

Commonwealth of Pennsylvania - Campaign Finance Report

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

| Number | Report Filed E (Mark X) | By Candida | ite 📗 | Committee | | Lobbyist |
|--|---|--|---------------------------|-------------------|--|---------------------------------|
| Name of Filing Committee, Candidate or Lobbyist | . Michael Lindne | er | | | | |
| Street Address | 2606 Kimberly D | r | | | | |
| City Erie | | State | PA | Zip Code | 16509 | |
| Type of Report (Place x under report type) | | | | | | |
| 1-6 th Tuesday 2-2 nd Friday 3-30 Day Post 4 Pre-Primary Pre-Primary Primary P | I- 6 th Tuesday Pre- Election | 5- 2 nd Friday Pre- Election | 6-30 Day Post Election | 7- Annual | Special 2 nd Friday Pre-Election | Special 30 Day Post-Election |
| Date Of Election (MM/DD/YYYY) 11/5/2019 | Year . | 2019 | Amendment Report | | Termination Report | |
| Summary of Receipts and From Date Expenditures 04/02/2019 | To Date | /26/2019 | | For | Office Use Only | |
| A. Amount Brought Forward From Last Report | \$ | 0 | | | ු | 2019 |
| B: Total Monetary Contributions and Receipts (From Schedule) | Ş | 953.19 | | | mm | .2 AON 610 |
| C. Total Funds Available \$ 953.19 | | | | | 75 28 | 27 |
| D. Total Expenditures \$ 935.19 | | | | | | |
| E. Ending Cash Balance (Subtract Line D from Line C) | \$ | 0 | | | **** | 9: 2 |
| F. Value of In-Kind Contributions Received (From Schedule II) | \$ | 0 | | | 0 % | ဖ |
| G. Unpaid Debts and Obligations (From Schedule IV) | Mem S | Comm | | | | |
| Part 1- if this is a Committee report, treasurer sign here | g C S | Affidavit Sec | | | | |
| I swear (or affirm) that this report, including the attached | ed schedues in | pages s to the b | est of my knowleds | ge and belief tri | ue, correct and complet | e. |
| Sworn to and subscribed before me this | sion (sion (sylvar | inan C | mell 1 | 01 | | |
| I swear (or affirm) that this report, including the attached Sworn to and subscribed before me this 27th day of November 2019 | mumb namb | n of Pennsylvania - | Signature o | of Person Submi | tting report | |
| Signature | 일 # 도 | 70 87 1 | iichael Litionel | Printed Name | <u> </u> | _ |
| My Commission expires 07 31 2023 | y31, 20 192344 15n of No | FT '_1 | 814 3972411 | | | |
| MO. DAY YR. | ly 31, 2023 292344 ibn of Notar | ary S | ea Code | Dayt | ime Telephone Numbe | r |
| Part II- If this is a report of a Candidate's Authorized Co I swear (or affirm) that to the best of my knowledge and | mmitten, candid | | | provisions of th | ne Act of June 3, 1937 (F | P.L. 1333, NO.320) as |
| amended. Sworn to and subscribed before me this | | | | | | ļ |
| day of 20 | • 4 | | | | | |
| | 1. | | Signa | ature of Candid | ate | |
| Signature | , | | P | Printed Name | | |
| My Commission expires MO. DAY YR. | | An | ea Code | Daytiı | me Telephone Number | |
| | | | | | | |

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) | \$ |
| 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) | \$ |
| 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) | \$ |
| 4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E) | |
| Total for the reporting period (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) | \$ |

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 Identificatio | m-wumber | | | | |
|------------------------------|---------------------------|--------------|--|----------------------|--|
| | | | | | Amount |
| Full Name of G | ontributing | | | Date [MM/DD/YYYY] \$ | 163 |
| Committee | | | | 9. | |
| House # | Street Address | | | Date [MM/DD/YYYY] \$ | |
| | | | | | |
| City | [15 x 36 x 47 7 A | State | Zip Code | Date [MM/DD/YYYY] \$ | <u>-</u> |
| | | | - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 | | |
| Full Name of Co | ontributing | , | Date [MM/DD/YYYY] \$ | 4 | |
| Committee | | | | | |
| House# | Street Address | | | Date [MM/DD/YYYY] \$ | , The second sec |
| | | | | | |
| City | Parada and Albanda | State | Zip Code | Date [MM/DD/YYYY] \$ | |
| x275000 2002.0 | | | | | |
| Full Name of Co | intributing | Margarith (A | Provide Control (See Fig. 4) | Date [MM/DD/YYYY] \$ | · |
| Committee | | | | <u> </u> | |
| House # | Street Address | | | Date [MM/DD/YYYY] \$ | - |
| | | | | | |
| City | I in it die tot − o t o t | State | Zip Code | Date [MM/DD/YYYY] \$ | |
| Santana Avgalanda | | 1.50 | - 10 10 10 10 10 10 10 10 10 10 10 10 10 | 4.11 | |
| Full Name of Co Committee | potributing | | | Date [MM/DD/YYYY] \$ | |
| House # | Street Address | | | Date [MM/DD/YYYY] \$ | |
| | | | | [2] (4) | |
| City | <u>r was de</u> | State | Zip Code | Date [MM/DD/YYYY] \$ | 4 |
| | | | | | <u> </u> |
| Full Name of Co | ntributing | <u> </u> | - All Control of the | Date [MM/DD/YYYY] \$ | |
| Committee | | | | | |
| House # | Street Address | | | Date [MM/DD/YYYY] \$ | |
| | Sueet Audiess | | | | |
| City | | State | Zip Code | Date [MM/DD/YYYY] \$ | : |
| viji iniseri Hidasələri | | | | | |
| Full Name of Co Committee | ntributing | | | Date [MM/DD/YYYY] \$ | |
| House # | Street Address | | A CONTRACTOR OF THE CONTRACTOR | Date [MM/DD/YYYY] \$ | |
| | | | | | |
| City | 1 1757 et e 19 et el. | 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:

| Valendrah (b. 18 | San Jatha de Sat | | | | | |
|------------------|---------------------------------|------------------------|-----------------------------|--|---|----------|
| | | | | | | |
| Full Name of Cor | itributor | • . | | Date [MM/DD/YYYY] | \$ | e i |
| | J. Michael | Lindner | | 04/02/2019 | | 100 |
| House# | House: | | | Date [MM/DD/YYYY] | \$ | |
| 2606 | | Kimberly Dr | | 04/17/2019 | | 50 |
| City | #REST SERVICE SHEET THE SET USE | State | Zip Code | Date [MM/DD/YYYY] | \$ | 205.25 |
| Erie | | PA | 16509 | 10/8/2019 | | 205.35 |
| Full Name of Cor | itributor | | | Date [MM/DD/YYYY] | 15 | |
| | | | ı | | | |
| House# | Street Addre | ŠS | | Date [MM/DD/YYYY] | \$ | |
| | | 5. 설 (4.1) (2.1) | | | 160 | |
| City | <u> </u> | State | Zip Code | Date [MM/DD/YYYY] | 5 | |
| | | | | Exercise Control of the Control of t | | |
| Full Name of Cor | itributer | [SASTES SASS] | Name and Association of | Date [MM/DD/YYYY] | \$ | |
| | | | | | | |
| House# | Street Addre | • | | Date [MM/DD/YYYY] | \$ | |
| | | | | | 18 | |
| City | | State | Zip Code | Date [MM/DD/YYYY] | \$ | |
| | | | 1 | | | |
| Full Name of Cor | tributor | (1986 of cap. 173) | \$10,000 do \$10,000 (1997) | Date [MM/DD/YYYY] | \$ | |
| | | | | 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1 | | |
| House# | Street Addres | SS | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | |
| City | | State | Zip Code | Date [MM/DD/YYYY] | \$ | |
| | | | | | 1377 | |
| Full Name of Con | itributor | | | Date [MM/DD/YYYY] | \$. | |
| | | | | | | |
| House# | Street Addres | ss | | Date [MM/DD/YYYY] | \$ | |
| | | 第 3 | | w the state of the | | |
| City | <u> </u> | State | Zip Code | Date [MM/DD/YYYY] | \$ | |
| | | | | COLOR DE MENTO DE CONTRACTOR D | 4 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | , |
| Full Name of Con | itributor | 74-19-1-19-1-1 | and we consider a second To | Date [MM/DD/YYYY] | \$ | |
| | | | | garanta, a garanana kata da a a a a a a a a a a a a a a | | |
| 'House # | Street Addres | ss | | Date [MM/DD/YYYY] | \$ | - |
| | | | | | | |
| City | | State | Zip Code | Date [MM/DD/YYYY] | \$ | <u> </u> |
| | | | | the state of the section of the Conf. | 1 | |

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.

| Full Name of Contributing Committee: | | | Date [MM/DD/YYYY] \$ | |
|---|---------------------|---|---------------------------|---------------------------------------|
| House # Street Add | dress | | Date [MM/DD/YYYY] \$ | |
| City | State | Zip Code | Date [MM/DD/YYYY] 5 | |
| Füll Name of Contil puting Committee | 國際機能達成 | | Date [MM/DD/YYYY] \$ | ·········· |
| House#: Street Add | dress | *** | Date [MM/DD/YYYY) \$ | |
| Gōy. | State | Zip Code | Date [MM/DD/YYYY] 5 | |
| ###################################### | 15 20 Sec. 25 (15) | SA STANDARDA PARA PARA PARA PARA PARA PARA PARA | Date:[IMM//DD//YYYY] | |
| Gontabuting Committee House # Street Add | dress | ··· | Date [MM/DD/YYYY] 75 | - |
| G ty: | State | Zip Code | Date:[MM/DD/YYYY] \$ | |
| | | AF NOVAS | S. A. | |
| Full(Name: of Contributing: Committee | | | Date:[MM/DD/YYYY) \$\$ | |
| House# Street Add | ress | | Date [MM/DD/YYYY] \$ | |
| Gtty | State | Zip Code | Date [MM/DD/YYYY] \$ | |
| Full;Name of Contributing Committee | | | Date [MM/DD/XYYY] \$ | |
| (Rouse)# Street Add | ress | | Date [MM/DD/YYYY] S | |
| City. | State | Zip Code | Date [MM/DD/YYYY] \$ | · · · · · · · · · · · · · · · · · · · |
| Full Name of Contributing Committee | | II annexes a. | Date [MM/,DD/YYYY] S | |
| House# Street Add | | | Date [MM/DD/YYYYY] \$ | |
| (City) | State | Zip Code | Date [MM/DD/YYYY] S | |
| TARE | Biological Company | | 1 | |

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, J. Michael Linds House # 2606 Street Address Kin City Erie Employer Name Employer Mailing Address / Principal Place of Business Full Name of Contributor House # Street Address | nberly Dr State PA | Zip Code 16509 | Date [MM/DD/YYYY] \$ 597.84 Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Occupation |
|--|---------------------------------------|---|--|
| Zity Erie Employer Name Employer Mailing Address / Principal Place of Business Eul! Name of Contributor | State | | Date [MM/DD/YYYY] \$ |
| City Erie Employer Name Employer Mailing Address / Principal Place of Business Full Name of Contributor | State | | Occupation |
| Employer Name Employer Mailing Address / Principal Place of Business Eull Name of Contributor | | | Occupation |
| Errie Employer Name Employer Mailing Address / Principal Place of Business Eull Name of Contributor | PA | 16509 | |
| Employer Mailing Address / Principal Place of Business Full Name of Contributor | | | |
| Principal Place of Business Full Name of Contributor | | | Date [MM/DD/YYYY] \$ |
| Full Name of Contributor | | | Date [MM/DD/YYYY] \$ |
| | | | Date [MM/DD/YYYY] \$ |
| House# Street Address | | | |
| House # Street Address | | | (A.S.) |
| 77700008.3 - A.J. From Programme 1775.1 | | | Date [MM/DD/YYYY] \$ |
| | | | |
| City | State | Zip Code | Date [MM/DD/YYYY] \$ |
| | | | 94 14 10 14 10 14 |
| Employer Name | Land 1 | | Occupation |
| Employer Mailing Address / | | | Buckey Control 1 |
| Principal Place of Business | | | |
| Füll Name of Contributor | | | Date [MM/DD/YYYY] \$ |
| | | | (2.2%) (2.2%) (3.2%) |
| 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 | | 111-1-11 | Date [MM/DD/YYYY] \$ |
| | | | |
| House # Street Address | | , | Date [MM/DD/YYYY] \$ |
| | | | |
| 5 (5 (5 (5 (5 (5 (5 (5 (5 (5 (5 (5 (5 (5 | State | Zip Code | Date [MM/DD/YYYY] \$ |
| City | Jiale | zip code | pate him/po/11111 |
| Control of the contro | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | Occupation |
| Employer Name | | | Occupation |

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 | 10er | | · | |
|--------------------------|--|--|---------------------------------------|--|
| Füll Name | HICTORIES | ************************************** | | |
| 拼 ö üse:# | Street Address | | | من مجمع المستخدين المستخدم المست |
| City | | State | Żip Code | Date [MM/DD/YYYY] \$ |
| Receipt Description | | 68/66/62 | | |
| FülliName | 132.246.13 (* 13.246.13) | ٠. | | |
| House# | Street Address | L = 1 ft restort of | L Aller | |
| City | | State | Zip Gode | Date [MM/DD/YYYY] \$ |
| Receipt Description | | | | |
| lFülliNäme !House'# | Street Address | | | |
| Gitý: | | State | Zip | Date [MM/DD/YYYY] \$ |
| | | | Code | |
| Receipt Description | ANTENIA SA | | | |
| EuliName House# | Street Address | | | |
| Teify | | State | Zip | Date [MM/DD/YYYY] \$ |
| Receipt Description- | | | Code | |
| Füll Name | | | · · · · · · · · · · · · · · · · · · · | |
| House# | Street Address | | | |
| ety: | | State | Zip Code | Date [MM/DD/YYYY] \$ |
| Receipt Description | | | | |
| Füll Name | | | | ··· |
| House# | Street Address | lega salegares l | Pr → 10 a.m. 100 + 1 | The state of the s |
| 751120) | | State | Zip Code | Date [MM/DD/YYYY] \$ |
| Receipt Description | クランド (第一名) (1000 / 2 | | | |

SCHEDULE !!

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: | | | |
|---|---------------------------|-------------------|----------|
| | | | - 20 mil |
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS: | | | |
| TOTAL for the reporting period (1 | 1) | \$ | |
| 2. :: IN-KIND CONTRIBUTIONS RECEIVED-VAI | .UE OF \$50,01 TO \$250.0 | .00 (FROM PART F) | |
| TOTAL for the reporting period (2 | 2) | \$ | Terkit. |
| 3. IN-KIND CONTRIBUTION RECEIVED VALU | UE OVER \$250.00 (FROM | v.part's) | |
| TOTAL for the reporting period (3 | 3) | \$ | - |
| | | | _ |
| TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURIN PERIOD (Add and enter amount totals from boxes on Page 1, Report Cover Page, Item F) | • | \$ | |

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

| | | • • | · | |
|--|--|----------------------|---|---------------|
| Filer dentification Number: | | | | |
| Industrial de Constantes (Indiana de Laboration de Constantes de Constan | 233 | | | |
| Full Name of Gontributor | | | Date [MM/DD/YYYY] \$ | |
| 3005-3013/10 (2015) | | | 55 222 MALE 15 55 ANY MALE 1822 | |
| House# Str | eet Address | | Date [MM/DD/YYYY] ; \$ | |
| Gity | State | Zip Code | Date [MM/DD/YYYY] \$ | |
| | | | | |
| Description of Contributi | ön: | | | |
| Full/Name of Gontributor | | | Date [MM/DD/YYYY] \$: | |
| Marie Carlos | (A) (A) (A) (A) (A) (A) (A) (A) (A) (A) | | 200 22 21 M 1 2 7 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | |
| | eet Address | | "Date [MM/DD/YYYY] \$ | |
| (dity) | State | Zip Code | Date [MM/DD/YYYY] (\$: | . |
| | | | | |
| Description of Contribution | on. | | | |
| Füll Name of Contributor | | | Date [MM/DD/YYYY] \$ | |
| The second leaves | S S S S S S S S S S S S S S S S S S S | | BY ING INDUSTRA | |
| House# Str | eet/Address | | Date [MM/DD/YYYY] \$ | |
| Giby (| State | Zip Code | Date [MM/DD/YYYYY] \$5 | |
| | | | Visit Co. | |
| Description of Contribution | | | Policywood and the separation and transport and | |
| Full Name of Contributor | | | Date [MM/DD/YYYY]; (\$. | |
| iHouse# Str. | eet Address | | Date [MM/DD/YYYY] \$ | |
| | | | | |
| City | "Stäte | Zip Code | Date [MM/DD/YYYY] S | |
| Description of Contribution | jni vasa sa | er akaista Akki ta A | | |
| Full Name of Contributor | | | Date [MM/DD/YYYY] \$\ | |
| Main Maine DI CONTIBUTOR | | | Porc Hanal Dollar 1911 3 | |
| iHouse# Stn | eet/Address | | Date [MM/DD/YYYY] S | |
| | | | | |
| City | State | Zip Code | Date [MM/DD/YYYY] \$ | |

Description of Contribution

SCHEDULE II

Part G

In-Kind Contributions Received

VALUE OVER \$250

| Filer Identification Number: | | | | |
|-----------------------------------|---|--------------|----------------------|--|
| | | | | |
| Full Name of Contributor | <u></u> | | Date [MM/DD/YYYY] \$ | |
| | | | | |
| House # Street Addr | ess | 0.000 | Date [MM/DD/YYYY] \$ | |
| | 통점 취취 | | | |
| Gity | State | Zip Code | Date [MM/DD/YYYY] \$ | |
| | | | | |
| Employer Name | | | Occupation | |
| Employer Mailing Address / Princi | pal | | Description | |
| Place of Business | | | of Contribution | |
| Full Name of Contributor | (ARINE A1 | | Date [MM/DD/YYYY] \$ | |
| | | | | |
| House# Street Addre | ess | | Date [MM/DD/YYYY] 5 | |
| | | | | |
| City | State | Zip Code | Date [MM/DD/YYYY] \$ | |
| | | | | |
| Employer Name | | Occupation . | | |
| Employer Mailing Address / Princi | pal | Description | | |
| Place of Business | | | of Contribution | |
| Full Name of Contributor | for the first of the | | Date [MM/DD/YYYY] \$ | |
| | | | | |
| House # Street Addre | ess | | Date [MM/DD/YYYY] \$ | |
| | | | | |
| City | State | Zip Code | Date [MM/DD/YYYY] \$ | |
| | | | | |
| Employer Name | | | Occupation | |
| Employer Mailing Address / Princi | pal | | Description | |
| Place of Business | 9.109 (5.40) 1. 190 (19.4) 1. 19.10 (19.5) | | of Contribution | |
| Full Name of Contributor | b is the explorated | | Date [MM/DD/YYYY] \$ | |
| | | | | |
| House # Street Addr | ess | , i | Date [MM/DD/YYYY] \$ | |
| | North North | | | |
| City | State | Zip Code | Date [MM/DD/YYYY] \$ | |
| | | | | |
| Employer Name | | | Occupation | |
| Employer Mailing Address / Princi | pal | | Description of | |
| Place of Business | 1996 - 1997 - 1998 1988 - 1998 1988 - 1998 - 1998 | | Contribution | |

Statement of Expenditures

| · | |
|-----------------------------|--|
| | |
| Filecidentification Number: | |
| | |

| To Whom Paid | | | | Date [MM/DD/YYYY] \$ |
|--|--|-----------------|-----------------------------|--|
| | R Frank Photography | | | 04/03/2019 |
| House # 2199 | Street Address Fo | oxboro Ct. | | . Description, of Expenditure |
| City Erie | | State PA | Zip Code 16510 | Social Media Photographs |
| To Whom Paid | DeCastic Class 9 Cast | shier in a | The production had believed | Date [MM/DD/YYYY] S |
| | DeSantis Signs & Grap | onics inc. | | 04/02/2019 597.48 |
| House # 540 | Street Address W | est 18th Street | | Description of Expenditure |
| Gity Erie | | State PA | Zip Gode 16502 | Campaign yard signs |
| To Whom Paid | Community Access M | edia | | Date [MM/DD/XXXX] S |
| Contractions | | Cuie | | 4/17/2019 |
| House # 142 | Street Address We | est 12th Street | | Description of Expenditure: |
| City Erie | | State PA | Zip Code 16501 | Candidate Media Segment |
| To Whom Paid | PrintPlace.com | | | Date [MM/DD/XXYYY] 5 |
| 1 50 50 60 60 60 60 60 60 60 60 60 60 60 60 60 | | | | 10/08/2019 |
| House# 1130 | Street Address | 30 Ave H East | | Description of Expenditure |
| City Arlington | | State TX | Zip Code 76011 | Campaign door hangers |
| To Whom Paid | | | | Date [[MM/DD/YYYY]] \$ |
| House# | Street Address | | | Description of Expenditure |
| City | Theory of Control | State | Zip Code | Constitution of the consti |
| To Whom Raid | | | | Date [MM/DD/YYYY] \$ |
| House # | Street Address | | | Description of Expenditure |
| Gity | Marith Policies 18 November 2011 | State | Zip Code | STEED FOR THE STEED TO SEE THE STEED |
| Tio Whom Paid | 70 1 5 1 1 1 1 2 1 | • | | Date:[MM/DD/YYYY] \$ |
| House# | Street Address | | | Description of Expenditure |
| Gity | | State | Zip Gode | |
| To Whom Paid | | | | Date [MM/DD/YYYY] S |
| House # | Street Address | | | Description of Expenditure. |
| City | pe for the property of the state of the stat | 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:

| | | | · · · · · · · · · · · · · · · · · · · | |
|--|---|---------------------------------------|---------------------------------------|--|
| and a second of the second | - Makka ang kasasa | | · | 1 7 - Tool Security obeyed (2.7 all to the security of the con- |
| Name of Credito | . นักเกาะ เพื่อนอกให้ | <u></u> | | Outstanding Balance of Debt |
| House# | Street Address | | DATE DEBT INCURRED [MM/DD/YYYY] | |
| | | | TANANGO PARTITI | |
| City | | State | Zip | |
| resident som | | | Code | (A. V.) (A. V.) |
| Description of D | ebt | | | |
| A STOREGE STATE OF THE STATE OF | | · · · · · · · · · · · · · · · · · · · | | Herizandin to the least of the country of the section of the country of the count |
| Name of Credito | | | | Outstanding Balance of Debt |
| House# | Street Address | | DATE DEBT INCURRED | \$ |
| | | | [MM/DD/YYYY] | |
| City | | State | Zip | - - |
| Converse constant | | | Code | 10.24 |
| Description of De | ebt | | | |
| | | | | |
| Name of Credito | | | | Outstanding Balance of Debt |
| House # | Street Address | - | DATE DEBT INCURRED | |
| | | - | [MM/DD/YYYY] | 기 (소.).) 4 (1994년) |
| | | | | |
| City | 150 (89 (156 (156)) 16 (15 (15)) | State | Zip | |
| Description of De | 26t | <u>[, , , , , ,]]</u> | Code | |
| s and the visit of the | | | | |
| Name of Credito | Editory (Attorney) For all the Control On the Control | | | Outstanding Balance of Debt |
| House# | Street Address | | DATE DEBT INCURRED | \$ |
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