



Commonwealth of Pennsylvania - Campaign Finance Report

12

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

| | | | | | | | | |
|---|----------|--------------------------------|-----------|--------------------------|-----------|-------------------------------------|----------|--------------------------|
| File Identification Number | 20190033 | Report Filed By (Mark X) | Candidate | <input type="checkbox"/> | Committee | <input checked="" type="checkbox"/> | Lobbyist | <input type="checkbox"/> |
| Name of Filing Committee, Candidate or Lobbyist | | RIDGE, DAVE COMMITTEE TO ELECT | | | | | | |
| Street Address | | 2525 W 26TH ST | | | | | | |
| City | ERIE | State | PA | Zip Code | 16506 | | | |

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) | | Year | | Amendment Report | | Termination Report | | |

| Summary of Receipts and Expenditures | From Date | To Date | For Office Use Only | |
|--|-----------|------------|---------------------|--|
| | | 11/25/2019 | 12/31/2019 | |
| A. Amount Brought Forward From Last Report | \$ | 9,942.47 | | |
| B. Total Monetary Contributions and Receipts (From Schedule I) | \$ | 525.5 | | |
| C. Total Funds Available (Sum of Lines A and B) | \$ | 10,467.97 | | |
| D. Total Expenditures (From Schedule III) | \$ | 9,303.98 | | |
| E. Ending Cash Balance (Subtract Line D from Line C) | \$ | 1,163.99 | | |
| F. Value of In-Kind Contributions Received (From Schedule II) | \$ | 0 | | |
| G. Unpaid Debts and Obligations (From Schedule IV) | \$ | 34,500 | | |

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 21st day of January, 2020.

Commonwealth of Pennsylvania - Notary Seal
 Signature: Joleen Keith, Notary Public
 Erie County
 My Commission expires April 6, 2023
 Commission number 1232447

Signature of Person Submitting report
 Scott E. Miller
 Printed Name
 814 4561880
 Area Code 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 21st day of January, 2020.

Commonwealth of Pennsylvania - Notary Seal
 Signature: Joleen Keith, Notary Public
 Erie County
 My Commission expires April 6, 2023
 Commission number 1232447

Signature of Candidate
 David G. Ridge
 Printed Name
 814 454-1010
 Area Code Daytime Telephone Number

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SCHEDULE I
Contributions and Receipts
Detailed Summary Page

| | |
|------------------------------------|----------|
| Filer Identification Number | 20190033 |
|------------------------------------|----------|

1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor

| | | |
|------------------------------------|----|---|
| Total for the reporting period (1) | \$ | 0 |
|------------------------------------|----|---|

2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)

| | | |
|---|----|---|
| Contributions Received from Political Committees (Part A) | \$ | 0 |
|---|----|---|

| | | |
|----------------------------------|----|---|
| All Other Contributions (Part B) | \$ | 0 |
|----------------------------------|----|---|

| | | |
|------------------------------------|----|---|
| Total for the reporting period (2) | \$ | 0 |
|------------------------------------|----|---|

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

| | | |
|---|----|---|
| Contributions Received from Political Committees (Part C) | \$ | 0 |
|---|----|---|

| | | |
|----------------------------------|----|---|
| All Other Contributions (Part D) | \$ | 0 |
|----------------------------------|----|---|

| | | |
|------------------------------------|----|---|
| Total for the reporting period (3) | \$ | 0 |
|------------------------------------|----|---|

4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)

| | | |
|------------------------------------|----|-------|
| Total for the reporting period (4) | \$ | 525.5 |
|------------------------------------|----|-------|

| | | |
|---|----|-------|
| 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> | \$ | 525.5 |
|---|----|-------|

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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 | 20190033 |
|-----------------------------|----------|

| | | | | | | 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] | | \$ | |

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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: | 20190033 |
|------------------------------|----------|

| | | | | | |
|--------------------------|----------------|-------|----------|-------------------|----|
| 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] | \$ |

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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: | 20190033 |
|------------------------------|----------|

| | | | | |
|-------------------------------------|----------------|-------------------|-------------------|----|
| 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] | \$ |

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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: | 20190033 |
|------------------------------|----------|

| | | | | | |
|--|----------------|-------|------------|-------------------|----|
| 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 | | | | | |

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PART E

Other Receipts

REFUNDS, INTREST 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: | 20190033 |
|------------------------------|----------|

| | | | | | | | |
|-----------|---------------------------------------|----------------|----------------|----------|-------|-------------------|--------|
| Full Name | Sample News Group d/b/a Corry Journal | | | | | | |
| House # | 28 | Street Address | W South Street | | | | |
| City | Corry | State | PA | Zip Code | 16407 | Date [MM/DD/YYYY] | \$ 525 |
| | | | | | | 12/18/2019 | |

| | | | | | | | |
|---------------------|---------------------------------------|--|--|--|--|--|--|
| Receipt Description | Refund for overpayment of advertising | | | | | | |
|---------------------|---------------------------------------|--|--|--|--|--|--|

| | | | | | | | |
|-----------|----------|----------------|--------------|----------|-------|-------------------|--------|
| Full Name | PNC Bank | | | | | | |
| House # | 902 | Street Address | State Street | | | | |
| City | Erie | State | PA | Zip Code | 16501 | Date [MM/DD/YYYY] | \$ 0.5 |
| | | | | | | 12/02/2019 | |

| | | | | | | | |
|---------------------|--|--|--|--|--|--|--|
| Receipt Description | Posting error on check cashed for expense reimbursement (check 1188 for postage) | | | | | | |
|---------------------|--|--|--|--|--|--|--|

| | | | | | | | |
|-----------|--|----------------|--|----------|--|-------------------|----|
| 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 | | | | | | | |
|---------------------|--|--|--|--|--|--|--|

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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

| | |
|--------------------------------|----------|
| Eligible Identification Number | 20190033 |
|--------------------------------|----------|

| | | |
|--|-----|------|
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED VALUE OF \$50.00 OR LESS PER CONTRIBUTOR | | |
| TOTAL for the reporting period | (1) | \$ 0 |

| | | |
|---|-----|------|
| 2. IN-KIND CONTRIBUTIONS RECEIVED VALUE OF \$50.01 TO \$250.00 (FROM PART F) | | |
| TOTAL for the reporting period | (2) | \$ 0 |

| | | |
|---|-----|------|
| 3. IN-KIND CONTRIBUTION RECEIVED VALUE OVER \$250.00 (FROM PART G) | | |
| TOTAL for the reporting period | (3) | \$ 0 |

| | | |
|---|--|------|
| 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 |
|---|--|------|

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SCHEDULE II
PART F
In-Kind Contributions Received
VALUE OF \$50.01 TO \$250

| | |
|------------------------------|----------|
| Filer Identification Number: | 20190033 |
|------------------------------|----------|

| | | | | |
|-----------------------------|----------------|-------------------|-------------------|----|
| 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

| | |
|------------------------------|----------|
| Filer Identification Number: | 20190033 |
|------------------------------|----------|

| | | | | | |
|--|----------------|-------|-----------------------------|-------------------|----|
| 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 | | |
| 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 | | |

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SCHEDULE III
Statement of Expenditures

| | |
|------------------------------|----------|
| Filer Identification Number: | 20190033 |
|------------------------------|----------|

| | | | | | | | |
|--------------|--------------|-------------------------------|--------------|----------|---------------------------------|----|----------|
| To Whom Paid | | PNC Bank | | | Date [MM/DD/YYYY] | \$ | 2 |
| | | | | | 12/02/2019 | | |
| House # | 901 | Street Address | State St | | Description of Expenditure | | |
| City | Erie | State | PA | Zip Code | 16501 Bank Service Charge | | |
| To Whom Paid | | Katherine Blair | | | Date [MM/DD/YYYY] | \$ | 1,380 |
| | | | | | 12/21/2019 | | |
| House # | 4115 | Street Address | Sassafras St | | Description of Expenditure | | |
| City | Erie | State | PA | Zip Code | 16508 Consulting | | |
| To Whom Paid | | Time Warner Cable - Northeast | | | Date [MM/DD/YYYY] | \$ | 64.98 |
| | | | | | 12/21/2019 | | |
| House # | | Street Address | PO Box 901 | | Description of Expenditure | | |
| City | Carol Stream | State | IL | Zip Code | 60132 Internet for headquarters | | |
| To Whom Paid | | Printing Concepts | | | Date [MM/DD/YYYY] | \$ | 7,830.03 |
| | | | | | 12/21/2019 | | |
| House # | 4982 | Street Address | Pacific Ave | | Description of Expenditure | | |
| City | Erie | State | PA | Zip Code | 16506 Printing and Direct Mail | | |
| To Whom Paid | | Time Warner Cable - Northeast | | | Date [MM/DD/YYYY] | \$ | 26.97 |
| | | | | | 12/21/2019 | | |
| House # | | Street Address | PO Box 901 | | Description of Expenditure | | |
| City | Carol Stream | State | IL | Zip Code | 60132 Internet for headquarters | | |
| 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 | | | |

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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: | 20190033 |
|-------------------------------------|----------|

| | | | | | | | |
|----------------------------|-----|-----------------------|-----------|-----------------|--|------------------------------------|----|
| Name of Creditor | | David G. Ridge | | | | Outstanding Balance of Debt | |
| House # | 246 | Street Address | W 10th St | | DATE DEBT INCURRED [MM/DD/YYYY] | | \$ |
| City | | State | PA | Zip Code | 16501 | 12/28/2018 | |
| Description of Debt | | Loan to Committee | | | | | |
| | | | | | | 10000 | |

| | | | | | | | |
|----------------------------|-----|-----------------------|-----------|-----------------|--|------------------------------------|----|
| Name of Creditor | | David G. Ridge | | | | Outstanding Balance of Debt | |
| House # | 246 | Street Address | W 10th St | | DATE DEBT INCURRED [MM/DD/YYYY] | | \$ |
| City | | State | PA | Zip Code | 16501 | 01/02/2019 | |
| Description of Debt | | Loan to Committee | | | | | |
| | | | | | | 1000 | |

| | | | | | | | |
|----------------------------|-----|-----------------------|-----------|-----------------|--|------------------------------------|----|
| Name of Creditor | | David G. Ridge | | | | Outstanding Balance of Debt | |
| House # | 246 | Street Address | W 10th St | | DATE DEBT INCURRED [MM/DD/YYYY] | | \$ |
| City | | State | PA | Zip Code | 16501 | 01/03/2019 | |
| Description of Debt | | Loan to Committee | | | | | |
| | | | | | | 1000 | |

| | | | | | | | |
|----------------------------|-----|-----------------------|-----------|-----------------|--|------------------------------------|----|
| Name of Creditor | | David G. Ridge | | | | Outstanding Balance of Debt | |
| House # | 246 | Street Address | W 10th St | | DATE DEBT INCURRED [MM/DD/YYYY] | | \$ |
| City | | State | | Zip Code | | 03/14/2019 | |
| Description of Debt | | Loan to Committee | | | | | |
| | | | | | | 5000 | |

| | | | | | | | |
|----------------------------|-----|-----------------------|-----------|-----------------|--|------------------------------------|----|
| Name of Creditor | | David G. Ridge | | | | Outstanding Balance of Debt | |
| House # | 246 | Street Address | W 10th St | | DATE DEBT INCURRED [MM/DD/YYYY] | | \$ |
| City | | State | PA | Zip Code | 16501 | 06/07/2019 | |
| Description of Debt | | Loan to Committee | | | | | |
| | | | | | | 7500 | |

| | | | | | | | |
|----------------------------|-----|-----------------------|-----------|-----------------|--|------------------------------------|----|
| Name of Creditor | | David G. Ridge | | | | Outstanding Balance of Debt | |
| House # | 246 | Street Address | W 10th St | | DATE DEBT INCURRED [MM/DD/YYYY] | | \$ |
| City | | State | PA | Zip Code | 16501 | 06/10/2019 | |
| Description of Debt | | Loan to Committee | | | | | |
| | | | | | | 10000 | |