

Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification	on		Repor	t Filed E	3y (Candida	ate	X	Committee	1		Lobby	yist	
Name of Filing Co	ommittee, Ca	ndidate or	Brian S				,	<u> </u>	J		·	l <u>-,</u>	'	
Street Address			412 Ca	ımbridge	e Rd		1							
City	Erie			•		State	PA		Zip Code	16511				
Type of Report (P	lace x under r	eport type)	i				· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·					
1- 6 th Tuesday			4- 6 th T	uesday	5- 2 nd	Friday	6- 30 I	Day Post	7- Annual	Special 2	^{id} Friday	Speci	al 30 D	ау
	Pre-Primary		Pre- Ele		4	lection	Election	on		Pre-Electi	on	Post-	Electio	n
								<u> </u>						
Date Of Election (MM/DD/YYYY)		05/21/2019	Year		20	20	Repor	dment t		Terminat Report	ion	[
Summary of Reco	eipts and	From Date		To Date	P	<u> </u>			For	Office Use	Only	-		
Expenditures		05/10/2019	$\dashv \vdash$	06	/21/201	9								
A. Amount Broug	ht Forward F	rom Last Report	\$		560.32									
B. Total Monetar	•	ns and Receipts	\$		0						, ,			
(From Schedule I C. Total Funds Av			s		·									
(Sum of Lines A					0							. (4)		
D. Total Expendit	tures		\$		0									
(From Schedule I											1 :	N		
E. Ending Cash B			\$		0							H		
(Subtract Line D		us Constrait												
F. Value of In-Kin (From Schedule I		ns keceived	\$		0							٠.		
G. Unpaid Debts	·	ns	\$								*	160 T	7	
(From Schedule I		<u>-</u>			୍ଦ୍ର ଚ		i)		L)	
		······································	110	3		idavit Se						distraction .		
Part 1- If this is a Co	ommittee repor	t, treasurer sign he	re. If th	si en p ar	ndi cults (eport, c	andidate	sign here.						
I swear (or affirm) t			hed sch			s to the	best of m	ny knowled	ige and belief t	rue, confect a	na compie	te.		
Sworn to and subso	Jun.		j	mission expires Amission manual manua	erna Erna	1 6	[2]	C	Ship					
- Control		2 44 0 44 0	A a		of Pennsylvan nandez, Nota Erie County] -	Za.	Signature	of Person Subr	pitting report				
-ADMYS	Signature	ONCONCE	"/)		or Z	<u> </u>	joing	AN.	Printed Nan					
1) /	1		S. 1€ 8	Nota		e14			277-3	617			
My Commission exp		<u>- 5-05</u>	_	1288 Hon	7	<u> </u>					-			
	MO.	DAY YR.		1288912 ation of N	y Publi		Area Code		υa	ytime Telephi	one wumbe	er:		
Part II- If this is a re	port of a Candi	date's Authorized (Committ	ea cand	idate sha	all sign h	ere.			,			· · · · ·	
I swear (or affirm) t	hat to the best	of my knowledge a	nd belie	f in s po	itical cor	mittee	has not v	iolated an	y provisions of	the Act of Jur	e 3, 1937 (P.L. 133	3, NO.3	320) as
amended.				سبا "						•			•	
Sworn to and subsc	ribed before m	e this												
day of		20	<u>-</u>	1		-		Sign	nature of Candi	idate	······································			
			•	\ ·										
s	Signature			.					Printed Name					
My Commission ex	pires		_				. ,							
	MO.	DAY YR.					Area Code	2	Day	time Telepho	ne Number	r		

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 () \$	0
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		
Contributions Received from Political Committees (Part A)	\$	
All Other Contributions (Part B)	\$	
Total for the reporting period (2	2) \$	
3. Contributions Over \$250.00 (From Part C and Part D)		ally and the second
P.		and the second s
Contributions Received from Political Committees (Part C)	\$	
Contributions Received from Political Committees (Part C) All Other Contributions (Part D)	\$	
	\$	
All Other Contributions (Part D)	\$	
All Other Contributions (Part D) Total for the reporting period (3 4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)	\$	0

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.

					Amount
Full Name of Con	tributing			Date [MM/DD/YYYY] S	
Committee	-				
House#	Street Address			Date [MM/DD/YYYY] \$	
City	The second secon	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Con Committee	ntributing			Date [MM/DD/YYYY] S	
House #	Street Address			Date [MM/Db/YYYY] \$	
City	1200 British Str. 1986	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Con Committee	itributing			Date [MM/DD/YYYY] \$	
House #	Street Address	,		Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Con Committee				Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] S	· · · · · · · · · · · · · · · · · · ·
City	The street of th	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Con Committee	tributing	ere grade state (STATE)		Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
ull Name of Con Committee	itributing			Date [MM/DD/YYYY] \$	
louse#	Street Address	<u> </u>		Date [MM/DD/YYYY] \$	
ilty		State	Zip Code	Date [MM/DD/YYYY] 3. \$	

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 Identificatio	n Number:				
Full Name of co	***			Date [MM/DD/YYYY] \$	
rui Name or Co	mtrioutor			26.ce (cmm//25/11.co1) 2	
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
					taka, ngalika il <u>uma</u> , na asala
Full Name of Co	ontributor	•		Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Co	intributor	1200-200-200-200-200-200-200-200-200-200	publicad especialistic condi-	Date [MM/DD/YYYY] \$	
House#	Street Address			Date [MM/DD/YYYY] \$	
City	1 4720-300-027 (1999) (1975)	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Co	ntributor			Date [MM/DD/YXXY] \$	
House #	Street Address	-		Date [MM/DD/YYYY] \$	
City	Translation and the American State (Contract	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Co	ntributor			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Co	ntributor			Date [MM/DD/YYYY] \$	
House#	Street Address			Date [MM/DD/YYYY] \$	· · · · · · · · · · · · · · · · · · ·
City		State	Zip Code	Date [MM/DD/YYYY] \$	

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.

Control of the Contro				
Full Name of	and the second s		Date [MM/DD/YYYY]	\$
Contributing Committee		· ·	The most had be made to be a second or the second of the s	
House # Street Address			Date [MM/DD/YYYY]	
City	State	Zip Code	Date [MM/DD/YYYY]	5
			Date [MM/DD/YYYY]	
Full Name of			Date (WW/DD/1111)	\$
Contributing Committee				
House # Street Address			Date [MM/DD/YYYY]	1.5
iiouse# Street Autress				
City	State	Zip Code	Date [MM/DD/YYYY]	S
			THE PROPERTY OF THE PARTY OF TH	
			STATE OF THE PART	· · · · · · · · · · · · · · · · · · ·
Full Name of			Date [MM/DD/YYYY]	\$
Contributing Committee		•		
			Date [MM/DD/YYYY]	3
House # Street Address			Date (MIN//DO/13/11)	
Gtý	State	Zip Code	Date [MM/DD/YYYY]	\$
		-1		
Application of the second of t				
Full Name of	•	· · ·	Date [MM/DD/YYYY]	\$
Contributing Committee				
THE STATE OF THE S	·.		No (NANA (NINANANA)	
House # Street Address			Date [MM/DD/YYYY]	\$
	•			
Gity	State	Zip Code	Date [MM/DD/YYYY]	\$
		_		
Full Name of			Date [MM/DD/YYYY]	\$
Contributing Committee				
House # Street Address			Date [MM/DĐ/YYYY]	\$
House # Street Address		•		
	•			
Gity	State	Zip Code	Date [MM/DD/YYYY]	5
				AVESTANCE .
Full Name of			Date [MM/DD/YYYY]	\$
Contributing Committee				
(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)			Date [MM/DD/YYYY]	\$
House # Street Address			Date HAIM/DD/1111	
City	State	Zip Code	Date [MM/DD/YYYY]	\$
			18-30-30 Passes 65-30 A18-2-30 VS	

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:

Full Name of Contribute)T		Date [MM/DD/YYYY] \$	
House #	treet Address		Date [MM/DD/YYYY] \$,,,
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Name Employer Mailing Addre			Occupation	
Principal Place of Busing Full Name of Contributo			Date [MM/DD/YYYY] \$	e sana ayan <u>giren da ayadada</u>
House #	treet Address		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Name Employer Mailing Addre Principal Place of Busine			Occupation	
Full Name of Contribute			Date [MM/DD/YYYY] S	CARTELLINE SAN SECTION OF
House #	treet Address		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Name Employer Mailing Addre Principal Place of Busine			Occupation	
Full Name of Contributo	0.00 pteach 10.00 pteach 100 c. 100 pteach 1		Date [MM/DD/YYYY] \$	
House#	treet Address		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Name Employer Mailing Addre			Uccupation	
Principal Place of Busine			· · · · · · · · · · · · · · · · · · ·	

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 Number:

Full Name				
House #	Street Address	· · · · · · · · · · · · · · · · · · ·		
City		State	Zip	Date [MM/DD/YYYY] \$
and the second			Code	
Receipt Description				
Full Name				
House #	Street Address		· · · · · · · · · · · · · · · · · · ·	
City		State	Zip	Date [MM/DD/YYYY] S
Receipt Description			Code	
Full Name				
House #	Street Address			
City		State	Zip Gode	Date [MM/DD/YYYY] \$
Receipt Description				
Full Name				
House #	Street Address	Teorge Oraconardo	loc_landerenoo!	La Carlo La Anna
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				
Full Name				
House #	Street Address			
City		State	Zip	Date [MM/DD/YYYY] \$
			Code	
Receipt Description		**************************************	T was a second	(330)
Full Name				
House #	Street Address		·	
City		State	Zip	Date [MM/DD/YYYY] \$
			Code	
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:					
	and the state of t				
1. UNITEMIZED IN-KIND CONTR	IBUTIONS RECEIVED-V	ALUE OF \$50.00 (OR LESS PER	RCONTRIBUTOR	
TOTAL for the reporting period	(1)	\$	0		
2. IN-KIND CONTRIBUTIONS RE	CEIVED-VALUE OF \$50	.01 TO \$250.00 (F	ROM PART	F) and an arrange of the second	
TOTAL for the reporting period	(2)	\$	0		
3. IN-KIND CONTRIBUTION REC	EIVED-VALUE OVER \$2	50:00 (FROM PAR	TG)		
TOTAL for the reporting period	(3)	\$	0		
TOTAL VALUE OF IN-KIND CONTRIBUTI PERIOD (Add and enter amount totals on Page 1, Report Cover Page, Item F)	- 1 T T T T T T T T T T T T T T T T T T	1 '	О		

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Number:		
CHEROMET ROUTE AND THE CHEROMETER STREET STREET AND THE STREET STREET STREET STREET STREET STREET STREET STREET		
Full Name of Contributor		Date [MM/DD/YYYY] \$
House # Street Address		Date [MM/DD/YYYY] \$
City	State Zip Code	Date [MM/DD/YYYY] \$
Description of Contribution		
Full Name of Contributor		Date [MM/DD/YYYY] \$
House # Street Address		Date [MM/DD/YYYY] : \$
City	State Zip Code	Date (MM/DD/YYYY) \$
Description of Contribution		
		N. 1911
Full Name of Contributor		Date [MM/DD/YYYY] \$
		To the second of
House # Street Address		Date [MM/DD/YYYY] \$
2000 1000	State Zip Code	Date [MM/DD/YYYY] \$
City	State	Zan Lunivasiani
Description of Contribution		[No.200]
Full Name of Contributor		Date [MM/DD/YYYY] \$
	•	
House # Street Address		Date [MM/DD/YYYY] \$
City	State Zip Code	Date [MM/DD/YYYY] \$
Description of Contribution		
Full Name of Contributor		Date [MM/DD/YYYY] \$
House # Street Address		Date [MM/DD/YYYY] \$
City	State Zip Code	Date [MM/DD/YYYY] \$
Description of Contribution		
S-Silbron of Continuation		

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer Identification Number:	
Full Name of Contributor	Date [MM/DD/YYYY] \$
House # Street Address	Date [MM/DD/YYYY] \$
City State Zip C	ode Date [MM/DD/YYYY] \$
Employer Name	Occupation
Employer Mailing Address / Principal Place of Business	Description of
Se Transition of the Control of the	Contribution Supplies
Full Name of Contributor	Date (ww/DD/11(1)
House # Street Address	Date [MM/DD/YYYY] \$
City State Zip C	Date [MM/DD/YYYY] \$
Employer Name	Occupation
Employer Mailing Address / Principal Place of Business	Description of Contribution
Full Name of Contributor	Date [MM/DD/YYYY] \$
House # Street Address	Date [MM/DD/YYYY] \$
City State Zip Co	ode Date [MM/DD/YYYY] \$
Employer Name	Occupation
Employer Malling Address / Principal Place of Business	Description of
Frace of business	Contribution
Full Name of Contributor	Date [MM/DD/YYYY] \$
House # Street Address	Date [MM/DD/YYYY] \$
City State Zip Co	ode Date [MM/DD/YYYY] \$

Employer Name

Place of Business

Employer Mailing Address / Principal

Occupation

Description

Contribution

Statement of Expenditures

Consideration and the color of			
Filer Identification Number:			
AND THE SECOND CONTRACTOR OF THE PROPERTY OF THE PARTY OF			
Control of the contro			
CALL TO SAID THE CASE OF THE STATE OF THE SAID OF			

To Whom Paid			Date [MM/DD/YYYY] \$
Walmart			03/25/2019
House # 5741 Street Address Bu	ffalo Rd`		Description of Expenditure
City Harborcreek	State PA	Zip 16521	Business Cards
		Code	
To Whom Paid Office Max			Date [MM/DD/YYYY]
House # Street Address	,		Description of Expenditure
City Erie	State PA	Zip Code 16509	photo paper and sign holders
To Whom Paid	Est terrestrations	\$750 Mark (1997) (1997)	Date [MM/DD/YYYY] \$
Lulu's Graphics			03/29/2019 235.82
House # 3204 Street Address But	ffalo Rd		Description of Expenditure
City Erie	State PA	Zip Code 16510	yard signs
To Whom Paid	A Constitution of the Cons		Date [MM/DD/YYYY] \$
Amazon		•	03/22/2019 124.79
House # 81226 Street Address PC	Box 81226		Description of Expenditure
City Seattle	State WA	Zip Code 98108	shirts & transfer paper
To Whom Paid Amazon			Date [MM/DD/YYYY] \$ 49.66
House # 81226 Street Address PO	Box 81226		Description of Expenditure
City. Seattle	State WA	Zip Code 98108	Printer ink
To Whom Paid MagnetsontheCheap	.com	<u>, en fran i far en de far en de</u>	Date (MM/DD/YYYY) \$ 03/23/2019 83.17
House # 11550 Street Address Sto	nehollow Dr Suite 160		Description of Expenditure
City Austin	State TX	Zip Code 78758	magnets & bumper stickers
To Whom Paid Walmart	The common state of		Date [MM/DD/YYYY] \$ 03/24/2019 10.92
House # 5741 Street Address Bu	iffalo Rd	 	Description of Expenditure
City Harborcreek	State PA	Zip Code 16421	Fabric transfer paper
To Whom Paid FedEx Office	g page 1975 Canada	- Anna Anna Anna Anna Anna Anna Anna Ann	Date [MM/DD/YYYY] \$ 11.44
House # 6755 Street Address Pe	ach St.		Description of Expenditure
City Erie	State PA	Zip Code 16509	Flyers

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 Street Address DATE DEST INCURRED STREET DATE DATE DATE DATE DATE DATE DATE D			
Street Address			
State Zip Code	Name of Creditor		
State Zip Code	House #		[\$]
Description of Debt Name of Creditor House # Street Address DATE DEBT INCURRED (IMM/DD/YYY) Description of Debt Name of Creditor House # Street Address DATE DEBT INCURRED (IMM/DD/YYY) Description of Debt Street Address DATE DEBT INCURRED (IMM/DD/YYY) State Zip (Code Description of Debt DATE DEBT INCURRED (IMM/DD/YYY) State Zip (Code Description of Debt DATE DEBT INCURRED (IMM/DD/YYY) State Zip (Code DATE DEBT INCURRED (IMM/DD/YYY) State Zip (Code DATE DEBT INCURRED (IMM/DD/YYY) State Zip (Code DATE DEBT INCURRED (IMM/DD/YYY) City State Zip (Code DATE DEBT INCURRED (IMM/DD/YYYY) State Zip (Code DATE DEBT INCURRED (IMM/DD/YYYY) City State Zip (Code DATE DEBT INCURRED (IMM/DD/YYYY) State Zip (Code DATE DEBT INCURRED (Code DATE DEBT DATE DEBT DATE DEBT DATE DEBT DATE DEBT DATE DATE DATE DATE DATE DATE DATE DAT		[Mis/Job/1711]	
Description of Debt Name of Creditor Name of Creditor House # Street Address	City	State Zip	
Name of Creditor		Code	
House # Street Address DATE DEST INCURRED State Zip Code	Description of Debt		
House # Street Address DATE DEST INCURRED State Zip Code	Name of Creditor		Outstanding Balance of Debt
City Description of Debt Name of Creditor Flouse # Street Address City Description of Debt Name of Creditor Plouse # Street Address DATE DEST INCURRED (MM/DD/YVY) Pescription of Debt Name of Creditor City State DATE DEST INCURRED (MM/DD/YVY) State DATE DEST INCURRED (MM/DD/YVY) State City State DATE DEST INCURRED (MM/DD/YVY) State City State DATE DEST INCURRED (MM/DD/YVY) State Description of Debt Name of Creditor Name of Creditor Description of Debt Street Address DATE DEST INCURRED (MM/DD/YVYY) State DESCRIPTION (MM/DD/YVYY) State DATE DEST INCURRED (MM/DD/YVYY) State DATE DEST INCURRED (MM/DD/YVYY) State City State DATE DEST INCURRED (MM/DD/YVYY) State DESCRIPTION (MM/DD/YVYY) State DATE DEST INCURRED (MM/DD/YVYY)	House#	Stroet Address DATE DEBT INCURRED	\$
Description of Debt Name of Creditor House # Street Address			
Description of Debt Name of Creditor House # Street Address DATE DEBT INCURRED MM/DD/YYYY] City State Zip Code Description of Debt Name of Creditor Date DEBT INCURRED MM/DD/YYYY] Livise # Street Address DATE DEBT INCURRED MM/DD/YYYY] City State Zip Code Description of Debt DATE DEBT INCURRED State Zip Code Description of Debt DATE DEBT INCURRED Street Address DATE DATE DEBT INCURRED STREET STREET STREET STREET STREET			_
Name of Creditor Pouse 8 Street Address City State Zip Code Description of Debt Name of Creditor Name of Creditor City State Zip Code DATE DEST INCURRED (MM/DD/YYYY) City State Zip Code DATE DEST INCURRED (MM/DD/YYYY) City State Zip Code Code Code Outstanding Balance of Debt DATE DEST INCURRED (MM/DD/YYYY) State Zip Code Code Outstanding Balance of Debt Name of Creditor Name of Creditor Name of Creditor Street Address DATE DEST INCURRED (MM/DD/YYYY) State Zip Code Outstanding Balance of Debt Street Address DATE DEST INCURRED (MM/DD/YYYY) State Zip Code Outstanding Balance of Debt Name of Creditor Street Address DATE DEST INCURRED (MM/DD/YYYY) State Zip Code City State Zip Code	City		
House # Street Address DATE DEBT INCURRED State Zip Code Description of Debt	Description of Debt		170000
House # Street Address DATE DEBT INCURRED STREET DATE DEBT DEBT DATE DEBT DEBT DATE DEBT DATE DEBT DATE			
City State Zip Code	Name of Creditor		Outstanding Balance of Debt
City Description of Debt Name of Creditor Date Description of Debt City City State Date Description of Debt Street Address Date Description of Debt Name of Creditor Description of Debt Street Address Date Description of Debt City State Date Description of Debt Street Address Date Description of Debt State Code Description of Debt State Date Description of Debt State Code Date Description of Debt State Date Description of Debt State Date Description of Debt State Date Description of Debt Street Address Date Description of Debt Code Date Description of Debt Date Description of Debt Street Address Date Description of Debt	House #		\$
Description of Debt Name of Creditor House # Street Address DATE DEBT INCURRED S		[MM/DD/YYYY]	
Description of Debt Name of Creditor House # Street Address DATE DEBT INCURRED [MM/DD/YYYY] City State Zip Code Name of Creditor Outstanding Balance of Debt Name of Creditor Outstanding Balance of Debt Name of Creditor Outstanding Balance of Debt City State Zip Code Description of Debt City State Zip Code Description of Debt Name of Creditor Outstanding Balance Outstanding Balance Name of Creditor Outstanding Balance Outstanding Balance Name of Creditor Outstanding Balance Outstanding Balance Outstanding Balance Name of Creditor Outstanding Balance Outstanding		State Zin	
Name of Creditor House # Street Address DATE DEBT INCURRED MM/DD/YYYY] City State Zip Code Name of Creditor Outstanding Balance of Debt Name of Creditor DATE DEBT INCURRED S MM/DD/YYYY] City State Zip Code City State Zip Code Description of Debt Name of Creditor Outstanding Balance of Debt DATE DEBT INCURRED S MM/DD/YYYY] City State Zip Code DATE DEBT INCURRED S MM/DD/YYYY] City State Zip Code City State Zip Code City State Zip Code City State Zip Code City Code City Code Code City City Code City City Code City City Code City City City City City City City City City City Cit	City	500 00 00 00 00 00 00 00 00 00 00 00 00	
Breef Address DATE DEBT INCURRED State Zip Code	Description of Debt		
City Description of Debt Name of Creditor Name of Creditor Outstanding Balance of Debt City State Zip Code City State Zip Code Description of Debt Name of Creditor Name of Creditor Name of Creditor Name of Creditor State State Zip Code DATE DEBT INCURRED [MM/DD/YYYY] State Zip Code DATE DEBT INCURRED [MM/DD/YYYY] State Zip Code City State Zip Code City State Zip Code	Name of Creditor		Outstanding Balance of Debt
City State Description of Debt Name of Creditor House # Street Address City State DATE DEBT INCURRED [MM/DD/YYYY] City State Zip Code Description of Debt Name of Creditor DATE DEBT INCURRED [MM/DD/YYYY] City State Zip Code Description of Debt Name of Creditor DATE DEBT INCURRED [MM/DD/YYYY] City State Zip Code Code City Street Address DATE DEBT INCURRED [MM/DD/YYYY] City Street Address DATE DEBT INCURRED [MM/DD/YYYY]	House#		3
Code		[MM/DD/YYYY]	
Code		State: Zin	-
Name of Creditor Date Dest Incurred Street Address Date Dest Incurred Street Address Date Dest Incurred Street Address Date Description of Debt Description of Debt Date Dest Incurred Street Address Date Dest Incurred Street Dest Incurre	CITY 1		
House # Street Address DATE DEBT INCURRED \$	Description of Debt		
House # Street Address DATE DEBT INCURRED [MM/DD/YYYY] State Zip Code Description of Debt DATE DEBT INCURRED Street Address DATE DEBT INCURRED State Zip Code City State Zip Code State Zip Code State Zip Code			Ontranding Palance of Deni
City State Code Description of Debt Name of Creditor Name of Creditor DATE DEBT INCURRED [MM/DD/YYYY] City State Zip Code Code Code		The state of the s	
City State Zip Code Description of Debt Name of Creditor Outstanding Balance of Debt House # Street Address DATE DEBT INCURRED SIMM/DD/YYYY) City State Zip Code	House #		
Description of Debt Name of Creditor: House # Street Address DATE DEBT INCURRED [MM/DD/YYYY] City State Zip Code			
Name of Creditor Name of Creditor Outstanding Balance of Debt House # Street Address	City		
Name of Creditor Outstanding Balance of Debt House # Street Address DATE DEBT INCURRED S [MM/DD/YYYY] State Zip Code	Description of Debt	Lode Lode	
House # Street Address DATE DEBT INCURRED \$ [MM/DD/YYYY] City State Zip Code			
City State Zip Code	Name of Creditor		Outstanding Balance of Debt
City State Zip Code	House #		\$
Code		[MM/DD/YYYY]	
Code		TO THE RESERVE OF THE PARTY OF	
	LITY	State 2IP Code	
	 Internal process on the process of the Annal State of the State of the		

LATE CONTRIBUTIONS – 24 HOUR REPORT

Name of Filing Committee or Candidate	Filer Identification Number						
	DATE RECEIVED						
Full Name of Contributor			, Viō,	ijλ\ Y	YITAR		
Mailing Address						<u> </u>	
City	State	Zip Code (Plus 4)	Amount \$				
Full Name of Contributor	; <u></u>		Mio	JDA Y	VF VC # 2		
Mailing Address			Amount \$		<u> </u>	1	
City State Zip		Zip Code (Plus 4)	Amount	Amount			
Full Name of Contributor			N(0)	nd DAY	PYTAR 5		
Mailing Address			Amount \$			1	
City	State	Zip Code (Plus 4)	Panount				
Full Name of Contributor			<u>M</u> 036	DAY	MAR		
Mailing Address			Amount \$				
City	State	Zip Code (Plus 4)	Timoust 9				
Full Name of Contributor			MO.,	DAV.	SACARS SE		
Mailing Address			Amount \$		<u>'</u>		
City	State	Zip Code (Plus 4)					
Full Name of Contributor			(MO)	DAY	NYEAR :		
Mailing Address			Amount \$				
City	State	Zip Code (Plus 4)					
Full Name of Contributor			MO 343	DAV	WEAR 49		
Mailing Address			Amount \$				
City	State	Zip Code (Plus 4)					
Full Name of Contributor			MO S	EDAY.	OVERAGE STATE		
Mailing Address			Amount \$	<u>.</u>	<u> </u>		
City	State	Zip Code (Plus 4)	:				
Name of Person Submitting Report: _	Date of Report:						
Contact Phone Number:							
Email Address:							