# Commonwealth of Pennsylvania - Campaign Finance Report

1/13

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

Filer Identification 833924470	Report Filed By (Mark X)	Candida	te	Committee		Lobbyist	
Name of Filing Committee, Candidate or Lobbyist							
Street Address	383/ 6	=/1810	ZQ.	, , ,			
chy Eaie		State	FQ.	Zip Code	14588		
Type of Report (Place x under report type)					-		
		5- 2 <sup>nd</sup> Friday	6- 30 Day Post	7- Annual	Special 2 <sup>nd</sup> Friday	Special 30 Day	
Pre-Primary Pre-Primary Primary	Pre- Election	Pres Election	Election		Pre-Election	Post-Election	
		$\mathcal{V}$					
Date Of Election 11/05/2019	Year	2019-	Amendment Report		Termination Report		
Summary of Receipts and From Date	To Date	PROFILE AND ADMITTAL TO A STATE OF THE ADMITTAL	e ta geograpia de la constanta	For	Office Use Only		
Expenditures (A) 19	bb	Mark of Charles Control	The state of the s				
A. Amount Brought Forward From Last Report		1.19.		0 724.	5	<u> </u>	
B. Total Monetary Contributions and Receipts	** <b>c</b>				<u></u>	S	
(From Schedule I) C. Total Funds Available	1 318	),00				—⊣ N>	
(Sum of Lines A and B)	\$ 278	91.19				C1	
D. Total Expenditures (From Schedule III)	\$ 45	1495			70-1	**	
E. Ending Cash Balance	\$ 204	( )- ( ')(				ÇD.	
(Subtract Line D from Line C) F. Value of In-Kind Contributions Received	\$ 200	6.24					
(From Schedule II)	1 0					(w)	
G. Unpaid Debts and Obligations (From Schedule IV)	\$ 258	88.51					
		Affidavit Sec					
Part 1- If this is a <b>Committee</b> report, treasurer sign he I swear (or affirm) that this report, including the attac	ere. If this is a <b>Candi</b> thed schedules on n	date report, car	ndidate sign here.	ge and helief tr	ue correct and complet	·	
Sworn to and subscribed before the this	oned somedates on p		724		de, correct and complet	ce.	
3 gay of 0 1 20 19	- '1	· · · · · · · · · · · · · · · · · · ·	fall o	Ustr	<i>√</i>		
COMMONWEALTH OF REMNSYLVAN			Signature of	of Person Subm	itting report		
Diane 和他ulton, Notary Public Washington Twp., Erle County	,		21.1	Printed Name	- (10.1020)		
My Commission Expires Jan. 15, 202		7	77	43	392923	<del></del>	
member, pennäylvärja associatagn of noraf		_	ea Code	Day	time Telephone Numbe	:r	
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.				provided to		12 1333, 110.323, 43	
Sworn to and subscribed before me this			ant	0			
Oday of 201 M	- '1		Mary	B. 199	anice -		
1) (anotell de			Mankign	ature of Andid	ate		
Signature		_	21/	Printed Name	1 00 00		
My Commission expires NOTARIAL SEAL	-	· >	14	<i>30</i>	4 2082		
Diane R. Pulton, Notary Públic Washington Twp., Erle County		Ar	ea Code	Dayti	me Telephone Number	i	
My Commission Expires Jan. 15, 202			<del></del>		~~~	<u>.</u>	

# SCHEDULE I Contributions and Receipts

2/13

**Detailed Summary Page** 

	**	
Filer identification Number	X 227 164 (11)	

1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor	A SANGER	
Total for the reporting period	(1)	\$ 1230.60
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		
Contributions Received from Political Committees (Part A)		\$ 450.6D
All Other Contributions (Part B)		\$ 300.00
Total for the reporting period	(2)	\$ 450.60 300.00 7.50.00
3. Contributions Over \$250.00 (From Part C and Part D)	Archives Selection of the control o	
Contributions Received from Political Committees (Part C)		\$ 1000.00
All Other Contributions (Part D)		\$ 1000.00
Total for the reporting period	(3)	\$ 1000.00 2.080.60
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, Receiver Page, Item B)		\$ 3980.80

#### 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

Filer Identification Numb	oer 7	339264-	70			
And the second s						Amount
Full Name of Contribu	ting Spea	t Lakes	BUILDING FRANCE	Date [MM/DD/YYYY]	\$	_
Committee	PAR	tice Ast	Building (pade	07/03/2019		240.00
House # 155				Date [MM/DD/YYYY]	\$	
100		ennbein	- IRIVE			
FRE		State Pd.	2ip Code / 650 G	Date [MM/DD/YYYY]	\$	
Full Name of Contribu		0-0-10	A. A.	Date [MM/DD/YYYY]	S	
Committee	ERIE	firstists	total 293	08/14/2019		250.60
House #	Street Address	$\cap$ $I \in$	<u></u>	Date [MM/DD/YYYY]	\$	
50/	A STATE OF THE PARTY OF THE PAR		4			
City ERIC		State	Zip Code 1650 8	Date [MM/DD/YYYY]	<b>'\$</b>	
Full Name of Contribu	ting 7	V 3-man 5 V 3 - 45000 (C) m/s 4	The Anti-Anti-Anti-Anti-Anti-Anti-Anti-Anti-	Date [MM/DD/YYYY]	\$	
Committee						
House #	Street Address			Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
	* Proceedings of the Control of the	A CONTRACTOR OF THE CONTRACTOR	20 Table 1 Annual Control of the Con			
Full Name of Contribut Committee	auk			Date [MM/DD/YYYY]	\$	
House #	Street Address		****	Date [MM/DD/YYYY]	S	
	The state of the s					
Clo	100000000000000000000000000000000000000	State	Zip Gode	Date [MM/DD/YYYY]	\$	
THE PARTY OF THE P		And The Control of th	The year of the Walking Control of the Control of t		2710	
Full Name of Contribut Committee	ting			Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$	
	Sheet Address			Pate Initial/DD/ (1)	. <b>د</b>	
City		State	Zip Gode	Date [MM/DD/YYYY]	\$	
Control of		A Constitution of the Cons	The second secon	AND LEADING TO BE AND AREA.		
Full Name of Contribut	ing		and Manager and Asset Service	Date [MM/DD/YYYY]	\$	
Committee			, ,,,			
House #	Street Address			Date [MM/DD/YYYY]	\$	
			· · · · · · · · · · · · · · · · · · ·	W		and the second s
City	i de la companya de l	State	Zip Code	Date [MM/DD/YYYY]	\$	

# 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.)

		 0.000000	
Filer Identification Number:	933926476		

Full Name of Contributor	Helen L. K	enrie	Date [MM/DD/YYYY] \$ 10   08   28   9	100.00
3831	eet Address  Elist	70.	Date MM/DD/YYY) \$2	<b>经验证</b>
Chy ERie	State Re	2ip Code   1658	Date [MM/DD/YYYY] \$	SSSESSI CATALOGUE
Full Name of Contributor	Michael 5-4 cet Address Steppet	fah nei	07/10/2019.	200.00.
House # 4621 Str	eet Address Steppet	tania PD.	Date [MM/DD/YYYY] \$	CONTRACTOR AND
Epic Epic	State Pe	Zip Code [4506.	Date [MM/DD/YYYY] \$	The second secon
Full Name of Contributor			Date [MM/DD/YYYY] \$	and the second s
House # Stre	eet Address		Date (MIM/DD/YYYY) S	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributor	<u>1965 - 5</u> €	and the second common of the	Date [MM/DD/YYYY] \$	
House # Stre	eet Address		Date [MM/DD/YYYY] \$	The state of the s
olty,	State	Zip Code	Date [MM/DD/YYYY] \$	The state of the s
Full Name of Contributor	palament in the second		Date (MM/DD/YYYY) \$	
House # Stre	eet Address		Date [MM/DD/YYYY] \$	
Gity Side	State	Zip:Code	Date [MM/DD/YYYY] \$	
Full Name of Contributor	Position (1)	\$ Committees	*Date [MM/DD/YYYY] ***	
House # Stre	eet-Address		Date [MM/DD/YYYY] .\$	
City	State	Zip Code	Date [MM/DD/YYYY] 5	

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#### 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.

833926470

Filer Identification Number:

F-A- , -14				· · · · ·
Full Name of Pa	11.	1 0 0 1	Date MM/DD/YYYY	42
Contributing Committee Cx MMI	tte Tx 5	1 <del>&gt;0</del> 0 -01.		1000.00
contributing Committee Collins	130 (00)	led Cariffidersia	·	100
Full Name of Contributing Committee Committee  House # 38 30 Street Address	^	1	Date [MM/DD/YYYY]	
703h Street Address	) 1 B	1,5/	mare in in any state	
	apade N	(W		
	L			
City	State On	Zip Code 14584	Date [MM/DD/YYYY]	<b>7</b>
ERIE	Pa	# 14307		
	[ (	200		
Full Name of			Date [MM/DD/YYYY]	
Contributing Committee				
House # Street Address			Date [MM/DD/YYYY]	**
	English with the board of the b	Evils (17) Evilsprogrammonopologicov. 19-2 pr 1900s.		
City	State	Zip Code	Date [MM/DD/YYYY]	Section 40
30.5				
Full Name of	223	Company   Comp		77.4.100
40.000			Date [MM/DD/YYYY]	
Contributing Committee				
House # Street Address			Date [MM/DD/YYYY]	
	www.comer.proper.accept	COMPANYO - MANAGAMAY - POR IN- AND IN-		
City	State	Zip Code	Date [MM/DD/YYYY]	<b>3</b> .
	·			
Full Name of				
			Date [MM/DD/YYYY)	
Contributing Committee:			0.00	70.2
House # Street Address			Date [MM/DD/YYYY]	<b>.\$</b> ,
			8	
Citya	State	Zip Code	Date [MM/DD/YYYY]	
			ļ	
Full Name of		And the state of t	Date [MM/DD/YYYY]	\$
Contributing Committee			Date IIIII/O/OZZII BE	
Contributing Committee				
House # Street Address			Date [MM/DD/YYYY]	
Street Address			spate tonal, any result	
				AAFAA
City	State	Zip Code	Date [MM/D0/YYYY]	\$
Full Name of 🗸 💮	procedurations and the state	100-100 to	Dare [MM/DD/YYYY]	.55
Contributing Committee			Date (MINI/DD/11/11)	
Contributing Committee				
Parison I			Dota IMBA/AN //ANA/	
House # Street Address			Date [MM/DD/YYYY]	\$
	S-2-/-2"			
Gly s	State	Zip Code	Date [MM/DD/YYYY]	\$
	₽			COLUMN CO

#### 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:

Filer Identification Number:	833926476.	
Full Name of Contributor	Thomas B Hagan	09/09/2019 1000.60
House # Stree	Thomas B Hagen  Address ERie Shoverer Phai	Date [MM/DD/\\YYY] \$
City Erie	State Pc Zip Code (653)	
Employer Name  Employer Mailing Address / Principal Place of Business	Ein Som Coog 100 Epie Insue Plan E	Decupation Checkmen Evil Associated Rel 16530
Full Name of Contributor		Date (MM/pb/YYYY)
House #	t Address	Date [MM/DD/YYYY] \$
City Employer Name	State ZIp Code	Date [MM/DD/YYYY] \$
Employer Mailing Address / Principal Place of Business		Occupation
Full Name of Contributor		Date [MIM/DD/YYYY] \$-
House # Street	: Address	Date [MM/DD/YYYY] \$
City	State Zip Code	Date [MM/DD/YYYY] \$
Employer Name  Employer Mailing Address /  Principal Place of Business		Occupation
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  Employer Mailing Address /		Occupation:
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 Number:	8339249	170.		

Full Name					
runyame , )	Ź. H			/ L ~ ~	
House #	Street Address			None	
City	2017 2017 2017 2017 2017 2017 2017 2017	State :	Zip be. Code	Date [MM/DD/YYYY] \$	
Receipt Description					
Full Name				•	<u> </u>
House #	Street Address				
City	· 法 部	State	Zip Code	Date [MM/DD/YYYY] \$	_
Receipt Description			7		_
Full Name					
	Street Address				_
City 3		State	Zip Code	Date (MM/DD/YYYY) \$	
Receipt Description				197 : 124	_
Full Name					
	Street Address				
City :		State	Zíp Code	Date [MM/DD/YYYY] \$	
Receipt Description		The Taxable Control of	Committee that and the property of the control of t	Marries c.	
Full Name	2. 765				
	Street Address				_
City		State	Zip Code	Date [MM/DD/YYYY) \$	_
Receipt Description		Carlo califfornia de la carlo de			_
Füll Name	5. · · · · · · · · · · · · · · · · · · ·				
€ 1 = € 3 = 1	Street Address				
City:		State	Zip Code:	Date [MM/DD/YYYY] \$	
Receipt Description					

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#### SCHEDULE II PART F

### **In-Kind Contributions Received**

VALUE OF \$50.01 TO \$250

	Filer identification Number:	833926470	
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Full Name of Contributor			Date [MM/DD/YYYY]	<b>(4.5</b> )
				11, 22
House # Street Address			Date [MM/DD/YYYY]	\$ 100
city	State	Zip Code	Date [MM/DD/YYYY]	5
Description of Contribution				
Full Name of Contributor			Date [MM/DD/YYYY]	\$
				77.77 
House # Street Address			Z Pater MM/DD/AYYY	<b>.</b>
City :	State	Zip Code	Date [MM/DD/YYYY]	
	A.F. The			
Description of Contribution 5: #				
Full Name of Contributor			Date: MM/DD/YAYS	
				55052 6552 2065
House # Street Address			Date [MM/DD/YYYY]	3
City) 64	State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contribution		,,\$ <sup>†</sup> <u>,</u>		2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
Full Name of Contributor			Date (MM/DD/YYYY)	
House # Street Address			Date (MIM/DID/AYAY)	<b>*</b>
<b>Gity</b>	State	Zip Code	Date MM/OD/YYYY	
			Date likilah Day 111)	
Description of Contribution			l .	2.000 (a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c
Full Name of Contributor				<b>4.3</b>
House # Street Address		TO THE THE RESIDENCE OF THE STATE OF THE STA	Date [MM/DD/YYYY]	
City	State	Zip Gode	Date MM/DD/Y/Y/	
			manuscript to approximate an interest of the second	
Description of Contribution				

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#### SCHEDULE II Part G

### **In-Kind Contributions Received**

**VALUE OVER \$250** 

Filer-Identification Number:
1
1 1 JA4410

777		Date [MM/DD/YYYY] \$
		11pl
House # Street Address		Date [MM/DD/YYYY] \$ / U
City -	State Zip Code	Date [MM/DD/YYYY] \$
Employer Name		Occupation
Employer Mailing Address / Principal Place of Business		Description of Contribution
Full Name of Contributor		Date [MM/DD/WWY] \$
		Section 1 and 1 an
Höuse # Street Address		Date [MM/DD/YYYY] \$
City	State Zip Code	Date [MM/DD/YYYY] \$
Employer Name	Parameter 1	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/AYAY]
House # Street Address City	State Zip Code	Date [MM/DD/YYYY] \$  Date [MM/DD/YYYY] \$
City Employer Name	State Zip Code	Date [MM/DD/YYYY] \$ Occupation
Gity	State Zip (Göde	Date [MM/JOD/YYYY]
City  Employer Name  Employer Mailing Address / Principal	State Zip (Code	Occupation  Description  of
City  Employer Name  Employer Mailing Address / Principal Place of Business /  Full Name of Contributor  House # Street Address		Date [MM/DD/YYYY] \$  Occupation  Description  of  Contribution  Date [MM/DD/YYYY] \$  Date [MM/DD/YYYY] \$
City  Employer Name  Employer Mailing Address / Principal Place of Business  Full Name of Contributor  House # Street Address	State Zip Code	Date [MM/DD/YYYY] \$  Occupation  Description  of  Contribution  Date [MM/DD/YYYY] \$  Date [MM/DD/YYYY] \$
City  Employer Name  Employer Mailing Address / Principal Place of Business /  Full Name of Contributor  House # Street Address	State	Date [MM/DD/YYYY] \$  Occupation  Description  of  Contribution  Date [MM/DD/YYYY] \$  Date [MM/DD/YYYY] \$

#### **SCHEDULE II**

10/13

### 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: 8339244	70	
1. UNITEMIZED IN KIND CONTRIBUTIONS RECEIV	ED-VALUE OF \$50.00 O	R LESS PER CONTRIBUTOR
TOTAL for the reporting period (1)	\$	None
2. IN-KIND CONTRIBUTIONS RECEIVED VALUE OF	\$50.01 TO \$250.00 [FR	ROMIPARTE)
TOTAL for the reporting period (2)	\$	
3. IN KIND CONTRIBUTION RECEIVED VALUE OVE	(D. C350, 0)0 (ED(A), DA(D	Treat and the second se
	K \$230.00 (FRENV FAR	
TOTAL for the reporting period (3)	\$	
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS PERIOD (Add and enter amount totals from boxes 1, 2, a	1 ' 1	
on Page 1, Report Cover Page, Item F)	inu 3; aiso einei	
		i 🔻

## SCHEDULE III

# **Statement of Expenditures**

Filer Identification Number: 833926	470.	

To Whom Paid	Blie	Date [MM/DD/YYYY] \$ 2.54
House# Street:Address	Spleins	Description of Expenditure
City	State Zip Code	FEE B Pixes Fundamy
To Whom Paid COUR	•	06 12412819 \$ 10.00
House # 148 Street Address	cus since sx	Description of Expenditure
City Evil	State Pa Zip 16501.	Fox Jofileas gapaldin
To Whom Paid M	H Steologie	06 D812019. 501,88
House # 2625 Street Address	East 28th	Description of Expenditure
City Eve	State A Zip 165/8	Complain Maryle.
To Whom Paid Ad		07/09/2019 .50
House # Street Address	Sitons	Description of Expenditure
City .	State Zip. Code	Fee To Peoces Finding
To Whom Paid Spea	edy Buttons	07/23/2019 134.99
House # Street Address	COUNTY RD. 26	
House # Street Address  City Plain UTED		O1/3/2019 134.99  Description of Expenditure  Campa in Button
House # Street Address  City Plain UTED  To Whom Paid Glass	County RD. 24	O1/3/2019 134.99  Description of Expenditure  Canal (NB attora)  Date [MM/DD/YYYY] 5 07/31/2819. 26.58.
House # Street Address  City Plain UVED  To Whom Paid Glass  House # 10 Street Address	County RD. 26  State MN. Zip Gode 55964  Growers Gallepy East 5th St	O1/3/2019 134,99  Description of Expenditure  Canalin Button  Date [MM/Db/YYYY] \$ 24
House # Street Address  Gity Plain UTED  To Whom Paid Glass  House # 10 Street Address  City Full	County RD. 26  State MN. Zip Code 55964  Growers Gallepy	O1/3/2019 134,99  Description of Expenditure  Canal (WBallow  Date [MM/DD/YYYY] 5 26.58.  Description of Expenditure  Thank You Canas
House # Street Address  City Plain UDED  To Whom Paid Glass  House # 10 Street Address  City Full  To Whom Paid U.S.	County RD. 26  State MN. Zip Code 55964  Growers Gallepy  East 5th St  State Pa Zip Code 16501  Postal Service	Date [MM/DD/YYYY] \$ 140.00
House # Street Address  City Plain UTED  To Whom Paid Glass  House # 10 Street Address  City Full  To Whom Paid U.S.  House # 2108 Street Address	County RD. 24  State MN. Zip Code 55964  Growers Gallepy  East 5th St  State Pa Zip Code 16501  Postal Service  East 38th	Description of Expenditure  Canal INBullon  Date [MM/DD/YYYY] \$ 26.58.  Description of Expenditure  Thank You Canal
House # Street Address  City Plain UVED  To Whom Paid Glass  House # 10 Street Address  City Eug  To Whom Paid U.S.  House # 2108 Street Address  City E R	County RD. 26  State MN. Zip Code 55964  Growers Gallepy  East 5th St  State Pa Zip Code 16501  Postal Service	Description of Expenditure  Cande in Bullon  Date [MM/DD/YYYY] \$ 26.58.  Description of Expenditure  Thank You Cando  Date [MM/DD/YYYY] \$ 140.00  Description of Expenditure  Pastage
House # Street Address  Gity Plain UVED  To Whom Paid Glass  House # 10 Street Address  City Eug  To Whom Paid U.S.  House # 2108 Street Address  City E R	County RD. 24  State MN. Zip Gode 55964  Growers Gallepy  East 5th St  State Pa Zip Gode 16501  Postal Service  East 30th  State Pa Zip Gode 16515	Description of Expenditure  Cande i w Button  Date [MM/DD/YYYY] \$ 26.58.  Description of Expenditure  Date [MM/DD/YYYY] \$ 140.02  Description of Expenditure  Date [MM/DD/YYYY] \$ 2700.28
House # Street Address  City Plain UVED  To Whom Paid Glass  House # 10 Street Address  City Eug  To Whom Paid U.S.  City Eug  To Whom Paid U.S.  City E 2 Street Address  City E 2 Street Address	County RD. 24  State MN. Zip Gode 55964  Growers Gallepy  East 5th St  State Pa Zip Gode 16501  Postal Service  East 38 Th  State Pa Zip Gode 16515	Description of Expenditure  Cance in Bullon  Date [MM/DD/YYYY] \$ 26.58.  Description of Expenditure  Date [MM/DD/YYYY] \$ 140.02  Description of Expenditure  Description of Expenditure

# Statement of Expenditures

Filer Identification Number 833926470.

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To Wh	om Paid	~ C	A	0 0 0-	- Date [MM	/DD/YYYY]   \$	750 66
		Enic C	OURY Dance	rate the	10/-1	1-10	300.00
			Juna	1200	10[0]		
House	勘しん	Street Address	State St	•	Description	i of Expenditure	
	1305		State St				
City			State ()	Zip // O	_		
	Ene		Pa	21P /650	1 Gara	ul Den	
		<i>,</i>	/ 9_	Code: / G	Com	UK Jack	
To Wh	om Paid				Date IMM	(DD/YYYY) s	
		Desaits	STORES				67.21
		THE SUM ()	JAN		10/10	// [ ]	1,04
House	# .	Street Address			Description	of Expenditure	
	540		west 18th	<b>≶</b> (1		, or cabelianene	
			William 10				
City			State	Zip	$a \mid \alpha$	_ ^	0
	Enie	<u>.</u>	Pa	Code /650	I Caref	age Coul	
B <sup>u</sup> ller me				72 72 72	90 / 2	•	
To Wh	om Paid	$\circ$			Date (MM)	(DD/YYYY)   \$	NEW COM
6	1.34	Rong 5	<b></b>		10/11/1		372.78
		- record 5					
House	1/10	Street Address	ah mist		Description	of Expenditure	
12.0	*  S 8		WEIMIL		5-6		
City		<u> </u>	State (	Zip		. ^	3
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0.	متعملا المسا		1 Li	Code / 1650	0 4000	more re	acc
To Wh	om Paid	Δ . Δ	1		Date [MM)	DD/VVVVI ¢	,
. RI		(1)	matt			The state of the s	40.46
ŧ	<b>1</b>	Www	raci		10/15	2019.	10.70
House	#	Street Address	- 201-	<del>-</del> 70		of Expenditure	
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City	Ewi		State Pe	Zip 11/1/	10.		Λ
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#### **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.

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