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

Filer Identification Number	Report Filed (Mark X)	By Candida	ite	Committee	X	Lobbyist
Name of Filing Committee, Candidate or Lobbyist	Commi	ittee	to Elect	Mouries	"Mo" -	troop
Street Address	2109	June	34.			
City ERIE		State	PA	Zip Code	16510	
Type of Report (Place x under report type)						
1-6 th Tuesday 2- 2 nd Friday 3-30 Day Pos Pre-Primary Pre-Primary Primary	4-6 th Tuesday Pre-Election	5- 2 nd Friday Pre- Election	6-30 Day Post Election		cial 2 nd Friday -Election	Special 30 Day Post-Election
					<u> </u>	
Date Of Election (MM/DD/YYYY)	Year		Amendment Report	Ten Rep	inination ort	
Summary of Receipts and From Date Expenditures	To Date			For Office	Use Only	
11-39,2021	12-3	1-2021				
A. Amount Brought Forward From Last Repor	t \$ 2	ý			· · · · · · · · · · · · · · · · · · ·	13
B. Total Monetary Contributions and Receipts (From Schedule I)	\$ 77	15.00				C
C. Total Funds Available		5.00			4	C-2
(Sum of Lines A and B) D. Total Expenditures	- _)			e e e e e e e e e e e e e e e e e e e	
(From Schedule III)	368	1.95				
E. Ending Cash Balance (Subtract Line D from Line C)	\$ 406	, 05				့ာ ့ာ
F. Value of In-Kind Contributions Received (From Schedule II)	\$ 89.	40			* • • • ·	යා
G. Unpaid Debts and Obligations (From Schedule IV)	\$ Ø					
		Affidavit Sec		. 1		
Part 1- If this is a Committee report, treasurer sign h I swear (or affirm) that this report, including the atta	ere. If this is a Can ched schedules on	didate report, car naper, is to the b	ndidate sign here.	se and belief true, con	meet and complete	4
Sworn to and subscribed before me this		paper, 10 to 51.5		A		Ľ.
day of20	• 1	_ <	1 Versly	HILL		-
			Signature o	f Person Submitting r		_
Signature	-	7	1 36 Illised	Printed Name	<u> </u>	- .
My Commission expires	. •	18	(Lin	10/11/2	11.05	
MO. DAY YR.	<u></u>	\A	ea Code	Daytime To	elephone Number	-
Part II- If this is a report of a Candidate's Authorized I swear (or affirm) that to the best of my knowledge amended.				provisions of the Act	of June 3, 1937 (P	.L. 1333, NO.320) as
Sworn to and subscribed before me this						K
day of20	. · ,		Mer V	P	-	-
				ture of Candidate		
Signature				rinted Name		
My Commission expires	, ,	8	79	602-5	5375	
MO. DAY YR.	_	An	ea Code	Daytime Tel	ephone Number	- .



Pennsylvania Department of State

Bureau of Campaign Finance & Civic Engagement 210 North Office Building, Harrisburg, PA 17120 • 717.787.5280 (Option 4) www.dos.pa.gov/campaignfinance • rasketampaignfinance@pa.gov

2022 JAN 31 PH 3: 28

Unsworn Declaration in Lieu of Sworn Statement for Campaign Finance Reports

Note: Per Act 2020-15, which was signed into law on April 20, 2020 and allows for unsworn declarations, Campaign Finance Reports (form DSEB-502), Campaign Finance Statements in lieu of full reports (form DSEB-503), Non-Bid Contract Reporting Form (DSEB-504) and Independent Expenditure Reports (form DSEB-505) need not be notarized. Instead, the filer may file with each report or statement the corresponding version of this form signed by the required individual(s). This particular form is to be used only for Campaign Finance Reports. This form must be signed by hand where a signature is required.

Name of Filing Reporting Cycle	en (MISPANIES ASSAULTANS SESSES ASSAULT	ididate, or Lobby			
☐ Cycle 1 6 th Tuesday Pre-Primary	☐ Cycle 2 2 nd Friday Pre-Primary	□ Cycle 3 30 Day Post Primary	6 th T	Cycle 4 Tuesday Election	□ Cycle 5 2 nd Friday Pre-Election
☐ Cycle 6 30 Day Post-Election	Cycle 7 Annual Report	☐ Cycle 8 2 nd Friday Pre-Special	Election	-	cle 9 st-Special Election

Part I - If this form is submitted with a Committee report, the treasurer must sign here. If this form is submitted with a Candidate report, the candidate must sign here. If this report is submitted with a report by a contributing lobbyist, the lobbyist must sign here.

declare under penalty of perjury under the law of that the accompanying Campaign Finance Report	of the Commonwealth of Pennsylvania
Signature of Treasurer, Candidate, or Lobbyist	/3//2022 /Date (DD/MM/YYYY)
Printed Name	Location (City/State/Country)



Pennsylvania Department of State

Bureau of Campaign Finance & Civic Engagement
210 North Office Building, Harrisburg, PA 17120 • 717.787.5280 (Option 4)
www.dos.pa.gov/campaignfinance • ra-stcampaignfinance@pa.gov

Part II - If this form is submitted with a report by a Candidate's Authorized Committee, the candidate must sign here.

I declare under penalty of perjury under the law of the Commonwealth of Pennsylvania that the accompanying Campaign Finance Report is true and correct.

Signature of Treasurer, Candidate, or Lobbyist

Maurice Troop

Printed Name

Date (DD/MM/YYYY)

Ene/PA/ 48A)

Location (City/State/Country)

SCHEDULE I Contributions and Receipts Detailed Summary Page

Filer Identification Number		
1.Uniternized Contributions and Receipts-\$50.00 or Less per Contributor		
Total for the reporting period (*)	1) \$	50
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		
Contributions Received from Political Committees (Part A)	\$	Ø
All Other Contributions (Part B)	\$	475.00
Total for the reporting period (2	2) \$	475.00
3. Contributions Over \$250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)	\$	
All Other Contributions (Part D)	\$	250.00
Total for the reporting period (3) \$	
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		
Total for the reporting period (4)) \$	· 6
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)	\$ t	775,00

Cover Page, Item B)

PART A Contributions Received From Political Committees

\$50.01 TO \$250.00
Use this Part to itemize only contributions received from Political Committees with an aggregate value from \$50.01 TO \$250.00 in the reporting period.

riier identificatio	a rediiner			·	
					Amount
Full Name of Co	ontributing	•		Date [MM/DD/YYYY]	\$
Committee					
House #	Street Address		·	Date [MM/DD/YYYY]	\$
	555				
City I		154-4-	7.0.1	b a shakasan hanna	37.5
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co	entributing			Date [MM/DD/YYYY]	\$
Committee					
House#	Street Address	77774		Date [MM/DD/YYYY]	\$
Y				<u>, </u>	
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co	ntributing			Date [MM/DD/YYYY]	\$
Committee					
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co Committee	ntributing			Date [MM/DD/YYYY]	\$
House #	Street Address	,		Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co	ntributing			Date [MM/DD/YYYY]	\$
Committee					
House #	Street Address			Date [MM/DD/YYYY]	\$
City	<u> </u>	State	Zip Code	Date [MM/DD/YYYY]	\$
Y					
Full Name of Cor Committee	tributing			Date [MM/DD/YYYY]	\$
House #	Street Address		enterprise	Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
- 1			<u> </u>	<u> </u>	· 1.

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:		
-		

Full Name of Contributor	
	Date [MM/DD/YYYY] \$
TATIAWA BARN	ETT 03/27/2021 100.00
House # Street Address	Date [MM/DD/YYYY] \$
2116 Glen	
City State PA	ip Code. Date [MM/DD/YYYY] \$
	16510
Full Name of Contributor	Date [MM/DD/YYYY] \$
Maurice Tro	03/27/2021 25-00 Date [MM/DD/MM] \$ 04/23/2021 50.00
House # Street Address	Date [MM/DD/YYYY] \$
2109 Jun	e 34. 04/23/2021 50.00
City ERIE State PA Z	p Code Date [MM/DD/YYYY] \$
500 (200 (200 pm) 50 pm 50	16510
Full Name of Contributor	Date [MM/DD/YYYY] \$
CAROL Tro	DP 04/10/2021 100.00
House # Street Address	Date [MM/DD/YYYY] \$
Street Address 2109 Juni	e 51.
City State Zi	p Code Date [MM/DD/YYYY] \$
ERIE PA	16510
Full Name of Contributor	Date [MM/DD/YYYY] \$
TOM DEFTOR	04/08/2021 100.00
The state of the s	
505 Hen	M Dingusway
k(City (Si)) Li Staffa (Li 1976)	Code / Data RMM/DD/VVVVI S
Maggie Valley NC	28751
Full Name of Contributor	Date [MM/DD/YYYY] \$
VINCE CACCA	6.414
House # Street Address	Date [MM/DD/YYYY] \$
6802 HA3K	こととがある。それは最後などのでいるとはないがない。これがは最初では、「かってんご」
	O Code Date [MM/DD/YYYY] \$
FAIRVIEW PA	16415
Full Name of Contributor	Date IMM/DD/YYYO \$
Kothleen Schepp	mer 07/01/2021 250.00
House # Street Address	oner 07/01/2021 250.00 Date [MM/DD/YYYY] \$
# 15 B 1 B 1 B 1 B 1 B 1 B 1 B 1 B 1 B 1	FRONT De.
<u> </u>	<u></u>
ERIE PA	Code Date [MM/DD/YYYY] \$
ata a DK1	[6505]

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 Contributing C	omnitiee			Date [MM/DD/YYYY] \$	
House #	Street Address	- 13 (, , , , , , , , , , , , , , , , , , ,		Date [MM/DD/YYYY] \$	
			Rev		
City		State	Zip Gode	Date [MM/DD/YYYY] \$	
Full Name of Contributing G	ommittee	Elizabeth E	Treatment of the control of	Date [MM/DD/YYYY] \$	
House #	Street Address		en e	Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Co	ommittee	<u> </u>		Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Co	mmittee			Date [MM/DD/YYYY] \$	
House#	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Co	minittee	Records and a	The Additional Journal of	Date [MM/DD/YYYY] \$	·
House #	Street Address	y mangangan ay ay		Date [MM/DD/YYYY] \$	
City	<u> </u>	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Co	nmittee	1.0 000	Little Control of the State of	Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City	10 40 00 00 00 00 00 00 00 00 00 00 00 00	State	Zip Code	Date [MM/DD/YYYY] \$	

PART D All Other Contributions

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period. (Exclude contributions from political committees reported in Part C)

Filer Identification Number:

Full Name of C	ontributor			Date [MM/DD/YYYY] \$
House #	Street Address	\$	Politica Control Contr	Date [MM/DD/YYYY] \$
		A.3		
City		State	Zip Code	Date [MM/DD/YYYY] \$
Employer Nam	10	<u> </u>	<u>Province of the Province of t</u>	Occupation
Employer Maili	Ang Address /			
Principal Place Full Name of Co	and the second of			Date [MM/DD/YYYY] \$
run neme-	Munum			Date [MM/DD/YYYY] \$
House#	Street Address	Š	***************************************	Date [MM/DD/YYYY] \$
	(*) (*)	1000		
City	Francisco Company	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name			V S. Gregoria	Occupation
Employer Maili		<u> </u>		Същомин
Principal Place o	of Business			
Full Name of Co	MALES TO A SECURE OF THE PROPERTY OF THE PROPE			Date [MM/DD/YYYY] \$
House #	Street Address	i di		Date [MM/DD/YYYY] \$
312				
City		State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name	a	1555-157-1 1	- Character Association	Occupation
Employer Mailin Principal Place o				
Principal Place of Full Name of Cor	28.00 (1.00)			Date [MM/DD/YYYY] \$
House #	Street Address	ı		Date [MM/DD/YYYY] \$
			_	
City	man man Landi 3 m a	State	Zip Code	Date [MM/DD/YYYY] \$
				Her 194 1 August 1 Au
Employer Name				Occupation
Employer Mailin Principal Place of		1		**************************************

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 Nur	nber.			
	,			
Full Name				
House#	Street Address			10 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -
City	Krazy Colonia (Colonia Colonia	State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		Aly		
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				12.7
Full Name				
House #	Street Address			
City		State	Zip ***	Date [MM/DD/YYYY] \$
			Code	
Receipt Description			×5.15 × 10×5.14	
Full Name	10 10 10 10 10 10 10 10 10 10 10 10 10 1	<u> </u>		
House#	Street Address			
City		State	Zp	Date [MM/DD/YYYY] \$
			Code	
Receipt Description				
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description			MASSACI KLADAYM	
Full Name	1940 (1966) 1940 (1966) 1940 (1966)			· · · · · · · · · · · · · · · · · · ·
House #	Street Address			
City	Sueet Address	Ctata :	7.	Post Tess inn (Wang
		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		r is go ser		[60] = 20]

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 CONTRIB	IUTIONS RECEIVED-VA	LUE OF \$50.00 OR LESS PER C	CNTRIBUTOR
TOTAL for the reporting period	(1)	\$	
2. IN-KIND CONTRIBUTIONS RECE	IVED-VALUE OF \$50.0	1 TO \$250.00 (FROM PART F)	
TOTAL for the reporting period	(2)	\$	
3. IN-KIND CONTRIBUTION RECEIV	VED-VALUE OVER \$250	D.OO (FROM PART G)	
TOTAL for the reporting period	(3)	\$	
TOTAL VALUE OF IN-KIND CONTRIBUTION PERIOD (Add and enter amount totals fro 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:			
(B) (G) (B) (B) (B) (B) (B) (B) (B) (B) (B) (B			
ACHTERNA LITERANIST NEW TOTAL BENEVICE			

Full Name of Contril	TO MEET	<i></i>		Date [MM/DD/YYYY]	
Full Name of Condi	24 Y (AA) 44 OT	. 1	. N. i		4-49-50
	JOR	DAN LA	HOBER	03/27/2021	50.00
House #	Street Address	10044 SA		Date [MM/DD/YYYY]	39.40
		10044 5	celey SV	04/27/2021	· · · · · · · · · · · · · · · · · · ·
City		State	Zip Code	Date [MM/DD/YYYY]	
LAKE	CITY	PA	16423		
Description of Contr	ibution	MARKET	TNG-	<u>* </u>	
Full Name of Contrib	utor			Date [MM/DD/YYYY]	
House #	Street Address	· · · · · · ·		Date [MM/DD/YYYY]	3
1,000	Sue and a succession				
		To Aura Co	Zip Code	Date [MM/DD/YYYY]	3
City		State		Date [mm/DD/1111]	
Description of Contr	ibution				
Full Name of Contrib	kitor			Date [MM/DD/YYYY]	
House #	Street Address			Date [MM/DD/YYYY]	
				and the second s	
City		State	Zip Code	Date [MM/DD/YYYY]	
City		38415			
Description of Contr	bution			<u> </u>	
			<u> </u>		z makini k
Full Name of Contrib	utor			Date [MM/DD/YYYY]	
				1	
House #	Street Address			Date [MM/DD/YYYY]	\$ 1
City		State	Zip Code	Date [MM/DD/YYYY]	
Description of Contri	bution	1			
Full Name of Contrib	utor '	2(Date [MM/DD/YYYY]	\$ 4
House #	Street Address			Date [MM/DD/YYYY]	
(IOUSE IT	odeer address				
		l marcha en l		Date [MM/DD/YYYY]	*
City		State	Zip Code	nam fusicing [1]	
	ka dika ji sa sa sa sa sa sa sa		A STATE OF THE STA		
Description of Contri	Dution				

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

		VALUE OVER \$250	
Filer Identification Number:			
		1.000	
Full Name of Contributor		<u>'</u>	Date [MM/DD/YYY] \$
House # Street Addre	88		Date [MM/DD/YYYY] \$
City .	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name		[1] 中国中央共和党公司 [1] 中国	Occupation
Employer Mailing Address / Principa Place of Business			Description of Contribution
Full Name of Contributor	Na contractific of 3		Date (MM/DD/YYYY) \$
House # Street Addres	S		Date (MM/DD/YYYY) \$
City City City City City City City City	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name		· · · · · · · · · · · · · · · · · · ·	Occupation
Employer Mailing Address / Principa Place of Business	a		Description of Contribution
Full Name of Contributor			Date (MM/DD/YYY) \$
House # Street Addres	S		Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name		BOOK A CASCADOR CANADA	Occupation
Employer Mailing Address / Principa Place of Business	1		Description of Contribution
Full Name of Contributor	en e		Date (MM/DD/YYYY) \$
House # Street Addres	\$		Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name			Occupation
Employer Mailing Address / Principa Place of Business			Description of Contribution

Statement of Expenditures

The second state of the se	 	 	
Filer Identification Number:			
i instructionication (totales)			
[1] "我们的"大","我们"是是没有的"对我们是我们的"大"的"大"的"人"的"大"的"大"的"大"。			
表,她还是我们的一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个			
TO A AND THE STREET AND A STREET AS A STRE			

To Whom Paid		-	. (Date [MM/DD/YYYY] \$	
	Zigns	on THE	Cheap	04/25/2021	235,13
House#	Company to a fee ded to deep 11		Stonehollow Dast 10	Description of Expenditure	
City Austi		State TX	Zip Code 78758	31625	554114
To Whom Paid	Λ	\ .		Date [MM/DD/YYYY] \$	4 20
	Het E	slue	a	05/01/2021	3,38
House#	Street Address	PO BOX 4	441146	Description of Expenditure	
city Some	erville	State MA	Zip 02144	PROCESSING FE	res
To Whom Paid	Deluxe	,		O4/01/202/	9.99
House#	144 Cay (\$20 20 E) 2 (2 E) 2 (2 E)	· · · · · · · · · · · · · · · · · · ·		Description of Expenditure	1
City /		JUSO VICTOR	ria St. North		
	eview	MN	Code 55126	CheCK DRDE	2
To Whom Paid	Λ	0 1		Date [MM/DD/YYYY] \$	10 C/2
		Blue		06/01/2021-12/31/21	23,85
House#	Street Address	P.O. Box		Description of Expenditure	
City Sovy	erville	State MA	Zip Code 02144	Processing Fee	
(20) 100 (20)		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	10 VIII N. 12 104 (CT 1242)		
To Whom Paid	1		10000 10000 1000	Date [MM/DD/YYYY] \$	
To Whom Paid	Signs o.	N THE CH	neap	Date [MM/DD/YYYY] \$ 05/31/2021	96,62
To Whom Paid House #	Street Address	1825A 3+	neap tonehollow De Ste 100	Date [MM/DD/YYYY] \$ 05/31/2021 Description of Expenditure	
To Whom Paid	Street Address			Date [MM/DD/YYYY] \$ 05/31/2021 Description of Expenditure	
To Whom Paid House #	Street Address	1825A 3+	tonehollow DRSH100	Date [MM/DD/YYYY] \$ 05/31/2021 Description of Expenditure	
To Whom Paid House #	Street Address	1825A 3+	tonehollow DRSH100	Date [MM/DD/YYYY] \$ 0.5/31/2021 Description of Expenditure	
To Whom Paid House # City To Whom Paid	Street Address	1825A 3+	tonehollow DRSH100	Date [MM/DD/YYY] \$ 0.5 /31/2021 Description of Expenditure \$16.005 Date [MM/DD/YYYY] \$	
To Whom Paid House # City To Whom Paid House #	Street Address	1 \$ 25A 3+	Tonchollow DRSK100 Zip Code Zip	Date [MM/DD/YYY] \$ 0.5 /31/2021 Description of Expenditure \$16.005 Date [MM/DD/YYYY] \$	
To Whom Paid City To Whom Paid House #	Street Address	1 \$ 25A 3+	Tonchollow DRSK100 Zip Code Zip	Date [MM/DD/YYYY] \$ 0.5 /3 / 202 / Description of Expenditure \$ 16.00 S Date [MM/DD/YYYY] \$ Description of Expenditure Date [MM/DD/YYYY] \$	
To Whom Paid City To Whom Paid City To Whom Paid	Street Address Street Address	1 \$ 25A 3+	Code Zip Code Zip Code	Date [MM/DD/YYYY] \$ 0.5/31/2021 Description of Expenditure 316.05 Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$	
To Whom Paid City To Whom Paid City To Whom Paid House #	Street Address Street Address	State	Code Zip Zip Code	Date [MM/DD/YYYY] \$ 0.5 /3 / 202 / Description of Expenditure \$ 16.00 S Date [MM/DD/YYYY] \$ Description of Expenditure Date [MM/DD/YYYY] \$	
To Whom Paid City To Whom Paid House # City To Whom Paid House # City	Street Address Street Address	State	Code Zip Code Zip Code	Date [MM/DD/YYYY] \$ 0.5 /31/2021 Description of Expenditure \$16 \(\text{S} \) Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Description of Expenditure	
To Whom Paid City To Whom Paid House # City To Whom Paid House # City	Street Address Street Address	State	Code Zip Code Zip Code	Date [MM/DD/YYYY] \$ 0.5 /31/2021 Description of Expenditure \$16 \(\text{S} \) Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Description of Expenditure	
To Whom Paid City To Whom Paid City To Whom Paid City To Whom Paid	Street Address Street Address Street Address	State	Code Zip Code Zip Code	Date [MM/DD/YYYY] \$ 0.5 /3 / 202 / Description of Expenditure 3 / 6 W S Date [MM/DD/YYYY] \$ Description of Expenditure 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	n Number:			
Name of Credit				Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	5
City		State	Zip Code	_
Description of E				
Name of Credito		be.		Outstanding Balance of Debt
House#	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	
City		State	Zip Code	
Description of D				
Name of Credito		tue: say		Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	
City		State	Zip Code	_
Description of D				
Name of Credito		Position		Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	
Сну		State	Zip Code	
Description of D	ebt	<u> </u>	ISTA TENERAL A	No. 10 August 10
Name of Credito				Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	
City		State	Zip Code	
Description of De	Bit			LISA .
Name of Credito		alaman di		Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	
City		State	Zíp Code	-
Description of De	abt			