Page 1 of 13

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

Filer Identification 81 -518965	3 Report Filed I	By Candida	te V	Committee		Lobbyist
Name of Filing Committee, Candidate or Lobbyist	1. Miles	R FERR	ick			1
Street Address	3030	CLARK	ROAD			
City ERIE		State	PA	Zip Code	16510	
Type of Report (Place x under report type)		10 .0 10 1				
1- 6 th Tuesday 2- 2 nd Friday 3- 30 Day F Pre-Primary Primary Primary	Post 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
Date Of Election (MM/DD/YYYY) 11/07/20	Year a3	2023	Amendment Report		Termination Report	
Summary of Receipts and From Date Expenditures	To Date	e 1/2023		For (Office Use Only	
A. Amount Brought Forward From Last Re	nort ¢	36,467	e a mage in dan elgand.		<u> </u>	<u>a i jara segara da atao 1960 a</u> Na
B. Total Monetary Contributions and Rece (From Schedule I) C. Total Funds Available (Sum of Lines A and B)	\$ 350	20.15			171 (1) (1) 125 (1) (1) 171 (1) (1)	
D. Total Expenditures \$ (From Schedule III) E. Ending Cash Balance \$ \$						
(Subtract Line D from Line C) F. Value of In-Kind Contributions Received	Ka7	36.317				r.
(From Schedule II) G. Unpaid Debts and Obligations (From Schedule IV)	\$ <u> </u>	0 -				C
David Hills: O 'II	¥ \$	S fiidavit Sec	ction			
Part 1- If this is a Committee report, treasurer si I swear (or affirm) that this report, including the	gri nere. it this is a Gai attached schedumes	naidate report, ca n pape, is to the	nalaate sign here. best of my know <u>l</u> ed	ge and belief tri	ue, correct and comple	te.
I swear (or affirm) that this report, including the Sworn to and subscribed before me this day of January 2001 Signature	يرس <u>الآ</u>	wealth of Pennsylvania gela L. Watson, Notan Erie County	Signature of U.S.	of Person Submi	7.0	
My Commission expires 12/02/21 MO. DAY	eceniber ecaniber yr. 142550 yr. Yr.	Publ	81 Y irea Code		73-805 time Telephone Numb	er
Part II- If this is a report of a Candidate's Author I swear (or affirm) that to the best of my knowle amended.	ized Committee, Can dge and belief this po	Jidaterskal sign he Etical committee	ere. has not violated any	provisions of the	he Act of June 3, 1937	P.L. 1333, NO.320) as
Sworn to and subscribed before me this						
day of20	— ·		Sigr	nature of Candid	late	
Signature						
My Commission expiresMO. DAY Yf			rea Code	 Dayti	ime Telephone Numbe	
				-		

Page 2 of 13

SCHEDULE I Contributions and Receipts Detailed Summary Page

Filer Identification Number	
The inclinication number	
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	1 X 1 - 6 1 X Y 1 6 7 6
The Addition of the Law of the light of	71 (7) 1 / 1 (7) 1 / 1 (7) 1
[Min March 2015] [1] Sept. 2015.	01 210 10 2

1. Uniternized Contributions and Receipts: \$50,00 or Less per Contributor	1	
Total for the reporting period (1)	\$	
"I Contributions of Co. O. to C. D. O. U.		-0-
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		경영화
Contributions Received from Political Committees (Part A)	\$	-0-
All Other Contributions (Part B)	\$	-0 -
Total for the reporting period (2)	\$	-0 -
3. Contributions Over \$250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)	\$	-0-
All Other Contributions (Part D)	\$	0-
Total for the reporting period (3)	\$	-0-
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		
Total for the reporting period (4)	\$	3500.15
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)	\$	3500.15 3500.15

PART A Contributions Received From Political Committees

\$50.01 TO \$250.00 Use this Part to itemize only contributions received from Political Committees

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 Number				
					Amount
Full Name of Co Committee	ntributing			Date [MM/DD/YYYY]	\$
House #	Street Address	Š		Date [MM/DD/YYYY]	\$ 2
				***************************************	7 - 1 24 28 28
City	<u> </u>	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Cor Committee	ntributing	E2 - 4° +3	Parties and	Date [MM/DD/YYYY]	5
House #	Street Address	S		Date [MM/DD/YYYY]	- S
City	re addition	State	Zip Code	Date [MM/DD/YYYY]	
Full Name of Cor Committee	ntributing	ja., + 33, 75	r s santas I	Date [MM/DD/YYYY]	S .
House #	Street Address	S		Date [MM/DD/YYYY]	\$
City	p cesett (peed)	State	Zip Code	Date [MM/DD/YYYY]	
Full Name of Cor Committee	ntributing			Date [MM/DD/YYYY]	\$
House#	Street Address	S		Date [MM/DD/YYYY]	\$
City	<u>r</u> Strake (Site Jagilan)	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Cor Committee	ntributing	p. +	<u> </u>	Date [MM/DD/YYYY]	
House #	Street Address	S		Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$ 1
Full Name of Cor Committee	ntributing			Date [MM/DD/YYYY]	- \$
House #	Street Address			Date [MM/DD/YYYY]	3
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 Number

			-1	
Full Name of Contributor	*****		Date [MM/DD/YYYY] \$	·
House # Street	Address		Date [MMXDD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributor			Date [MM/DD/YYYY] \$	
House # Street	Address		Date [MM/DD/YYYYY] \$	
Gity	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributor		Types to a particular	Date [MM/DD/YYYY] \$	
House # Street	Address		Date [MM/DD/YYYY] \$.	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributors	[861a-7325547406]	Constitutable/Pasteber	Date [MM/DD/YYYY] \$	
House # Street	Address		Date [MM/DD/YYYY] \$	
Gity	State	Zip Code	Date [MM/DD/YYYYY] \$	
Full Name of Contributor	10 X (Marian and 1 - 2 - 1)		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] \$	
	Address		Date [MM/DD/YYYY] - \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	

Contributions Received From Political Committees

Filer Identification Number:

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.

Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	
House # Street Address			Date [MM/DD/YYYY] \$	
City	State	Zip Gode	Date [MM/DD/YYYY] \$	_
が発展を発展しません。 では、対象には、対象に対象に対象に対象に対象に対象には、対象をは、 は、対象に対象に対象に対象に対象に対象に対象に対象に対象に対象に対象に対象に対象に対	Roll Nicks			
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	[Mark State at]	10.548.88.83.88.88.88.88.88.88	Date [MM/DD/YYYY] \$	
Contributing Committee			(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	
House # Street Address			Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of	建设设建工公司)型的基注品關鍵結構	Date [MM/DD/YYYY] \$	
Contributing Committee				
House # Street Address			Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
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	Diffication	Committee and dark at	Date MM/DD/YYYY \$	
Contributing Committee				
House # Street Address			Date [MM/DD/YYYY] \$	
City 10	State	Zip Code	Date [MM/DD/YYYY] \$	

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] S
House # Street Address	[200 Activity]	promote a second	Date [MM/DD/YYYY] \$
City Employer Name	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Mailing Address / Principal Place of Business			
Full Name of Contributor			Date [MM/DD/YYYY] \$
House # Street Address 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		Zip Code	Date [MM/DD/YYYY] \$
Employer Name		(文化) (1994年) 1995年 - 1995年 1995年 - 1995年 - 1995年 1995年 - 1995年 - 1	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			[[[本語語を行います。48]]]

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: 81–5189653	
■開発部で発展の大道を発展を再発を行った。1 ************************************	
The state of the s	

Full Name		PRIBNOS O	FLISA FE	errick.	
House # 3030	Stre	PRIBNOS o et Address CLAT			
City		erie	State PA	Code 16510	Date [MM/DD/YYYI] \$ 3500.15
Receipt Description		REPUND OF	LOAN MA	DE TO CAMPA	IGN COMMITTEE
Full Name					
House#	Stre	et Address			
City	HIN.		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description					
Full/Name					
House#	Stre	et Address			
City City City City City City City City			State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				[1] 27.024.22.033	[23Ad]
Full Name	2017				
House #	Stre	et Address			· ···
City			State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description					
Full Name					
House #	Stre	et Address			
City	i de la		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		***	estinate et annument	Edward a trade Application	Postball
Full Name	1000 1000 1000				
House #		et Address			
City		•	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:				
	NINETION DE OCUZEN DE A			
UNITEMIZED IN-KIND CONTR TOTAL for the reporting period	RIBUTIONS RECEIVED-VA	ALUE OF \$50.00 OR LESS P	ERCONTRIBUTOR	
To the for the topology ported				
2: IN-KIND CONTRIBUTIONS RE	CEIVED-VALUE OF \$50.0	1 TO \$250.00 (FROM PAR		
TOTAL for the reporting period	(2)	\$		
3. IN-KIND CONTRIBUTION REC	EIVED-VALUE OVER \$25	0.00 (FROM PART G)		
TOTAL for the reporting period	(3)	\$		
TOTAL VALUE OF IN-KIND CONTRIBUTI PERIOD (Add and enter amount totals on Page 1, Report Cover Page, Item F)		1 1		

SCHEDULE II PART F

In-Kind Contributions Received

		VALUE OF \$50.01 TO	\$250	
Filer identification Number				
<u> </u>				
Full Name of Contributor			Date [MM/DD/YYYY] S	
House# Street Address			Date [MM/DD/YYYY] S	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
			本語の表現の意思を表現を持ちます。 では、 では、 では、 では、 では、 では、 では、 では、	
Description of Contribution		[547]。 新社会会委员会会会	[清海[49]]	
Full Name of Contributor		•	Date [MM/DD/YYYY] \$	
			Date Million DDATTTI	
House # Street Address			Date [MM/DD/YYYY] S	
House # Street Address			Date (MM/DD/11111	
City	State		Doto IMM/DD 0000/	
	145,7575	Zip Code	Date [MM/DD/YYYY] \$	
Description of Contribution		STREET OF THE STREET	整线型 层型	
Full Name of Contributor			Date [MM/DD/YYYY] \$	
			(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	
House # Street Address			Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Description of Contribution				
Physical Research Company of the Com				
Full Name of Contributor			Date [MM/DD/YYYY] \$	<i></i>
House # Street Address			Date [MM/DD/YYYY] \$	
Secretaria de la companya della companya della companya de la companya della comp				
City	State	Zip Code	Date [MM/DD/YYYY] \$	
			· · · · · · · · · · · · · · · · · · ·	
Description of Contribution				
Full Name of Contributor		*****	Date [MM/DD/YYYY) \$	
House # Street Address			Date [MM/DD/YYYY] S	
City	State	Zip Code	Date [MM/DD/YYYYY] \$	
ZARYON II			(2015) 2 (3) 1 (13 - 13)	
Description of Contribution				

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer Identification Number:			
Full Name of Contributor		Date IMM/DD/YYYYI	1 S 1

Full Name of Contrib	putor			Date [MM/DD/YYYY] \$
House #	Street Address	·-		Date [MM/DD/YYYY] \$
	Sueer Address			
Cliy		State	Zp Code	Date [MM/DD/YYYY] \$
Employer Name			「接着技術ないたないない。」	Occupation
Employer Mailing Ac Place of Business	dress / Principal	i i		Description of
		70 12 12 14 14 14		Contribution
Full Name of Contrib	outor			Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
	Street Address			
Cliy		State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name			在1965年發展第二個學院的 1968年7月日發展數學	Occupation
Employer Mailing Ac	dress / Principal		· · ·	Description
Place of Business				of Contribution
Full Name of Contrib	utor		-	Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
	以外经验的			
City		State	Zip Code	Date [MM/DD/WYY]
City		State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name		State	Zip Code	Occupation .
Employer Name Employer Mailing Ac Place of Business	idress / Principal	State	Zip Code	Occupation Description of
Employer Name Employer Mailing Ac Place of Business	idress / Principal		Zip/Code	Occupation Description of Contribution
Employer Name Employer Mailing Ac Place of Business	idress / Principal		Zip Code	Occupation Description of
Employer Name Employer Mailing Ad Place of Business Full Name of Contrib	idress / Principal		Zip/Code	Occupation Description of Contribution
Employer Name Employer Mailing Ac Place of Business Full Name of Contrib House #	idress / Principal			Occupation Description of Contribution Date [MM/DD/YYYY] Date [MM/DD/YYYY] \$
Employer Name Employer Mailing Ac Place of Business Full Name of Contrib	idress / Principal		Zip Code	Occupation Description of Contribution Date [MM/DD/YYYY]
Employer Name Employer Mailing Ad Place of Business Full Name of Contrib House # City Employer Name	idress / Principal sutor			Occupation Description of Contribution Date [MM/DD/YYYY] Date [MM/DD/YYYY] \$ Occupation
Employer Name Employer Mailing Ac Place of Business Full Name of Contrib House #	idress / Principal sutor			Occupation Description of Contribution Date [MM/DD/YYYY] Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$

Statement of Expenditures

Filer Identification Number		
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To Whom Paid	<u> </u>			Date (MM/DD/YYYY) \$
				The boundary of the second sec
House #	Street Address			Description of Expenditure
City	是科科·英格兰·	State	ZiP .	<u>。 </u>
To Whom Paid	9A		Code	ENTERSTAND AND AND AND AND AND AND AND AND AND
i de unon raiu				Date [MM/DD/YYYY] \$
House #	Street Address			Description of Expenditure
City	■ Michigan (1994年) 1994年	State	Zip Code	POSSE CANADA SE PARA SE LA CANADA SE LA CANA
To Whom Paid		Party Changes and	The state of the s	Date [MM/DD/YYYY] \$
House #	Street Address			Description of Expenditure
City		State	Zip	
To Whom Paid	34		Code	Date (MM/DD/YYYY) S
rigini (Algoria di Printi Legi estra di Comi				DGC LVW/ADD/ANTIGAT (S
House #	Street Address			Description of Expenditure
City	15 co. co. c. (1.20 xx 2.20 xx	State	Zip Code	Date of the research has a seeded to be a self the physician of the decident destination of the second
To Whom Paid			(and) and a contraction	Date [MM/DD/YYYY] \$
House#	Street Address			Description of Expenditure
City	Paragraphic and the state of th	State	ZIP	
To Whom Paid			Code	Date IMM/DD/YYYYI \$
Marketing of the solid				
House#	Street Address			Description of Expenditure
City		State	Zip & Code	The state of the s
To Whom Paid			To the Manager	Date [MM/DD/YYYY] \$
House #	Street Address			Description of Expenditure
Ciby	Parkinders in a special representation of	State	Zip Code	ABIN 15 the contribution of a trial new analytic relationship for a first of the trial of the contribution and
To Whom Paid		and Vision Decree		Date [MM/DD/YYYY] \$
House #	Street Address			Description of Expenditure
City	23 (25) (15	State	Zip	
		The second secon	Code	

SCHEDULE IV

Filer Identification Number:

Statement of Unpaid Debts

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

# 1 man 1 ma		. <u>"</u> .	· · · · · · · · · · · · · · · · · · ·
TNID-T-	MACSSSE		
Name of Creditor	AND		Outstanding Balance of Debt
House#	Street Address	DATE DEBT INCURRED	(\$)
	的是與語言語言。 [1] [[] [[] [] [] [] [] [] [] [] [] [] []	[MM/DD/YYYY]	
City		State Zip	
医克斯特氏病 电电子		Code	
Description of Debt.		[2005/05/05/05/05/05/05/05/05/05/05/05/05/	I day you soo
Name of Creditor	(基) 200 (基) 200 (数) 200 (数) 200	- "	Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED	Teneral of the control of the contro
		[MM/DD/YYYY]	
	と、主義をはいる。 は、主義をはない。 は、まるをはない。 は、まるをはなななななななななななななななななななななななななななななななななななな	West Programmed Report State of Programmed Repor	
City:		State Zip Code	2011年 第10日 第10日
Description of Debt	10.00000000000000000000000000000000000	(1) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	BOSTON
Name of Creditor	S Windows		Outstanding Balance of Debt
House#		DATE DEBT INCURRED	
House:#	Street Address	[MM/DD/YYYY]	\$
		会会の企業とは事業があれることがなりが事業があり、政事業	
City		State Zip	
		Code	
Description of Debt		PHATTAR HERE TO THE TAXABLE PARTY OF THE TAXABLE PARTY OF THE PARTY OF	
Name of Creditor			Outstanding Balance of Debt
House #			
ruuse#	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	S
		<u>会外的问题。据由某种的基础。但是是这种思想是是</u>	
City	I BREWINGS AND ELECTRICAL	State Zip	
		Code	
Description of Debt			
			IN STATE OF THE ST
Name of Creditor			Outstanding Balance of Debt
House#	Street Address	DATE DEBT INCURRED	S
		[MM/DD/YYYY]	
City		State Zip	
		Code	
Description of Debt		图: described ((金属) (2) (2) (3) (3) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4
Name of Creditor			Outstanding Balance of Debt
House #	Street Address	DATE DEBTINGURRED	
	1	[MM/DD/YYYY]	
City .	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	State Zip	
Description of Debt	1907/2014 146/3-146 146/3-146	Code	
Peacificator Dept			
	等。但是是自己 注意人类人	Th. 12.70.00	

Commonwealth of Pennsylvania

CAMPAIGN FINANCE ANNUAL REPORT

December 31, 2023

TO:

FRIENDS OF LISA FERRICK

FROM:

LISA R. FERRICK and TIMOTHY FERRICK

REGARDING:

OUTSTANDING LOAN BALANCE TO THE COMMITTEE

Please accept this notification as forgiveness of the loan(s) we individually and/or collectively made to Friends of Lisa Ferrick during the year of 2023. The outstanding balance of the loan(s) is \$2,499.85, as outlined on Schedule IV Statement of Unpaid Debts of the Committee's Campaign Finance Reports. It is our stated intent to forgive Friends of Lisa Ferrick each of the individual loans to the committee that are outlined on Schedule IV Statement of Unpaid Debts of the committee's reports.

This is being done so the treasurer of Friends of Lisa Ferrick can file the annual Campaign Finance Report and terminate the committee.

Respectfully Submitted,

Lisa R. Ferrick and Timothy Ferrick

AFFIDAVIT SECTION

I swear (or affirm) that to the best of my knowledge and belief the information contained in this letter is true and correct.

Sworn to and subscribed before me this	
	3 Misa R. Kemick
2 9 day of / anugy 20 2 f	} _// Wa Millmill
	Signature of Person Submitting Letter
Michelle Fonda	} Lisa R. Fernick
Signature	Printed Name
My Commission expires 5 26 202	27 } <u>814 873-8051</u>
Commonwealth of Pennsylvania - Notary Seal MICHELLE GONDA - Notary Public Erie County My Commission Expires May 26, 2027 Commission Number 1290868	} Area Code Daytime Telephone Number
	and belief the information contained in this letter is true and
correct.	
Sworn to and subscribed before me this	
29 day of January 20 34	Timety 8. Forrick
M. hill b. l.	Signature of Person Submitting Letter Timothy R. Fessix
I VI I CHILL TON ET	}
Signature Notary Seal	Printed Name
- 100 - 100	77 <u>214 490-2629</u>
Erie County My Commission Expires May 26, 2027 My Commission Number 1290868 Commission Number 1290868 MO. DAY YR.	