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

property of OSocial Colonia, and passenger than the second

Filer Identification Number). In the second		Report Filed By Cand			ate Committee X				Lobbyist
Name of Filing Com Lobbyist	mittee, Car	ididate or	Friends to Elect Jasmine Flores							
Street Address			1162 E 10th St, Fi 2nd							
City	Erie		*1		State	PA Zip Code 16503				
Type of Report (Plac	e x under r	eport type)		٠						
1- 6 th Tuesday 2-					. 2 nd Friday	6- 30 Day Post Election	7- Annual	Special 2' Pre-Electi	C) CO 0X0 CO 0E0 X0 X0 X0 70 CO	Special 30 Day Post-Election
Pre-Primary Pre	-Primary	Primary	Pre- Ele	ction P	re- Election	Election		F16-Elect	On.	Post-Election
Date Of Election (MM/DD/YYYY)		11/02/2021	Year		2021	Amendment Report		Terminat Report	lon	
Summary of Receipt	ts and	From Date		To Date			For	Office Use	Only	
Expenditures		10/19/2021	<u> </u>	11/22	/2021					
A. Amount Brought	Forward F	om Last Repo	t \$	158	0.68		5.		غ <u>آ</u>	
B. Total Monetary C (From Schedule I)	Contributio	ns and Receipt	\$ \$	121	1.25			:		
C. Total Funds Avail (Sum of Lines A and			\$	170	1.93	Ì		ERIE C	OUM-	TN.
D. Total Expenditure (From Schedule III)	4080749/4044/608408000084/03		\$	170	1.93	Ten or some				
E. Ending Cash Balar	E. Ending Cash Balance (Subtract Line D from Line C)				0	VOTER DE				
F. Value of In-Kind C (From Schedule II)	**************************************	ns Received	\$ 377.61			ERIE COUNTY DEC 01 2021				
G. Unpaid Debts and (From Schedule IV)		ns	\$							
					Affidavit Se	ection				
Part 1- If this is a Comm								ue correct a	nd compl	ete
Sworn to and subscribe			iciica sciic	aules on pe	iper, ia to tile	9000	Maws	ac, correct	na compr	•••
day of		20	_	1	• -		of Person Subm	nitting report		
Signa	ature			Γ	<u> </u>	lizabeth C Nawroo	cki Printed Nam	e		
My Commission expire	s			. •	8	14	528-1726			
	MO.	DAY YR				Area Code	Day	time Teleph	one Numb	per .
Part II- if this is a report of a Candidate's Authorized Committee, candidate shall sign here.										
I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, NO.320) as amended.										
Sworn to and subscribed before me this										
day of		20 .		•		homo	2 W	5/07-		
uay oi	Signature of Candidate									
Sign	Signature Signature Printed Name									
My Commission expire	S			• •	<u> </u>	314	40	53-34	108	
	MO.	DAY YR.	-			Area Code	Day	ime Telepho	ne Numbe	er



Pennsylvania Department of State

Bureau of Campaign Finance & Civic Engagement
210 North Office Building, Harrisburg, PA 17120 • 717.787.5280 (Option 4)
www.dos.pa.gov/campaignfinance • ra-stcampaignfinance@pa.gov

ERIE COUNTY

DEC 01 2021

OTER RECOTTOR

Unsworn Declaration in Lieu of Sworn Statement for Campaign Finance Reports

Note: Per Act 2020-15, which was signed into law on April 20, 2020 and allows for unsworn declarations, Campaign Finance Reports (form DSEB-502), Campaign Finance Statements in lieu of full reports (form DSEB-503), Non-Bid Contract Reporting Form (DSEB-504) and Independent Expenditure Reports (form DSEB-505) need not be notarized. Instead, the filer may file with each report or statement the corresponding version of this form signed by the required individual(s). **This particular form is to be used only for Campaign Finance Reports.** This form must be signed by hand where a signature is required.

1	ब्रामामामस्य हुन्।					
Reporting Cycle	Name					
☐ Cycle 1	☐ Cycle 2	☐ Cycle 3		Cycle 4	☐ Cycle 5	
6 th Tuesday	2 nd Friday	30 Day	6 th T	2 nd Friday		
Pre-Primary	Pre-Primary	Post Primary	Pre-Election		Pre-Election	
■ Cycle 6	☐ Cycle 7	☐ Cycle 8			cle 9	
30 Day Post-Election Annual Report 2 nd Friday Pre-Spi					st-Special Election	
his form is submit	is submitted wit	h a Committee replate report, the cal	oort, the	treasurer nust sign l	must sign here. nere. If this repo	
his form is submit s submitted with o declare under pe	is submitted wit ted with a Candid a report by a cont nalty of perjury (h a Committee replate report, the call tributing lobbyist, under the law of t	port, the ndidate r the lobby	treasurer must sign l vist must s	must sign here. nere. If this repo ign here.	
his form is submits submitted with of declare under perhaps the accompa	is submitted wit ted with a Candid a report by a cons enalty of perjury on nying Campaign	h a Committee rep date report, the ca tributing lobbyist,	port, the ndidate r the lobby	treasurer must sign l vist must s	must sign here. nere. If this repo ign here.	
his form is submit s submitted with o declare under pe	is submitted wit ted with a Candid a report by a cons enalty of perjury on nying Campaign	h a Committee replate report, the call tributing lobbyist, under the law of t	port, the ndidate r the lobby he Comn true and	treasurer must sign l vist must s	must sign here. nere. If this repo ign here. n of Pennsylvan	
his form is submits submitted with of declare under perhaps the accompa	is submitted with a Candidareport by a constantly of perjury and the company of the constantly of the	h a Committee replate report, the call tributing lobbyist, under the law of the Finance Report is	nort, the ndidate r the lobby he Comn true and	treasurer must sign h vist must s nonwealth correct.	must sign here. nere. If this repo ign here. n of Pennsylvan	
his form is submits submitted with of declare under perhat the accompany of the declare with the declare wit	is submitted with a Candida report by a continuity of perjury on the continuity of perjury of the continuity of the continu	h a Committee replate report, the call tributing lobbyist, under the law of the Finance Report is	nort, the ndidate rethe lobby the Communication and true and D	treasurer nust sign he vist must sonwealthe correct.	must sign here. nere. If this repo ign here. n of Pennsylvan	



Pennsylvania Department of State

Bureau of Campaign Finance & Civic Engagement
210 North Office Building, Harrisburg, PA 17120 • 717.787.5280 (Option 4)
www.dos.pa.gov/campaignfinance • ra-stcampaignfinance@pa.gov

Part II - If this form is submitted with a report by a Candidate's Authorized Committee, the candidate must sign here.

I declare under penalty of perjury under the law of the Commonwealth of Pennsylvania that the accompanying Campaign Finance Report is true and correct.

Jasmine ullery	12/01/2021
Signature of Treasurer, Candidate, or Lobbyist	Date (DD/MM/YYYY)
Sasmine Planes	Erce Pa
Printed Name	Location (City/State/Country)

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

Filer Identification Number		
1.Uniternized Contributions a	nd Receipts-\$50.00 or Less per Contributor	

1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor		HCH CO HCH HCH HCH HCH HCH HCH HCH HCH H	
Total for the reporting period (3	1)	\$	121.25
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)	iiidida Bio ipi		
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)			
Contributions Received from Political Committees (Part C)		\$	
All Other Contributions (Part D)		\$	
Total for the reporting period (3	3)	\$	
4. Other Receipts-Refunds; Interest Farned, Returned Checks, ETC. (From Part E)			
, -, ,	4)	\$	
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	\$	121.25

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 N	umber				
					Amount
Full Name of Cont	ributing			Date [MM/DD/YYYY] \$	
Committee					
House #	Street Address			Date [MM/DD/YYYY] \$	
		Danie Way			
City		State	Zip Code	Date [MM/DD/YYYY] S	
Full Name of Cont	ilavine			Date [MM/DD/YYYY] \$	
Committee					
House #	Street Address			Date [MM/DD/YYYY] \$	
City.		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Cont	ijbu Kine			Date (MM/DD/YYYY) \$	
Committee					
House #	Street Address			Date [MM/DD/YYYY] \$	
				11/15	
City		State	Zip Code	Date [MM/DD/YYYY] S	
Full Name of Cont				Date [MM/DD/YYYY] \$	
Full Name of Cont Committee	ing the second			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
		John Maria	line was		
City	_ _	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Cont	สามาราคอ	Newscast and a second		Date [MM/DD/YYYY] \$	
Committee				24.5 (majes/1111) 3	
House#	Street Address			Date [MM/DD/YYYY] \$	
Gity.	- Company of the Comp	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Cont	bittine			Date [MM/DD/YYYY] \$	
Committee					
House #	Street 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 Nun	nber:				
		· · · · · · · · · · · · · · · · · · ·			
Full Name of Contrib	utor			Date [MM/DD/YYYY]	*
House #	Street Address			Date [MM/DD/YYYY]	\$.
				Date [MM/DD/YYYY]	\$
City		State	Zip Code		
Full Name of Contrib	utor		"	Date [MM/DD/YYYY]	\$
House#	Street Address			Date [MM/DD/YYYY]	· \$
City	Comprehensive State (STATE CONTROL OF CONTRO	State	Zip Code	#Date (MM/DD/XYYY)	\$
Full Name of Contrib	utor			Date [MM/DD/YYYY]	\$ ***
House #	Street Address			Date [MM/DD/YYYY]	\$ 1
City		State	Zip Code	Date [MM/DD/YYYY]	5
Full Name of Contrib				Date [MM/DD/YYYY]	
House #	Street Address	Port Zancen en a gena de la	BUAN PERSENCES AND REPORTED	Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contrib				Date (MM/DD/YYAY)	 \$
House #	Street Address			Date [MM/DD/YYYY]	
City		State	Zip Code	Date [MM/DD/AYYY]	\$
Full Name of Contrib				Date [MM/DD/YYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	5
City		State	Zip Code	Date [MM/DD/YYYY]	5

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:				
Full Name of Contributing Committee		•	Date (MM/DD/YYYY)	
House # Street Address			Date [MM/DD/YYYY]	\$
City .	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee	# County	men on Primer Spreadure, as, as one case of the Spreadure, as	Date [MM/DD/YYYY]	
House # . Street Address			Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee			Pate (MM/DD/YYYY)	\$
House # Street Address			Date [MM/DD/YYYY]	\$
City	State	Zip-Code	Date (MM/JOD/1111)	\$
Full Name of Contributing Committee				
House # Street Address			Date [MM/DD/YYYY]	\$ 1 7 7
City (City)	State	Zip-Code	Date (MM/DD/YYYY)	5
Full Name of Contributing Committee			Date [MM/DD/YYYY]	\$
House # Street Address			Date [MM/DD/YYYY]	*
City	State	Zip Code	Date (MM/DD/4YYY)	\$
Full Name of Contributing Committee			Date [MM/DD/YYYY]	
House # Street Address			Date [MM/DD/YYYY]	
City	State	Zip Code	Date [MM/6D/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:

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
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
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
Employer Mailing Address / Principal Place of Business		
Full Name of Contributor		Date [MIW/DD/YYYY] \$
House# Street Address		Date (MM/DD/YYYY) \$
City State	Zip Code:	Date [MM/DD/YYYY] \$
Employer Name		Occupation
Employer Mailing Address / Principal Place of Business		

PART E

Other Receipts

REFUNDS, INTEREST 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 Numb	oer:			
Full Name				
	Stree	et Address		
City		State	Zip Code	Date (MM/DD/YYYY) \$
Receipt Description				· · · · · · · · · · · · · · · · · · ·
Full Name				
SA SAN	Stre	et Address		
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				
Full Name				
	Stree	et Address	Program Processor Contract Con	PROPERTY MALES OF THE PROPERTY AND THE P
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description			to the second se	(SEPTONI)
Full Name				
	Stree	et Address		
City		State :	Zip Code	Date [MM/DD/YYYY] + \$
Receipt Description				
Full Name				
		e: Address		
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				
Full Name				
	Stree	et Address .		•
City Programme		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		" · · · ·		

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD DETAILED SUMMARY PAGE

Filer Identification Number:			
UNITEMIZED IN-KIND CONTRIBUTION	INS RECEIVED-VALUE OF \$50).00 c	OR LESS PER CONTRIBUTOR
TOTAL for the reporting period	(1)	\$	34.61
2. IN KIND CONTRIBUTIONS RECEIVED	5-VALUE OF \$50.01 TO \$250	00 (F	ROM PART F)
TOTAL for the reporting period	(2)	\$	343.00
3. IN-KIND CONTRIBUTION RECEIVED-	VALUE OVER \$250.00 (FROM	/ PAP	(TG)
TOTAL for the reporting period	(3)	\$	
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DI		\$	
PERIOD (Add and enter amount totals from be on Page 1, Report Cover Page, Item F)	oxes 1, 2, and 5; also enter		377.61

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Numb	Jer:				
Full Name of Contribu	tor			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Description of Contrib	ution				
Full Name of Contribu	itor			Date [MM/DD/YYYY] \$	
	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Description of Contrib	ution				
Full Name of Contribu	tor:			Date [MM/DD/YYYY] 5	
	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Description of Contrib	nom				
Full Name of Contribu	tor			Date [MM/DD/YYYY] \$	
	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Description of Contrib	METON				
Full Name of Contribu	rkor -			Date (MM/DD/YYYY) \$	
	Street Address			Date [MM/DD/YYYY] \$	
City		State	ZIp Code	Date [MM/DD/YYYY] \$	

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] \$
Gity	State Zip Code	Date [MM/DD/YYYY] \$
Employer Name	Production of the Control of the Con	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 Gode	Date [MM/DD/YYYY] \$
Employer Name	Control And Control Co	Occupation
Employer Mailing Address / Principal Place of Business		Description of Contribution
Full Name of Contributor		Date [MM/DD/YYYY] \$
Full Name of Contributor House # Street Address		Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$
	State Zip Code	Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$
House # Street Address City Employer Name	State Zip Code	Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$
House # Street Address City	State Zip Code	Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$
House # Street Address City Employer Name Employer Mailing Address / Principal	State	Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Occupation Description of
House # Street Address City Employer Name Employer Mailing Address / Principal Place of Business	State	Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Occupation Description of Contribution
House # Street Address City Employer Name Employer Mailing Address / Principal Place of Business Full Name of Contributor House # Street Address City	State Zip Code	Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Occupation Description of Contribution Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$
House # Street Address City Employer Name Employer Mailing Address / Principal Place of Business Full Name of Contributor House # Street Address		Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Occupation Description of Contribution Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$

Statement of Expenditures

mile and a secret with a second control of the second control of t	
Filer Identification Number:	
rier pentication number:	

To Whom Paid	.			Date [MM/DD/YYYY]	\$
House #	Street Address			Description of Expendit	ture
City		State	Zip Code		
To Whom Paid				Date [MM/DD/YYYY]	\$
House #	Street Address			Description of Expendit	ure
City		State	Zip Code		
To Whom Paid					\$
House #	Street Address			Description of Expendit	ure
City		State	Zíp Code		
To Whom Paid				Date [MM/DD/YYYY]	\$
House #	Street Address			Description of Expendit	ure
City		State	Zip Code		-
To Whom Paid				Date [MM/DD/YYYY]	\$
House #	Street Address			Description of Expendit	ure
City		State	Zíp Code		
To Whom Paid				Date [MM/DD/YYYY]	\$
House #	Street Address			Description of Expendit	ure
City		State	Zip Code		
To Whom Paid				Date [MM/DD/YYYY]	
House #	Street Address			Description of Expendit	ure
Gity .		State	Zip Code		
To Whom Paid				Date [MM/DD/YYYY]	<u>\$</u>
House #	Street Address			Description of Expendit	ure
	Street Address	State	Zip		

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 # Stree	et Address	in in	E DEBT INCURRED MM/DD/YYYY]	.\$
City		State	Zip Code	
Description of Debt				
Name of Creditor	Applied types and the second s			Outstanding Balance of Debt
	et Address	i i i i i i i i i i i i i i i i i i i	E DEBT INCURRED MM/DD/YYYY]	
Description of Debt		State	Zip Code	· · · · · · · · · · · · · · · · · · ·
Description of Debt				
Name of Creditor		B.3000000		Outstanding Balance of Debt
	et Address	i (N	DEBT INCURRED MM/DD/YYYY]	
City		State	Zip Code	
Description of Debt				
Name of Creditor House # Street	et Address	ВАТЕ	DEBT INCURRED	Outstanding Balance of Debt \$
Andrew Williams			MM/DD/YYYY]	
City Description of Debt			Zip Code	
Name of Creditor House # Stree	at Address	DATE	E DEBT INCURRED	Outstanding Balance of Debt \$
Julien Street			VIM/DD/YYYY]	
City	The state of the s	State	Zip Code	
Description of Debt	4	AND THE LOCAL CONTROL OF THE PARTY OF THE PA		
Name of Creditor				Outstanding Balance of Debt
	et Address	10	E DEBT INCURRED VIM/DD/YYYY]	
City	DISTRICT MANAGEMENT	State	Zip Code	
Description of Debt		·		

Schedule II, Part F	In Kind Contributions	<u> </u>				
Full name of Contributor	Mailing Address	Date	Amount	Description	Vendor	Address
PA United PAC	523 Hastings St. Pittsburgh, PA 15206	11/2/2021	\$6.52	Online donation fees	GetThru	PO Box 2690 Alameda, CA 94501
PA United PAC	523 Hastings St. Pittsburgh, PA 15206	11/10/2021	\$28.09	Banner	Paragon Solution	2141 East Broadway Rd, Ste 202 Tempe, AZ 85282
PA United PAC	523 Hastings St. Pittsburgh, PA 15208	11/1/2021	\$53.07	EveryAction subscription charges	EveryAction	PO Box 392264 Pittsburgh, PA 15251
PA United PAC	523 Hastings St. Pittsburgh, PA 15206	11/15/2021	\$75.60	Texting service	Sequal	PO Box 5288 Pittsburgh, PA 15206
PA United PAC	523 Hastings St. Pittsburgh, PA 15206	11/5/2021	\$214.33	Staff time	PA United	841 California Ave. Pittsburgh, PA 15212
111111	:					2
		Total	\$377.61			:
		under 50	\$34.61			
		50-250	\$343.00		· · · · · · · · · · · · · · · · · · ·	
Schedule III	Expenditures					
To Whom Paid	Mailing Address	Description	Amount		!	
Molly Brechtel	820 Cranberry St. Erie, PA 16502 523 Hastings St.	Reimb for Election party	\$85.50			
PA United PAC	Pittsburgh, PA 15206	Reimb for staff time	\$900.42			
PA United PAC	523 Hastings St. Pittsburgh, PA 15206	Reimb for staff time	\$716.01			
			\$1,701.93		ļ	

.

. .