

# 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 type="checkbox"/> Committee	<input checked="" type="checkbox"/> Lobbyist
Name of Filing Committee, Candidate or Lobbyist	Committee to Elect Elizabeth Hirz DA			
Street Address	P.O. Box 295			
City	FAIRVIEW	State	PA	Zip Code
16415				

Type of Report (Place x under report type)

1- 6 <sup>th</sup> Tuesday Pre-Primary	2- 2 <sup>nd</sup> Friday Pre-Primary	3- 30 Day Post Primary	4- 6 <sup>th</sup> Tuesday Pre- Election	5- 2 <sup>nd</sup> Friday Pre- Election	6- 30 Day Post Election	7- Annual	Special 2 <sup>nd</sup> Friday Pre-Election	Special 30 Day Post-Election
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)	Year		2024		Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	1/1/2024	12/31/2024	
A. Amount Brought Forward From Last Report	\$	16,565.95	<p>2024 DEC 23 PM 12:40</p> <p>ERIC MAGGIO VOTER REGISTRATION</p>
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	0	
C. Total Funds Available (Sum of Lines A and B)	\$	16,565.95	
D. Total Expenditures (From Schedule III)	\$	2,464.75	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	14,101.2	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	25.00	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	0	

## 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 schedules on paper, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

23<sup>rd</sup> day of December 20 24

Signature: Lynette Maggio

Signature of Person Submitting report: Patricia Kennedy

Printed Name: Patricia Kennedy

My Commission expires 06 06 2028 MO. DAY YR.

My commission expires June 6, 2028 Area Code 572-7463 Commission number 1446583

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.

Sworn to and subscribed before me this

23<sup>rd</sup> day of December 20 24

Signature: Lynette Maggio

Signature of Candidate: Elizabeth Hirz

Printed Name: ELIZABETH HIRZ

My Commission expires 06 06 28 MO. DAY YR.

My commission expires June 6, 2028 Area Code 572 7463 Commission number 1446583

Member, Pennsylvania Association of Notaries

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) \$

**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) \$

**3. Contributions Over \$250.00 (From Part C and Part D)**

Contributions Received from Political Committees (Part C)

\$

All Other Contributions (Part D)

\$

Total for the reporting period (3) \$

**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	
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										Amount	
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 Contributing Committee						Date [MM/DD/YYYY]		\$			
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 Contributing Committee						Date [MM/DD/YYYY]		\$			
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 Contributing Committee						Date [MM/DD/YYYY]		\$			
House #	Street Address					Date [MM/DD/YYYY]		\$			
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:	
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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]	\$	
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 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:	
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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 Contributing Committee					Date [MM/DD/YYYY]	\$	
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 Contributing Committee					Date [MM/DD/YYYY]	\$	
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 Contributing Committee					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:					
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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					

  

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					

## 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:	
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Full Name							
House #		Street Address					
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Receipt Description							
Full Name							
House #		Street Address					
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Receipt Description							
Full Name							
House #		Street Address					
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Receipt Description							
Full Name							
House #		Street Address					
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Receipt Description							
Full Name							
House #		Street Address					
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Receipt Description							
Full Name							
House #		Street 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	
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1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED VALUE OF \$50.00 OR LESS PER CONTRIBUTOR		
TOTAL for the reporting period	(1)	\$ 25.00

2. IN-KIND CONTRIBUTIONS RECEIVED VALUE OF \$50.01 TO \$250.00 (FROM PART F)		
TOTAL for the reporting period	(2)	\$

3. IN-KIND CONTRIBUTION RECEIVED VALUE OVER \$250.00 (FROM PART 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)		\$ 25.00
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SCHEDULE II  
PART F

**In-Kind Contributions Received**

VALUE OF \$50.01 TO \$250

Filer Identification Number:	
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Full Name of Contributor				Date [MM/DD/YYYY]		\$
House #		Street Address		Date [MM/DD/YYYY]		\$
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]		\$
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]		\$
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]		\$
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]		\$
City		State		Zip Code		Date [MM/DD/YYYY] \$

Description of Contribution	
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**SCHEDULE II**

**Part G**

**In-Kind Contributions Received**

**VALUE OVER \$250**

<b>Filer Identification Number:</b>	
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<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>		\$	
<b>House #</b>		<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>		\$	
<b>City</b>			<b>State</b>		<b>Zip Code</b>		\$	
<b>Employer Name</b>					<b>Occupation</b>			
<b>Employer Mailing Address / Principal Place of Business</b>					<b>Description of Contribution</b>			
<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>		\$	
<b>House #</b>		<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>		\$	
<b>City</b>			<b>State</b>		<b>Zip Code</b>		\$	
<b>Employer Name</b>					<b>Occupation</b>			
<b>Employer Mailing Address / Principal Place of Business</b>					<b>Description of Contribution</b>			
<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>		\$	
<b>House #</b>		<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>		\$	
<b>City</b>			<b>State</b>		<b>Zip Code</b>		\$	
<b>Employer Name</b>					<b>Occupation</b>			
<b>Employer Mailing Address / Principal Place of Business</b>					<b>Description of Contribution</b>			
<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>		\$	
<b>House #</b>		<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>		\$	
<b>City</b>			<b>State</b>		<b>Zip Code</b>		\$	
<b>Employer Name</b>					<b>Occupation</b>			
<b>Employer Mailing Address / Principal Place of Business</b>					<b>Description of Contribution</b>			

SCHEDULE III  
Statement of Expenditures

Filer Identification Number:					
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To Whom Paid		U.S. Postal Service		Date [MM/DD/YYYY]	\$	70.00
House #	Street Address	P.O. Box Fee Payment		Description of Expenditure		
City	Fairview	State	PA	Zip Code	16415	Payment for campaign mail box

  

To Whom Paid		U.S. Postal Service		Date [MM/DD/YYYY]	\$	2.00
House #	Street Address	P.O. Box Fee Payment		Description of Expenditure		
City	FAIRVIEW	State	PA	Zip Code	16415	BALANCE of mailbox fee

  

To Whom Paid		Polish Falcons Nest #610		Date [MM/DD/YYYY]	\$	100.00
House #	Street Address	431 East Third Street		Description of Expenditure		
City	Erie	State	PA	Zip Code	16507	DYNBUS DAY AD

  

To Whom Paid		Troika Festival		Date [MM/DD/YYYY]	\$	50.00
House #	Street Address	109 German Street		Description of Expenditure		
City	Erie	State	PA	Zip Code	16507	Russian Fest Ad

  

To Whom Paid		Eric Crawford LLC		Date [MM/DD/YYYY]	\$	100.00
House #	Street Address	32 West 8th St, #502		Description of Expenditure		
City	Erie	State	PA	Zip Code	16501	Ticket and ad in program Scholarship event

  

To Whom Paid		Erie Police Golf Tournament		Date [MM/DD/YYYY]	\$	350.00
House #	Street Address	P.O. Box 10382		Description of Expenditure		
City	Erie	State	PA	Zip Code	16514	Hole Sponsorship

  

To Whom Paid		PATRICK J. Di Paolo Mem. Scholarship		Date [MM/DD/YYYY]	\$	100.00
House #	Street Address	P.O. Box 3073		Description of Expenditure		
City	Erie	State	PA	Zip Code	16508	Hole Sponsorship

  

To Whom Paid		SWANSON Memorial FOP Lodge 48		Date [MM/DD/YYYY]	\$	300.00
House #	Street Address	1823 West 33rd St		Description of Expenditure		
City	Erie	State	PA	Zip Code	16508	SPONSORSHIP for Scholarship Golf Tournament

**SCHEDULE III**  
**Statement of Expenditures**

Filer Identification Number	
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To Whom Paid					Date [MM/DD/YYYY]		\$
La Nuova Aurora society					05/25/2024		50.00
House #	Street Address		City		State	Zip Code	Description of Expenditure
1518	Walnut Street		Erie		PA	16502	GOLF Tournament Sponsor
To Whom Paid					Date [MM/DD/YYYY]		\$
St. Paul Italian Fest					05/28/2024		100.00
House #	Street Address		City		State	Zip Code	Description of Expenditure
435	West 17 <sup>th</sup> Street		Erie		PA	16502	Festival Basket Sponsor
To Whom Paid					Date [MM/DD/YYYY]		\$
St. James Ame Church					06/05/2024		150.00
House #	Street Address		City		State	Zip Code	Description of Expenditure
236	East 11 <sup>th</sup> Street		Erie		PA	16503	Program Ad
To Whom Paid					Date [MM/DD/YYYY]		\$
Millcreek 4 <sup>th</sup> of July PARADE					06/24/2024		40.00
House #	Street Address		City		State	Zip Code	Description of Expenditure
3608	West 26 <sup>th</sup> Street		Erie		PA	16506	PARADE ENTRY Fee
To Whom Paid					Date [MM/DD/YYYY]		\$
Holy Trinity Zabawa					07/15/2024		100.00
House #	Street Address		City		State	Zip Code	Description of Expenditure
2220	Reed Street		Erie		PA	16503	Ad in Festival Program
To Whom Paid					Date [MM/DD/YYYY]		\$
WALMART					07/02/2024		93.81
House #	Street Address		City		State	Zip Code	Description of Expenditure
5350	West Ridge Road		Erie		PA	16506	PARADE CANDY
To Whom Paid					Date [MM/DD/YYYY]		\$
Erie Irish Festival					08/05/2024		175.00
House #	Street Address		City		State	Zip Code	Description of Expenditure
130	East 4 <sup>th</sup> Street		Erie		PA	16507	Program Ad
To Whom Paid					Date [MM/DD/YYYY]		\$
Polish FALCONS NEST 610					08/09/2024		75.00
House #	Street Address		City		State	Zip Code	Description of Expenditure
431	East 3 <sup>rd</sup> Street		Erie		PA	16507	GOLF Hole Sponsor

**SCHEDULE III**  
**Statement of Expenditures**

Filer Identification Number:					
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To Whom Paid	Erie County Law Foundation				Date [MM/DD/YYYY]	08/10/2024	\$	250.00
House #	429	Street Address	West 6 <sup>th</sup> Street		Description of Expenditure			
City	Erie	State	PA	Zip Code	16507	SPONSOR BOCCIE FUNDRAISER		

  

To Whom Paid	MERCY CENTER FOR WOMEN				Date [MM/DD/YYYY]	08/16/2024	\$	100.00
House #	1039	Street Address	East 27 <sup>th</sup> Street		Description of Expenditure			
City	Erie	State	PA	Zip Code	16504	Admission to charity event		

  

To Whom Paid	Fine Wine & Good Spirits 2516				Date [MM/DD/YYYY]	08/05/2024	\$	33.69
House #	3702	Street Address	Liberty Street		Description of Expenditure			
City	Erie	State	PA	Zip Code	16508	ITEMS FOR RAFFLE BASKET		

  

To Whom Paid	Home Goods U#150				Date [MM/DD/YYYY]	08/04/2024	\$	12.70
House #	2088	Street Address	INTERCHANGE BLVD		Description of Expenditure			
City	ERIE	State	PA	Zip Code	16565	ITEMS FOR RAFFLE BASKET		

  

To Whom Paid	TJ MAXX				Date [MM/DD/YYYY]	08/04/2024	\$	10.59
House #	2070	Street Address	INTERCHANGE ROAD		Description of Expenditure			
City	ERIE	State	PA	Zip Code	16565	Item for Raffle BASKET		

  

To Whom Paid	MARSHALLS				Date [MM/DD/YYYY]	08/05/2024	\$	16.96
House #	6710	Street Address	PEACH STREET		Description of Expenditure			
City	ERIE	State	PA	Zip Code	16509	ITEM FOR RAFFLE BASKET		

  

To Whom Paid	Ivies ON THE LAKE FOUNDATION				Date [MM/DD/YYYY]	09/15/2024	\$	50.00
House #		Street Address	P.O. Box 10510		Description of Expenditure			
City	Erie	State	PA	Zip Code	16514	Program Ad		

  

To Whom Paid	Friends of Steve Oler				Date [MM/DD/YYYY]	10/10/2024	\$	25.00
House #	991	Street Address	Bonnie Brae Dr		Description of Expenditure			
City	Erie	State	PA	Zip Code	16511	EVENT TICKET		

**SCHEDULE III**  
**Statement of Expenditures**

Filer Identification Number

To Whom Paid				Northwest		Date [MM/DD/YYYY]	01/31/2024	\$	5.00
House #	100	Street Address	Liberty Street		Description of Expenditure				
City	WARREN	State	PA	Zip Code	16365	BANK Fee			
To Whom Paid				Northwest		Date [MM/DD/YYYY]	02/29/2024	\$	5.00
House #	100	Street Address	Liberty Street		Description of Expenditure				
City	WARREN	State	PA	Zip Code	16365	BANK Fee			
To Whom Paid				Northwest		Date [MM/DD/YYYY]	03/29/2024	\$	5.00
House #	100	Street Address	Liberty Street		Description of Expenditure				
City	WARREN	State	PA	Zip Code	16365	BANK Fee			
To Whom Paid				Northwest		Date [MM/DD/YYYY]	04/30/2024	\$	5.00
House #	100	Street Address	Liberty Street		Description of Expenditure				
City	WARREN	State	PA	Zip Code	16365	BANK Fee			
To Whom Paid				Northwest		Date [MM/DD/YYYY]	05/31/2024	\$	5.00
House #	100	Street Address	Liberty Street		Description of Expenditure				
City	WARREN	State	PA	Zip Code	16365	BANK Fee			
To Whom Paid				Northwest		Date [MM/DD/YYYY]	06/28/2024	\$	5.00
House #	100	Street Address	Liberty Street		Description of Expenditure				
City	WARREN	State	PA	Zip Code	16365	BANK Fee			
To Whom Paid				Northwest		Date [MM/DD/YYYY]	07/31/2024	\$	5.00
House #	100	Street Address	Liberty Street		Description of Expenditure				
City	WARREN	State	PA	Zip Code	16365	BANK Fee			
To Whom Paid				Northwest		Date [MM/DD/YYYY]	08/30/2024	\$	5.00
House #	100	Street Address	Liberty Street		Description of Expenditure				
City	Warren	State	PA	Zip Code	16365	BANK Fee			

**SCHEDULE III**  
**Statement of Expenditures**

Filer Identification Number							
To Whom Paid		Northwest		Date [MM/DD/YYYY]	09/30/2024	\$	5.00
House #	100	Street Address	Liberty Street		Description of Expenditure		
City	WARREN	State	PA	Zip Code	16365	BANK Fee	
To Whom Paid		Gem City Lodge		Date [MM/DD/YYYY]	16/14/2024	\$	50.00
House #	2517	Street Address	Ash Street		Description of Expenditure		
City	Erie	State	PA	Zip Code	16503	Program Ad	
To Whom Paid		Northwest		Date [MM/DD/YYYY]	10/31/2024	\$	5.00
House #	100	Street Address	Liberty Street		Description of Expenditure		
City	WARREN	State	PA	Zip Code	16365	BANK Fee	
To Whom Paid		Northwest		Date [MM/DD/YYYY]	11/30/2024	\$	5.00
House #	100	Street Address	Liberty Street		Description of Expenditure		
City	WARREN	State	PA	Zip Code	16365	BANK Fee	
To Whom Paid		Northwest		Date [MM/DD/YYYY]	12/31/2024	\$	5.00
House #	100	Street Address	Liberty Street		Description of Expenditure		
City	WARREN	State	PA	Zip Code	16365	BANK Fee	
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			

**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:	
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<b>Name of Creditor</b>					<b>Outstanding Balance of Debt</b>	
<b>House #</b>		<b>Street Address</b>		<b>DATE DEBT INCURRED</b> [MM/DD/YYYY]		\$
<b>City</b>			<b>State</b>	<b>Zip Code</b>		
<b>Description of Debt</b>						
<b>Name of Creditor</b>					<b>Outstanding Balance of Debt</b>	
<b>House #</b>		<b>Street Address</b>		<b>DATE DEBT INCURRED</b> [MM/DD/YYYY]		\$
<b>City</b>			<b>State</b>	<b>Zip Code</b>		
<b>Description of Debt</b>						
<b>Name of Creditor</b>					<b>Outstanding Balance of Debt</b>	
<b>House #</b>		<b>Street Address</b>		<b>DATE DEBT INCURRED</b> [MM/DD/YYYY]		\$
<b>City</b>			<b>State</b>	<b>Zip Code</b>		
<b>Description of Debt</b>						
<b>Name of Creditor</b>					<b>Outstanding Balance of Debt</b>	
<b>House #</b>		<b>Street Address</b>		<b>DATE DEBT INCURRED</b> [MM/DD/YYYY]		\$
<b>City</b>			<b>State</b>	<b>Zip Code</b>		
<b>Description of Debt</b>						
<b>Name of Creditor</b>					<b>Outstanding Balance of Debt</b>	
<b>House #</b>		<b>Street Address</b>		<b>DATE DEBT INCURRED</b> [MM/DD/YYYY]		\$
<b>City</b>			<b>State</b>	<b>Zip Code</b>		
<b>Description of Debt</b>						