

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

Filer Identification Number	2023014	Report Filed By (Mark X)	Candidat	e	Committee		X	Lobbyist
Lobbyist	nittee, Candidate or	Friends	of T	yler Ti	tus			_
Street Address		840 East 40th	Li come and			г		<u> </u>
City of the state	Erie		State	PA	Zip Code	16504		
Type of Report (Place	<u>,, </u>		ord special controls	C 20 De Det	Ing massacration	L cassalatan	esida.	Special 30 Day
	nd Friday 3-30 Day Post Primary Primary			Election	7- Amuai	Pre-Election	niuay on	Post-Election
					X		#C####################################	
Date Of Election (MM/DD/YYYY)	11. 7. 703	Year	024	Amendment Report		Termination	on	
Summary of Receipts			•		For	Office Use C	nly	
Expenditures	01/01/202	4 12/31/2	7024	de la companya da l La companya da la co	jedinije grajas grajajajakoše			
A. Amount Brought F	orward From Last Repor		*					**************************************
B. Total Monetary Co (From Schedule I)	ontributions and Receipts	\$ 1388.	56					
C. Total Funds Availa (Sum of Lines A and I		\$ 4834.	42			-e:	() () ()	
D. Total Expenditure (From Schedule III)		\$ 3272.	49				4 1477 8 29	년 도
E. Ending Cash Balan (Subtract Line D from		\$ 1561.	.93			i i		2 27
F. Value of In-Kind Co (From Schedule II)	ontributions Received	\$ 0				i.		•
G. Unpaid Debts and (From Schedule IV)		\$ 0				۰۰۰۰۰ ۱۳۶۶ ۱۳۶۶ ۱۳۶۶		
	ittee report, treasurer sign h		Affiday t Sect				2	
I swear (or affirm) that t	his report, including the atta		er, is Bothe b				id comple	ete.
Sworn to and subscribed day of	before me this	ommi ommi , Pen	onwealt onia Fe	ζ	Dodel	de		
Dania	Heman	ission expi	h of Penns rnandez,	Signature o	of Person Subm	itting report		· ····
Signat	11 7 - 7	0	ennsyl dez, N		Printed Name	е		
My Commission expires	MO. DAY YR.	res April ber 128 sociation	Ar Ar	7 C rea Code		ン <u>を ~ 任 み~</u> time Telepho		er
Part II- If this is a report	of a Candidate's Authorized	Committee, Good didate	shail sign her			L - A - L - C -	2 4002	(D.L. 4222, MO 220)
I swear (or affirm) that t amended.	o the best of my knowledge	and belief this pp fied	committee ha	as not violated any	provisions of t	ne Act of June	e 3, 1937	(P.L. 1333, NO.320) as
Sworn to and subscribed	d before me this	St. Co.		1		4		
day of	20 dS	nmiss	ealth a Ferr	Sign	ature of Candid			
Signat	ture Hornan	ilion n	ath of Pennsylvania Fernandez, Notary Erie County		Tiler -t Printed Name	-itus		
My Commission expires	4-3-27	Assoc	ennsylva dez, Not	314		31-455		<u></u>
	MO. DAY YR.	commission number 12889 ar, Pennsylvania Association of	ylvania - No Notary Put Inty	ea Code	Dayti	ime Telephon	e Numbe	r
		of \$12						
		23.00	ary Seal					

SCHEDULE I Contributions and Receipts

Detailed Summary Page

Filer Identification Number		 		
	2023014			

1. Uniternized Contributions and Receipts-\$50.00 or Less per Contributor		
Total for the reporting period (1	\$	8.56
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)	\$	180.00
Total for the reporting period (2)	\$	180.00
3. Contributions Over \$250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)	\$	
All Other Contributions (Part D)	\$	1200.00
Total for the reporting period (3)	\$	1200.00
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)	554 1789 51 - 17	
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)	\$	1388.56

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

Amount Committee Date MM/DD/YYYY S		2023014			
Committee City Strate Address Date MM/DD/YYYY S			· · · · · · · · · · · · · · · · · · ·		Amount
House # Street Address Date [MM/DD/YYYY] S	Full Name of Contribution	E		Date [MM/DD/YYYY] \$	
City State Zip Code Date [MM/DD/YYYY] \$ Full Name of Contributing Committee Date [MM/DD/YYYY] \$ Full Name	Committee				
Bull Name of Contributing Date MM/DD/YYYY S	House # St	reet Address		Date [MM/DD/YYYY] \$	
Bull Name of Contributing Date MM/DD/YYYY S					
Full Name of Contributing Committee House # Street Address Date [MM/DD/YYYY] S Full Name of Contributing Committee House # Street Address Date [MM/DD/YYYY] S	City	State	Zip Code	Date [MM/DD/YYYY] S	
Committee Date MM/DD/YYYY S					-
House # Street Address Date [MM/DD/YYYY] S Full Name of Contributing Date [MM/DD/YYYY] S City State Zip Code Date [MM/DD/YYYY] S Full Name of Contributing Date [MM/DD/YYYY] S City State Zip Code Date [MM/DD/YYYY] S Full Name of Contributing Date [MM/DD		8		Date [MM/DD/YYYY] \$	
Gity State Zip Code Date [MM/DD/YYYY] S Full Name of Contributing Date [MM/DD/YYYY] S City State Zip Code Date [MM/DD/YYYY] S City State Zip Code Date [MM/DD/YYYY] S Full Name of Contributing Date [MM/DD/YYYY] S City State Zip Code Date [MM/DD/YYYY] S Full Name of Contributing Date [MM/DD/YYYY] S					
Full Name of Contributing Committee Date [MM/DD/YYYY] S				Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee Date [MM/DD/YYYY] S	unicongenio i a di sessimilia				
Committee House # Street Address Date [MM/DD/YYYY] S			Zip Code	Date [MM/DD/YYYY] \$	
Committee House # Street Address Date [MM/DD/YYYY] S					
House # Street Address Date [MM/DD/YYYY] \$ Full Name of Contributing Committee Date [MM/DD/YYYY] \$ Full Na	Full Name of Contribution	g		Date [MM/DD/YYYY] S	
City State Zip Code Date [MM/DD/YYYY] \$ Full Name of Contributing Committee Date [MM/DD/YYYY] \$ City State Zip Code Date [MM/DD/YYYY] \$ Full Name of Contributing Committee Date [MM/DD/YYYY] \$ City State Zip Code Date [MM/DD/YYYY] \$				ue e	
Full Name of Contributing Committee Date [MM/DD/YYYY] S	House # St	reet Address		Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee Date [MM/DD/YYYY] S				10.5	
Committee Bote Street Address Date MM/DD/YYYY S	City	State	Zip Code	Date [MM/DD/YYYY] \$	
Committee Bote Street Address Date MM/DD/YYYY S			Company of the Compan	WHILE NAME OF THE PARTY OF THE	
House # Street Address Date [MM/DD/YYYY] \$ Full Name of Contributing Committee Date [MM/DD/YYYY] \$ City State Zip Code Date [MM/DD/YYYY] \$ City Date [MM/DD/YYYY] \$ Full Name of Contributing Date [MM/DD/YYYY] \$ Full Name of Contributing Date [MM/DD/YYYY] \$ Full Name of Contributing Date [MM/DD/YYYY] \$ Committee Date [MM/DD/YYYY] \$ City State Zip Code Date [MM/DD/YYYY] \$ City Date [MM/DD/YYYY] \$		8		Date [MM/DD/YYYY] S	
Gity State Zip Code Date [MM/DD/YYYY] \$ Full Name of Contributing Date [MM/DD/YYYY] \$ House # Street Address Date [MM/DD/YYYY] \$ Full Name of Contributing Date [MM/DD/YYYY] \$ Full Name of Contributing Date [MM/DD/YYYY] \$ Full Name of Contributing Date [MM/DD/YYYY] \$ Gity State Zip Code Date [MM/DD/YYYY] \$ Gity State Zip Code Date [MM/DD/YYYY] \$		reet Address		Date IMM/DD/WWY \$	
State Zip Code Date [MM/DD/YYYY] \$		Section (Section)			
Full Name of Contributing Committee House # Street Address Date [MM/DD/YYYY] \$ City	City		Zin Code		
Committee Committee City Street Address Date MM/DD/YYYY State Zip Code Date MM/DD/YYYY State City Date MM/DD/YYYY State Committee Committee Date MM/DD/YYYY Street Address Date MM/DD/YYYY State Zip Code Zip					
Committee Committee City Street Address Date MM/DD/YYYY State Zip Code Date MM/DD/YYYY State City Date MM/DD/YYYY State Committee Committee Date MM/DD/YYYY Street Address Date MM/DD/YYYY State Zip Code Zip	Full Name of Contribution			Date (MM/DD/VVVV) S	
City State Zip Code Date [MM/DD/YYYY] \$ Full Name of Contributing Date [MM/DD/YYYY] \$ Committee Date [MM/DD/YYYY] \$ City State Zip Code Date [MM/DD/YYYY] \$					
City State Zip Code Date [MM/DD/YYYY] \$ Full Name of Contributing Date [MM/DD/YYYY] \$ Committee Date [MM/DD/YYYY] \$ City State Zip Code Date [MM/DD/YYYY] \$		20 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		S SANON GOLLAND CASA	
City State Zip Code Date [MM/DD/YYYY] \$ Full Name of Contributing Date [MM/DD/YYYY] \$ Committee Date [MM/DD/YYYY] \$ City State Zip Code Date [MM/DD/YYYY] \$ City State Zip Code Date [MM/DD/YYYY] \$	Selection (Se			Date (WM/DD/11161)	
Full Name of Contributing Committee House # Street Address Date [MM/DD/YYYY] \$ City State Zip Code Date [MM/DD/YYYY] \$	Lustreen etc.		12-7-sap-varentias		
Committee House # Street Address Date [MM/DD/YYYY] \$ City State Zip Code Date [MM/DD/YYYY] \$	City	State	ZIP Code	Bate [MM/DD/TTTT] 5	
Committee House # Street Address Date [MM/DD/YYYY] \$ City State Zip Code Date [MM/DD/YYYY] \$	Eull Nama of Contribution			Data (MM/DD/VVV)	
House # Street Address Date [MM/DD/YYYY] \$ City State Zip Code Date [MM/DD/YYYY] \$		Roma Roman			
City State Zip Code Date [MM/DD/YYYY] \$	House# St	reet Address		Date [MM/DD/YYYY] \$	
City State Zip Code Date [MM/DD/YYYY] \$				The state of the s	
			Zip Code	Date MM/DD/YYYY S	

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: 2023014		

Full Name of Contributor	Date [MM/DD/YYYY] \$
Christina Salvia	12/17/2024
House # Street Address	Date [MM/DD/YYYY] \$
3603 Schaper Ave	11/17/2024
City State Zip Code	Date [MM/DD/YYYY] \$
Erie PA 16508	10/17/2024
Full Name of Contributor	Date [MM/DD/YYYY] \$
Christina Salvia	09/17/2024
House# Street Address	Date [MM/DD/YYYY] \$
3603 Schaper Ave	08/17/2024
City State Zip Code	Date [MM/DD/YYYY] \$
Erie PA 16508	07/17/2024
Full Name of Contributor	Date [MM/DD/YYYY] \$
Christina Salvia	06/17/2024
House # Street Address	Date [MM/DD/YYYY] \$
Schaper Ave	05/17/2024
City State Zip Code	Date [MM/DD/YYYY] \$
Erie PA 16508	04/17/2024
Full Name of Contributor	Date [MM/DD/YYYY] \$
Christina Salvia	03/17/2024
House # Street Address	Date [MM/DD/YYYY] \$
3603 Schaper Ave	02/17/2024
City State Zip Code	Date [MM/DD/YYYY] \$
Erie PA 16508	01/17/20242
Full Name of Contributor	Date [MM/DD/YYYY] \$
lan Price	12/04/2024 5.00
House# Street Address	Date [MM/DD/YYYY] \$
Gross Street	11/04/2024 5.00
City State Zip Code	Date [MM/DD/YYYY] \$
Pittsburgh PA	10/04/2024 5.00
Full Name of Contributor	Date [MM/DD/YYYY] \$.
lan Price	09/04/2024 5.00
nouse # Street Address	Date [MM/DD/YYYY] \$
210 Gross Street	08/04/2024 5.00
City State Zip Code	Date [MM/DD/YYYY] \$
Pittshurgh PA 15224	07/04/2024 5.00
The soungh	07/04/2024

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:			
2023014			
17023014			
33. page 1. 100 () 1 / 100 () 100 (

Full Name of Contributor	Date [MM/DD/YYYY] \$
lan Price	06/04/2024 5.00
House # Street Address	Date [MM/DD/YYYY] \$
210 Gross Street	05/04/2024 5.00
City State Zip Code	Date [MM/DD/YYYY] \$
PA 15224	04/04/2024 5.00
Full Name of Contributor	Date [MM/DD/YYYY] \$
lan Price	03/04/2024 5.00
House # Street Address	Date [MM/DD/YYYY] \$
210 Gross Street	02/04/2024 5.00
City State Zip Code	Date [MM/DD/YYYY] \$
Pittsburgh PA 15224	01/04/2024 5.00
Full Name of Contributor	Date [MM/DD/YYYY] 5
House #: Street Address	Date [MM/DD/YYYY] \$
City State Zip Code	Date [MM/DD/YYYY] \$
Full Name of Contributor	Date [MM/DD/YYYY] S
House# Street Address	Date [MM/DD/YYYY] \$
City State Zip Code	Date [MM/DD/YYYY] \$
Full Name of Contributor	Date [MM/DD/YYYY] \$
	The state of the s
House# Street Address	Date [MM/DD/YYYY] \$
City State Zip Code	Date [MIM/DD/YYYY] \$
Full Name of Contributor	Date [MM/DD/YYYY] \$
House # Street Address	Date [MM/DD/YYYY] 5
nouse # Street Address	ABLE DAMINANTE STATE OF
City State Zip Code	Date [MM/DD/YYYY] 5

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: 2023014				
Full Name of			Date [MM/DD/YYYY]	\$
Contributing Committee				
House # Street Address		···	Date [MM/DD/YYYY]	<i>\$</i>
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of		and the state of t	Date [MIM/DD/YYYY]	15 0
Contributing Committee				
House # Street Address			Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of			Date [MM/DD/YYYY]	
Contributing Committee				
House # Street Address			Date [MM/DD/YYYY]	\$
				10040 40-44
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of			Date [MM/DD/YYYY]	\$
Contributing Committee				
House# Street Address			Date [MM/DD/YYYY]	\$
				496) 150
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of			Date [MM/DD/XXXX]	\$
Contributing Committee				
House # Street Address			Date [MM/DD/YYYY]	\$
	•			
City	State	Zip Code:	Date [MM/DD/YYYY]	\$
Full Name of	interaction to		Date [MM/DD/YYYY]	(C)
Contributing Committee			Date (WWY DD) (1 11)	\$
House # Street Address			Date [MM/DD/YYYY]	\$
City .	State	Zip Code	Date [MM/DD/YYYY]	\$
		construction in the construction of the constr		

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:			
Filer Identification Number: 2023014			
2023014			
2023014			
	 and the second s		

Full Name of Contributor			Date [MM/DD/YYYY]	\$
	Kevan Yenerall		08/27/2024	700.00
House # Str	eet Address		Date [MM/DD/YYYY]	\$
674	Arbor Court			. 1516 1527
City Pittsburgh	State PA	Zip Code 15238	Date [MM/DD/YYYY]	\$
Employer Name			Occupation	
Employer Mailing Address Principal Place of Business	2005-00-00-0		EAST CONTROL OF CONTRO	
Full Name of Contributor			Date [MM/DB/YYYY]	\$
	Baybars Charkas		08/03/2024	500.00
House # Str	eet Address Petersburg Avenue		Date [MM/DD/YYYY]	\$
City Lancaster	State PA	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name		The approximation of policy is to the desired process of the control of the contr	Occupation	
Employer Mailing Address Principal Place of Business			1 C A STOCK OF A STOCK AND A STOCK OF A STOC	
Full Name of Contributor	- WOOD - WOODS A - WOOD - WANTED		Date [MM/DD/YYYY]	
	- WOOD - WOODS A - WOOD - WANTED		Date [MM/DD/YYYY] Date [MM/DD/YYYY]	5
		Zip Code	We work with a street of the s	
House# Str	eet Address State	Zip Code	Date [MM/DD/YYYY]	\$
House # Str	State /	Charles on a light	Date [MM/DD/YYYY] Date [MM/DD/YYYY]	\$
City Employer Name Employer Mailing Address Principal Place of Business Full Name of Contributor	State	Charles on a light	Date [MM/DD/YYYY] Date [MM/DD/YYYY] Occupation	\$
House # Stri City Employer Name Employer Mailing Address Principal Place of Business Full Name of Contributor	State	Charles on a light	Date [MM/DD/YYYY] Date [MM/DD/YYYY] Occupation	
House # Street City Employer Name Employer Mailing Address Principal Place of Business Full Name of Contributor House # Street City	State State	Charles on a light	Date [MM/DD/YYYY] Date [MM/DD/YYYY] Date [MM/DD/YYYY] Date [MM/DD/YYYY]	
House # Strategy City Employer Name Employer Mailing Address Principal Place of Business Full Name of Contributor House # Strategy City	State State Seet Address	Zip Code	Date [MM/DD/YYYY] Date [MM/DD/YYYY] Occupation Date [MM/DD/YYYY]	\$

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:

	2023014
Full Name	
	eet Address
City	State Zip Date [MM/DD/YYYY] \$
Receipt Description	
Full Name House # Stri	eet Address
	State Zip Date [MM/DD/YYYY] \$
City	Code
Receipt Description	
Full Name	
	eet Address
City	State Zip Date [MM/DD/YYYY] \$ Code
Receipt Description	
Full Name	
	et Address
City	State Zip Date [MM/DD/YYYY] \$ Code
Receipt Description	ENGINEER PRODUCTION CONTACT
Full Name	
	eet Address
City	State Zip Date (MM/DD/YYYY) \$
Receipt Description	
Full Name	
House # Stre	eet Address State Zip Date [MM/DD/YYYY] \$
	State Zip Date [MM/DD/YYYY] \$ Code
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 2023014		
UNITEMIZED IN-KIND CONTRIBUTIO	INS RECEIVED-VALUE OF \$50	0.00 OR LESS PER CONTRIBUTOR
TOTAL for the reporting period	(1)	\$
		1
2. IN-KIND CONTRIBUTIONS RECEIVED	-VALUE OF \$50.01 TO \$250.	000(FROM PART F)
TOTAL for the reporting period	(2)	\$
		Pulling
.3. IN-KIND CONTRIBUTION RECEIVED.	VALUE OVER \$250.00 (FRON	M PAKI (G)
TOTAL for the reporting period	(3)	\$
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DU PERIOD (Add and enter amount totals from be on Page 1, Report Cover Page, Item F)		\$

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Number:	2023014		 	
		 	 ·	

Full Name of Contributor			Date [MM/DD/YYYY] \$
House # Street Address			Date [MM/DD/YYYY] \$
Gity	State	Zip Code	Date [MM/DD/YYYY] \$
Description of Contribution	50		
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] \$
Gity	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] \$
Gity	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 [MIM/DD/YYYY] \$
Description of Contribution			

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer Identification Number:
Filer Identification Number:
2023014

Full Name of Contributor			Date [MM/DD/YYYY]	
House # Street Address			Date [MM/DD/YYYY] :	
Penderalis				
City	State Zip (Code	Date [MM/DD/YYYY]	
Employer Name			Occupation	
Employer Mailing Address / Principal Place of Business			Description of	
Frace of Business			Contribution	
Full Name of Contributor			Date [MM/DD/YYYY]	
House # Street Address		**************************************	Date [MM/DD/YYYY]	
Tathan tan Germanian (1994) Separata				
City	State Zip 0	ode	Date [MM/DD/YYYY] \$	
Employer Name			Occupation	7441
Employer Mailing Address / Principal			Description	
Place of Business			of Contribution	
Full Name of Contributor			Date [MM/DD/YYYY] 5	<u> </u>
			ve	
House # Street Address			Date [MM/DD/YYYY] - \$	
			ā	
City	State Zip C	ode	Date [MM/DD/YYYY] \$	
ilanites Regalita				
Employer Name			Occupation	200
Employer Mailing Address / Principal			Description	
Place of Business			of Contribution	
Full Name of Contributor	8	427	Date [MM/DD/YYYY] \$	
House # Street Address			Date [MM/DD/YYYY] \$	
		24		
City	State Zip C	ode.	Date [MM/DD/YYYY] \$	
		Best He		
Employer Name			Occupation	
Employer Mailing Address / Principal		88	Description	
Place of Business			of Contribution	

Statement of Expenditures

Filer Identification Number:	2023014	•
	2023014	

To WI	om Paid						Date [MM/DD/	YYYY] \$	400.00
		Erie County Democ	rats				03/25/2024	7327073	400.00
House	1301	Street Address	State Street				Description of I	xpenditure	
City	Erie		State	PA	Zip Code	16501	Sponsorship Spring	Dinner	
To Wi	nom Paid	Expedia Group					Date [MM/DD/	YYYY] \$	36 16
		Expedia Group					07/05/2024	10000000	36.16
House	1111	Street Address	1111 Expedia	Group Way W.		_	Description of E	xpenditure	
City	Seattle		State	WA	Zip Code	98119	Fees for Online Flig	ht Booking to	DNC
To W	om Paid	Aataaa Atabaaa					Date [MM/DD/	YYY] \$	229.48
		American Airlines					07/05/2024	mules	229,46
House) # 	Street Address	P.O. Box 6196	516			Description of E	xpenditure	
City	DFW Airport		State	тх	Zip Code	75261-9616	Flight to Democrati	c National Co	nvention
To W	om Paid	Dotto d'Atolto en Jes					Date [MM/DD/	rryr] \$	165,47
		United Airlines, Inc.					07/05/2024	2170000	165.47
House	#	Street Address	PO Box 06649)			Description of E	xpenditure	
City	Chicago		State	IL.	Zip Code	60606-0649	Return Flight from	Democratic N	lational Convention
50.7 Sept. 61. Car. 6 Sept. 6									
To Wi	nom Paid	Palmer House, Hilto	n				Date [MM/DD/ 08/09/2024		1,920.66
To Wi		Street Address	East Monroe	Street					1,920.66
	#1	Street Address		Street	Zip Code	60603	08/09/2024	xpenditure	
House City	# 17	Street Address	East Monroe			60603	08/09/2024 Description of E	xpenditure ratic National	
House City	17 Chicago	Street Address Adam Holoquist Street Address	East Monroe			60603	08/09/2024 Description of E Lodging for Democr	xpenditure ratic National	Convention
House City To Wi	# 17 Chicago tom Paid	Street Address Adam Holoquist Street Address	State			60603 16502	08/09/2024 Description of E Lodging for Democr Date [MM/DD/) 12/05/2024	xpenditure ratic National (YYYY) \$ xpenditure	Convention 400.00
House City To Wh House City	Thicago Tom Paid ## 955	Street Address Adam Holoquist Street Address	State State	IL	Code		Date [MM/DD/A	xpenditure ratic National (YYY) \$ xpenditure DJ) for Dem E	Convention 400.00 vent
House City To Wh House City	Chicago nom Paid ## 955 Erie nom Paid	Adam Holoquist Street Address	State State	IL PA	Code		08/09/2024 Description of E Lodging for Democri Date [MM/DD/) 12/05/2024 Description of E Services Provided (I	xpenditure ratic National (YYY) \$ xpenditure DJ) for Dem E	Convention 400.00 vent
House City House City To Wh	Chicago nom Paid ## 955 Erie nom Paid	Adam Holoquist Street Address ActBlue	State W 7th St State	IL PA	Code		Date [MM/DD/N 12/05/2024 Description of E Lodging for Democr Date [MM/DD/N 12/05/2024 Description of E Services Provided (I Date [MM/DD/N 12/31/2024	xpenditure ratic National (YYY)] \$ xpenditure DJ) for Dem E (YYYY] \$ xpenditure	Convention 400.00 vent 70.72
House City To Wh House City City City	Chicago The property of the p	Adam Holoquist Street Address ActBlue Street Address	State W 7th St State P.O. Box 441	PA	Zip Code	16502	Date [MM/DD/N 12/05/2024 Description of E Lodging for Democri 12/05/2024 Description of E Services Provided (I Date [MM/DD/N 12/31/2024 Description of E	xpenditure ratic National ryyyy] \$ xpenditure DJ) for Dem E ryyy} \$ xpenditure	Convention 400.00 vent 70.72
House City To Wh House City City City	Chicago The property of the p	Adam Holoquist Street Address ActBlue	State W 7th St State P.O. Box 441	PA	Zip Code	16502	Date [MM/DD/N 12/31/2024 Description of E Lodging for Democri Date [MM/DD/N 12/05/2024 Description of E Services Provided (I Date [MM/DD/N 12/31/2024 Description of E Fees for use of Action 09/04/2024	xpenditure ratic National (YYY) \$ xpenditure DJ) for Dem E (YYY) \$ xpenditure Blue Platform (YYY) \$	Convention 400.00 vent 70.72
House City To Wh House City City City	Chicago Tom Paid Frie Tom Paid Somerville Tom Paid	Adam Holoquist Street Address ActBlue Street Address Erie County Democi	State W 7th St State P.O. Box 441	PA	Zip Code	16502	Date [MM/DD/N Date [MM/DD/N 12/31/2024 Description of E Services Provided (I Date [MM/DD/N 12/31/2024 Description of E Fees for use of Action	xpenditure ratic National (YYY) \$ xpenditure DJ) for Dem E (YYY) \$ xpenditure Blue Platform (YYY) \$	Convention 400.00 vent 70.72

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:	2023014
Name of Greditor	Outstanding Balance of Debt:
House # Stree	t Address DATE DEBT INCURRED \$ [MM/DD/YYYY]
City	State Zip
Description of Debt	Code
Name of Creditor	. Outstanding Balance of Debt
House # Stree	t Address DATE DEBT INCURRED [MM/DD/YYYY]
City	State Zip Code
Description of Debt	
Name of Creditor	Outstanding Balance of Debt DATE DEBT INCURRED \$
House # Stree	EAddress [MM/DD/YYYY]
City	State Zip Code
Description of Debt	Outstanding Balance of Debt
Name of Creditor House # Street	t Address DATE DEBT INCURRED \$
	[MM/DD/YYYY]
City Description of Debt	State Zip Code
Name of Creditor	Qutstanding Balance of Debt
	DATE DEBT INCURRED \$ [MM/DD/YYYY]
City	State Zip
City Description of Debt	Code
Name of Creditor	Outstanding Balance of Debt
House # Stree	t Address DATE DEBT INCURRED \$ [MM/DD/YYYY]
City	State Zip
Description of Debt	Gode