · · · · · ·			
Full Name of Co	ntributor			Date [MM/DD/YYYY]	\$
House#	Street Address	····		Date [MM/DD/YYYY]	s
Citý		State	Zip Code	Date [MM/DD/YYYY]	\$
	and Make Paule and a second to the extension				(2年) (3年) (5年)
Description of C					
Full Name of Co	ntributor		· · · ·	Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of C					
en je i julije je top 75. od 5.	dere stak state in state				
Full Name of Co	ntributor			Date [MM/DD/YYYY]	S
House #	Street Address			Date [MM/DD/YYYY]	8
		1.2			25 July 25 Jul
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Co	ontribution	North Contraction		<u> </u>	
Full Name of Cor				[00 <u>-00000] </u>	Prop. 6.3
Full Name of Cor	KIIDUKOF			Date [MM/DD/YYYY]	\$
House #				B. A. Than I (no bonno)	***
, Journal of the Control of the Cont	Street Address			Date [MM/DD/YYYY]	
City		State	Zip Code	Date [MM/DD/YYYY]	\$.
				Date (MW/DD/F Fair)	
Description of Co	ntribution	3 4 4 4 4 5 4 5 4 5 4 5 4 5 4 5 4 5 4 5			
Full Name of Con	tributor			Date [MM/DD/YYYY]	
				etsellerete•Augkletesenste¶u, gigiti¶ke	
House #	Street Address			Date [MM/DD/YYYY]	888 9 \$
	**************************************			en, varament rage varioù brette de fre . ₹tjer e gel 17. ₹	
City	N. Artin (2004) (2004)	State	Zip Code	Date [MM/DD/YYYY]	\$.
Description of Co	ntribution			——	S 1
and the state of t	magasanak sarah dalam kang pinah didapan	21,0			

SCHEDULE II

Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer Identificatio	in Number:			
	Total and the second second second			
Full Name of Co	ontributor			Date [MM/DD/YYYY] \$
	The state of the s			
House#	Street Address	·		Date [MM/DD/YYYY] \$
City	Professional Programme	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name	e			Occupation
	ing Address / Principal			Description
Place of Busine				of Contribution
Full Name of Co	ontributor			Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
City	######################################	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name				Occupation
Employer Mailin	ing Address / Principal			Description
Place of Busines	55	3		of Contribution
Full Name of Co	ontributor	.431		Date [MM/DD/YYYY] \$
				ACTIVITY OF THE TOTAL PART AND
House #	Street Address			Date [MM/DD/YYYY] \$
City	######################################	State	Zip Code	Date [MM/DD/YYYY] \$
				7.
Employer Name	≜ a valor divas	# 1		Occupation
e a san digina di Maran di Ma	k berahinga ya kili obaliri kutive	1		
Place of Busines	ng Address / Principal ss			Description of
				Contribution
Full Name of Co	ntributor			Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
City		State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name				Occupation
A STANCE OF WAR AGAIN	ng Address / Principal	4		
Place of Busines				Description of
WEEK ALAGAS	Parent Mercania de La Caracteria de la comoción del comoción del comoción de la c	A CONTRACTOR		Contribution

Statement of Expenditures

Control of the Control of the Market Control of the	 · · · · · · · · · · · · · · · · · · ·
Filer Identification Number:	
An about the contract of the c	,
[8] [Ex.] [[] [[] [[] [[] [] [] [] [] [] [] [] [· · · · · · · · · · · · · · · · · · ·
[28 - 경향 1 L 25 - 151 J 1 212 J 1 L 25 L	,
Free This will be the second of the This with the second of the This transfer the Th	· · · · · · · · · · · · · · · · · · ·

To Whom	Paid PayPal			Date [MM/DD/YYYY] \$ 3,94
House #	2211 Street Address	Iorth First Street	Description of Expenditure	
City Sar	n Jose	State CA	Zip Code 95131	To collect donations online
To Whom	Paid US POS	tal servic	e	Date [MM/DD/YYYY] \$ 86,45
House #	300 Street Address	Waterfor	d St.	Description of Expenditure
City E	Edinboro	State PA	Zip 16412	Stamps
To Whom		INK	Yellow Stage Add	Date [MM/DD/YYYY] \$ 196,50
House #	5430 Street Address	Route GN		Description of Expenditure
as he provide the collection	Edinboro	State PA	Zip Code 16412	t-shirts, stickers
To Whom			The Additional	Date [MM/DD/YYYY] \$
House #	Street Address	, , , , , , , , , , , , , , , , , , , ,		Description of Expenditure
City		State	Zip Code	- And the state of
To Whom	Paid			Date [MM/DD/YYYY] \$
House #	Street Address	· · · · · · · · · · · · · · · · · · ·		Description of Expenditure
City	The second second second	State	Zip Code	
To Whom	Paid	18 88 8 8 8 8	Francisco de la constantida del constantida de la constantida de la constantida de la constantida del constantida de la constantida del constantida de la constantida del constantida	Date [MM/DD/YYYY] \$
House#	Street Address			Description of Expenditure
City	4 765 A 1 1 2 4 7 5 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	State	Zip Code	<u>- Esta (Alegery) (Constituente de production)</u> (podre sur production de Sul- Constituente de Sul-
To Wham	Páid	3 Arage 1 1 3	Control and Association and	Date [MM/DD/YYYY] \$
House#	Street Address	, , , , , , , , , , , , , , , , , , ,		Description of Expenditure
City	Burea Caraga and Caraga	State	Zip Code	
To Whom I	Paid	<u></u>		Date [MM/DD/YYYY] \$
House #	Street Address			Description of Expenditure
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	n Number:		····	
Name of Credit	or			Outstanding Balance of Debt
House #	Street Address	44	DATE DEBT INCURRED	
		:: ::	[MM/DD/YYYY]	
City		State	Zip	
Description of D	Yeht		Code	
e graf dan				
Name of Credito	br			Outstanding Balance of Debt
House#	Street Address		DATE DEBT INCURRED	\$
			[MM/DD/YYYY]	
City		State	Zip	
Description of D	lebt	1-3-24-3-74	Code	
Name of Credito	or .			Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	3
			TAMAN NOV 12 LET	
City	3 3 3 3 3 4 3 4 3 4 3 4 3 4 4 4 4 4 4 4	State	Zip	
Description of D	ebt	124 A	Code	
Name of Credito	SEE SEE SEE SEE SEE			
House #	Street Address	Pico.	DATE DEBT-INCURRED	Outstanding Balance of Debt
7. 32.52	SueerAddress	1 (1) (2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	[MM/DD/YYYY]	
City		State	Zip	
na a recultura de la companya de la	Arm product	Jule	Code	
Description of De	elót			
Name of Credito				Outstanding Balance of Debt
House #	Street Address	Car	DATE DEBT INCURRED	.
			[MM/DD/YYYY]	
City		State	Zip	
Description of De	SK4		Code	
Name of Creditor				Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED	 \$
		<u>1486</u>	[MM/DD/YYYY]	
City		State	Zip	
Description of De	iki .		Code	