

## Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification	Report Filed E	By Candida	ate 🔽	Committee		Lobbyist
Number	( Mark X)					
Name of Filing Committee, Candidate or Lobbyist	Angie Amatang	jelo		<del>-</del> -	-	
Street Address	233 West 29th	Street				
City Erie	<u> </u>	State	PA	Zip Code 1650	 8	
Type of Report (Place x under report type)						
	s eth Tuesday	5- 2 <sup>nd</sup> Friday	6- 30 Day Post	2 Americal Library	ial 2 <sup>nd</sup> Friday	C
Pre-Primary Pre-Primary Primary	4- 6 <sup>th</sup> Tuesday Pre- Election	Pre- Election			Election	Special 30 Day Post-Election
				X		
Date Of Election	Year		Amendment	Term	ination	
(MM/DD/YYYY) 05/16/2023		2023	Report	Repo	ort	
Summary of Receipts and From Date	To Date	2		For Office	Use Only	*.
Expenditures		/31/2023			₽ % .	
A. Amount Brought Forward From Last Repor		0.00			*{.	(C)
B. Total Monetary Contributions and Receipts (From Schedule I)	\$ 1	225.00	1		501 /m 501 /m 501 /m	And the second s
C. Total Funds Available	\$	325.00				63
(Sum of Lines A and B)		323.00			14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
D. Total Expenditures (From Schedule III)	\$	966.71			( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )	***
E. Ending Cash Balance	\$				and	and the second s
(Subtract Line D from Line C)	41	258.29				က်
F. Value of In-Kind Contributions Received (From Schedule II)	\$	305.73			(**) ***) #	ಜ
G. Unpaid Debts and Obligations	Seath. 026	10000				
(From Schedule IV)		<b>6</b> 00	-	<del> </del>		
Part 1- If this is a Committee report, treasurer sign h	aro Petroleic area	Affidavit Se	andidata sign have			
I swear (or affirm) that this report, including the atta	theu schedules &	pare report, co	best of my knowled	ge and belief true, con	rect and complet	e.
I swear (or affirm) that this report, including the atta Sworn to and subscribed before me this    A	E Z Z	ciati		1		
a day of February 20 24	SD of a	os s	UM C	11/1		
Cun Chalcadal	C C Sur	a A	Signature	of Person Submitting re	≥port →	
Signature ///			ngieAmatangelo	Brinted Name		_
1 10 00 0/2	Sue She	SUL S	14			·
My Commission expires <u>カークオーカリ</u> MO. DAY YR.	Sue Sh mmissio	8. Benns	Area Code	636-7129	loobona Numba	<del>_</del>
MO. DAI IN.		) jag	riea code	Daytime re	elephone Numbe	r
Part II- If this is a report of a Candidate's Authorized	Compittee, cædi	da 👺 shall sign h	ere.	<u></u>		
I swear (or affirm) that to the best of my knowledge amended.	and B <del>elief this pol</del> i	itical committee	has not violated any	provisions of the Act o	of June 3, 1937 (I	P.L. 1333, NO.320) as
Sworn to and subscribed before me this						
day of20						
	- J.		Sign	ature of Candidate		_
Signature	-	_		Printed Name		<del>_</del>
	. •		'	torted Hairie		
My Commission expires MO. DAY YR.	_		yran Coda	Da. #1 T 1	anhana N	_
MO. DAT TR.		P	rea Code	vaytime tele	ephone Number	İ

#### **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)	\$ 100
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		
Contributions Received from Political Committees (Part A)	1	\$ 250
All Other Contributions (Part B)	寸;	\$ 75
Total for the reporting period (2	(2)	\$ 325
3. Contributions Over \$250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)	1	\$ 0
All Other Contributions (Part D)	7	\$ 800
Total for the reporting period (3	3) \$	\$ 800

Total for the reporting period

\$ 0

1225

4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)

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 Ide	ntification Numbe	r							
-									Amount
	me of Contributi	ng					Date [MM/DD/YYYY]	\$	****
Commi	ttee	wo	OMEN: THE F	JTURE				] .	250.00
House :	#	treet Add	'acc				Date [MM/DD/YYYY]	\$	
riouse	4377	ili eet Addi	Cooper R	d			Date [min/DD/11/1]	┤ ້	
City	Erie		Sta	e   PA	Zip Code	16510	Date [MM/DD/YYYY]	\$	
						10010			
	me of Contributi	ng					Date [MM/DD/YYYY]	\$	
Commi	rtee								
House 1		treet Add	ess		<del></del>		Date [MM/DD/YYYY]	\$	
								┪ *	
						<u>,</u>			
City			Stat	e	Zip Code		Date [MM/DD/YYYY]	\$	
	me of Contributi	ng					Date [MM/DD/YYYY]	\$	
Commit	itee .								
House #		treet Addr	acel		•		Date [MM/DD/YYYY]	\$	
TIOUSC T	「	ili eet Auui	C33				Date [MIM/DD/1111]	}	
City			Stat	е	Zip Code		Date [MM/DD/YYYY]	\$	-
								}	
Full Nar	ne of Contributi	ng			•		Date [MM/DD/YYYY]	\$	
Commit	tee								
House #	s	treet Addr	ess				Date [MM/DD/YYYY]	\$	***
								1	
		•						L.	
City			Stat	e	Zip Code		Date [MM/DD/YYYY]	\$	
									l
Full Nar	ne of Contributi	ng					Date [MM/DD/YYYY]	\$	-
Commit	tee							1	
	. I	<u> </u>					To a facility broad		
House #	'    S	treet Addr	ess				Date [MM/DD/YYYY]	\$	
		4							
City			Stat	e	Zip Code		Date [MM/DD/YYYY]	\$	· · · · · · · · · · · · · · · · · · ·
.								1	
Full Nan	ne of Contributir	ng	, ·		l	<u>'                                     </u>	Date [MM/DD/YYYY]	\$	
Commit									
House #	Te	treet Addr	ess				Date [MM/DD/YYYY]	\$	· · · · · · · · · · · · · · · · · · ·
		cct Audi					oute frame of 1111		
City			Stat	2	Zip Code		Date [MM/DD/YYYY)	\$	
				1		1	1	1 1	

#### 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.

Filer Identification Number:

(Exclude contributions from political committees reported in Part A.)

Full Name of Co	ontributor			Date [MM/DD/YYYY]	.[.\$]
	Jay Brene	emen			75.00
House #	Street Addres	s	,	Date [MM/DD/YYYY]	
4118		State Street			13
City Erie		State PA	Zip Code	Date [MM/DD/YYYY]	\$
134 400		PA	16502	ı	
Full Name of Co	ntributor			Date [MM/DD/YYYY]	
	11 12 12 12 14 15 15 15 15 15 15 15 15 15 15 15 15 15				
House #	Street Addres	s		Date [MM/DD/YYYY]	\$
					1일 : 1   12 : 1
City	•	State	Zip Code	Date [MM/DD/YYYY]	Š
		MARKE			7.75 7.86
Full Name of Co	intributor			Date [MM/DD/YYYY]	
House #	Street Addres	is		Date [MM/DD/YYYY]	<b>S</b>
City		State	Zip Code	Date [MM/DD/YYYY]	s
					12-32-3 
Full Name of Co	ntributor			Date [MM/DD/YYYY]	\$
House #	Street Addres	s		Date [MM/DD/YYYY]	\$
City	Literatura and a Ker	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co	ntributor		<u> </u>	Date [MM/DD/YYYY]	<b>(\$</b> )
House #	Street Address	s		Date [MM/DD/YYYY]	is:
					2001 1540
City		State	Zip Code	Date [MM/DD/YYYY]	\$
					1 (2.00 c) 1 (2.00 c) 1 (3.00 c) 1 (3.00 c)
Full Name of Co	ntributor			Date [MM/DD/YYYY]	
House #	Street Address	s		Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
					1994g 1985

#### 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 Co	mmittee		***************************************	Date [MM/DD/YYYY]	\$
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Terrer				
House #	Street Addre	essi		Date [MM/DD/YYYY]	\$
		14 2 1 40			
City		State	Zip Code	Date [MM/DD/YYYY]	\$
		14.553 Y.L 2.157 95			i desti Nacion
Full Name of Contributing Co	mmittee			Date [MM/DD/YYYY]	S
House #	Street Addre	ss		Date [MM/DD/YYYY]	\$
					, 70-6 No. 8 or 1, 10-7 or
City		State	Zip Code	Date [MM/DD/YYYY]	\$
16,11,6468 387,6116					100 (100 ) 100 (100 )
Full Name of	4 18 STE			Date [MM/DD/YYYY]	\$
Contributing Co	mmittee				**************************************
House #	Street Addre			Det - [1444 (DD (4004)]	
Touse #	Street Addre	33		Date [MM/DD/YYYY]	\$
			Zip Code		15 + 15     + 15     + 15
City		State	Date [MM/DD/YYYY]	\$	
				(M. 1) (M. 1) (M. 1) (M. 1)	
ull Name of			*	Date [MM/DD/YYYY]	
Contributing Co	mmittee				
louse #	Street Addre	55		Date [MM/DD/YYYY]	\$
City	The state of the state of	Crara	7to Codo	Day Face (DD Boogs)	56.0
		State	Zip Code	Date [MM/DD/YYYY]	\$
osidėjųs Minima at	.1	4 4 5 5 5	Constitution of the Consti		
Full Name of Contributing Co	mmittee		•	Date [MM/DD/YYYY]	\$
louse #	Street Addre	śs		Date [MM/DD/YYYY]	\$
		a.] []		-	\$ 25.5   1984
City	<u> </u>	State	Zip Code	Date [MM/DD/YYYY]	<u> </u>
Year Color				<u> </u>	<b>₩</b> .
ull Name of	17 M. 4066	(4) A (4) A		Date [MM/DD/YYYY]	****   ***
Contributing Co	mmittee			Date [IVIVI/DD/1711]	<b>(4</b> )
louse #	Street Addre	ss		Date [MM/DD/YYYY]	\$
ity		State	Zip Code	Date [MM/DD/YYYY]	\$
					19.0 19.0
		H N. 35 F. 4			RASA

## 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 Co	ntributor		<del></del>	Date [MM/DD/YYYY]	\$
	Anthony J. An	natangelo			300.00
House #	Street Address			Date [MM/DD/YYYY]	\$
2811	We	ellington			
City Erie		State PA	<b>Zip Code</b> 16506	Date [MM/DD/YYYY]	\$
Employer Name	A	MATECH	100 Te 10 Te 14	Occupation Executive \	/ice President/Owner
Employer Mailir Principal Place o		60 Grimm Drive	Erie, PA 16501	Tell Alexandria (1)	
Full Name of Co	2			Date [MM/DD/YYYY]	1.5
	Michael Frale	у			500
House #	Street Address			Date [MM/DD/YYYY]	\$
126	Ea	st 35th Street			
City Erie	Particle for the Section 1	State PA	<b>Zip Code</b> 16504	Date [MM/DD/YYYY]	\$
Employer Name	den el trada l'esta el trad			On a financial and the second	
	HC	ousing Authority	of the City of Erie	Occupation Executive D	Director
Employer Mailin Principal Place o		6 Holland Street	Erie, PA 16501		
Full Name of Co	The art of the state of the sta		1-1-11-11-1	Date [MM/DD/YYYY]	\$
	1900 1900 1901 1900 1901 1900 1900				
House #	Street Address			Date [MM/DD/YYYY]	\$
					p - 1
City	PARTO SURVEY SECTION	State	Zip Code	Date [MM/DD/YYYY]	\$
XXXXXXX XXXXXXX					
Employer Name				Occupation	
Employer Mailin Principal Place o				1917 (1917, Rosely)	
Full Name of Co	ntributor		·	Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	S
City	The state of the s	State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name			1. · · · · · · <u>· · · · · · · · · · · · ·</u>	Occupation	LI
Employer Mailin	g Address /			(40%)、特别是由	
Principal Place o					

#### 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 Nun	nber:		···	
	11.15 Mg			
Full Name				
House #	Street Address			
  Gity		State	Zip	Date [MM/DD/YYYY] \$
		July 1	Code	Date [MIM/DD/1111]
Receipt Description	2 (24 50 50 50 50 50 50 50 50 50 50 50 50 50		- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	12
Full Name				
		The Control of the Co		
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description	Figure 197		code	
	10800 100 4760 100 4760			
Full Name	Table Table			***
House #	Street Address			
City		State	Zip	Date [MM/DD/YYYY] \$
			Code	
Receipt Description		4.22 (%)	Ten Vin Vin Vin	
Full Name				
House #	Toka in hura			
	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description	(2. 12. 12. 12. 12. 12. 12. 12. 12. 12. 1		To a ridar No. 1967	· .
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
	50 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -		Code	
Receipt Description	20 3 4 20 3 4 20 3 4			
Full Name		·····		
House #	Street Address			
City		State	Zip	Date [MM/DD/YYYY] \$
	Hara Mari		Code	
Receipt Description				
parties and the second of the second of the second				1-0

#### 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 CONTR	IBUTIONS RECEIVED-VALUE OF \$5	0.00	OR LESS PER CONTRIBUTOR
TOTAL for the reporting period	(1)	\$	0
2. IN-KIND CONTRIBUTIONS REC	CEIVED-VALUE OF \$50.01 TO \$250	.00 (F	ROM PART F)
TOTAL for the reporting period	(2)	\$	0
3. IN-KIND CONTRIBUTION RECE	EIVED-VALUE OVER \$250.00 (FROI	M PAR	T.G)
TOTAL for the reporting period	(3)	\$	305.73
TOTAL VALUE OF IN-KIND CONTRIBUTION PERIOD (Add and enter amount totals f		\$	
on Page 1, Report Cover Page, Item F)	Tom boxes 1, 2, and 3; also enter		305.73

## SCHEDULE II PART F

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

VALUE OF \$50.01 TO \$250

Filer Identification					
Full Name of C	ontributor			Date [MM/DD/YYYY]	<b>\$</b>
House #	Street Address		<u> </u>	Date [MM/DD/YYYY]	8
City		State	Zip Code	Date [MM/DD/YYYY]	<b>5</b>
Description of (	Contribution		Harris Marie Harris Marie (1997)		
Full Name of Co	pntributor		,	Date [MM/DD/YYYY]	\$
House #	Street Address		107 ****	Date [MM/DD/YYYY]	<b>S</b>
City		State	Zip Code	Date [MM/DD/YYYY]	5
Description of (	Contribution			-	
Full Name of Co	ontributor			Date [MM/DD/YYYY]	<b>  \$</b>
House #	Street Address	<u></u>		Date [MM/DD/YYYY]	\$ \$
City	是是各位的	State	Zip Code	Date [MM/DD/YYYY]	\$
Description of (	Contribution	e e Parel			<u> </u>
Full Name of Co	ontributor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	
City	N. Frank, 2, 2, 54	State	Zip Code	Date [MM/DD/YYYY]	: <b>S</b> :
Description of C	Contribution		[ * * * * * * * * * * * * * * * * * * *		
Full Name of Co	ontributor			Date [MM/DD/YYYY]	\$
House #	Street Address	• 11		Date [MM/DD/YYYY]	***   ***
City	PANCE GERMAN	State	Zip Code	Date [MM/DD/YYYY]	\$
Description of C	Contribution	9 (14) No. 1 2 (14) 1 (14)			

## SCHEDULE II Part G

## **In-Kind Contributions Received**

**VALUE OVER \$250** 

3				
Filer Identification Number:	-	 	_	<del></del>

Full Name of Contri	ibutor			Date [MM/DD/YYYY]	
				2/20/2023	36
House #	Street Address		, <del>, _</del> '	Date [MM/DD/YYYY]	\$ .
523	H	astings Street		3/10/23	A. 16.76
City		State	Zip Code	Date [MM/DD/YYYY]	TVA
131 m 2018				3/24/23	7.60
Employer Name		PA United PA	С	Occupation	
Employer Mailing A Place of Business	ddress / Principal	523 Hastings	Street Pittsburgh, PA 15206	Description of staff hours Contribution	
Full Name of Contri	butor			Date [MM/DD/YYYY]	<b>3</b> 4
				4/7/2023	126.96
House #	Street Address			Date [MM/DD/YYYY]	
				4/21/2023	118.41
City		State	Zip Code	Date [MM/DD/YYYY]	\$
					전 20 24 :
Employer Name		PA United PA	С	Occupation	
Employer Mailing A Place of Business	ddress / Principal	Description of staff hours			
				La companion de la lacal de la companion de la	
Full Name of Contri	butor			Date [MM/DD/YYYY]	
Full Name of Contri	butor	· · ·		pr. 5 500 1 Carata 2007 (10.5 10.5 1	
Full Name of Contri	Street Address			pr. 5 500 1 Carata 2007 (10.5 10.5 1	
		State	Zip Code	Date [MM/DD/YYYY] \$	
House #		State	Zip Code	Date [MM/DD/YYYY] \$	
House #		State	Zip Code	Date [MM/DD/YYYY] \$	
House #  City  Employer Name	Street Address	State	Zip Code	Date [MM/DD/YYYY]   Date [MM/DD/YYYY]   Date [MM/DD/YYYY]   Occupation	
House #	Street Address	State	Zip Code	Date [MM/DD/YYYY] \$  Date [MM/DD/YYYY] \$  Occupation  Description of	
City  Employer Name  Employer Mailing A Place of Business	Street Address  ddress / Principal	State	Zip Code	Date [MM/DD/YYYY] S  Date [MM/DD/YYYY] S  Date [MM/DD/YYYY] S  Occupation  Description of Contribution	
House #  City  Employer Name  Employer Mailing A	Street Address  ddress / Principal	State	Zip Code	Date [MM/DD/YYYY] \$  Date [MM/DD/YYYY] \$  Occupation  Description of	
City  Employer Name  Employer Mailing A Place of Business	Street Address  ddress / Principal	State	Zip Code	Date [MM/DD/YYYY] S  Date [MM/DD/YYYY] S  Date [MM/DD/YYYY] S  Occupation  Description of Contribution	
City  Employer Name  Employer Mailing A Place of Business  Full Name of Contril	Street Address  ddress / Principal	State	Zip Code	Date [MM/DD/YYYY]  Date [MM/DD/YYYY]  Date [MM/DD/YYYY]  Occupation  Description of Contribution  Date [MM/DD/YYYY]	
House #  City  Employer Name  Employer Mailing A Place of Business  Full Name of Contril	Street Address  ddress / Principal			Date [MM/DD/YYYY]  Date [MM/DD/YYYY]  Date [MM/DD/YYYY]  Occupation  Description of Contribution  Date [MM/DD/YYYY]  Date [MM/DD/YYYY]  Date [MM/DD/YYYY]	
City  Employer Name  Employer Mailing A Place of Business  Full Name of Contril  House #  City  Employer Name	ddress / Principal  butor  Street Address			Date [MM/DD/YYYY]  Date [MM/DD/YYYY]  Occupation  Description of Contribution  Date [MM/DD/YYYY]  Date [MM/DD/YYYY]  Occupation	
House #  City  Employer Name  Employer Mailing A Place of Business  Full Name of Contril  House #	ddress / Principal  butor  Street Address			Date [MM/DD/YYYY]  Date [MM/DD/YYYY]  Date [MM/DD/YYYY]  Occupation  Description of Contribution  Date [MM/DD/YYYY]  Date [MM/DD/YYYY]  Date [MM/DD/YYYY]	

# SCHEDULE III Statement of Expenditures

		_	
Filer Identification Number:	·-		
그 게 그런 하는 말로 하는데 하다 하나 사람			,
医圆瓣 海沟建设医部 经抵偿债金			

To Whom Paid	T					I make transform boond	F .34	
TO WICH FAIG	Desantis Signs and Graphics, Inc.					Date [MM/DD/YYYY]	\$	484.95
<b>House #</b> 540	Street Address W	t Address West 18th Street				Description of Expendi	ture	
<b>City</b> Erie		State	PA	Zip Code	16502	50 yard signs		<del>-</del> '
To Whom Paid	Engel O'neill Adverti	sing				Date [MM/DD/YYYY]	\$	306.70
House # 2124	Street Address Sa	assafras Street				Description of Expenditure		
City Erie		State	РА	Zip Code	16508	1,000 campaign flyers and printing		
To Whom Paid						Date [MM/DD/YYYY]	\$	**
	Michael's Department	Store			-	4/19/2023		37.40
House # 2088	Street Address Int	Interchange Rd.				Description of Expenditure		
City Erie		State	PA	Zip Code	16565	10 T-shirts to make campaign T-shirts		
To Whom Paid					Date [MM/DD/YYYY]	te [MM/DD/YYYY] \$ 4/16/2023 15.36		
	Family Dollar							4/16/2023
House # 1530	Street Address W.	26th Stree		Description of Expenditure				
City Erie	State	PA	Zip Code		water and juice for campaign event			
To Whom Paid Tipsy Bean						Date [MM/DD/YYYY]	\$	14.36
House #	Street Address					5/4/2023  Description of Expendit		
2524	Pea	ach Street		1 -12 -7		Description of Expendit	ure	
City Erie		State	PA	Zip Code	16502	meeting with possible donor	/sup	porter
To Whom Paid Holy Trinity						Date [MM/DD/YYYY]	\$ 15.00	
	<u> </u>					5/14/2023	생활	15.00
House #	Street Address					· · · · · ·	13.77	
						Description of Expenditu	ıre	
City		State		Zip Code		· · · · · ·	ure	
City To Whom Paid	Tops	State		1 7 7 7 3 William		Description of Expenditum  Meet the Candidate Event  Date [MM/DD/YYYY]	ire \$	45.70
	Tops Street Address	State State	reet	1 7 7 7 3 William		Description of Expendite  Meet the Candidate Event	**************************************	45.70
To Whom Paid House # 712	Tops Street Address	est 38th St	reet	Code	16508	Description of Expenditu  Meet the Candidate Event  Date [MM/DD/YYYY]  8/10/23	**************************************	45.70
To Whom Paid  House # 712  City Erie	Tops Street Address	est 38th St	_	Code	16508	Description of Expendite  Meet the Candidate Event  Date [MM/DD/YYYY]  8/10/23  Description of Expendite  food, campaign event	\$ Ire	45.70
To Whom Paid  House # 712  City Erie  To Whom Paid	Tops Street Address	est 38th St	_	Code	16508	Description of Expendite  Meet the Candidate Event  Date [MM/DD/YYYY]  8/10/23  Description of Expendite  food, campaign event	**************************************	<b>45.70 100.00</b>
To Whom Paid  House # 712  City Erie  To Whom Paid	Tops Street Address W Erie Dems Street Address	est 38th St	_	Code	16508	Description of Expenditu  Meet the Candidate Event  Date [MM/DD/YYYY]  8/10/23  Description of Expenditu  food, campaign event  Date [MM/DD/YYYY]	\$ ire	

#### 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.

Ther identification wur	inder			
Name of Creditor			<del>-</del>	Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	
City		State	Zip Code	
Description of Debt	rigida Tilay si Ngara			
Name of Creditor	(1994년) 1994년			Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	
City		State	Zip Code	
Description of Debt	) - 1 (1)	_		
Name of Creditor				Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State	Zip Code	Tag
Description of Debt			<u> </u>	
Name of Creditor				Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		\$ .
City		State	Zip Code	
Description of Debt	# 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5			
Name of Creditor	40.000 40.000 40.000			Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	
City	400	State	Zip Code	
Description of Debt				
Name of Creditor				Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State	Zip Code	
Description of Debt				