## CAMPAIGN FINANCE STATEMENT

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

FILER IDENTIFICATION NUMBER		REPORT FILED CANDIDATE	COMMITTEE	2. LOBBYIST. 3.
NAME OF FILING COMMITTEE, CANDID	AV KACITMAR			
STREET ADDRESS	2 BOST PLACE			
BetHLEH	EM	STATE	GO17	
TYPE OF REPORT (CHECK ONE)	MAYOR ^	DISTRICT NO. PARTY	MO.	OF ELECTION  DAY YEAR  02 JOAI
6TH-TUESDAY PRE-PRIMARY 2.	DATES OF MO. DAY YEAR	MO. DAY YEAR	FOR OF	FICE USE ONLY
2ND FRIDAY PRE-PRIMARY.  30 DAY.  3.	REPORTING 10 19 2021 TO	11 22 2021		
POST-PRIMARY  6TH::TUESDAY  4.	CASH BALANCE AT END OF REPORTING PERIOD:	\$ -13.66		
PRE-ELECTION  2ND FRIDAY PRE-ELECTION	TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITY AT THE END OF REPORTING PERIO	ES \$		
30 DAY FOST-ELECTION	AMENDMENT: YES	МО		•
ANNUAL REPORT	TERMINATION YES	NO		
	AFEID	AVIT SECTION		
If charment is filed on	behalf of a <u>Political Committee <i>or</i> Ca</u> behalf of a <u>Candidate</u> , the Candidate behalf of a <u>Contributing Lobbyist,</u> the	e must sign here.		st sign here.

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

Filer Identification Number	Report Filed By (Mark X)	Candidate.	Committee	X	Lobbyist
Name of Filing Committee, Candidate or Lobbyist	FRION	De of J.	othe KAL	ltypn	
Street Address	1412	Bost PLAC	ar .		
City BOTHLOHOM	,	State PA	Zip Code	18017	
Type of Report (Place x under report type)					
1-6 <sup>th</sup> Tuesday 2-2 <sup>th</sup> Friday 3-30 Day Post Pre-Primary Pre-Primary Primary		Friday 6-30 Day - Election Election	Post 7- Annual	Special 2 <sup>nd</sup> Friday Pre-Election	Special 30 Day Post-Election
		T X			
Date Of Eleption (MM/DD/YYYY) ///e み/acs	Year	Amendm Report	ent	Termination Report	
Summary of Receipts and From Date Expenditures /0/19/20	コレイスン	2021	For	Office Use Only	
A. Amount Brought Forward From Last Repor	1 9 772	, 29			
B. Total Monetary Contributions and Receipts (From Schedule I)		0.00			
C: Total Funds Available (Sum of Lines A and B)	38,15	2,29			•
D. Total Expenditures (From Schedule III)	28 165	5,95			
E. Ending Cash Balance (Subtract Line D from Line C)	1 -13.6	6			
F. Value of In-Kind Contributions Received (From Schedule II)	8 0				
G. Unpaid Debts and Obligations (From Schedule IV)	10			and the second s	
Part 1- If this is a Committee report, treasurer sign h		Affidavit Section e-report: candidate sign	here.		
I swear (or affirm) that this report, including the atta Sworn to and subscribed before me this	ched schedules on pape	or, is to the best of my k	nowledge and belief t	rue, correct and comple	ite.

# SCHEDULE I Contributions and Receipts Detailed Summary Page

and the first the internal and the subsection of the property of the property of the control of	
Filer Identification Number	

	-	
1. Uniternized Contributions and Receipts 450:00 or Less per Contributor		
Total for the reporting period (1)	8	130,00
22 Contributions of \$50.01 to \$250.007(From Part A and Part B)		
Contributions Received from Political Committees (Part A)	\$	
All Other Contributions (Part B)	\$	550,00
	\$	I50,00 I50,00
3. Contributions Over \$ 250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)	8	1,000.00
All Other Contributions (Part D)	8	16,700.00
Total for the reporting period (3)	8	17.700.00
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		
Total for the reporting period (4)	\$	18,380
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 Number			
			Amount
Full Name of Contributing		Date [MM/DD/YYYY] 3	
Committee			0
House # Street Address		Date [MM/DD/YYYY] \$	
City	State Zip Code	Date [MM/DD/YYYY] 2 8	
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	·	Date MM/DD/AYYY	
Committee		ACTION AND AND AND AND AND AND AND AND AND AN	
Höüse # Street Address		Date [MM/DD/YYYY] \$	
City	State Zip Code	Date (MM/DD/XYYY) = 3	
Full Name of Contributing Committee		Date [MM/DD/YYYY] \$	
House# Street Address		Date [MM/DD/YYYY] \$	
	Manager Company		
ċCity	State Zip Code	*Date [MM/DD/YYYY] \$	
Full Name of Contributing	[Productional [Productions and Production of	PDate IMM/DD/AWW/ RS	inika nerveninsi petri isan mini samanni peninsi nerita isan basa pe
Committee			
*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] 3	
Girý	State Zip Code	Date [MM/DD/YYYY] 8	
	e-acc	Pare frame Politicia	

## 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 dentification Number	
REULLEMCYORGONIT DUIGES MARTERIA	Printer Control (Control (Cont
	10/26/202 100,00
House * Street Address F. Union Blud	MVDD/AXYON AV
Both Hom State DA Zip Gode 18018 Date IN	M/DD4YW()
	W/00/MM/
House's Street Address Date IN	126/2021 100,00
ENGLISHED PROPERTY OF THE PROP	MADDA AATI ST
Pauli Name of Contributors Contributors	(M/DD/YAYY)
	0/29/2021 100,00
Yay YaL	
City State: Zip.Code Date: [M	M/DD/AYSA 81
	M/0D/MM 2 250,00
HOUSE # Street Address Wood Bury RD	2/3//2021 250,00
Bith Lofform State PA Zin Chale 18017 Date IM	M//DD//YYYII \$
Full Name of Contributor. Date (M	M/DD/AAYM/A
House # Street Address Date (M	M/DD//YYYY/I
City Zip Code Date IM	MXDD/XXXXII 8
Fall Name of Contributor Date (M	M/DDAYAYIL (2)
House # Street Address Date IM	M/DD/XXXXXI) #
City: Zip.code Date M	

### PART C

Fleridentification Number 25

## **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.

Full Name of			EDates (MM//DD)/A44/A	36.3
Contributing Committee GOV	JORN PA	C		1,060.00
House:# Street:Address	C 41 5	7	///02/202) Date [MM/DD/////]	13
6/0 City	State -			
TAMPA	FL	Zip.Gode 33603	Date [MM/DD/YYYY]	
Full Name of Contributing Committee			EDETE (MMVDDAYAYA)	
House# Street Address			Date (MM/DDAYAYA)	
GIT	State	Zip Code	Date [MM/DD/YYYY]	<b>16</b>
Full Name of Contributing Committee	<b>高级高级</b>		Date (MINNOD/AVAVA)	
House#2 Street Address	·		Date (MM/DD/XXYY)	
		-		
City .	State	Zip Code	Date (MM/DD/4YYY)	
Full Name of Contributing Committee			Date (MM//DD//YYYY)	
House# Street Address	<del></del>		Date [MM/DD/YYYY]	<b>**</b>
City	State	Zip Code	Date (MM/DD/WYY)	•
Full Name of			SOSTEMINIMADDANAMES	
Contributing Committee				
House # Street Address			Date (MIM/DD/AYVV)	
City	State	Zip Gode	ADate [MM/DD/YYYYY]	
Full Name of Contributing Committee	Parties of Promise	[All-Method unwasseringer]	SDate (MIM/DP/A/AAA)	
House # Street Address			Date [MM/DD/XXXV]	<b>1</b>
Gity	State	Zip Code	¿Date (MM/DD/XXXX)	18

# 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)

	orted in Part C)
Filer  dentification  Number	
Full Name of Contributor	1
JOHN MC GEEHAN	10/29/2021 500,00
House# 375 Street Address THIR TANTH AVE	Date [MM/DD/XXXX] 3
City DNHW om State PA Zip Gode 18018	Date [MM/DD/XYYY] 8
Employer Name RoTinoo	Occupation SIF Employed
Employer Mailing Address / Principal Place of Business	Tableston in the state of the s
Full Name of Contributors	#Date:IMMXDDXAXXII
Authory Scancia	10/31/2021 5,000.00
House # Street Address /	Date [MM/DD/YYYY] 1
City State State Signode	
Bothlottom PA 2000 18015	Date (MM/DD/YYYY)
Employer Name:	Occupation SLF STALLEYOFF
Employer Mailing Address / Principal Place of Business	
	• •
Full Name of Contributor	Date(MM/DD/XYXX)
GLONIA SNOVOR	10/39/2021 300,00
	01-1
GLONIA SNOVOZ  HOUSE # Street Address  BAGLOYS CINCLE  Gity Bithleton PA Zipicode 18020	
GLONIA SNOVOZ  House # Street Address  BAGLOYS CINCLE  Gity BATHLOTTAN PA Zip Gode 18020  Employer Name	
GLONIA SNOVOZ  House # Street Address  BAGLOYS CINCLE  Gity BATHLOTTAN PA Zip Gode 18020  Employer Name	
GLONIA SNOVOZ  House # Street Address  BAGLOYS Circle  Gity BYALUTAN PA Zip Tode  Employer Mailing Address/ Principal Place of Business  Full Name of Contributors	Date [MM/DD/YYYY]  Date [MM/DD/YYYY]  Decupation  [HAR Ropedian  PALTY  Date [MM/DD/YYYY]  9
GLONIA SNOVOZ  House # Street Address  BAGLOYS CINCLE  Gity BALLITAN PA Zip Gode 18020  Employer Mailing Address / Principal Place of Business  Full Name of Contributor  ALFRED VASTA	Date [MM/DD/YYYY]  Date [MM/DD/YYYY]  Occupation  [HAR Ropeblican  PALTY  Date [MM/DD/YYYY]  11/03/2021  Soo. 00
House # Street Address BAGLOYS CINCLE  Gity BATHLUTAN State PA Zip Code 18020  Employer Mailing Address Principal Place of Business  Full Name of Contributor  House # Street Address	Date [MM/DD/YYYY]  Date [MM/DD/YYYY]  Decupation  [HAR Ropeblican  PALTY  Date [MM/DD/YYYY]  9
GLONIA SNOVOZ  House # Street Address  BAGLOYS CINCLE  Gity BYALDHAM PA Zip Code  Employer Name  Employer Mailing Address / Principal Place of Business  Full Name of Contributor  ALFRAD VASTA  House # Street Address	Date [MM/DD/YYYY]  Date [MM/DD/YYYY]  Occupation  [HAR Ropeblican  PALTY  Date [MM/DD/YYYY]  11/03/2021  Soo. 00
GLONIA SNOVOZ  House # Street Address  BAGLOYS CINCLE  Gity BALLATAN PA Zip Code  Employer Mailing Address/ Principal Place of Business  Full Name of Contributor  ALFRAD VASTA  House # GOAS Street Address  GUBITOSI DR.	Date [MM/DD/YYYY]  Bate [MM/DD/YYYY]  Date [MM/DD/YYYY]
House # Street Address BAGLOYS CINCLE  Gity BATHLATAM PA Zip Code 18020  Employer Mailing Address Principal Place of Business  Full Name of Contributor ALFN-D VASTA  House # 4045 Street Address Business Busines	Date [MM/DD/YYYY]  Date [MM/DD/YYYY]  Occupation  [HAIR Republican  PALTY  Date [MM/DD/YYYY]  11/03/2021  Date [MM/DD/YYYY]  8

# 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)

	, or an error age = -7
Filer Identification Numbers	

Full Name of Contributor	Date (MM/DD/XXXXI) 3
OLIVIA RONCA House* Street Address	10/26/2021 500,00
276 EAST MACADA RD.	Spare: M.Wynabatatrias (4)
MACHEMINAN PROPERTY PROPERTY PROPERTY AND A PROPERT	NAME OF THE PROPERTY OF THE PR
Botthottom 1 14 18017	Date [MM/DD/YYYYY]
Employer Name RETRED	Occupation
Employer Mailing Address / Principal Place of Business	
Full-Name of Contributor 8	Date IMM/JDD/AYYYI
House * Street Address Villawi	/0/26/2021 1,000.00
House # Street Address //	Date [MM/DD//YYYY]
709 JENNIGE PLACE State DA ZIDCODE	STATE OF THE PERSON NAMED AND STATE
UNHOHOM MA 1801/	Date [MM/DD/XYYY) §
Employer Name CONTACTOR - CONCRETE	Occupation Self Employor
Employer Mailing Address // Principal Place of Business	
Full Name of Contributor	#Date (MM/DD/AYAY)   \$
PLAMON AYVAZOV	
House# Street Address	
HOUSE # Street Address  BEAUFORT DR.	10/26/2027 400.00 Date (MM/DD/MYY) 3
House # Street Address  3126  BEAVFORT DR.  State Of Zip Code	
HOUSE # Street Address  BEAUFORT DR.	/0/26/2027 400.00 Date:[MM/DD/YYYY] 1
House # Street Address BEAVFORT DR.  City Bittleffen State PM Zip Code 18017  Employer Name Dovolopm  Employer Mailing Address /	/0/26/2027 400.00 Date [MM/DD/XYYY] 1
House # Street Address  3126 BEAVFORT DR.  City Bit Hoffen State PM Zip Code 18017  Employer Name Developm  Employer Mailing Address / Principal Place of Business  Full Name of Contributors	Date: [MM/DD/YYYY]  Date: [MM/DD/YYYY]  Date: [MM/DD/YYYY]  Date: [MM/DD/YYYY]  Date: [MM/DD/YYYY]  Date: [MM/DD/YYYY]
House # Street Address  3126 BEAVFORT DR,  City BATHAM State PM Zip Code 18017  Employer Name Dovolopm  Employer Mailing Address / Principal Place of Business  Full Name of Contributor	Date [MM/DD/YYYY]  Date [MM/DD/YYYY]  Date [MM/DD/YYYY]  Date [MM/DD/YYYY]  Date [MM/DD/YYYY]
House # Street Address  BEAVFORT DR.  State Ph. Zip Code  Botthoffen  Employer Name  Devolopm  Employer Mailing Address / Principal Place of Business  Full Name of Contributor  Bruce HAINES  House # Street Address	Date:[MM/DD/YYYY]  Date:[MM/DD/YYYY]  Date:[MM/DD/YYYY]  Occupation  SLF EMpCoyod
House # Street Address  3126 BEAVFORT DR.  City Bitthoffun State PM Zip Code 18017  Employer Name  Employer Mailling Address / Principal Place of Business  Full Name of Contributor  Bruce HAINES  House # Street Address  BARWS DALE RD	10/26/2021   400.00     Date:[MM/DD/YYYY]   3     Occupation   5'LF CMpCoyod     Date:[MM/DD/YYYY]   3     10/28/2021   1,000.00     Date:[MM/DD/YYYY]   3
House # Street Address  BEANFONT DR.  Gity BITH Ann PM Zip Code  ISO17  Employer Name  Dovolopm  Employer Mailing Address / Principal Place of Business  Full Name of Contributor  House # Street Address  BARNS DALS RD  City State Zip Code  Zip Code	10/26/2021   400.00     Date   MM/DD/YYYY    3     Occupation   S-LF CM/Coyod    Date   MM/DD/YYYY    3     10/28/2021   1,000.00
CLAMON AYVAZOV	Date   MM/DD/YYYY    3
House # Street Address  3126 BEANFONT DR.  City Bitthfun Ph Zip Gode: 18017  Employer Name Devolopm  Employer Mailing Address / Principal Place of Business  Full Name of Contributor  Bruce HAINES  House # Street Address BARNS DALE RD  City Bathlifan PA Zip Gode: 18017	10/26/2021   400.00     Date:[MM/DD/YYYY]   3     Occupation   SLF EMpCeyors     Date:[MM/DD/YYYY]   3     10/28/2021   1,000.00     Date:[MM/DD/YYYY]   3     Date:[MM/DD/YYYY]   3     Date:[MM/DD/YYYY]   3     Date:[MM/DD/YYYY]   3

# 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)

Haller/Identifications/fumberate

Full Name of Contributor		Date (MM/DD/YYYY)	
	RONALD MascHLITZ	18/2/12021	5,000.00
	et Address	Date [MM/DD/YYYY] \$	7,00000
City C	GRANDVION RD	Date [MM/DD/YYYY] \$	; <del> </del>
EASION	State 74 Zip Gode 18042		l
Employer Name	MusetliTz Excernation	Occupation :	
Employer Mailing Address / Principal Place of Business		Thirties miles mornastico, 1-1	
Full Name of Contributor		Date [MM/DD/YYYY]	
Service and the service and th	John SchwALL	10/25/2021 Date (MM/DD/YYYY) 1	2,000.00
	Address Services	Date IWW/DP/YYYYI	
1328 S	State D. Zipcode	Date [MM/DD/YYYY] 8	
FASION	14 18040		All the second s
Employer Name	Solf Amployor	Occupation ConTax	cTon
Employer Mailing Address / Principal Place of Business	V /		
Full Name of Contributor	N . 12	Date IMM/DD//YYYY	
House# Street	DEVIN KNOLL	/0/26/302) Date IMM/DD/MYYY	500.00
10%		Date IMMAPPATITION 1	
City	State Zincode	Date [MM/DD/YYYY] 3	
Men Tamp	NOI) [1] [1] [1906 [	Occupation   S	
Employer Mailing Address /	City of ByTHLitton	Fire Fige	HTON
Principal Place of Business			
Full Name of Contributors		Date [MM/DD/YYYY] 3	
House# Street	t Address	Date [MM/DD/YYYY] \$	,
		THE PARTY OF THE P	
City	State Zip Code	Date [MM/DD/YYYY] \$	
/Employer Name			
Employer Mailing Address /		Occupation:	
Principal Place of Business			

## PART E

Other Receipts
REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC.
efunds received, interest earned, returned checks and prior expenditure

		retuinds received, interest earned, returned checks and prior expenditures that were returned to the mer
Filer identification Num	ber;	
Full Name		
House#	Stre	Det Address
City		State Zip Date [MM/DD/YYYY] 3
<b>7.7</b>		Code S
Receipt Description		
Full Name		
House #	Stre	set Address
City		State Zip Date [MM/DD/XYXY] 1
Uity		Code Code
Receipt Description		
Full Name		
House #	Stre	et Address
City		State Zip Date MM/DD/YYYY \$
		Code
Receipt Description		
Full Name		
House#	Stre	et Address
City	TO A POST OFFICE AND A POST OFFI	State Zip Date MM/DD/WWY \$
UIIY		Code Date I MM/ DD/ 1141   \$
Receipt Description		
Full Name		
House#	Stre	et Address
City		State Zip Date [MM/DD//YYYY] \$
ywy a said a		Code Date (www.pb////n/1)
Receipt Description		
Full Name		
House#	Stre	et (Address
City	4423	State Zip Date [MM/DD//YYYY] \$
		Gode Date (Winty DD/) 11 11 1
Receipt Description		[23] . [13.74] [13.74]
THE REPORT OF THE PERSON OF TH		

### 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

Hallen ligen mile (non) Nimber	
TO THE WIZEDINA WIND CONTRIBUTIONS HERE EVED EVALUE OF 15	DOO ORLESS BEROONTRIBUTOR
TOTAL for the reporting period (1)	8 0
	00 (FROM PARITE)
TOTAL for the reporting period (2)	8
3 = (NEKIND CONTRIBUTION RECEIVED AVAILUE OXER 250:001(FROA	APARTIG)
TOTAL for the reporting period (3)	8
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)	8

### SCHEDULE II Part f

## **In-Kind Contributions Received**

VALUE OF \$50.01 TO \$250

Filer Identification Nu	nber s				
Full Name of Contril				Date [MM/DD//YYY]	0
House#	Street Address			Date [MM/DD/YYYY] 1	
City		State	Zip Code	Date (MM/DD/AYYY)	
Description of Contr	ibution				
Full Name of Contrib	outor			Date [MM/DD/AYYY]	
?House #	Street Address			Date [MM/DD/YYYY] 8	
City	COMMUNICATION STORING	State	Zip Code	Date [MM/DD/YYYY] 8	
Description of Contri	ibution	300000000000000000000000000000000000000	on entrocking the contents		
Full Name of Contrib	ittor			Date (MM//DD/AYAYY)	
House #	Street Address			Date [MM/DD/YYYY]	
City.	15 psymeterymenyawani	State	Zip Code	Date [MM//DD/4YYYY]	· · · · · · · · · · · · · · · · · · ·
Description of Contri				[4]23]	
Full Name of Contrib	utor			*Date [MM/DD/YYYY] 25	
House #	Street Address			*Date [MM/DD/YYYY] \$	
City	Esperanti de la esperanti de l	State	Zip Code	Date [MM/DD/YYYY] \$	
Description of Contri					
Full Name of Contrib	utor			*Date [MM/DD//YYYY]   1	
House #	Street Address	- F3 644		Date [MM/DD/YYYY] 3	
City	TO A STATE OF THE PARTY OF THE	State	Zip Code	Date [MM/DD/\\\\\\]	
Description of Contri	bution			Leaved	

# Statement of Expenditures

File (Identification Number)

TOWNOT Paid ADAMS OUTDOOR ADVATISING	10/19/2021 1,000.00
STreet Address	Description of Expenditure
SEALUTION SERVICES	BILL BOURD
HOUSE Street Address Street Address	Date IMM/DD/YYYY) 959.30 Description of Expenditure
	Description experiences.
174K145 100N-6- Cone	
Ta-Whom Paid  ViA MEDIA	10/19/2021 2010,00
House# Street Address	Description of Expenditure
Both Lettory State PA Code	Digital ADS
THE CREATIVE SOLVICE COMPANY	Date (MM/DD/MYM) 7 250, 00 Description of Experiments
SHEWSER SHEW AND THE SHEW AND T	Description of Experiditure
Billistory State Zip Gode	VIDEO PRODUCTION
TOWNOOMPAID  FUSION MANKOTrage Survices  HOUSE* STREET ADDRESS	Date IMM/DD/YYYY) 1 5,000,00 Description dycare ruitures 2
	Description of Expenditures
City Bot ALHour State Rode	TV ADS
ASAP MAILING	10/26/2021 3673,62
Höuser / Street Address	Description of Expenditure
Both Hon State PA Gode	MAILORS
TOWNOMPAID HOAMS OUTDOON ADVONTISING	Date MM/DDAYYYY   1,000.00
House# Street Address	10/26/3021   1,000,00   Description of Expenditure
City State Zip Gode	BillBOANDS
Rumble UP	Date (MMADDAAAA)
House# Street-Address	Description of Experiditure
City State Zip Gode	TEXTS Missaging

# Statement of Expenditures

Filer Identification Number:

To Whom Paid	Date: MM/DD/AAAAA
To Whom Paid Fusion Marketing Surview	10/24/2021 3,000,00
HOUSE# Street Address	Description of Expenditure
City Brth Why State PA Code	TV ADS
TOWNOM PAID ADAMS OUTDOON ADVALISING	Date [MM/DD/YYYY] \$ 70/29[20] 390:65 Description of Expenditure
Street Address	Description of Expenditure
City BAA Life PA Gode	BIMBOANS
FOSION MARKITING SNUIER STREET ADDRESS	Date (MM/DD/YYYY)
House# Street Address /	10/20/2621 (2500, 60)  Description of Expenditure
City Both Laton State Pa Code	TV ADS
To Whom Paid STAPLOS	Date [MM/DD/YYYY] 8 /00,94 //0//2021 Bescription of Expenditure
House # Street Address	Description of Expenditure
City Bold Lollow State PA Gode	Election DAY CARDS
To:Whom:Paid* C45 H	Date (MM/DD/YYYY) 3
House # Street Address	
City State Zip Code	FLUCTION WIGHT FOOD + Drank
TO. Whom Paid EXPARS BUSINGS CONTIN	Date IMM/DD/YYYYI 1 312.70
House# Street Address	Description of Expenditure
City State Zip Gode	Election Day CAlix
Townsmiraid Wolss Sopon Market	ADATE (MM//DD//YYYY)
House # Street Address	Description of Expenditure
City Bota State Zip Gode	Derlin Night FOOD
To Whom Paid STAPLY	Date [MM/DD/YYYY] \$ 92,16
House# Street Address	Description of Expenditure
Gity BITHLA on State Code	POST Gration Cango

# schedule III Statement of Expenditures

Filer Identification Number:

Tro Whom Paid **			THE CONTRACT OF THE PERSON OF THE PERSON OF THE	ay.
(Bu)	HACKOTT		Date [MM/DD/YYYY]   3 ///o5/2021 Description of Expenditure	724.03
House # Street Address	E MACAD		Description of Expenditure	
Bort Ham	State PA	Zip Code (80)7	CAMPAIGN RON	imBursomat
To Whom Paid John	· Setwall		Date [MM/DD/YYYY] 8	
#House# Street/Address				
City	State	Zip Code	Truck/Drival	Bigns
To Whom Paid A Molice	an VEN		Date [MM/DD/YYYY] 1	
House #   Street Address			Description of Expenditure	
Oity	State	Zip Gode	Vidro Phodutio	NA COLORA DE COL
To Whom Paid  SANTI  House #   Street Address	1A90'S		Date [MM/DD/XVW] 8	
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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.

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<b>经验证证据的</b>	Outstanding/Balance of Debt.  Et Appliess  (MM/DD/YYYY)
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City	
Description of Debt	State Zip Code Code
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House # Stree	L'Address  DATE DEBT INGURRED  [MM/DD/YYYY]
Gity.  Description of Debts.	State. Zip. Code: