



Reset Form

Print Form

Commonwealth of Pennsylvania - Campaign Finance Report

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

| | | | | | | | | | |
|--|---------------------------------------|---------------------------------------|--|--|--------------------------|--------------------------|---|------------------------------|--------------------------|
| Filer Identification Number | Report Filed By (Mark X) | Candidate | <input checked="" type="checkbox"/> | Committee | <input type="checkbox"/> | Lobbyist | <input type="checkbox"/> | | |
| Name of Filing Committee, Candidate or Lobbyist | | LYNDA MEYER | | | | | | | |
| Street Address | | 5362 LINGER ROAD | | | | | | | |
| City | ERIE | State | PA | Zip Code | 16510 | | | | |
| Type of Report (Place x under report type) | | | | | | | | | |
| 1- 6 th Tuesday Pre-Primary | 2- 2 nd Friday Pre-Primary | 3- 30 Day Post Primary | 4- 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 | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Date Of Election (MM/DD/YYYY) | | 11/4/2019 | | Year | 2019 | Amendment Report | <input type="checkbox"/> | Termination Report | <input type="checkbox"/> |
| Summary of Receipts and Expenditures | | From Date | To Date | For Office Use Only | | | | | |
| | | 6/11/19 | 10/21/19 | 2019 OCT 22 PM 3:48 ERIE COUNTY VOTER REGISTRATION | | | | | |
| A. Amount Brought Forward From Last Report | | \$ | - 400.00 | | | | | | |
| B. Total Monetary Contributions and Receipts (From Schedule I) | | \$ | 5375.00 | | | | | | |
| C. Total Funds Available (Sum of Lines A and B) | | \$ | 4975.00 | | | | | | |
| D. Total Expenditures (From Schedule III) | | \$ | 4853.30 | | | | | | |
| E. Ending Cash Balance (Subtract Line D from Line C) | | \$ | 121.70 | | | | | | |
| F. Value of In-Kind Contributions Received (From Schedule II) | | \$ | 800.00 | | | | | | |
| G. Unpaid Debts and Obligations (From Schedule IV) | | \$ | | | | | | | |
| Affidavit Section | | | | | | | | | |
| Part I- If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here. | | | | | | | | | |
| I swear (or affirm) that this report, including the attached schedule on paper, is to the best of my knowledge and belief true, correct and complete. | | | | | | | | | |
| Sworn to and subscribed before me this | | | | | | | | | |
| 22 nd day of October 20 19 | | | | | | | | | |
| Lonia Hernandez | | Lynda D. Meyer | | | | | | | |
| Signature | | Signature of Person Submitting report | | | | | | | |
| My Commission expires 4-3-23 | | Lynda D. Meyer | | | | | | | |
| MO. DAY YR. | | Printed Name | | | | | | | |
| | | 814 881-9889 | | | | | | | |
| | | Area Code Daytime Telephone Number | | | | | | | |
| Part II- If this is a report of a Candidate's Authorized Committee, candidate sign here. | | | | | | | | | |
| I swear (or affirm) that to the best of my knowledge and belief this report 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____ | | | | | | | | | |
| _____ | | _____ | | | | | | | |
| Signature | | Signature of Candidate | | | | | | | |
| My Commission expires _____ | | _____ | | | | | | | |
| MO. DAY YR. | | Printed Name | | | | | | | |
| | | Area Code Daytime 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) | \$ | 2485.00 |
| 2. Contributions of \$50.01 to \$250.00 (From Part A and Part B) | | | |
| Contributions Received from Political Committees (Part A) | | \$ | 250.00 |
| All Other Contributions (Part B) | | \$ | 1540.00 |
| Total for the reporting period | (2) | \$ | 1790.00 |
| 3. Contributions Over \$250.00 (From Part C and Part D) | | | |
| Contributions Received from Political Committees (Part C) | | \$ | - 0 - |
| All Other Contributions (Part D) | | \$ | 1100.00 |
| Total for the reporting period | (3) | \$ | 1100.00 |
| 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 Identification Number | |
|-----------------------------|--|

| Full Name of Contributing Committee | | | | | | Date (MM/DD/YYYY) | Amount |
|-------------------------------------|------|----------------|--------------|----------|-------|-------------------|--------|
| FRIENDS OF HYLE FOLST | | | | | | 10/18/2019 | 250.00 |
| House # | 3823 | Street Address | STATION ROAD | | | | |
| City | Erie | State | PA | Zip Code | 16510 | | |
| | | | | | | | |
| | | Street Address | | | | | |
| | | State | | Zip Code | | | |
| | | | | | | | |
| | | Street Address | | | | | |
| | | State | | Zip Code | | | |
| | | | | | | | |
| | | Street Address | | | | | |
| | | State | | Zip Code | | | |
| | | | | | | | |
| | | Street Address | | | | | |
| | | State | | Zip Code | | | |
| | | | | | | | |
| | | Street Address | | | | | |
| | | State | | Zip Code | | | |
| | | | | | | | |
| | | Street Address | | | | | |
| | | State | | Zip Code | | | |

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: | | | | | | | | | |
| Full Name of Contributor | | DAVID DENNISON | | | | Date [MM/DD/YYYY] | \$ | 100. - | |
| House # | 3047 | Street Address | | W. 34TH ST. | | Date [MM/DD/YYYY] | \$ | | |
| City | ENUE | State | PA | Zip Code | 16506 | Date [MM/DD/YYYY] | \$ | | |
| Full Name of Contributor | | LORI GIBBONS | | | | Date [MM/DD/YYYY] | \$ | 200. - | |
| House # | 225 | Street Address | | FOREST DRIVE | | Date [MM/DD/YYYY] | \$ | | |
| City | ENUE | State | PA | Zip Code | 16505 | Date [MM/DD/YYYY] | \$ | | |
| Full Name of Contributor | | SHERI HEASLEY | | | | Date [MM/DD/YYYY] | \$ | 100. - | |
| House # | 3263 | Street Address | | DEPOT STREET | | Date [MM/DD/YYYY] | \$ | | |
| City | ENUE | State | PA | Zip Code | 16570 | Date [MM/DD/YYYY] | \$ | | |
| Full Name of Contributor | | MARY WIER | | | | Date [MM/DD/YYYY] | \$ | 100. - | |
| House # | 7788 | Street Address | | EAST DRIVE | | Date [MM/DD/YYYY] | \$ | | |
| City | ENUE | State | PA | Zip Code | 16511 | Date [MM/DD/YYYY] | \$ | | |
| Full Name of Contributor | | DAVID RHODES | | | | Date [MM/DD/YYYY] | \$ | 100. - | |
| House # | 5521 | Street Address | | REESE ROAD | | Date [MM/DD/YYYY] | \$ | | |
| City | ENUE | State | PA | Zip Code | 16570 | Date [MM/DD/YYYY] | \$ | | |
| Full Name of Contributor | | JEFF SUESS | | | | Date [MM/DD/YYYY] | \$ | 115. - | |
| House # | 4365 | Street Address | | COOPER | | Date [MM/DD/YYYY] | \$ | | |
| City | ENUE | State | PA | Zip Code | 16570 | 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: | | | | | | | | | |
| Full Name of Contributor | | CHRISTINE HOOVER | | | | Date [MM/DD/YYYY] | | \$ 100. - | |
| House # | 3953 | Street Address | | LEPRECHAUN LANE | | Date [MM/DD/YYYY] | | \$ | |
| City | EMU | State | PA | Zip Code | 16570 | Date [MM/DD/YYYY] | | \$ | |
| Full Name of Contributor | | PATRICK WOLL | | | | Date [MM/DD/YYYY] | | \$ 75.00 | |
| House # | 2054 | Street Address | | TIMBERLANE | | Date [MM/DD/YYYY] | | \$ | |
| City | HARBOLCHER | State | PA | Zip Code | 16401 | Date [MM/DD/YYYY] | | \$ | |
| Full Name of Contributor | | B. JEAN AMES | | | | Date [MM/DD/YYYY] | | \$ 150. - | |
| House # | 3844 | Street Address | | HAMILTON ROAD | | Date [MM/DD/YYYY] | | \$ | |
| City | EMU | State | PA | Zip Code | 16570 | Date [MM/DD/YYYY] | | \$ | |
| Full Name of Contributor | | PATRICIA GRAFF | | | | Date [MM/DD/YYYY] | | \$ 100. - | |
| House # | 5335 | Street Address | | WINTERBERRY LANE | | Date [MM/DD/YYYY] | | \$ | |
| City | EMU | State | PA | Zip Code | 16570 | Date [MM/DD/YYYY] | | \$ | |
| Full Name of Contributor | | DOMS CIPOWA | | | | Date [MM/DD/YYYY] | | \$ 100. - | |
| House # | 8640 | Street Address | | EAST LANE ROAD | | Date [MM/DD/YYYY] | | \$ | |
| City | EMU | State | PA | Zip Code | 16571 | Date [MM/DD/YYYY] | | \$ | |
| Full Name of Contributor | | BLIAN MEYER | | | | Date [MM/DD/YYYY] | | \$ 100. - | |
| House # | 915 | Street Address | | BONNIE BRAE | | Date [MM/DD/YYYY] | | \$ | |
| City | EMU | State | PA | Zip Code | 16571 | 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.)

| | |
|-------------------------------|--|
| Filler Identification Number: | |
|-------------------------------|--|

| | | | | | | | | | |
|--------------------------|------|----------------|----|-----------------|-------|-------------------|------------|----|--------|
| Full Name of Contributor | | | | LYNNE DIPLACIDO | | Date [MM/DD/YYYY] | 10/5/2019 | \$ | 100. — |
| House # | 4224 | Street Address | | KNIPPER AVE | | Date [MM/DD/YYYY] | | \$ | |
| City | EMU | State | PA | Zip Code | 16510 | Date [MM/DD/YYYY] | | \$ | |
| Full Name of Contributor | | | | DEANNA HEASLEY | | Date [MM/DD/YYYY] | 10/10/2019 | \$ | 100. — |
| House # | 5367 | Street Address | | KRAZER STREET | | Date [MM/DD/YYYY] | | \$ | |
| City | EMU | State | PA | Zip Code | 16510 | Date [MM/DD/YYYY] | | \$ | |
| Full Name of Contributor | | | | | | Date [MM/DD/YYYY] | | \$ | |
| House # | | Street Address | | | | Date [MM/DD/YYYY] | | \$ | |
| City | | State | | Zip Code | | Date [MM/DD/YYYY] | | \$ | |
| Full Name of Contributor | | | | | | Date [MM/DD/YYYY] | | \$ | |
| House # | | Street Address | | | | Date [MM/DD/YYYY] | | \$ | |
| City | | State | | Zip Code | | Date [MM/DD/YYYY] | | \$ | |
| Full Name of Contributor | | | | | | Date [MM/DD/YYYY] | | \$ | |
| House # | | Street Address | | | | Date [MM/DD/YYYY] | | \$ | |
| City | | State | | Zip Code | | Date [MM/DD/YYYY] | | \$ | |
| Full Name of Contributor | | | | | | Date [MM/DD/YYYY] | | \$ | |
| House # | | Street Address | | | | Date [MM/DD/YYYY] | | \$ | |
| 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:

| | | | | | | | |
|--|------|-----------------------------------|----|----------|-------------------|-------------------|--------|
| Full Name of Contributor | | MARLENE & ED MEYER | | | Date [MM/DD/YYYY] | \$ | 700. - |
| House # | 7008 | Street Address | | | SANDY TRAIL | Date [MM/DD/YYYY] | \$ |
| City | EMU | State | PA | Zip Code | 16570 | Date [MM/DD/YYYY] | \$ |
| Employer Name | | N/A | | | Occupation | RETIRED | |
| Employer Mailing Address / Principal Place of Business | | N/A | | | | | |
| Full Name of Contributor | | DALE ROTH | | | Date [MM/DD/YYYY] | \$ | 400. - |
| House # | 5735 | Street Address | | | EAST LAKE ROAD | Date [MM/DD/YYYY] | \$ |
| City | EMU | State | PA | Zip Code | 16571 | Date [MM/DD/YYYY] | \$ |
| Employer Name | | ROTH LLC | | | Occupation | ARCHITECT | |
| Employer Mailing Address / Principal Place of Business | | 5735 EAST LAKE ROAD, EMU PA 16571 | | | | | |
| 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 | | | | | | | |

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: | |
|------------------------------|--|

| | | |
|---|-----|--|
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.00 OR LESS PER CONTRIBUTOR | | |
| TOTAL for the reporting period | (1) | <div style="display: flex; align-items: center;"> <div style="border-right: 1px solid black; padding-right: 5px;">06/11/2019 - 10/21/2019</div> <div style="padding-left: 5px;">\$ 800.00</div> </div> |

| | | |
|--|-----|--|
| 2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.00 (FROM PART F) | | |
| TOTAL for the reporting period | (2) | <div style="display: flex; align-items: center;"> <div style="border-right: 1px solid black; padding-right: 5px;"></div> <div style="padding-left: 5px;">\$</div> </div> |

| | | |
|--|-----|--|
| 3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART G) | | |
| TOTAL for the reporting period | (3) | <div style="display: flex; align-items: center;"> <div style="border-right: 1px solid black; padding-right: 5px;"></div> <div style="padding-left: 5px;">\$</div> </div> |

| | | |
|---|--|---|
| TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F) | | <div style="display: flex; align-items: center;"> <div style="border-right: 1px solid black; padding-right: 5px;"></div> <div style="padding-left: 5px;">\$ 800.00</div> </div> |
|---|--|---|

SCHEDULE III
Statement of Expenditures

Filer Identification Number:

| | | | | | | | | |
|--------------|------|---------------------------|-------------------|----------|----------------------------|------------|-----------------|---------|
| To Whom Paid | | Grimms Embroidery | | | Date (MM/DD/YYYY) | 07/25/2019 | \$ | 678.40 |
| House # | 4751 | Street Address | BUFFALO ROAD | | Description of Expenditure | | | |
| City | EME | State | PA | Zip Code | 16570 | | CAR DECALS | |
| To Whom Paid | | Grimms Embroidery | | | Date (MM/DD/YYYY) | 08/06/2019 | \$ | 805.50 |
| House # | 4751 | Street Address | BUFFALO ROAD | | Description of Expenditure | | | |
| City | EME | State | PA | Zip Code | 16570 | | T-SHIRTS | |
| To Whom Paid | | DESANTIS SIGNS & GRAPHICS | | | Date (MM/DD/YYYY) | 08/16/2019 | \$ | 237.44 |
| House # | 540 | Street Address | WEST 18TH STREET | | Description of Expenditure | | | |
| City | EME | State | PA | Zip Code | 16502 | | YARD SIGNS | |
| To Whom Paid | | LOWES HOME CENTERS | | | Date (MM/DD/YYYY) | 08/19/2019 | \$ | 49.22 |
| House # | 1930 | Street Address | KEYSTONE DRIVE #2 | | Description of Expenditure | | | |
| City | EME | State | PA | Zip Code | 16509 | | UMBER FOR SIGNS | |
| To Whom Paid | | STAPLES | | | Date (MM/DD/YYYY) | 08/26/2019 | \$ | 160.03 |
| House # | 1912 | Street Address | KEYSTONE DRIVE | | Description of Expenditure | | | |
| City | EME | State | PA | Zip Code | 16509 | | PRINTING | |
| To Whom Paid | | WALMART | | | Date (MM/DD/YYYY) | 09/05/2019 | \$ | 21.55 |
| House # | 2711 | Street Address | EM STREET | | Description of Expenditure | | | |
| City | EME | State | PA | Zip Code | 16504 | | ENVELOPES | |
| To Whom Paid | | SCOTT ELECTRIC | | | Date (MM/DD/YYYY) | 09/23/2019 | \$ | 42.08 |
| House # | 1840 | Street Address | EAST 10TH STREET | | Description of Expenditure | | | |
| City | EME | State | PA | Zip Code | 16511 | | SUPPLIES | |
| To Whom Paid | | DESANTIS SIGNS & GRAPHICS | | | Date (MM/DD/YYYY) | 9/10/2019 | \$ | 1548.66 |
| House # | 540 | Street Address | WEST 18TH STREET | | Description of Expenditure | | | |
| City | EME | State | PA | Zip Code | 16502 | | YARD SIGNS | |

SCHEDULE III
Statement of Expenditures

Filer Identification Number:

| | | | | | | | |
|--------------|----------------------|----------------|--------------------|----------|----------------------------|----------------------|--------|
| To Whom Paid | USPS | | | | Date (MM/DD/YYYY) | \$ | 165.00 |
| House # | 2108 | Street Address | E 38th STREET | | Description of Expenditure | | |
| City | EMU | State | PA | Zip Code | 16515 | POSTAGE | |
| To Whom Paid | HOME DEPOT | | | | Date (MM/DD/YYYY) | \$ | 8.24 |
| House # | 7451 | Street Address | PEACH STREET | | Description of Expenditure | | |
| City | EMU | State | PA | Zip Code | 16509 | SUPPLIES | |
| To Whom Paid | GIANT EAGLE | | | | Date (MM/DD/YYYY) | \$ | 165.00 |
| House # | 4665 | Street Address | BUFFALO ROAD | | Description of Expenditure | | |
| City | EMU | State | PA | Zip Code | 16570 | POSTAGE | |
| To Whom Paid | USPS | | | | Date (MM/DD/YYYY) | \$ | 33.00 |
| House # | 2108 | Street Address | EAST 38th STREET | | Description of Expenditure | | |
| City | EMU | State | PA | Zip Code | 16515 | POSTAGE | |
| To Whom Paid | SAMS CLUB | | | | Date (MM/DD/YYYY) | \$ | 59.54 |
| House # | 2200 | Street Address | PEACH STREET | | Description of Expenditure | | |
| City | EMU | State | PA | Zip Code | 16509 | COOKIES - FUNDRAISER | |
| To Whom Paid | HARBOR VIEW GRILL | | | | Date (MM/DD/YYYY) | \$ | 629.25 |
| House # | 3730 | Street Address | HARBOR RIDGE TRAIL | | Description of Expenditure | | |
| City | EMU | State | PA | Zip Code | 16570 | FOOD - FUNDRAISER | |
| To Whom Paid | DIKES SPORTING GOODS | | | | Date (MM/DD/YYYY) | \$ | 99.99 |
| House # | 30 | Street Address | TRANSPORT DRIVE | | Description of Expenditure | | |
| City | WALTON | State | KY | Zip Code | 4054 | GOLF-HOLE - RAFFLE | |
| To Whom Paid | CABLE ACCESS MEDIA | | | | Date (MM/DD/YYYY) | \$ | 50.00 |
| House # | 142 | Street Address | WEST 12th ST. | | Description of Expenditure | | |
| City | EMU | State | PA | Zip Code | 16501 | ADVERTISING | |

SCHEDULE III
Statement of Expenditures

| | |
|------------------------------|--|
| Filer Identification Number: | |
|------------------------------|--|

| | | | | | | | |
|--------------|----------------|-----------------------|----|----------|----------------------------|-------------|--------|
| To Whom Paid | | ERIC DEMOCRATIC PARTY | | | Date (MM/DD/YYYY) | \$ | 100.00 |
| House # | Street Address | P.O. BOX 1184 | | | Description of Expenditure | | |
| City | ERIC | State | PA | Zip Code | 16512 | ADVERTISING | |

| | | | | | | | |
|--------------|----------------|-------|--|----------|----------------------------|----|--|
| To Whom Paid | | | | | Date (MM/DD/YYYY) | \$ | |
| House # | Street Address | | | | Description of Expenditure | | |
| City | | State | | Zip Code | | | |

| | | | | | | | |
|--------------|----------------|-------|--|----------|----------------------------|----|--|
| To Whom Paid | | | | | Date (MM/DD/YYYY) | \$ | |
| House # | Street Address | | | | Description of Expenditure | | |
| City | | State | | Zip Code | | | |

| | | | | | | | |
|--------------|----------------|-------|--|----------|----------------------------|----|--|
| To Whom Paid | | | | | Date (MM/DD/YYYY) | \$ | |
| House # | Street Address | | | | Description of Expenditure | | |
| City | | State | | Zip Code | | | |

| | | | | | | | |
|--------------|----------------|-------|--|----------|----------------------------|----|--|
| To Whom Paid | | | | | Date (MM/DD/YYYY) | \$ | |
| House # | Street Address | | | | Description of Expenditure | | |
| City | | State | | Zip Code | | | |

| | | | | | | | |
|--------------|----------------|-------|--|----------|----------------------------|----|--|
| To Whom Paid | | | | | Date (MM/DD/YYYY) | \$ | |
| House # | Street Address | | | | Description of Expenditure | | |
| City | | State | | Zip Code | | | |

| | | | | | | | |
|--------------|----------------|-------|--|----------|----------------------------|----|--|
| To Whom Paid | | | | | Date (MM/DD/YYYY) | \$ | |
| House # | Street Address | | | | Description of Expenditure | | |
| City | | State | | Zip Code | | | |

| | | | | | | | |
|--------------|----------------|-------|--|----------|----------------------------|----|--|
| To Whom Paid | | | | | Date (MM/DD/YYYY) | \$ | |
| House # | Street Address | | | | Description of Expenditure | | |
| City | | State | | Zip Code | | | |