

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	Committee, Can	didate, or Lobby	ist	Mark e. J.	
		Justin Amann			
Reporting Cycle	e Name				TOTAL S
☐ 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 ost-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.

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

	12/5/2025
Signature of Treasurer, Candidate, or Lobbyist	Date (MM/DD/YYYY)
Justin Amann	Bethlehem, PA
Printed Name	Location (City/State/Country)

CAMPAIGN FINANCE STATEMENT

File this in lieu of a full report *only if* aggregate receipts, expenditures, or liabilities incurred *each* <u>did not exceed \$250.00</u> during the reporting period.

ILER IDENTIFICATION	***************************************				EPORT FIL		CANDIDATE	X	COMMITTEE	2.	LOBBYIST	3.
AME OF FILING COMMITTEE, C Justin A									\$			
463 Green	vood Ave											
Bethlehe	em			ST	PA PA			ZIP C	ODE 017	_		
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUR	GHT BY CANDIDAT	E		DISTR	ICT NO.	PARTY		MO.	DA		-60
OTH TUESDAY PRE-PRIMARY		1011	YEAR	MO.	DAY	YEAR	1		FOR (4 OFFICE	USE ONLY	
2. PRE-PRIMARY	DATES OF REPORTING PERIOD			то 11	24	2025						
3. POST-PRIMARY	CASH BAL	ANCE AT END)	······································	0							
OTH TUESDAY 4. PRE-ELECTION	}	TING PERIOD: OUNT OF FILE	_	:	\$		and the second s					
2ND FRIDAY PRE-ELECTION	OUTSTAND	ING DEBTS O	R LIABI		\$							
30 day Post-election K		AMENDMENT REPORT?	YES	МО				J [
ANNUAL REPORT		TERMINATION REPORT?	YES	NO								
RT I - statement is filed of statement is filed of statement is filed of swear (OR AFFIRM) THA	on behalf of a <u>Ca</u> on behalf of a <u>Co</u>	ndidate, the ntributing Lo	Candio bbyist,	the Lob	st sign byist n	here. nust si	gn here.					
XCEED TWO HUNDRED AF	ID FIFTY DOLLARS (\$25)	0.00) AND THIS R										
	BSCRIBED BEFORE ME		20		Justin	SIGNA	USE OF PE	AN S	UBMITTING R	EPOR	l	
	SIGNATURE				•		PRIN	TED N	AME			
MY COMMISSION EX	PIRES MO.	DAY YR.	•		AREA C	ODE		547-8191 DAYTIME	TELEPHONE	NUM	BER	
RT II - tatement is filed c												
) THAT TO THE BEST OF . 1333, No. 320) AS A		and Belie	F THIS POLI	TICAL COM	MMITTEE	HAS NOT VIO	LATED A	ANY PROVISION	NS OF	THE ACT OF	
	BSCRIBED BEFORE ME		20	-			SIGNATUR	E OF C	ANDIDATE			
DAY OF _		2	20	-			PRIN	TED NA	AME			
	SIGNATURE											
MY COMMISSION EX	PIRESMO.	DAY YR.		_	AREA C	ODE	D	AYTIME	TELEPHONE	NUME	BER	



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	Committee, Can Frie	didate, or Lobby ends of Justin Ama			
Reporting Cycle 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-Specia	l Election		cle 9 ost-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.

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

	12/5/2025
Signature of Treasurer, Candidate, or Lobbyist	Date (MM/DD/YYYY)
Cienna Hobbs	Bethlehem, PA
Printed Name	Location (City/State/Country)



Pennsylvania Department of State

Bureau of Campaign Finance & Civic Engagement
500 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.

	12/5/2025
Signature of Treasurer, Candidate, or Lobbyist	Date (MM/DD/YYYY)
Justin Amann	Bethlehem, PA
Printed Name	Location (City/State/Country)



Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identificati Number	ion	<u> </u>				ort Filed I ark X)	Ву	Candi	dat	te		Comm	nittee			X	Lob	byist	
Name of Filing (Lobbyist	Commit	tee, Ca	ndidate c	or	Frien	ds of Just	tin Am	ann											
Street Address					463 (Greenwoo	od Ave	;											
City	Е	Bethlehe	∍m					State		PA		Zip Co	de	1801	17				
Type of Report ((Place x	under	report typ	pe)															
1- 6 th Tuesday Pre-Primary	2- 2 nd Pre-Pr		3- 30 Da			Tuesday Election		nd Frida - Electio		6-30 Day Election	Post	7- Anr	nual	1	cial 2 Elect	nd Friday ion	1 '	cial 30 t-Electi	-
		7		1	T	1					*.		1						
Date Of Election (MM/DD/YYYY)			<u> </u>		Year		<u> </u>			Amendm Report	ent		<u> </u>	Terr Rep	ninat ort	ion			
Summary of Red		nd	From Da	ate		To Date	<u> </u>		\dashv	•			For	Office	Use	Only			
Expenditures	ceipis a	IIu		21/2025	_		1/24/20)25	-					011.02	•••	····,			
A. Amount Brou	ught For	ward F	rom Last	Report	\$		3064.9		1										
B. Total Moneta (From Schedule	: I)	Salar C	ins and Re	eceipts	\$		100												
C. Total Funds A (Sum of Lines A		e			\$,	3164.9	90											
D. Total Expend					\$				\dashv										
(From Schedule	: 111)			 			0												
E. Ending Cash E (Subtract Line D					\$;	3164.9	90											
F. Value of In-Ki (From Schedule	ind Cont		ns Receiv	/ed	\$		0												
G. Unpaid Debts (From Schedule	s and Ol	bligatio	ns		\$		0												
						<u> </u>		dfidavit :											
Part 1- If this is a C I swear (or affirm)												ge and be	elief tı	rue, cor	rect a	ind comple	te.		
Sworn to and subs								,,		,		0		- ,					
day of_			20		_	1				Cien	יממימי	Holi	Prs						
						_			Cie	nna Hobbi									
**************************************	Signatur	e			•			-				Printe							
My Commission ex	xpires					•			484					4283					
}		MO.	DAY	YR.	-			-	Are	ea Code	-	_	Day	time T	eleph	one Numbe	er		
Part II- If this is a re	eport of	a Candic	date's Auti	norized C	ommi	ttee, cand	idate s	hall sign	her	e.									
I swear (or affirm) amended.	that to t	he best	of my knov	wledge ar	nd beli	ief this pol	itical co	ommitte		as not violat	ted any	provisio	ns of t	he Act	of Jur	ie 3, 1937 (P.L. 13	33, NO.	320) as
Sworn to and subs	cribed be	efore me	e this						7,5	je Je									
day of			20			.		-		-'v ₁	Sign	No of C	Candio	lata		-	<u>; </u>		
	Signature	e				,		<u>.</u>	<u>Just</u>	tin Amann	J161.	Printed N		lace			_		
My Commission ex	niras					• •			484	ļ		ţ	54781	91					
Wiy Commission Ca	-	10.	DAY	YR.	-			-	Are	ea Code		-	Dayt	ime Tel	ephor	ne Number			

SCHEDULE I

Contributions and Receipts Detailed Summary Page

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

PART A

Contributions Received From Political Committees

\$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	n Number				
					Amount
Full Name of Co	ontributing			Date [MM/DD/YYYY]	\$
Committee					1
House #	Street Address			Date [MM/DD/YYYY]	\$
ПОизен	Ju eer maar ese				1
		Cenen	7:= Codo	Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date (IVIIVI) DD) 1111]	\$
Full Name of Co	ontributing			Date [MM/DD/YYYY]	\$
Committee					
House #	Street Address			Date [MM/DD/YYYY]	\$
fivuse #	Jil det man de				, ,
			1	5 4- [8484/DD/VVVV]	
City		State	Zip Code	Date [MM/DD/YYYY]	\$
				D + FAARA/DD/VVVVI	-
Full Name of Co Committee	ntributing			Date [MM/DD/YYYY]	\$
Committee					
House #	Street Address			Date [MM/DD/YYYY]	\$
					i
City		State	Zip Code	Date [MM/DD/YYYY]	\$
City		Julia	Eip coac		,
Full Name of Co	antributing			Date [MM/DD/YYYY]	\$
Committee	Пинанив				,
House #	Street Address			Date [MM/DD/YYYY]	\$
Tiouse n					,
				~ [5454 /DD /VVVV]	
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]	\$
	Street Address				,
- Chin		Cinta	Zip Code	Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [iviivi/DD/1111]	\$
Full Name of Co	intributing			Date [MM/DD/YYYY]	\$
Committee	11110411119				
House #	Street Address	,		Date [MM/DD/YYYY]	\$
nouse	Juleet Addition			Butte fining = 1,	1
City		State	Zip Code	Date [MM/DD/YYYY]	\$

PART B

All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Filer Identification Number:

1 (200 (20) (200) (20)					
Full Name of C	ontributor			Date [MM/DD/YYYY]	\$
10 ME (1)	Kevin Pete	erman		10/26/2025	100
House#	Street Address			Date [MM/DD/YYYY]	\$
450		Massachussetts A	Ave NW		
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Washin	gton	DC	20001		
Full Name of Co	ontributor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City	EA WARE TO A SECRETARY	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co	ontributor			Date [MM/DD/YYYY]	\$
House #	Street Address	5		Date [MM/DD/YYYY]	- \$ -
City		 CASHONI	Zip Code	Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MINI/DD/1111]	
Full Name of Co	ontributor		· 在是一种中华美国人的中华的特征	Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
					Torrier
City	Ji da	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co	ntributor	1 00.00 Section Computer	The property of the second sec	Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City	- som dante men stantsfelden evel.	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co	ntributor	-4989-4 CHI		Date [MM/DD/YYYY]	\$
House #	Street Address		100,000	Date [MM/DD/YYYY]	\$
City	1 1144 1144 1144 1144 1144	State	Zip Code	Date [MM/DD/YYYY]	\$

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 Identificatio	n Number:				
Full Name of				Date [MM/DD/YYYY]	\$
Contributing Co	mmittee				
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Co		建建设设置		Date [MM/DD/YYYY]	\$
House #	Street Address	ğ		Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Co	ommittee	\$3(\$1.50,000)		Date [MM/DD/YYYY]	\$
House #	Street Address	5		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	And the same of	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Co	ommittee	1 September 1	## #################################	Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	
Full Name of Contributing Co	ommittee	1996 1995 P		Date [MM/DD/YYYY]	\$
		т		Date [MM/DD/YYYY]	\$
House #	Street Address				
City		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 Contributor			Date [MM/DD/YYYY] \$
House # Street Ac	10:		Date [MM/DD/YYYY] \$
House # Street Ac	laress		Date [WW/DD/1111]
City	State	Zip Code	Date [MM/DD/YYYY] \$
mployer Name			Occupation
mployer Mailing Address / Principal Place of Business		110000000000000000000000000000000000000	The state of the s
ull Name of Contributor			Date [MM/DD/YYYY] \$
louse # Street Ad	dress		Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
		0.00	
Employer Name			Occupation
imployer Mailing Address /			
rincipal Place of Business	[대통 왕] (1.8 일급)		
ull Name of Contributor			Date [MM/DD/YYYY] \$
ouse # Street Ad	Asses		Date [MM/DD/YYYY] \$
ouse # Street Au	uress		June (min/es/1411)
City	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name			Occupation
mployer Mailing Address / Principal Place of Business			
Full Name of Contributor			Date [MM/DD/YYYY] \$
univanie di continutoi			
louse # Street Ad	dress		Date [MM/DD/YYYY] \$
lity	State	Zip Code	Date [MM/DD/YYYY] \$
mployer Name			Occupation
그리고 있는 것 같은 그리는 것들은 그리고 있는 것 같아 얼마를 하는 것이 없는 것이 없었다.			
mployer Mailing Address /	Total Control		[Grantella Strategy

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 Nun	nders			
Full Name				
House #	Street Address			
City	A STATE OF THE STA	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			Terroran-torresonation (11,900
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		A constant of the second		
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		100.0	Tara ang wa	

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:	
UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$	50.00 OR LESS PER CONTRIBUTOR
TOTAL for the reporting period (1)	\$
A THE WHITE CONTRIBUTIONS DESCRIVED VALUE OF \$50.04 TO \$41	TO CO (FDOM DART FL
2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$25	OUO (FROM PART F)
TOTAL for the reporting period (2)	\$
3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FRO	DM PART G)
TOTAL for the reporting period (3)	\$
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from boxes 1, 2, and 3; also ente on Page 1, Report Cover Page, Item F)	r \$

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification	on Number:					
Flici iuu						
Full Name of Co	ontributor			Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Description of 0	Contribution				<u> </u>	
Full Name of Co	ontributor	- SSE		Date [MM/DD/YYYY]	\$	
i i						
House #	Street Address			Date [MM/DD/YYYY]	\$	
City	THE MARKING HER MAI	State	Zip Code	Date [MM/DD/YYYY]	\$	
Description of C	Contribution				<u> 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1</u>	
Full Name of Co				Date [MM/DD/YYYY]	T-a-cj	
Full Name of Co	Intributor			יורייין עטט (Ivilvi) און יייין עטטן יייין אוען אווייין אייין איייין איייין איייין איייין איייין איייין איייין	\$	
				Data FRANK/DD/VVVVI		
House #	Street Address			Date [MM/DD/YYYY]	\$	
			The Market College	Takana (DD (VVVVV)		
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Description of C	Contribution				<u>/## </u>	
				The state of the s		
Full Name of Co	Intributor			Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Description of C	Cantelhution	200 E 100 E				
Full Name of Co	intributor			Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$	
		· · · · · · · · · · · · · · · · · · ·				
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Description of Co	Contribution	AS				

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer Identification Number:	

2					
Full Name of Co	ontributor			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
	3lieti Audi ess			Date Limit 2011111	
		- Almost Albanda			
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Name	10	- Productive spare		Occupation	
	ling Address / Principal			Description	
Place of Busine	1SS			of Contribution	
				Contribution	
Full Name of Co	ontributor			Date [MM/DD/YYYY] \$	
1					
House #	Street Address			Date [MM/DD/YYYY] \$	
House ii	Street Audiess			Date [ivital Del Con 1]	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Name					
				Occupation	
	ing Address / Principal			Description	
Place of Busines				of	
No Carlina				Contribution	
Full Name of Co	ontributor			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City	Professional Americans	State	Zip Code	Date [MM/DD/YYYY] \$	
		J	11p	Date Hilling September 1	
Employer Name	e 7		Testing sources	Occupation	
Employer Mailir Place of Busines	ing Address / Principal			Description of	
Place or pus				Contribution	
Full Name of Co		(4)		- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	
ruii ivame oi oc.	Atributor			Date [MM/DD/YYYY] \$	
House # Street Address			Date [MM/DD/YYYY] \$		
			The second secon		
City State Zip Code		Zip Code	Date [MM/DD/YYYY] \$		
				現場	
Employer Name	٠_ د	2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	The section is the appropriate	Occupation	
		6.			
	ng Address / Principal			Description	
Place of Business	.S			of	
JACOTO NAMED DE LA CONTRACTOR DE LA CONT	A STATE OF STATE OF STATE OF			Contribution	

SCHEDULE III

Statement of Expenditures

Filer Identifica	tion Numbovi≅İ	Jia	tement of Expe	natures
riiei lueiliilika	tion ivumber;	<u> </u>		
To Whom Pai	id			Date [MM/DD/YYYY] \$
House #	use # Street Address			Description of Expenditure
City			T-9:2	
City		State	Zip Code	
To Whom Pai	d			Date [MM/DD/YYYY] \$
House #	Street Address			Description of Expenditure
City				
City		State	Zip Code	
To Whom Pai	d			Date [MM/DD/YYYY] \$
House #	Street Address			Description of Expenditure
City		State	Zip	
			Code	
To Whom Paid	d .			Date [MM/DD/YYYY] \$
House #	Street Address			Description of Expenditure
City	1 14.25 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	State	Zip Code	
To Whom Paid				Date [MM/DD/YYYY] \$
House #	Street Address			Description of Expenditure
City	· · · · · · · · · · · · · · · · · · ·	State	Zip	
To Whom Paid	I contail		Code	
10 whom Paic				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	

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.

Employment of the consequences				
Name of Credit				Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City	The state of the s	State	Zip Code	
Description of I	Debt			
Name of Credit	tor			Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City	The first constraint of the co	State	Zip Code	
Description of D	Debt	The second secon		<u> </u>
Name of Credit	tor			Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State	Zip Code	
Description of D	Debt			
Name of Credite				Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City Description of D	North Mannachaeth	State	Zip Code	
Description of D				
Name of Credito			Miles	Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City Description of D		State	Zip Code	
Description of D				
Name of Credito				Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State	Zip Code	
Description of De	rebt			