Reset Form

Print Form

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

							nu ne typeu			Lobbyist	
Number	364563	Report Filed By Candida (Mark X)					Committee		X	Londyist	
Name of Filing Committee, Cand Lobbyist	lidate or	riend	ls to Elec	t Lori Pickens							
Street Address	1:	331	West 25th	n Street					-		
City Erie				State	PA		Zip Code	16502			
Type of Report (Place x under re	port type)										
1-6th Tuesday 2- 2nd Friday 3	3- 30 Day Post 4-	6 th	Tuesday	5- 2 nd Frida		Day Post	7- Annual		nd Friday	Special 30 Day	
			lection	Pre- Election	n Election	on 		Pre-Elect	ion	Post-Election	
	X			<u> </u>	Amon	dment		Termina	ion		
Date Of Election (MM/DD/YYYY)	05/21/2019	/ear		2019	Repoi			Report			
	From Date		To Date	e am.			For	Office Use	Only		
Expenditures	05/07/2019	1	06	/17/2019							
A. Amount Brought Forward Fro		\$		690.01			<u> </u>	C	(-) (-) (-)		
B. Total Monetary Contribution	s and Receipts	. \$	<u> </u>	 1409.12	1				o sele		
(From Schedule I)					_						
C. Total Funds Available		\$ 1739.13				200 Marie 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
(Sum of Lines A and B) D. Total Expenditures		\$ 000.07				[[[[1]]]] [1]					
(From Schedule III)	and the second s			632.37				S		n *	
E. Ending Cash Balance		\$		1106.76	1				Transf grad		
(Subtract Line D from Line C)		 	<u> </u>		_[e	March March	- 1	
F. Value of In-Kind Contribution	is Received	\$		0				Ç	E Þ	o '	
(From Schedule II) G. Unpaid Debts and Obligation	ns	\$	 		1						
(From Schedule IV)	- Jahan San	_ 3		္စ္ပို			41.1-V				
			3	Affidavit							
Part 1- If this is a Committee report,	, treasurer sign her	e.lf∯	HICKO Ca	nerdate report	candidate	sign here. my knowle	dge and belief t	rue, correct	and comple	te.	
I swear (or affirm) that this report, if	nciuumg me attach thic	~ 3	Jan B	78	\	,	10.00		•		
Sworii to and subscribed before me	···· 10	ISYIV	ssid ssid	in or	o aki	100	X V. X V	2			
day of JAKU	201	31118 31118		nd P		Signature	of Person Subr	nitting repo	<u> </u>		
Jana Warn	andla	Ā	12 4	iz z		Ut	ŦŴ(Ĩ−	\overline{n}	\mathcal{A}		
Signature		Š	ĕ, g	Van		/ <	Printed Nan	ne 	~ \^	2 1	
My Commission expires 4-3	<u>-23</u>	Tion	pril 1288	جَ ا	<u>107</u>	<u>U</u>	<u>S()</u>	4-81	2-19	<u>_</u> '	
Part 1- If this is a Committee report, I swear (or affirm) that this report, in Sworn to and subscribed before me day of Signature My Commission expires MO.	DAY YR.	sociation of No	nty es:April 3, 20 per 1288912	Notan	Area Cod	le	Da	ytime Telepi	none Numb	er	
S - H If the in a name of a Complete	ata's Authorized Co	ama	ittencean	didate shall sig	n here.						
I swear (or affirm) that to the best of	of my knowledge an	ıd be	lief this po	liticel commit	ee has not	violated ar	ny provisions of	the Act of Ju	ıne 3, 1937	(P.L. 1333, NO.320) as	
amended.											
Sworn to and subscribed before me	this		Men	<u>ရ</u>		,			ı.		
17#1 Tunn	10		My co	- Jen		150			- 		
day of	20			mia (Sig	nature of Cand	idate	<u>,</u>		
Monia Wen	nainole	5	ansi mis			Lori	Fich	cons			
Signature		ソ	ylva sio	Tinar of			Printed Name		4170		
My Commission expires 4-2	1-23		5 6X	Commonwealth of Pennsylva Tonia Fernandez, Not Erie County	_ 8/0	4	8	181-	11/6	· 	
MO.	DAY YR.	•	nb pire	Oun Pick	Area Co	de	Day	rtime Teleph	one Numbe	er	
			er A	sylvania Notary unty		•					
			128 H	<u> </u>							
			My commission expires April 3, 202 Commission number 1288912 mber, Pennsylvania Association of Not	- Notary Public							

SCHEDULE I **Contributions and Receipts**

Detailed Summary Page

ler Identification Number 83-4364563			
Unitemized Contributions and Receipts-\$50.00 or Less per Contributor			
Total for the reporting period	(1)	\$	738.00
. Contributions of \$50.01 to \$250.00 (From			
Part A and Part B)		\$	0
Contributions Received from Political Committees (Part A)		\$	
NI Other Contributions (Part B)			275.00
Total for the reporting period	(2)	\$	275
3. Contributions Over \$250.00 (From Part C and Part D)			
Contributions Received from Political Committees (Part C)		\$	0
		\$	0
All Other Contributions (Part D)		1	
Total for the reporting period	(3)	\$	0
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part	Fl		

Total for the reporting period

Total Monetary Contributions and Receipts during this reporting period (Add and

Cover Page, Item B)

enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report

(4)

\$

36.12

1049.12

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 Number

<u> </u>		83-436456	53 			
	· ·					Amount
Full Nan Commit	ne of Contributing ttee	g			Date [MM/DD/YYYY]	\$
House #	Stı	reet Address			Date [MM/DD/YYYY]	\$
City	·1		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Nan Commit	ne of Contributing tee	g			Date [MM/DD/YYYY]	\$
House #	Sti	reet Address			Date [MM/DD/YYYY]	\$
City			State	Zip Code	Date [MM/DD/YYYY]	\$
Full Nam Commit	me of Contributing tee	5			Date [MM/DD/YYYY]	\$
House #	Stı	reet Address			Date [MM/DD/YYYY]	\$
City			State	Zip Code	Date [MM/DD/YYYY]	\$
Full Nam Committ	ne of Contributing tee	š			Date [MM/DD/YYYY]	\$
House #	Stı	reet Address			Date [MM/DD/YYYY]	\$
City	· · · · · · · · · · · · · · · · · · ·		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Nam Commit	ne of Contributing tee	3			Date [MM/DD/YYYY]	\$
House #	Str	reet Address			Date [MM/DD/YYYY]	s
City		<u>{</u>	State	Zip Code	Date [MM/DD/YYYY]	\$
Committ					Date [MM/DD/YYYY]	\$
House #	Str	reet 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:	83-4364563		
Full Name of Contributor		Date (MM/D)	n/vvvvi c

Full No.	177	e of Contribut	07							Data Issas Inn honor	1 A	
run IVa		e or contribut		Kimberlee	Boul	dina			•	Date [MM/DD/YYYY]	\$	75.00
					.,					05/10/2019		75.00
House	#		Stre	et Address	i	7 Pawtu	144			Date [MM/DD/YYYY]	\$	
					''		скец					
City	c	:H				State	NC	Zip Code	28214	Date [MM/DD/YYYY]	\$	
			_					<u> </u>				
Full Na	m	e of Contribute		Dishard Cla		inao				Date [MM/DD/YYYY]	\$	400.00
w			j	Richard Fle	3111111	ırıys				05/10/2019		100.00
House # Street Address 829 E 22nd Street										Date [MM/DD/YYYY]	\$	
					028	E 22110	Sireei					
City	F	rie				State	PA	Zip Code	16503	Date [MM/DD/YYYY]	\$	
								<u> </u>	70000			
Full Na	me	e of Contribute		D [Date [MM/DD/YYYY]	\$	
				Danny Jon	es					05/24/2019		100.00
House i	#		Stre	et Address						Date [MM/DD/YYYY]	\$	
					527	W. 7th s	street			05/24/2019		
City		_•_				State		Zip Code	40-00	Date [MM/DD/YYYY]	\$	
	=	rie					PA		16502			
Full Na	me	of Contribute	r					<u> </u>		Date [MM/DD/YYYY]	\$	
House #	Ħ		Stre	et Address						Date [MM/DD/YYYY]	\$	
									·			
City	Γ	1		i		State		Zip Code		Date [MM/DD/YYYY]	\$	
Full Nar	me	of Contributo	or							Date [MM/DD/YYYY]	\$	
House #	#	S	tre	et Address					, <u>.</u>	Date [MM/DD/YYYY]	\$	
City					\Box	State		Zip Code	1	Date [MM/DD/YYYY]	\$	
		-								**************************************		
Full Nar	me	of Contributo	r							Date [MM/DD/YYYY]	\$	
		•										
House #	‡	s	trea	et Address	•					Date [MM/DD/YYYY]	\$,
									•			
City				<u>i</u>		State		Zip Code	1	Date [MM/DD/YYYY]	\$	· .
-								,		,,,		
									l .			

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 Id	entification Number							
file; is	enancanon manaci	83-4364563						
L	 							
- 25								<u>: :</u>
	ime of					Date [MM/DD/YYYY]	\$	
Contri	buting Committee	*]	
House	# S	treet Address				Date [MM/DD/YYYY]	\$	
	"	UCCL AGG.				Date liausilent	ا د ا	
	1						1	
City	1	•	State	Zip Code	1	Date [MM/DD/YYYY]	\$	· · · · · · · · · · · · · · · · · · ·
j							┤	l ·
- " No							4	
Full Na						Date [MM/DD/YYYY]	\$	
Contra	outing Committee	,]	i	
House	#	treet Address				C-+- Feens / CO /VVVVI	1	
110424	" [~"	treet Auuress				Date [MM/DD/YYYY]	\$	
İ								
City			State	Zip Code	T	Date [MM/DD/YYYY]	\$	
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	<u></u>			<u> </u>			ليل	
Full Na		. [•			Date [MM/DD/YYYY]	\$	
Contri	outing Committee			•] [
House						- fare too honor		
Nouse	# 31	treet Address				Date [MM/DD/YYYY]	\$	
İ]						
City	<u> </u>		State	Zip Code	1	Date [MM/DD/YYYY]	\$	
,						Date limital per	•	
- *1 #1	l						┷	
Fuil Na					_	Date [MM/DD/YYYY]	\$	
Contrib	uting Committee]	
House	u les					faces (DD h0000)	₩	
nouse :	* 3 ¹	reet Address				Date [MM/DD/YYYY]	\$	
City			State	Zip Code	T	Date [MM/DD/YYYY]	\$	
						pare framework		
- H No.								
Full Na						Date [MM/DD/YYYY]	\$	
CORGIN	uting Committee					1	[
House i	r St	reet Address		200 M 100 - 11 - 11		Date [MM/DD/YYYY]	\$	
	. 31	reet Muui caa				Date fiaual and 11111	3	
						1		Ī
City			State	Zip Code	T	Date [MM/DD/YYYY]	\$	
[
Full Na	2	1				- I t t		····
	ne of uting Committee					Date [MM/DD/YYYY]	\$	
COHUID	ngue commerce							
House #	Str	reet Address				Date [MM/DD/YYYY]	\$	
110000	·	reet Muui ess				Date fixual/20/1111	, ,	
	1							Ī
City			State	Zip Code	T	Date [MM/DD/YYYY]	\$	<u></u>
				-			.	
4]	1	l i		

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:

		83-4364563	· · · · · · ·			
Full Nam	e of Contributor				Date [MM/DD/YYYY]	\$
House #	St	reet Address			Date [MM/DD/YYYY]	\$
City			State	Zip Code	Date [MM/DD/YYYY]	\$
Employer	r Name				Occupation	
	r Mailing Addres Place of Busine					
Full Name	e of Contributor				Date [MM/DD/YYYY]	\$
House #	St	reet Address			Date [MM/DD/YYYY]	\$
City	<u> </u>		State	Zip Code	Date [MM/DD/YYYY]	\$
Employer	r Name		<u> </u>		Occupation	
	r Mailing Addres Place of Busines					
	e of Contributor				Date [MM/DD/YYYY]	\$
House #	Str	reet Address			Date [MM/DD/YYYY]	\$
Cîty			State	Zip Code	Date [MM/DD/YYYY]	\$
Employer	Name				Occupation	
	Mailing Addres					
Fuil Name	e of Contributor				Date [MM/DD/YYYY]	\$
House #	Sti	eet Address			Date [MM/DD/YYYY]	\$
City	<u> </u>	<u> </u>	State	Zip Code	Date [MM/DD/YYYY]	\$
Employer	Name				Occupation	
	Mailing Addres			<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 Ident	tification Numbe	er: 83-43	364563	3	-						
		•				*					
Full Nam		1	Ex Offi								
House #		Street Ad	ldress	5755 Peach S	Street						
City			l		State		Zip		Date [MM/DD/YYYY]	\$	
		Erie				PA	Code	16509	05/09/2019		15.22
Receipt	Description	Labe	l Incon	rect							
Full Nam	e	Erie I	Federa	l Credit Union							· · · · · · · · · · · · · · · · · · ·
House #		Street Ad	ldress	1005 Greenga	arden Blv	rd .					
City		Frie		***************************************	State	PA	Zip	16502	Date [MM/DD/YYYY]	\$	20.90
		Erie				PA	Code	10002	05/03/2019		20.90
Receipt	Description		·								
Full Nam	e										
House #		Street Ad	dress	,							
City					State		Zip	'	Date [MM/DD/YYYY]	\$	
							Code				
Receipt I	Description										
Full Nam	е									••	
House #		Street Ad	dress								
City	la		1		State		Zip		Date [MM/DD/YYYY]	\$	
]	Code				
Receipt I	Description										
Full Nam	e										
House #		Street Ad	dress							.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
City	1				State	-	Zip Code		Date [MM/DD/YYYY]	\$	
Receipt I	Description										
Full Name								.			<u> </u>
House #	9	Street Ad	dress			,		<u> </u>			
City					State		Zip Code		Date [MM/DD/YYYY]	\$	
Receipt I	Description	-			<u> </u>	1	L <u></u>	.l	<u> </u>		<u> </u>

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:	83-4364564		
UNITEMIZED IN-KIND	CONTRIBUTIONS RECEIVED-VALUE OF \$	50.00	OD LEGG PER ADMINISTRATION OF THE PER ADMINI
		30.00	OR LESS PER CONTRIBUTOR
TOTAL for the reporting period	(1)	\$	0
2. IN-KIND CONTRIBUTION	INS RECEIVED-VALUE OF \$50.01 TO \$250).00 (F	ROM PART FI
TOTAL for the reporting period	(2)	\$	
		٠	0
3. IN-KIND CONTRIBUTIO	N RECEIVED-VALUE OVER \$250.00 (FRO	VI PAR	T G)
TOTAL for the reporting period	(3)	\$	0
TOTAL VALUE -		<u> </u>	
PERIOD (Add and enter amount t	RIBUTIONS DURING THIS REPORTING totals from boxes 1, 2, and 3; also enter	\$	
on Page 1, Report Cover Page, Ite	em F)		0

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Iden	ntification Number:	83-4364563						
	**			 •				
Full Nan	ne of Contributo	r				Date [MM/DD/YYYY]	\$	
House #	Sti	reet Address				Date [MM/DD/YYYY]	\$	
City			State	Zip Code		Date [MM/DD/YYYY]	\$	
Descript	tion of Contributi	ion			<u>l .</u>		<u></u>	
Full Nan	ne of Contributo					Date [MM/DD/YYYY]	\$	
House #	Str	reet Address				Date [MM/DD/YYYY]	\$	
City			State	Zip Code		Date [MM/DD/YYYY]	\$	
Descript	tion of Contributi	ion		 <u> </u>		Account to the second s	<u> </u>	
Full Nan	ne of Contributor	ſ				Date [MM/DD/YYYY]	\$	
House #	Str	reet Address				Date [MM/DD/YYYY]	\$	
City	<u> </u>		State	Zip Code		Date [MM/DD/YYYY]	\$	
Descript	tion of Contributi	ion	:					
Full Nan	ne of Contributor	7				Date [MM/DD/YYYY]	\$	
House #	St	reet Address				Date [MM/DD/YYYY]	\$	
City	1 1		State	 Zip Code		Date [MM/DD/YYYY]	\$	
Descript	tion of Contributi	on						
Fuil Nan	ne of Contributor					Date [MM/DD/YYYY]	\$	
House #	Sti	reet Address				Date [MM/DD/YYYY]	\$	
City	<u> </u>		State	Zip Code		Date [MM/DD/YYYY]	\$	
Descript	ion of Contributi	on						

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer Identification Number:	83-4364563		

Full Nan	ne of Contribu	tor		•	Date [MM/DD/YYYY]	\$
						7
House #		Street Address			Date [MM/DD/YYYY]	\$
		·				
City	•		State	Zip Code	Date [MM/DD/YYYY]	\$
į						
Employe	er Name				Occupation	·
Employe	ar Mailing Add	ress / Principal			Description	
	Business	t Coo y 1 miorpai			of	
	D45111C53				Contribution	
Carl Stars	ne of Contribu	·			Date [MM/DD/YYYY]	\$
Full Nam	ne or Contribu	tor			Date (WINDO) 1111	
				•		
House #	T				Date [MM/DD/YYYY]	\$
House #	1	Street Address			Sate (Miny So) 1111	⊣
		ĺ				
City	<u>.l.,</u>		State	Zip Code	Date [MM/DD/YYYY]	\$
,						-
Employe	er Name				Occupation	
	-	ress / Principal			Description	
Place of	Business				of	
					Contribution	
Full Nan	ne of Contribu	tor			Date [MM/DD/YYYY]	\$
						7
House #		Street Address			Date [MM/DD/YYYY]	\$
	1					
City			State	Zip Code	Date [MM/DD/YYYY]	\$
					- Occupation I	
Employe	er Name		ļ		Occupation	
Employe	er Mailing Add	ress / Principal			Description	
	Business				of	
					Contribution	
Fuji Nass	ne of Contribu	tor	<u> </u>		Date [MM/DD/YYYY]	\$
rust Nati	ne or contribu				Sacc figural pol 11113	⊣
House #	1	Street Address			Date [MM/DD/YYYY]	\$
	1	Jueer waaress				┤
City			State	Zip Code	Date [MM/DD/YYYY]	\$
1						7
						<u> </u>
Employe	er Name		1		Occupation	
Enomine	or Mailing Add	race / Drinsing!			Description	
		ress / Principal			Description	
	er Mailing Add Business	ress / Principal		and the state of t	Description of Contribution	

SCHEDULE III Statement of Expenditures

Filer Identification Number:	83-4364563		

To Wi	nom Paid	1					Date [MM/DD/YYYY]	\$	<u> </u>
		Committee to Ele	ct Holly Bow	ers			04/28/2019	1	30.00
House	#	Street Address					Description of Expendi	ture	1
	"	Street Address	3703 Charlo	tte Street					
City	Erie		State	PA	Zip Code	16508	Donation		
To W	nom Paid	Dollar Tree					Date [MM/DD/YYYY]	\$	9,54
		Dollar Free					05/21/2019		9.54
House	#	Street Address	2036 E. 38T	'H St			Description of Expendit	ure	
City	Erie	1	State	PA	Zip Code	16510	Glass bowl, gift wrap, sco	tch t	ape
To Wł	nom Paid			<u> </u>			Date [MM/DD/YYYY]	\$	00.40
		Sam's Club					05/09/2019		82.12
House	#	Street Address	7200 Peach	Street			Description of Expendit	ure	
City	Erie		State	PA	Zip Code	16509	Breakfast Tray, cookies, v	Breakfast Tray, cookies, veggie tray	
To W	nom Paid		···	1	- <u></u>	····	Date [MM/DD/YYYY]	\$	
		Fed EX					05/09/2019		58.24
House	#	Street Address	5755 Peach	Street			Description of Expendit	ure	
City	Erie		State	PA	Zip Code	16509	Labels, poster lamination		
To Wi	nom Paid	Ctove Movmord					Date [MM/DD/YYYY] \$ 100.00		100.00
	Steve Maynard			<u> </u>			05/10/2019	05/10/2019	
House	#	Street Address	1355 West 2	26th street			Description of Expendit	ure	
City	Erie		State	PA	Zip Code	16508	DJ Min n Mingle		·
To Wi	nom Paid						Date [MM/DD/YYYY]	\$	0.40
		Dollar tree					05/10/2019		2.12
House	e#	Street Address	2036 East 3	8th Street			Description of Expendit	ure	
City	Erie		State	PA	Zip Code	16510	receipt book		
To Wi	nom Paid) A faller and		<u> </u>	· · · · · · · · · · · · · · · · · · ·		Date [MM/DD/YYYY]	\$	20.20
		Walmart					05/10/2019		30.20
House	≘#	Street Address	2711 Elm S	Street	,		Description of Expendit	ure	
City	Erie	<u>. </u>	State	PA	Zip Code	16510	Hawaiian punch, pretzels,	, pop	com
To W	hom Paid	D. I. G.	- (0	•	<u> </u>		Date [MM/DD/YYYY]	\$	101.05
		Bolero Chophous	e (Avalon)				05/10/2019	1121.25	
							Description of Expenditure		
House	e#	Street Address	16 W. 10th	Street			Description of Expendit	ure	

Statement of Expenditures

Filer Identification Number:	83-4364563		

To W	nom Paid	1		· · · · · · · · · · · · · · · · · · ·			Date [MM/DD/YYYY]	\$	
		Erie Federal Credit U	Jnion				05/10/2019	1	20.90
House	:#	Street Address 100	ns Green	rarden Blvd			Description of Expend	iture	<u></u>
		100		Jaidell Diva	1 =-	1			
City	Erie		State	PA	Zip Code	16501	checks ordered		
To Wi	nom Paid	Theresa's Italian Deli	i				Date [MM/DD/YYYY]	\$	70.00
	÷	Theresa's trailer bei					05/10/2019		70.00
House	#	Street Address 81	0 East 38	th st			Description of Expendi	ture	
City	Erie		State	PA	Zíp Code	16504	Party Subs		
To W	nom Paid						Date [MM/DD/YYYY]	\$	00.00
		U Pick 6 Tap House					05/21/2019		93.00
House	2#	Street Address 333	3 State St	reet		-	Description of Expendi	ture	
City	Erie		State	PA	Zip Code	!^%07	pizza, drinks, Watch Part	y	
To W	nom Paid		<u> </u>		<u></u>		Date [MM/DD/YYYY]	\$	
		Erie Federal Credit u	nion				06/04/2019	7	15
House	#	Street Address 100	05 Greeng	garden Blvd			Description of Expendi	ture	
City	Erie	l	State	PA	Zip Code	16501	printout bank statement,	\$5 p	er page
To W	nom Paid						Date [MM/DD/YYYY]	\$,
House	2#	Street Address				· · · · · · · · · · · · · · · · · · ·	Description of Expendi	ture	
City]		State		Zip				
		,	<u> </u>		Code		a formation hanned	1 4	<u> </u>
To Wi	nom Paid						Date [MM/DD/YYYY]	\$	
House	2#	Street Address			- · · · · · ·	* -	Description of Expendi	ture	
City	<u> </u>	<u> </u>	State		Zip Code				
To W	nom Paid		!				Date [MM/DD/YYYY]	\$	
								1	
House	#	Street Address					Description of Expendi	ture	
City			State		Zip Code				
To Wi	hom Paid		.! .				Date [MM/DD/YYYY]	\$	
House	.#	Stroot Address					Description of Expendit	ture	<u> </u>
liouse	- "	Street Address					accentation of automatic		
City		<u> </u>	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:	83-43645633		

Name of C	reditor				Outstanding Balance of Debt
House #	Sti	eet Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City	, <u>'</u>		State	Zip Code	
Description	n of Debt				
Name of C	reditor				Outstanding Balance of Debt
House #	Str	eet Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City			State	Zip Code	
Description	n of Debt				
Name of C	reditor				Outstanding Balance of Debt
House #	Str	eet Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City			State	Zip Code	
Description	n of Debt				
Name of C	raditor	 			Outstanding Balance of Debt
Name or C	a Cultur				Outstanding balance of Best
House #		eet Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
		eet Address	State		
House #	Str	eet Address	State	[MM/DD/YYYY]	
House #	Str n of Debt	eet Address	State	[MM/DD/YYYY] Zip Code	\$
House # City Description	n of Debt	eet Address eet Address	State	[MM/DD/YYYY]	\$
City Description Name of City City	n of Debt reditor		State	[MM/DD/YYYY] Zip Code DATE DEBT INCURRED	Outstanding Balance of Debt
House # City Description Name of City	n of Debt reditor			Zip Code DATE DEBT INCURRED [MM/DD/YYYY]	Outstanding Balance of Debt
City Description Name of City City	n of Debt reditor Str			Zip Code DATE DEBT INCURRED [MM/DD/YYYY]	Outstanding Balance of Debt
City Description Name of Co House # City Description	n of Debt reditor Str			Zip Code DATE DEBT INCURRED [MM/DD/YYYY]	Outstanding Balance of Debt \$
City Description Name of Co House # City Description Name of Co	n of Debt reditor Str	eet Address		Zip Code DATE DEBT INCURRED [MM/DD/YYYY] Zip Code DATE DEBT INCURRED	Outstanding Balance of Debt \$ Outstanding Balance of Debt