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

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Street Address	and the management of	grade salespeers	P.O.	. BOX:81											
City	ERIE		69		S	tate	PA		Zip Cod	e	16512		·····		
Type of Report	(Place x under	report type)				y you you and a s			7997796250406270	20,000,000	,				
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Pre-Primary	Pre-Primary	Primary	2.5	Election	Pre- El	2 10 20 300	Elect	A STATE OF THE STA			Pre-Elec		Transport Lock	Election	
						<u> </u>									
Date Of Election (MM/DD/YYYY		05/20/2025	Yea	r	202	.5	Ame Repo	ndment ort		169	Termina Report	tion			
Summary of Re	ceipts and	From Date	90%	To Date	e			Constitution (g)		For O	ffice Use	Only		医性療的	
Expenditures		02/01/202		05	/05/2025	50.00									
A. Amount Broi				\$	0.00										
B. Total Moneta (From Schedule	1)	ns and Receip	S	5	0.00	no was ben									
C. Total Funds A (Sum of Lines A	CONCERN FOR THE PART OF THE PARTY.		\$	S Committee of the comm	0.00	-						<	~	•,	
D. Total Expend (From Schedule			\$	\$	401.88								2025 MAY		
E. Ending Cash I (Subtract Line D			3	5 ((401.88)								7	-	
F. Value of In-Ki (From Schedule	等。1951年 · 1968年 · 196	ns Received	Ş	\$	0.00	,3							ထ		
G. Unpaid Debts (From Schedule		ns	Ş	Bal 26	0.00							37	PH		
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<u>.</u>	Signature <i>UU</i> イン・/	10 101/-		eaith of P 9 Sheffie 1 Frie Ssion ex	olssin Sytys /	, S	1(1		Printed N		1017	. 6	40		
My Commission ex	wires <u>リメール</u> MO.	DAY Y	_	Sue	Commission r	$\frac{0}{\sqrt{A}}$	rea Co c	le le		Daytii	me Teleph	one Numbe	17		
Part II-If this is a n	eport of a Candio	late's Authorize	d Comm	E 8	15	sien he	ere.				*.				
I swear (or affirm) amended.	that to the best	of my knowledge	and be	lief this poli	itical com	nittee i	nas not	violated an	y provisions	of the	Act of Ju	ne 3, 1937 (I	P.L. 133	3, NO.320)	as
Sworn to and subs	cribed before me	e this	. 5												
day of_		20													
				1.				Sigr	nature of Ca	ndidat	te				
	Signature				•				Printed Nar	ne			_		
My Commission ex		··. · · · · · · · · · · · · · · · · · ·										· · · · · · · · · · · · · · · · · · ·			
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L															- 1

SCHEDULE I

Contributions and Receipts Detailed Summary Page

Filer Identification Number		
1. Uniternized Contributions and Receipts-\$50.00 or Less per Contributor	e Starte	
Total for the reporting period	(1)	\$ 0.00
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)	\$ 0.00
3. Contributions Over \$250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)	ar artisty a read (8	\$
All Other Contributions (Part D)		\$
Total for the reporting period	(3)	\$ 0.00
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, ReCover Page, Item B)	port	\$ 0.00

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			
\$500 to 1000 to 100 to			Amount
Full Name of Contributing Committee		Date [MM/DD/YYYY] \$	
			. <u> </u>
House # Street Address		Date [MM/DD/YYYY] \$	
Gity			
Laty	State Zip Code	Date [MM/DD/YYYY] S	
Full Name of Contributing	The second secon	Date [MM/DD/YYYY] \$	
Committee			
House # Street Address		Date [MM/DD/YYYY] \$	
Gy	State Zip Code	Date [MM/DD/YYYY]: \$	
Full Name of Contributing		Date [MM/DD/YYYY] \$	
Committee			
House # Street Address	- The second sec	Date [MM/DD/YYYY] \$	**************************************
City	State Zip Code	Date [MM/DD/YYYY] S	
Full Name of Contributing			
Committee	A.	Date [MM/DD/YYYY] \$	
House # Street Address		Date [MM/DD/YYYY] S	
	<u> </u>		
City	State Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee		Date [MM/DD/YYYY] \$	
House # Street Address	Angles San Control of	Dana Inn Monda	
House # Street Address		Date [MM/DD/YYYY] S	
City	State Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee		Date [MM/DD/YYYY] S	
House # Street Address		Date [MM/DD/YYYY] \$	
		Pare Hanath Policity 1	
City	State Zip Code	Date [MM/DD/YYYY] \$	<u>negászászenettek közültyi igégezédében, i ke iset iset iset közösésésésésésésésésésésésésésésésésésés</u>
		Control of the Contro	

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.)

ener/der/untation number-			,	٠.	•
			······································	y management and the second se	
Full Name of Contributor			P	ate [MM/DD/Y/YY]	
			1		
House #. Street Address			Ð	ate (MM/DD/YYYY) S	
Giy	State	Zip Code	D	ate [MM/Db/xxxx)	
Full Name of Contributor		· · · · · · · · · · · · · · · · · · ·	D	ete (MM/DD/YYY) S	
House # Street Address			D	ate (MM/DD//YYY)	
Gisy .	State	Zip Code	Þ	ate [MM/DD/XYXY] \$	
Full Name of Contributor			Ď	ate (MM/BD/MM)	
House # Street Address			D	ate [MM/DD/YYYY] \$	
Gisy	State	Zip Code		ate [MM/DD/YYYY] S	
Full Name of Contributors	673627531		Da	ate (MM/DD/YXYX) S	

House # Street Address		to the second	Dz	ate [MM/DD/YYYY] \$	
City	State	Zip Code	10°	ate (MM/DD//YWY)	
Full Name of Contributors	Programming Sources		Đâ	ne (MM/DD/XXXV) - \$	第 5 5
A state of the sta		•	3/15/27/2000		
House # Street Address			Da	ite (MM/DD///yyy) S	
			SEARCH IN		
City.	State	Zip Code	Da	ite (MM/DD/YYYY) \$	
			<u> </u>	ite (mai/oo/, a.v.)	
ะมีโลงอีกเลืองเลืองกับเกิดเลือง	1995/00/2009		D.	ite[MM/DD/YXY] // \$	
			No income		
House# Street Address	·		a a a a a a a a a a a a a a a a a a a	te/[MM/DD/YYYY] \$	
		•		(G.DAMA) on Visit of St.	
Giy_					
	State	Zip Code	Da	ie (MM/DD/YYYY) \$	

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.

### Chatematics Caronintes Chatematics Ca	Filer Identification I	lumber:						
House # Stees Address Date [MM/DD/YYY] S State Zip Code Date [MM/DD/YYY] S		omfitee				Date (MM//DD//YYY)	(\$	
Edit Name of Contributing Committee Edit Name o			:			Date (MM/DD/YYYY)	\$	
Touse # Street Address Date [MM/DD/YYY] S City State Zip Code Date [MM/DD/YYY] S Eul Name of Contributing Committee Lives # Street Address Date [MM/DD/YYY] S Eul Name of Contributing Committee Lives # Street Address Date [MM/DD/YYY] S Eul Name of Contributing Committee House # Street Address Date [MM/DD/YYY] S Eul Name of Contributing Committee House # Street Address Date [MM/DD/YYY] S Eul Name of Contributing Committee Full Name of Contributing Committee House # Street Address Date [MM/DD/YYY] S Eul Name of Contributing Committee House # Street Address Date [MM/DD/YYYY] S Eul Name of Contributing Committee Full Name of Contributing Committee House # Street Address Date [MM/DD/YYYY] S Eul Name of Contributing Committee House # Street Address Date [MM/DD/YYYY] S Eul Name of Contributing Committee House # Street Address Date [MM/DD/YYYY] S Eul Name of Contributing Committee House # Street Address Date [MM/DD/YYYY] S	City		State	Zip.Code		Date [MM/DD/YXXX]	<u>.</u> .\$	
City State Zip Code Date [MM/DD/YYYY] S	A THE PERSON NAMED OF THE PERSON NAMED AND PARTY OF THE PERSON NAMED IN THE PERSON NAM	imittee				Date [MM/DD/\\\\]	\$.	
Full Name of Contributing Committee Full Name o	al e					Date [MM/DD/XXXY]	3	
House # Street Address Date IMM/DD/YYY] S	City		State	-Zip Code		Pate (MM/DD/YYYY)	<u>*</u>	
City State Zip Code Date [MM/DD/YYYY] \$ Full Name of Contributing Committee House # Street Address Date [MM/DD/YYYY] \$ City Date [MM/DD/YYYY] \$ Full Name of Contributing Committee House # Street Address Date [MM/DD/YYYY] \$ City Date [MM/DD/YYYY]	AND THE CONTRACTOR OF THE PARTY	imittee				Date [MM/DD/AYYY]	S	
Full Name of Contributing Committee Date [MM/DD/YYYY] S	House #	Street Address				Date [MM/DD/YYYY]	\$	
City State Zip Code Date [MM/DD/YYYY] \$ Full Name of Contributing Committee House # Street Address Date [MM/DD/YYYY] \$ City State Zip Code Date [MM/DD/YYYY] \$ Full Name of Contributing Committee House # Street Address Date [MM/DD/YYYY] \$ Full Name of Contributing Committee State Zip Code Date [MM/DD/YYYY] \$ Full Name of Contributing Committee House # Street Address Date [MM/DD/YYYY] \$			State	Zip Code	M. Carlot		S	
City State Zip Code Date IMM/DD/YYYY) S Full Name of Contributing Committee House # Street Address City State Zip Code Date IMM/DD/YYYY] S Full Name of Contributing Committee Full Name of Contributing Committee For State Date IMM/DD/YYYY] S	Contributing Com							4 · · · · · · · · · · · · · · · · · · ·
Full Name of Contributing Committee Date [MM/DD/YYYY] \$		Street Address	Interest on Charles	And the Control of th				
Contributing Committee House # Street Address Date [MM/DD/YYYY] \$ City State Zip Code Date [MM/DD/YYYY] \$ Full Name of Contributing Committee House # Street Address Date [MM/DD/YYYY] \$			State	Zip Code	100 April 100 Ap			
City State Zip Code Date [MM/DD/YYYY] \$ Full Name of Contributing Committee House # Street Address Date [MM/DD/YYYY] \$	Contributing Com		***************************************		- F			
Full Name of Contributing Committee House # Street Address Date [MM/DD/YYYY] S Date [MM/DD/YYYY] S	Gity		State	Ziń Godé				
Contributing Committee	Full Name of							
			·					
ACCOMMENTATION OF THE PROPERTY	City		State	Zip Code	Mary L	Date (MM/DD/AYYY)		-

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			Date (MM/DD/YYYY) 35	
		·		
House # Sites	set Address		Date [MM/DD/YYYY] \$	
City		Land Multiple Copy		
GIY	State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Name			Occupation	· · · · · · · · · · · · · · · · · · ·
Employer Mailing Address				
Räncipal Place of Business FUI Name of Contributor			Date (MM/DD/YYYY) \$	
	· · · · · · · · · · · · · · · · · · ·			ļ
House # Stree	Set Address		Date [MM/DD/YYYY] \$	
				i
City	State	-Zip Code	Date [MM/DD/YYYY] \$	
Employer Name		Section 1	Occupation	
Employer Mailing Address / Principal Place of Business	La construction			
Pull Name of Contributor		•	Date (MM/DD/YYYY)	
44 B				
House:# Stree	et Address		Date [MM/DD/YYYY] \$	
City.	State	Zip code	Date [MM/DD/YYYY] S	
Employer Name	l de la companya de l	, market 1 m and 1 m a	Occupation	
Employer Mailing Address / Principal Place of Business				
Full Name of Contributor	1		Pare [MM/DD/YYYY] 5	
Part of the second of the seco	Section 2 Text Column Age of			
House# Street	et Address		Date [MM/DD/YYYY] \$	
City	State	2ip €ode	Date [MM/DD/YYYY] \$	· · · · · · · · · · · · · · · · · · ·
Employer Name	A THE STATE OF THE		The second secon	
			Occupation	
Employer Mailing Address / 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	E 20			
		.,,		
Full Name				
Rouse #	treet Address	<u> </u>		
Gity		State	210	Date [MM/DD/Y/Y/1] S
			Code	
Receipt Description		E22(33)025009		
Full Name				
House# S	reet Address			
City		State	Zip	Date [MIM/DD/YYYY] \$
			Gode	
Receipt Description				DOWNER
Full Name				
House # St	reet Address			
City		State	74P	Date (MM/DD/YYYY) \$
			Code	
Receipt Description				
Full Name				
House# St	reet Address			<u> </u>
City		State	Zip	Date (MM/DD)/YYYY) S
			Code	
Receipt Description		Page Sampage Sand		<u> </u>
Full Name				
Høuse # Str	eet Address			
Chy.		State	40	Date [MM/DD/YYYY] \$
			Code	
Receipt Description				
Full Name				
House # Str	eet Address			
City		State	24:22	Date IMM/DD/YYYY S
			Code	
Receipt Description				########
	and the state of t	and a supplementary and the supplementary an		

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 \$5	
TOTAL for the reporting period (1)	\$
2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250 TOTAL for the reporting period (2)	00 (FROM PARTIF)
(2)	
3 IN KIND CONTRIBUTION RECEIVED VALUE OVER \$250.00 (FROM	APART G)
TOTAL for the reporting period (3)	\$
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)	0.00

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

BEDS TRACTIONS STORE			VALUE OF \$30.01		
Filer Idenc	tification Number:				
Full Nam	ne of Contributor			Date [MM/DD/YYYY]	
House#	Street A	Address		Date (MM/DD/YYYY)	X
City	- Designation of the second of	State	Zip Code	Date [MM/DD/YYYY] &	
	ion of Contribution			Exce	
	ie of Fontabutor.			Date [MM/DD/YYYY] S	
House#	Street A	ddress		Date [MM/DD/YYYY] \$	
City.		State	Zip Code	Date (MM/DD/YYYY) \$	8
	ion of Contribution				
	e of Contributor			Date [MM/DD/AXXXI] \$	
House#	Street A	ddress		Date [MM/DD/YYYY] S	
City		State	Zip Code	Date [MM/DB/YYYY]; \$	
	on of Contribution				The second second second
es e de serviciones	e of Contributor			Date [MM/DD/YYYY] S	
House#	Street: A			Date [MM/DD/YYYY] S	60
City		State	Zip Code	Date [MM/DD/YYYY] S.	
	on of contribution				
	e of Contributor			Date [MM/DD/YYYY] S	
House #	Street Ac			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	September 1
Descriptio	on of Contribution				

SCHEDULE II Part G

In-Kind Contributions Received

·			VALUE OVER \$250		
File: Identification No	mber:				M
	4				
Full Name of Contri	buter			Date (MM/DD/YYYY) S	\$
		····			
House#	Street Address			Date [MM/DB/YYYY] \$	
City		State	Zip Code	Date (MM/DD/MM) S	
Employer Name			· · · · · · · · · · · · · · · · · · ·	Occupation	
Employer Mailing A Place of Business	ddress / Principal			Description	
Place or business				of Contribution	· · · · · · · · · · · · · · · · · · ·
Full Name of Contri	birel	<u> </u>		Date (MM/DD/XYYY) 25	8
		·			
Höuse #	Street Address			Date (MM/OD/YYYY) S	
City	13FFe) Web Towns The State of t	State	Zip Code	Date MM/DD/AWYY S	
Employer Name			The second secon	Occupation	21
	ddress / Principal			Description	
Place of Business		er e		of Contribution	
Eull Name of Contril	sutor			Date [MM/DD/Y/YY] S	34.
10 m			N r 		
House#	Street Address			Date [MM/DD/YYYY] \$	
			Section 1995 and 1995		
City		State	Zip Code	Date (MM/DD/AYY) S	
Employer Name			! 	Occupation	
Employer Mailing Ad Place of Business	ddress/Principal			Description of	
Place or Duning		<u> </u>		of Contribution	
Full Name of Contait	utor			Date [MM/DD/YYYY] 5	
House #	Street Address			Date (MM/DD/YYYY) \$	
			• • • • • • • • • • • • • • • • • • •		
CITY		State	Zip Code	-Date [MM/DD//YYY] \$	

Description of Contribution

Employer Mailing Address / Principal Place of Business

SCHEDULE III Statement of Expenditures

	سسس	 	 	 	
Filer Identification Number:			 		:

To Whom Paid	WALMART	Date (MM/DD/MYY) \$
House#		05/02/2025 66.16
2711	Street Address ELM STREET	Description of Expenditure
ERIE	State PA Zip Code 16504	FUNDERAISER MISCELLANEOUS
To Whom Paid	UPS STORE	Date [MM/DD/YYYY] \$ 18.00
THE COLUMN TO TH		02/26/2025
House # 2501	Street Address W. 12TH STREET	Description of Expenditure
Gity ERIE	State PA Zip 16505	PRINTING
To Whom Paid	POSTMASTER	Date [MM/DD/YYYY] \$ 94.00
House#	Street Address	02/04/2025
1401	STATE STREET	Description of Expenditure:
CITY ERIE	State PA Zip 16501	POSTAGE
To Whom Paid	STAPLES	Date (MM/DD/YYYY) \$ 19.36
		03/04/2025
House # 1924	Street Address KEYSTONE DRIVE	Description of Expenditure
City ERIE	State PA Zip Code 16509	SHARE OF BANNER
Te Whom Paid	IMPRINT.COM	Date (MM/OD/YYY) \$ 138.38
		02/05/2025
House # 14550	Street Address BEACHNUT STREET	138 38
House # 14550 City HOUSTON	Street Address	02/05/2025
House # 14550	Street Address BEACHNUT STREET State: Ty Zip 77700	02/05/2025 138.38 Description of Expenditure BUTTONS AND BUSINESS CARDS Date [MM/DD/YYYY] \$
House # 14550 City HOUSTON To Whom Paid	Street Address BEACHNUT STREET State TX Code 777783 DOLLAR TREE	Description of Expenditure BUTTONS AND BUSINESS CARDS Date [MM/DD/YYYY] \$ 03/04/2025 \$25.98
House # 14550 City HOUSTON To Whom Paid House # 1914	Street Address BEACHNUT STREET State: TX DOLLAR TREE Street Address KEYTSONE DRIVE	02/05/2025 138.38 Description of Expenditure BUTTONS AND BUSINESS CARDS Date [MM/DD/YYYY] \$
House # 14550 City HOUSTON To Whom Paid House # 1914 City ERIE	Street Address BEACHNUT STREET State TX Code 77783 DOLLAR TREE Street Address KEYTSONE DRIVE	Description of Expenditure BUTTONS AND BUSINESS CARDS Date [MM/DD/YYYY] \$ 03/04/2025 \$25.98
House # 14550 City HOUSTON To Whom Paid House # 1914 City ERIF	Street Address BEACHNUT STREET State: TX DOLLAR TREE Street Address KEYTSONE DRIVE State: DA. 21p. 2000000000000000000000000000000000000	Description of Expenditure BUTTONS AND BUSINESS CARDS Date [MM/DD/YYYY] \$ 25.98 Description of Expenditure PARADE CANDY Date [MM/DD/YYYY] \$ 40.00
House # 14550 City HOUSTON To Whom Paid House # 1914 City ERIE To Whom Paid	Street Address BEACHNUT STREET TX Zip Code 77783 DOLLAR TREE Street Address KEYTSONE DRIVE State PA Zip Code 16509 CUSTOM WORLD	Description of Expenditure BUTTONS AND BUSINESS CARDS Date [MM/DD/YYYY] \$ 03/04/2025 Description of Expenditure PARADE CANDY Date [MM/DD/YYYY] \$
House # 14550 City HOUSTON Lo Whom Paid House # 1914 City ERIE To Whom Paid	Street Address State TX	Description of Expenditure BUTTONS AND BUSINESS CARDS Date [MM/DD/YYYY] \$ 25.98 Description of Expenditure PARADE CANDY Date [MM/DD/YYYY] 5 40.00
House # 14550 City HOUSTON To Whom Paid House # 1914 City ERIE To Whom Paid	Street Address BEACHNUT STREET TX Zip Code 77783 DOLLAR TREE Street Address KEYTSONE DRIVE State PA Zip Code 16509 CUSTOM WORLD	Description of Expenditure BUTTONS AND BUSINESS CARDS Date [MM/DD/YYYY] \$ 25.98 Description of Expenditure PARADE CANDY Date [MM/DD/YYYY] 5 40.00
House # 14550 City HOUSTON To Whom Paid House # 1914 City ERIE To Whom Paid House # 170	Street Address State TX	Description of Expenditure BUTTONS AND BUSINESS CARDS Date [MM/DD/YYYY] \$ 25.98 Description of Expenditure PARADE CANDY Date [MM/DD/YYYY] \$ 40.00 Description of Expenditure
House # 14550 City HOUSTON To Whom Paid House # 1914 City ERIE To Whom Paid	Street Address State TX	Description of Expenditure BUTTONS AND BUSINESS CARDS Date [MM/DD/YYYY] \$ 25.98 Description of Expenditure PARADE CANDY Date [MM/DD/YYYY] \$ 40.00 Description of Expenditure
House # 14550 City HOUSTON To Whom Paid House # 1914 City ERIE To Whom Paid To Whom Paid	Street Address State TX	Description of Expenditure BUTTONS AND BUSINESS CARDS Date [MM/DD/YYYY] \$ 25.98 Description of Expenditure PARADE CANDY Date [MM/DD/YYYY] \$ 40.00 Description of Expenditure T-SHIRTS Date [MM/DD/YYYY] \$ 5

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	
Name of Creditor	Outstanding Balance of Debt.
House # Str	eet Address DATE DEBT/INCURRED \$. [MM/DD/YYY]
City:	State Zip Code
Description of Debt Name of Creditor	Outstanding Balance of Debt
	eet Address DATE DEBT INCURRED [MM/DD/YYYY]
City	State Zip Code
Description of Debt	
Name of Creditor House # Str	Outstanding Balance of Debt eet Address DATE DEBT INCURRED [MM/DD/YYYY]
City. Description of Debt	State Zip Code
Name of Creditor	Outstanding Balance of Debt
House # Str	eet Address S [MM/DD/YYYY]
City	State Zip Code
Description of Debt Name of Creditor	Outstanding Balance of Debt
programme and the second	Outstanding Balance of Detail soft Address [MM/DD/YYYY]
City	State Zip
Description of Debt.	Code
Name of Creditor	Outstanding Balance of Debt - 10.
	DATE DEBT INCURRED \$ [MM//DD/YYYY]
City Description of Debt	State Zip. Code
DESCRIBITION DESCRIPTION	