

Commonwealth of Pennsylvania - Campaign Finance Report 1 of 10

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

| | | | | | |
|---|--------------------------|-----------|-----------|-------------------------------------|----------|
| Filer Identification Number | Report Filed By (Mark X) | Candidate | Committee | <input checked="" type="checkbox"/> | Lobbyist |
| Name of Filing Committee, Candidate or Lobbyist | Friends of Steve Oler | | | | |
| Street Address | 991 Bonnie Brae | | | | |
| City | Erie | State | PA | Zip Code | 16511 |

Type of Report (Place x under report type)

| | | | | | | | | |
|--|---------------------------------------|--------------------------|---|--|--------------------------|-------------------------------------|---|------------------------------|
| 1- 6 th Tuesday Pre-Primary | 2- 2 nd Friday Pre-Primary | 3- 30 Day Post Primary | 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 |
| <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) | 05/20 | Year | 2025 | Amendment Report | <input type="checkbox"/> | Termination Report | <input type="checkbox"/> | <input type="checkbox"/> |

| Summary of Receipts and Expenditures | From Date | To Date | For Office Use Only |
|--|-----------|----------|---|
| | 01/01/23 | 12/31/23 | |
| A. Amount Brought Forward From Last Report | \$ | 591.90 | <p>2024 JAN 23 PM 11:43</p> <p>ERIE COUNTY VOTER REGISTRATION</p> |
| B. Total Monetary Contributions and Receipts (From Schedule I) | \$ | 6,770.00 | |
| C. Total Funds Available (Sum of Lines A and B) | \$ | 7,361.90 | |
| D. Total Expenditures (From Schedule III) | \$ | 1,332.05 | |
| E. Ending Cash Balance (Subtract Line D from Line C) | \$ | 6,029.85 | |
| F. Value of In-Kind Contributions Received (From Schedule II) | \$ | 350.00 | |
| G. Unpaid Debts and Obligations (From Schedule IV) | \$ | | |

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 day of January 2024
 Signature: *Connie Lee Cruz*

My Commission expires 3 18 2025
 MO. DAY

Commonwealth of Pennsylvania - Notary Seal
 Connie Lee Cruz, Notary Public
 Erie County
 My commission expires March 18, 2025
 Commission number 1248384

Heather C. Dives
 Signature of Person Submitting report
 Heather C. Dives
 Printed Name

572-2225
 Daytime Telephone Number

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 day of January 2024
 Signature: *Connie Lee Cruz*

My Commission expires 3 18 2025
 MO. DAY

Commonwealth of Pennsylvania - Notary Seal
 Connie Lee Cruz, Notary Public
 Erie County
 My commission expires March 18, 2025
 Commission number 1248384

Steve Oler
 Signature of Candidate
 STEVE S. OLER
 Printed Name

572-6418
 Daytime Telephone Number

SCHEDULE I
Contributions and Receipts
Detailed Summary Page

2 of 10

| | | | |
|---|--|-----|-------------|
| Filer Identification Number | | | |
| 1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor | | | |
| Total for the reporting period | | (1) | \$ 4,095.00 |
| 2. Contributions of \$50.01 to \$250.00 (From Part A and Part B) | | | |
| Contributions Received from Political Committees (Part A) | | | \$ 0.00 |
| All Other Contributions (Part B) | | | \$ 1,675.00 |
| Total for the reporting period | | (2) | \$ |
| 3. Contributions Over \$250.00 (From Part C and Part D) | | | |
| Contributions Received from Political Committees (Part C) | | | \$ 1,000.00 |
| All Other Contributions (Part D) | | | \$ 0.00 |
| Total for the reporting period | | (3) | \$ 1,000.00 |
| 4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E) | | | |
| Total for the reporting period | | (4) | \$ 0.00 |
| Total Monetary Contributions and Receipts during this reporting period <i>(Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)</i> | | | \$ 6,770.00 |

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.)

30810

| | | | | | | | | | |
|------------------------------|---------------|----------------|----------------|----|----------|-------------------|--|-------------|--|
| Filer Identification Number: | | | | | | | | | |
| Full Name of Contributor | | | | | | Date [MM/DD/YYYY] | | \$ | |
| Gregory J. Rubino | | | | | | 09/30/23 | | 5 200.00 | |
| House # | 4832 | | Street Address | | | Date [MM/DD/YYYY] | | \$ | |
| | | Wolf Road | | | | | | | |
| City | Erie | | State | PA | Zip Code | Date [MM/DD/YYYY] | | \$ | |
| | | | | | 16505 | | | | |
| Full Name of Contributor | | | | | | Date [MM/DD/YYYY] | | \$ | |
| Richard J. Rossi | | | | | | 09/29/23 | | 150.00 | |
| House # | 507 | | Street Address | | | Date [MM/DD/YYYY] | | \$ | |
| | | Barbara Avenue | | | | | | | |
| City | Mechanicsburg | | State | PA | Zip Code | Date [MM/DD/YYYY] | | \$ | |
| | | | | | 17050 | | | | |
| Full Name of Contributor | | | | | | Date [MM/DD/YYYY] | | \$ | |
| Bradley Moore | | | | | | 09/30/23 | | 100.00 | |
| House # | 11597 | | Street Address | | | Date [MM/DD/YYYY] | | \$ | |
| | | Route 97 N | | | | | | | |
| City | Waterford | | State | PA | Zip Code | Date [MM/DD/YYYY] | | \$ | |
| | | | | | 16441 | | | | |
| Full Name of Contributor | | | | | | Date [MM/DD/YYYY] | | \$ | |
| Eric J. Mikovch | | | | | | 09/30/23 | | 100.00 | |
| House # | 10290 | | Street Address | | | Date [MM/DD/YYYY] | | \$ | |
| | | Ivarea Road | | | | | | | |
| City | Cranesville | | State | PA | Zip Code | Date [MM/DD/YYYY] | | \$ | |
| | | | | | 16410 | | | | |
| Full Name of Contributor | | | | | | Date [MM/DD/YYYY] | | \$ | |
| Donald Dacus | | | | | | 09/30/23 | | 100.00 | |
| House # | 8431 | | Street Address | | | Date [MM/DD/YYYY] | | \$ | |
| | | Dougan Road | | | | | | | |
| City | North East | | State | PA | Zip Code | Date [MM/DD/YYYY] | | \$ | |
| | | | | | 16428 | | | | |
| Full Name of Contributor | | | | | | Date [MM/DD/YYYY] | | \$ | |
| James A. Perrotto | | | | | | 10/01/23 | | 100.00 | |
| House # | 382 | | Street Address | | | Date [MM/DD/YYYY] | | \$ | |
| | | Bonnie Brae | | | | | | | |
| City | Erie | | State | PA | Zip Code | Date [MM/DD/YYYY] | | \$ | |
| | | | | | 16511 | | | | |

PART B

4 OF 10

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: | | | | | | | | | |
| Full Name of Contributor | | John Barbato | | | | Date [MM/DD/YYYY] | | \$ | 100.00 |
| | | | | | | 10/01/23 | | | |
| House # | 5434 | Street Address | | Creek Lane | | Date [MM/DD/YYYY] | | \$ | |
| | | | | | | | | | |
| City | Erie | State | PA | Zip Code | 16511 | Date [MM/DD/YYYY] | | \$ | |
| | | | | | | | | | |
| Full Name of Contributor | | Brenda A. Sandberg | | | | Date [MM/DD/YYYY] | | \$ | 100.00 |
| | | | | | | 09/30/23 | | | |
| House # | 11870 | Street Address | | Arbuckle Road | | Date [MM/DD/YYYY] | | \$ | |
| | | | | | | | | | |
| City | Union City | State | PA | Zip Code | 16438 | Date [MM/DD/YYYY] | | \$ | |
| | | | | | | | | | |
| Full Name of Contributor | | Kyle Gross | | | | Date [MM/DD/YYYY] | | \$ | 100.00 |
| | | | | | | 10/11/23 | | | |
| House # | 970 | Street Address | | Bonnie Brae | | Date [MM/DD/YYYY] | | \$ | |
| | | | | | | | | | |
| City | Erie | State | PA | Zip Code | 16511 | Date [MM/DD/YYYY] | | \$ | |
| | | | | | | | | | |
| Full Name of Contributor | | Gerald Bean | | | | Date [MM/DD/YYYY] | | \$ | 75.00 |
| | | | | | | 09/30/23 | | | |
| House # | 8073 | Street Address | | Buffalo Road | | Date [MM/DD/YYYY] | | \$ | |
| | | | | | | | | | |
| City | Harborcreek | State | PA | Zip Code | 16421 | Date [MM/DD/YYYY] | | \$ | |
| | | | | | | | | | |
| Full Name of Contributor | | Sheila Sterrett | | | | Date [MM/DD/YYYY] | | \$ | 200.00 |
| | | | | | | 09/30/23 | | | |
| House # | 5258 | Street Address | | Countryside Drive | | Date [MM/DD/YYYY] | | \$ | |
| | | | | | | | | | |
| City | Erie | State | PA | Zip Code | 16511 | Date [MM/DD/YYYY] | | \$ | |
| | | | | | | | | | |
| Full Name of Contributor | | Dale Snyder | | | | Date [MM/DD/YYYY] | | \$ | 75.00 |
| | | | | | | 09/29/23 | | | |
| House # | 5214 | Street Address | | Birwood Drive | | Date [MM/DD/YYYY] | | \$ | |
| | | | | | | | | | |
| City | Erie | State | PA | Zip Code | 16511 | Date [MM/DD/YYYY] | | \$ | |
| | | | | | | | | | |

PART B

All Other Contributions

50F10

\$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: | | | | | | | | | |
| Full Name of Contributor | | Angela Calkins | | | | Date [MM/DD/YYYY] | \$ | 100.00 | |
| | | | | | | 09/27/23 | | | |
| House # | 3216 | Street Address | | Saltsman Road | | Date [MM/DD/YYYY] | \$ | | |
| | | | | | | | | | |
| City | Erie | State | PA | Zip Code | 16510 | Date [MM/DD/YYYY] | \$ | | |
| | | | | | | | | | |
| Full Name of Contributor | | Alicia Wiczorek | | | | Date [MM/DD/YYYY] | \$ | 75.00 | |
| | | | | | | 09/27/23 | | | |
| House # | 948 | Street Address | | Bonnie Brae | | Date [MM/DD/YYYY] | \$ | | |
| | | | | | | | | | |
| City | Erie | State | PA | Zip Code | 16511 | Date [MM/DD/YYYY] | \$ | 100.00 | |
| | | | | | | | | | |
| Full Name of Contributor | | Laura Allen | | | | Date [MM/DD/YYYY] | \$ | | |
| | | | | | | 09/24/23 | | | |
| House # | 228 | Street Address | | Essex Place | | Date [MM/DD/YYYY] | \$ | | |
| | | | | | | | | | |
| City | Ellenwood | State | Ga | Zip Code | 30294 | 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

60F10

Contributions Received From Political Committees

Over \$250.00

Use this Part to itemize only contributions received from Political Committees
with an aggregate value over \$250.00 in the reporting period.

| | | | | | | | | | |
|-------------------------------------|---------|---------------------------------|----|-------------|-------|-------------------|--|----|--------|
| Filer Identification Number: | | | | | | | | | |
| Full Name of Contributing Committee | | Mike Kelly For Congress | | | | Date [MM/DD/YYYY] | | \$ | 500.00 |
| | | | | | | 09/21/23 | | | |
| House # | | Street Address | | PO Box 476 | | Date [MM/DD/YYYY] | | \$ | |
| | | | | | | | | | |
| City | Lyndora | State | PA | Zip Code | 16045 | Date [MM/DD/YYYY] | | \$ | |
| | | | | | | | | | |
| Full Name of Contributing Committee | | Committee To Elect Dan Laughlin | | | | Date [MM/DD/YYYY] | | \$ | 500.00 |
| | | | | | | 10/02/23 | | | |
| House # | | Street Address | | PO Box 9610 | | Date [MM/DD/YYYY] | | \$ | |
| | | | | | | | | | |
| City | Erie | State | PA | Zip Code | 16505 | 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] | | \$ | |
| | | | | | | | | | |

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 \$50.00 OR LESS PER CONTRIBUTOR | | |
| TOTAL for the reporting period | (1) | \$ |

| | | |
|--|-----|----|
| 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) | \$ 350.00 |

| | | |
|---|--|-----------|
| 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) | | \$ 350.00 |
|---|--|-----------|

SCHEDULE II
Part G

80F10

In-Kind Contributions Received

VALUE OVER \$250

| | |
|-------------------------------------|--|
| Filer Identification Number: | |
|-------------------------------------|--|

| | | | | | | | | | | |
|---|------|--|-----------------------|----|-----------------|-------|--------------------------|------------------------------------|--------------|-----|
| Full Name of Contributor | | | | | Brian C. Shank | | Date [MM/DD/YYYY] | | \$ | 350 |
| | | | | | | | 09/30/23 | | | |
| House # | 412 | | Street Address | | Cambridge Road | | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | | | | |
| City | Erie | | State | PA | Zip Code | 16511 | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | | | | |
| Employer Name | | | | | Retired | | | Occupation | Prison Guard | |
| Employer Mailing Address / Principal Place of Business | | | | | | | | Description of Contribution | D.J. Service | |
| 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 | | | | | | | | 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] | \$ | |
| | | | | | | | | | | |
| Employer Name | | | | | | | | Occupation | | |
| Employer Mailing Address / Principal Place of Business | | | | | | | | 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] | \$ | |
| | | | | | | | | | | |
| Employer Name | | | | | | | | Occupation | | |
| Employer Mailing Address / Principal Place of Business | | | | | | | | Description of Contribution | | |

Statement of Expenditures

| | |
|------------------------------|--|
| Filer Identification Number: | |
|------------------------------|--|

| | | | | | | | | |
|--------------|-------------|----------------------|--------------|----------|-------|------------------------------------|----|--------|
| To Whom Paid | | Harborcreek Township | | | | Date [MM/DD/YYYY] | \$ | 425.00 |
| | | 09/29/23 | | | | | | |
| House # | 5601 | Street Address | Buffalo Road | | | Description of Expenditure | | |
| City | Harborcreek | State | PA | Zip Code | 16421 | Shades Beach Large Pavilion Rental | | |
| To Whom Paid | | Walmart | | | | Date [MM/DD/YYYY] | \$ | 32.64 |
| | | 09/30/23 | | | | | | |
| House # | 5741 | Street Address | Buffalo Road | | | Description of Expenditure | | |
| City | Haborcreek | State | PA | Zip Code | 16421 | Meat for fundraiser | | |
| To Whom Paid | | Hilltop Beer | | | | Date [MM/DD/YYYY] | \$ | 267.00 |
| | | 09/30/23 | | | | | | |
| House # | 4535 | Street Address | Buffalo Road | | | Description of Expenditure | | |
| City | Erie | State | PA | Zip Code | 16511 | Beverages for Fundraiser | | |
| To Whom Paid | | Gordon Food Service | | | | Date [MM/DD/YYYY] | \$ | 53.45 |
| | | 09/27/23 | | | | | | |
| House # | 6740 | Street Address | Peach Street | | | Description of Expenditure | | |
| City | Erie | State | PA | Zip Code | 16509 | Food for Fundraiser | | |
| To Whom Paid | | Gordon Food Service | | | | Date [MM/DD/YYYY] | \$ | 30.97 |
| | | 09/17/23 | | | | | | |
| House # | 6740 | Street Address | Peach Street | | | Description of Expenditure | | |
| City | Erie | State | PA | Zip Code | 16509 | Food for Fundraiser | | |
| To Whom Paid | | U.S. Postal Service | | | | Date [MM/DD/YYYY] | \$ | 26.40 |
| | | 09/08/23 | | | | | | |
| House # | 7175 | Street Address | Buffalo Road | | | Description of Expenditure | | |
| City | Harborcreek | State | PA | Zip Code | 16421 | Postage Stamps | | |
| To Whom Paid | | Erie Sam's Club | | | | Date [MM/DD/YYYY] | \$ | 109.34 |
| | | 09/27/23 | | | | | | |
| House # | 7200 | Street Address | Peach Street | | | Description of Expenditure | | |
| City | Erie | State | PA | Zip Code | 16509 | Food For Fundraiser | | |
| To Whom Paid | | Erie Sam's Club | | | | Date [MM/DD/YYYY] | \$ | 355.25 |
| | | 09/17/23 | | | | | | |
| House # | 7200 | Street Address | Peach Street | | | Description of Expenditure | | |
| City | Erie | State | PA | Zip Code | 16509 | Food & Beverage for Fundraiser | | |

Statement of Expenditures

| | |
|------------------------------|--|
| Filer Identification Number: | |
|------------------------------|--|

| | | | | | | | | |
|--------------|------|----------------|----|--------------|-------|----------------------------|----|-------|
| To Whom Paid | | Northwest Bank | | | | Date [MM/DD/YYYY] | \$ | 25.00 |
| | | | | | | 12/31/23 | | |
| House # | 4525 | Street Address | | Buffalo Road | | Description of Expenditure | | |
| City | Erie | State | PA | Zip Code | 16510 | Paper Statement Fees | | |
| 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 | | | | |
| 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 | | | | |