| Reset Form | <br>Print F | orm |
|------------|-------------|-----|

## Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed) Filer Identification Report Filed By Candidate Committee Number. ( Mark X) ... Name of Filing Committee, Candidate or Human Rights Campaign PAC Street Address 1640 Rhode Island Ave NW City Washington Zip Code 20036 Type of Report (Place x under report type) 1-6th Tuesday 2- 2nd Friday 3- 30 Day Post 4- 6th Tuesday 5-2"d Friday 6-30 Day Post Special 2" Friday 7- Annual Special 30 Day **Pre-Primary** Pre-Primary Primary Pre- Election Pre- Election Election Pre-Election Post-Election Date Of Election Year Amendment Termination (MM/DD/YYYY) Report Report Summary of Receipts and From Date To Date For Office Use Only Expenditures 01/01/2021 12/02/2021 A. Amount Brought Forward From Last Report 0.00 B. Total Monetary Contributions and Receipts (From Schedule I) 2,912.49 C. Total Funds Available 2,912.49 (Sum of Lines A and B) D. Total Expenditures (From Schedule III) 2,912,49 E. Ending Cash Balance (Subtract Line D from Line C) 0.00 F. Value of In-Kind Contributions Received (From Schedule II) G. Unpaid Debts and Obligations (From Schedule IV) Affidavit Section Part 1- 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 December James M. Rinefierd Calendy righted by Jerset Br., Righted Sime: JOSE 12-02 11-43-23 Gister Signature of Person Submitting report James M. Rinefierd, Treasurer Printed Name 09/30/2026 My Commission expires 202 216-1583 MO. Area Code Daytime Telephone Number ATIEST TO ELECTRONIC SIGNATURE - Danie 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 (F Sworn to and subscribed before me this Signature of Candidate Signature Printed Name My Commission expires MO. DAY Area Code Daytime Telephone Number

# 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)  |   | \$ | 299.90   |
| Total for the reporting period  | (2)   | \$ |          |
| 3. Contributions Over \$250.00 (From Part C and Part D)                         | 1900. 2<br>12<br>13<br>14<br>14<br>15<br>16<br>16<br>16<br>16<br>16<br>16<br>16<br>16<br>16<br>16<br>16<br>16<br>16 |    |          |
| Contributions Received from Political Committees (Part C)                       |   | \$ |          |
| All Other Contributions (Part D)  |   | \$ | 2,612.59 |
| 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 | -   | <  |          |

2,912.49

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**

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

|                              |   |                    |                                       |                        | Amount   |
|------------------------------|---|--------------------|---------------------------------------|------------------------|----------|
| Full Name of Co<br>Committee | ontributing                                   |                    |                                       | Date [MM/DD/YYYY] \$   |          |
| veralis.                     |   |                    |                                       | 100                    |          |
| House #                      | Street Address                                |                    |                                       | Date [MM/DD/YYYY] \$   |          |
| City                         | Taland Lean street                            | State<br>Selection | Zip Code                              | Date [MM/DD/YYYY] \$   |          |
| (1) (1)<br>(1) (1) (1) (1)   |   |                    |                                       | · 英語                   |          |
| Full Name of Co<br>Committee | ontributing                                   |                    |                                       | Date [MM/DD/YYYY] (\$) |          |
| House #                      | Street Address                                |                    |                                       | Date [MM/DD/YYYY] 5    |          |
| City                         | William Well and the second                   | State              | Zip Code                              | Date [MM/DD/YYYY] \$   |          |
|                              |   |                    |                                       |                        |          |
| Full Name of Co<br>Committee | ntributing                                    |                    |                                       | Date [MM/DD/YYYY] \$   |          |
| House #                      | Street Address                                |                    |                                       | Date [MM/DD/YYYY] \$   |          |
| City                         | 15 Sec. (\$250,000) [6]                       | State              | Zip Code                              | Date [MM/DD/YYYY] \$   |          |
| Full Name of Co<br>Committee | ntributing                                    | 1000               |                                       | Date [MM/DD/YYYY] \$   |          |
| House #                      | Street Address                                |                    |                                       | Date [MM/DD/YYYY] 5    |          |
| City                         | - Commercial Services and Commercial Services | State              | Zip Code                              | Date [MM/DD/YYYY] \$   |          |
| Full Name of Co<br>Committee | ntributing                                    |                    | I seem and a seem a                   | Date [MM/DD/YYYY] \$   |          |
| House #                      | Street Address                                | ····               |                                       | Date [MM/DD/YYYY] \$   | <u> </u> |
| City                         | ाराज्यसम्बद्धाः स्थापन                        | State              | Zip Code                              | Date [MM/DD/YYYY] \$   |          |
| Full Name of Co<br>Committee | ntributing                                    | to the second      | · · · · · · · · · · · · · · · · · · · | Date [MM/DD/YYYY] \ \$ |          |
| House #                      | Street Address                                |                    |                                       | Date [MM/DD/YYYY] \$   |          |
| City                         | The second of the supplemental                | 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: |                              |                                       |  |
|------------------------------|------------------------------|---------------------------------------|--|
| <u>雲尾舞舞術像 練等演奏 法最</u> 對於最有的  | Filer Identification Number: |                                       |  |
|                              |                              | · · · · · · · · · · · · · · · · · · · |  |

|                                       |                      |                                   | Single State Inches                   | . si   |
|---------------------------------------|----------------------|-----------------------------------|---------------------------------------|--|
| Full Name of Contributor Human Rights | Campaign - staff tir | ne given to PAC to expend in-kind | Date [MM/DD/YYYY] \$                  | 149.95   |
| House # Street Address                |                      |                                   | Date [MM/DD/YYYY] \$ \$               | **   |
|                                       | 640 Rhode Island A   |                                   | 10/10/2021                            | 89.97  |
| City : Washington                     | State<br>DC          | <b>Zip Code</b> 20036             | 10/13/2021                            | 59.98  |
| Full Name of Contributor              |                      |                                   | Date [MM/DD/YYYY] [   5               | 4  |
|                                       |                      |                                   |                                       |  |
| House # Street Address                |                      |                                   | Date [MM/DD/YYYY] \$                  |  |
|                                       |                      |                                   | · · · · · · · · · · · · · · · · · · · |  |
| City                                  | State                | Zip Code                          | Date [MM/DD/YYYY] \$                  |  |
| Full Name of Contributor.             |                      |                                   | Date [MM/DD/YYYY] 5                   |  |
|                                       |                      |                                   |                                       |  |
| (House #) Street Address              |                      |                                   | Date [MM/DD/YYYY] : \$                | \$<br>5  |
|                                       |                      |                                   |                                       |  |
| City                                  | State                | Zip Code                          | Date [MM/DD/YYYY]   \$                |  |
| r <mark>a:</mark><br>Vii              |                      |                                   |                                       | i<br>K   |
| Full Name of Contributor:             |                      |                                   | Date [MM/DD/YYYY] [   \$              |  |
|                                       |                      |                                   | 4                                     |  |
| House #   Street Address              |                      |                                   | Date [MM/DD/YYYY]   \$                | **************************************   |
|                                       |                      |                                   |                                       |  |
| City                                  | State                | Zip Code                          | Date [MM/DD/YYYY] \$                  |  |
| Full Name of Contributor              |                      |                                   | Date [MM/DD/YYYY] # \$                | 15   |
|                                       |                      |                                   |                                       |  |
| House # Street Address                |                      |                                   | Date [MM/DD/YYYY] \$                  | The state of the s |
|                                       |                      |                                   |                                       | (요)<br>(요)<br>(요)  |
| City                                  | State                | Zip Code                          | Date [MM/DD/YYYY] \$                  |  |
|                                       | 1,52,00              | <b>是是</b>                         |                                       |  |
| Full Name of Contributor              |                      |                                   | Date [MM/DD/YYYY] \$                  | 2 <u>2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 </u>  |
|                                       |                      |                                   |                                       |  |
| House # Street Address                |                      |                                   | Date (MM/DD/YYYY) \$                  | **************************************   |
|                                       |                      |                                   |                                       |  |
| City                                  | State                | Zip Code                          | Date [MM/DD/YYYY] \$                  | <b>4</b>   |
|                                       |                      |                                   |                                       | N  |

# PART C Contributions Received From Political Committees

Over \$250.00-

Filer Identification Number:

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 Automotive Contributing Committee |  |   | Date [MM/DD/YYYY]  |      |
|--|--|---|--|------|
| House # Street Address                         |  |   | Date (MM/DD/YYYY)  |      |
| House # Street Address                         |  |   | Date (MIVI/DD) 111   |      |
| Civ  | State  | Zip Code  | Date (MM/DD/YYY)   |      |
|  |  |   |  |      |
| Full Name of Contributing Committee            |  |   | Date (MM/DD/YYYY)  |      |
| (House # Street Address                        |  | <del>N</del> o                                  | Date [MM/DD/YYYY]  |      |
|  | Process of the same of the sam |   | Date [MM/DD/YYYY]  |      |
| City/  | State  | Zip Code  | THE TAXABLE PROPERTY OF THE PR |      |
| Full Name of Contributing Committee            |  |   | Date MM/DD/YYYY)   |      |
| House # Street Address                         |  | <u> </u>  | Date [MM/DD/YYYY]  |      |
| inouse v                                       |  |   |  |      |
| City   | State  | Zip Code  | Date [MM/DD/YYYY)  | 5    |
| Füll Name of                                   | Caralina services (  | (1982年) [1] [1] [1] [1] [1] [1] [1] [1] [1] [1] | Date (MM/DD/YYYY)  |      |
| Contributing Committee                         |  |   |  |      |
| House # Street Address                         |  |   | Date [MM/DD/YYYY]  |      |
| City   | State  | Zip Code  | Date [MM/DD/YYYY]  | \$   |
| Full Name of                                   | to 10 lightest to 1,000 A  | The first test foreign and the first            | Date [MM/DD/XXXX]  | K-1  |
| Contributing Committee                         |  |   |  |      |
| House # Street Address                         |  |   | Date [MM/DD/AXX]   |      |
| Chy  | State  | Zip Code  | Date [MM/DD/YYYY)  |      |
|  |  |   |  | 2340 |
| Full Name of Contributing Committee            |  |   | Date [MM/DD/YYYY]  | is.  |
| House # Street Address                         |  |   | Date [MM/DD/YYYY)  |      |
| 232  | and the second of the  | See 122 - 224 - Articl                          | 7  |      |
| City   | State  | Zip Code  | Date [MM/DD//YYY]  | \$   |

# 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]        | 'al                                       |
|  | Human Rights Campaign - staff time | given to PAC to expend in-kind           | 10/27/2021               | 974.82                                    |
|  | reet Address                       |  | Date [MM/DD/YYYY]        |   |
|  | 1640 Rhode Island Ave I            | NW .                                     | 10/31/2021               | 1,337.86                                  |
| Cry  | State                              | Zip Code                                 | Date [MM/DD/YYYY]        |   |
| Washington   | DC DC                              | 20036                                    | 11/02/2021               | 299.91                                    |
| Employer Name  |                                    |  | Occupation               |   |
| Employer Mailing Address Principal Place of Busines    | <b>67</b> (10)                     |  | 1.000                    |   |
| Full Name of Contributor                               |                                    |  | Date [MM/DD/YYYY] \$     |   |
|  |                                    |  |                          |   |
|  | reet Address                       |  | Date [MM/DD/YYYY] \$     | (本)                                       |
|  |                                    |  |                          |   |
| City   | State                              | Zip Code                                 | Date [MM/DD/YYYY] Sign S |   |
|  |                                    | 30 W 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 |                          | 16<br>16                                  |
| Employer Name  |                                    |  | Occupation               |   |
| Employer Mailing Address Principal Place of Busines    |                                    |  |                          | <u> </u>                                  |
| Full Name of Contributor                               |                                    |  | Date [MM/DD/YYYY]        | N.  |
|  |                                    |  |                          |   |
| House #  | reet Address                       | ···-                                     | Date [MM/DD/YYYY] 6 \$   | 2 (c) |
|  |                                    |  |                          |   |
| Clsy   | State                              | Zip Code                                 | Date [MM/DD/YYYY] \$     | 06:<br>                                   |
|  |                                    |  |                          |   |
| Employer Name  |                                    |  | Occupation               |   |
| Employer Mailing Address<br>Principal Place of Busines | <b>5</b> /2003年記載                  |  |                          |   |
| Full Name of Contributor                               |                                    | <u> </u>                                 | 'Date [MM/DD/YYYY] 24 5  | **<br>**<br>**                            |
|  |                                    |  |                          | 27<br>27<br>27<br>27<br>28<br>28<br>28    |
| House # Str  | reet Address                       |  | Date [MM/DD/YYYY] \$     | 44<br>14<br>54                            |
|  |                                    |  |                          |   |
| City   | State 5                            | Zip Code                                 | Date [MM/DD/YYYY] \$     |   |
|  |                                    |  |                          |   |
| Employer Name  |                                    |  | Occupation               | ,   |
| <b>Employer Mailing Addres</b>                         | 5/诗柳科等。图                           |  |                          |   |
| Principal Place of Busines                             | is                                 |  |                          |   |

# 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 Num | lber:          |                      |  |   |
|--------------------------|----------------|----------------------|--|---|
| Full Name                |                | · · ·                |  | 1) 12 12                                |
| House #                  | Street Address |                      | AND THE RESIDENCE AND  | , |
| <b>City</b>              |                | State                | Zip)<br>Code   | Date [MM/DD/YYYY]                       |
| Receipt Description      |                | Of Change of Melcon  | 730000   | France I                                |
| Full Name                |                |                      | W 8,4 4  |   |
| House #                  | Street Address |                      |  |   |
| City                     | A2901          | State                | Zip<br>Code  | Date [MM/DD/YYYY]                       |
| Receipt Description      |                |                      | 700  |   |
| Full Name                |                |                      |  |   |
| House #                  | Street Address | 444 4280             |  | The second beautiful (44)               |
| City                     |                | State                | Zip<br>Code  | Date (MM/DD/YYYY) (1) \$)               |
| Receipt Description      |                |                      | ***************************************  |   |
| Full Name                |                |                      |  |   |
| House #                  | Street Address |                      |  |   |
| City                     |                | State                | Zip<br>Code  | Date [MM/DD/YYYY] (\$)                  |
| Receipt Description      |                |                      |  |   |
| Full Name                |                |                      | 4  |   |
| House #                  | Street Address | Property (see proper | The second secon | TOTAL PROPERTY OF LAND                  |
| City                     |                | State                | Zip<br>Code  | Date (MM/DD/YYYY) \$                    |
| Receipt Description      |                |                      |  |   |
| Full Name                |                |                      |  |   |
| House #                  | Street Address | i na wasan wasan     | TATE TO SECULO   | Alexander of the Annual Colored         |
| <b>Gly</b>               |                | State                | Zip<br>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:  |                       |                                |           |
|---|-----------------------|--------------------------------|-----------|
|   |                       |                                |           |
| 1. UNITEMIZED IN-KIND CONTRI  | BUTIONS RECEIVED-VA   | LUE OF \$50.00 OR LESS PER COM | VIRIBUTOR |
| TOTAL for the reporting period  | (1)                   | \$                             |           |
| 2. /IN-KIND CONTRIBUTIONS REC   | EIVED-VALUE OF \$50.0 | 11 TO \$250.00 (FROM PART F)   |           |
| TOTAL for the reporting period  | (2)                   | \$                             |           |
| 3. IN-KIND CONTRIBUTION RECE  | IVED-VALUE OVER \$25  | 0.00 (FROM PART G)             |           |
| TOTAL for the reporting period  | (3)                   | \$                             |           |
| TOTAL VALUE OF IN-KIND CONTRIBUTION   | ONS DURING THIS REPO  | ORTING S                       |           |
| PERIOD (Add and enter amount totals for on Page 1, Report Cover Page, Item F) |                       | 1 1                            |           |

#### SCHEDULE (I PART F

## **In-Kind Contributions Received**

VALUE OF \$50.01 TO \$250

| Filer Identification |  |  |   |                         |                  |
|----------------------|--|--|---|-------------------------|------------------|
|                      |  |  |   |                         |                  |
| Full Name of Con     | tributor (   |  |   | Date [MM/DD/YYYY] \$    |                  |
| House #              | Street Address   | the control of the co |   | Date [MM/DD/YYYY]   \$  | ,                |
| City                 | Bull Class Commission on Commission of Commi | State  | Zip Code                                | Date [MM/DD/YYYY]  \$   |                  |
| Description of Co    | ntribution   |  |   |                         |                  |
| Full Name of Con     | ributor  |  |   | Date [MM/DD/YYYY] \$ ;  |                  |
| House#               | Street Address   |  | <b>→</b>                                | Date [MM/DD/YYYY] 5     | <del>ги: .</del> |
| City                 | J. de Communication de la  | State  | Zip Code                                | Date [MM/DD/YYYY]       |                  |
| Description of Co    | ntribution   |  | 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - | September               | ,                |
| Full Name of Cont    |  |  |   | Date [MM/DD/YYYY] \$    |                  |
| House #              | Street Address   |  |   | Date [MM/DD/YYYY] \$    |                  |
| City                 | •  | State  | Zip Code                                | Date [MM/DD/YYYY]       |                  |
| N. S. W. S. B. A. S. | ntribution:  | 26.<br>2.5   |   |                         |                  |
| Full Name of Cont    | ributor  |  |   | !Date (MM/DD/YYYY)   \$ |                  |
| House #              | Street Address   |  |   | Date [MM/DD/YYYY] \$    |                  |
| City                 |  | State  | Zip Code                                | Date [MM/DD/YYYY] \$    |                  |
|                      | ntribution 15  | (b)<br>(c)<br>(c)  |   |                         |                  |
| Full Name of Cont    |  |  | CONTROL COLUMN                          | Date [MM/DD/YYYY] \$    |                  |
| House #              | Street Address   |  |   | Date (MM/DD/YYYY) 195   |                  |
| City                 |  | State  | Zip Code                                | Date [MM/DD/YYYY]       |                  |
| Description of Cor   | ntribution   | \$1<br>  |   |                         |                  |

## SCHEDULE II Part G

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

VALUE OVER \$250

| Filer Identification Number: |      |  |
|------------------------------|------|--|
|                              | <br> |  |

| Full Name of Contributor                                |  | Date (MM/DD/YYYY) \$               |
|---|--|------------------------------------|
| House # Street Address                                  |  | Date [MM/DD/YYYY]                  |
| City  | State Zip Code   | Date (MM/DD/XXXX)   53             |
| Employer,Name   |  | Occupation:                        |
| Employer Mailing Address / Principal Place of Business  |  | Description of :                   |
| 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 is                      |
| Employer Mailing Address / Principal Place of Business  |  | Description  of Contribution       |
| Full Name of Contributor                                |  | Date [MW/DD/YYYY] \$               |
| House # Street Address                                  |  | Date [MM/DD/YYYY] \$1              |
| City.   | State Zip Code   | Date [MM/DD/YYY] \$                |
| Employer Name   |  | Occupation                         |
| Employer Mailing Address 7: Principal Place of Business |  | Description:<br>of<br>Contribution |
| Full Name of Contributor                                | 12**   | Date [MM/DD/YYYY] S. \$.           |
| House # Street Address                                  |  | Date [MM/DD/YYYY]                  |
| City  | State Zip Code   | Date [MM/DD/YYYY] \$               |
| Employer Name   | ALCHE 122 ALC - MILEOLOGIC MARKET MAR | Occupation (                       |
| Employer Mailing Address / Principal Place of Business  |  | Description of Contribution        |

# SCHEDULE III Statement of Expenditures

| Filer identification Number: |  |
|------------------------------|--|
|                              |  |

| To Whom Paid   |  |  | Date [MM/DD/YYYY] S  |
|--|--|--|--|
| Titus for Erie County Executive  |  |  | 10/03/2021   |
| House # Street   | Address<br>3607 Poplar St #3713  |  | Description of Expenditure   |
| City Erie State PA Code 16508  |  |  | In-kind, field staff time - phones   |
| To Whom Paid  Titus for Erie County Executive  |  |  | Date [MM/DD/YYY] \$ 89.97  |
| louse # Street Address   |  | 10/10/2021  Description of Expenditure |  |
|  | 3607 Poplar St #3713   |  |  |
| <b>City</b> Erie   | State<br>PA  | Zip<br>Code 16508                      | In-kind, field staff time - phones   |
| To Whom Pald   |  |  | Date [MM/DD/YYYY] \$ 59.98   |
| Titus for Erie County Executive  |  |  | 10/13/2021   |
|  | Address<br>3607 Poplar St #3713  |  | Description of Expenditure   |
| City<br>Erie   | State PA   | Zip<br>Code 16508                      | In-kind, field staff time - phones   |
| To Whom Paid   | Crio County Everytive  |  | Date [MM/DD/YYYY] \$   |
|  | Erie County Executive  | <u> </u>                               | 10/27/2021 974.82  |
| House # Street   | Address<br>3607 Poplar St #3713  |  | Description of Expenditure   |
| City Erie State PA Code 16508  |  |  | In-kind, field staff time - phones   |
| To Whom Paid   |  |  | Date [MM/DD/YYYY] (\$  |
| 全語語語語語 (State of the Titue to a  | Fela Causty Evacutiva  |  |  |
| School St.   | Erle County Executive  |  | 10/31/2021 1,337.86  |
| aranila a - 1  | Erle County Executive  Address 3607 Poplar St #3713  |  | 1 337 86   |
| aranila a - 1  | Address  | <b>Zip</b><br><b>Code</b> 16508        | 10/31/2021 1,337.86  |
| House # Street / City Erie To Whom Paid  | 3607 Poplar St #3713  State   PA   |  | 10/31/2021  Description of Expenditure  In-kind, field staff time - phones  IDate [MM/DD/YYYY] \$ 299.91   |
| House # Street / City Erie To Whom Paid Titus for  | 3607 Poplar St #3713  State: PA  Erie County Executive   |  | 10/31/2021 1,337.86  Description of Expenditure  In-kind, field staff time - phones    Date [MM/DD/YYYY]   \$   11/02/2021   13/209.91   |
| House # Street / City   Erie To Whom Paid   Titus for   House # Street /   | 3607 Poplar St #3713  State   PA   | Code 16508                             | 10/31/2021  Description of Expenditure  In-kind, field staff time - phones  IDate [MM/DD/YYYY] \$ 299.91   |
| City Erie  To Whom Paid Titus for House # Street   | 3607 Poplar St #3713  State: PA  Erie County Executive  Address 3607 Poplar St #3713   |  | 10/31/2021  Description of Expenditure  In-kind, field staff time - phones  Date [MM/DD/YYYY] \$  11/02/2021  Description of Expenditure   |
| City Erie  To Whom Paid  Titus for  House # Street   | State   PA  Erie County Executive  Address 3607 Poplar St #3713  | <b>Code</b> 16508                      | 10/31/2021  Description of Expenditure  In-kind, field staff time - phones  Date [MM/DD/YYYY] \$ 11/02/2021  Description of Expenditure  In-kind, field staff time - phones  Date [MM/DD/YYYY] \$                            |
| House # Street /  City   Erie    To Whom Paid   Titus for    House # Street /  City   Erie    To Whom Paid    House # Street   | Address 3607 Poplar St #3713    State   PA     PA     State   PA     State   PA     State   PA     Address   PA     Address   PA     Address   PA     Address   PA | <b>Code</b> 16508                      | 10/31/2021  Description of Expenditure  In-kind, field staff time - phones  Date [MM/DD/YYYY] \$ 11/02/2021  Description of Expenditure  In-kind, field staff time - phones  Date [MM/DD/YYYY] \$                            |
| House # Street /  City Erie  To Whom Paid  Titus for  House # Street /  City: Erie  To Whom Paid  House # Street   | Address 3607 Poplar St #3713  State   PA  Erie County Executive  Address 3607 Poplar St #3713  State   PA  | <b>Code</b> 16508                      | 10/31/2021  Description of Expenditure  In-kind, field staff time - phones  Date [MM/DD/YYYY] \$ 299.91  Description of Expenditure  In-kind, field staff time - phones  Date [MM/DD/YYYY] \$ \$  Description of Expenditure |
| House #   Street /   City   Erie   | Address 3607 Poplar St #3713  State   PA  Erie County Executive  Address 3607 Poplar St #3713  State PA  Address   State   PA                                      | Zip 16508                              | 10/31/2021  Description of Expenditure  In-kind, field staff time - phones  Date [MM/DD/YYYY] \$ 11/02/2021  Description of Expenditure  In-kind, field staff time - phones  Date [MM/DD/YYYY] \$                            |
| House #   Street / City   Erie   Titus for   House #   Street / Street / City   Erie   To Whom Paid   House #   Street   City   City   To Whom Paid   To Whom Paid   City   Cit | Address 3607 Poplar St #3713  State   PA  Erie County Executive  Address 3607 Poplar St #3713  State PA  Address   State   PA                                      | Zip 16508                              | 10/31/2021  Description of Expenditure  In-kind, field staff time - phones  Date [MM/DD/YYYY] \$ 299.91  Description of Expenditure  In-kind, field staff time - phones  Date [MM/DD/YYYY] \$ \$  Description of Expenditure |

#### 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:

|   | To the Management and                   |   |                                       |
|---|---|---|---------------------------------------|
| Name of Credit  |   |   | Outstanding Balance of Debt           |
| House #   | Street Address                          | [MM/DD/YYYY]                                      |                                       |
|   |   | (State  |                                       |
| City<br>City  | 20 di (27 di 1                          | State Zip Code                                    |                                       |
| Description of I  | Debt                                    |   |                                       |
| Name of Credit  | or .                                    | K   | Outstanding Balance of Debt           |
| House #   | Street Address                          | DATE DEBT INCURRED                                |                                       |
| 1600 P  |   | [MM/OD/YYYY]                                      |                                       |
| City  | 00000 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | State Zip Code                                    |                                       |
| Description of l  |   | [32 23 20 ] [32                                   |                                       |
|   |   |   |                                       |
| Name of Credit  |   |   | Outstanding Balance of Debt           |
| House#  | Street Address                          | DATE DEBT INCURRED [S                             |                                       |
|   |   | Teacher 241 to                                    |                                       |
| City  |   | State Zip.<br>Code                                | \$                                    |
| Description of C  |   |   |                                       |
| Name of Credit  | or                                      |   | Outstanding Balance of Debt           |
| House #   | Street Address                          | DATE DEBT INCURRED 5                              |                                       |
|   |   |   |                                       |
| City  |   | State Zip Code                                    |                                       |
| Description of L  | Debt :                                  |   |                                       |
| Name of Credit  | Of V 100 AV                             |   | Outstanding Balance of Debt           |
| には非常にはなっています。   | Street Address                          | DATE DEBT INCURRED 5                              | <u>(14.4年) - 2月2日   19.4年</u><br>19.4 |
| House #   | Jucet Audi ess                          |   | 55 C                                  |
|   |   | [MM/DD/YYYY]                                      |                                       |
| House #   |   | [MM/DD/YYYY]                                      |                                       |
|   |   | [MM/DD/YYYY]                                      |                                       |
| City<br>Description of L                                  | Joebt (                                 | State Zip Code                                    |                                       |
| City  Description of Description of City  Name of Credity | Debt                                    | State Zip Code                                    | Outstanding Balance of Debt           |
| City<br>Description of L                                  | Joebt (                                 | State Zip Code                                    | Outstanding Balance of Debt           |
| City  Description of D  Name of Credity  House #          | Or Street Address                       | State Zip Code  DATE-DEBT-INCURRED SIMM/DD/YYYY)  | Outstanding Balance of Debt           |
| City  Description of L  Name of Credite  House #          | Opbit Street Address                    | State Zip Code Code Code Code Code Code Code Code | Outstanding Balance of Debt           |