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	1. COMMITTEE 2. LOBBYIST. 3.
NAME OF FILING COMMITTEE, C	ANDIDATE OR LOBBYIST HN KACHUAR		
STREET ADDRESS	12 BEST PLACE		
BETH	LEMEM	STATE PA	zip code 18017 —
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE	DISTRICT NO. PARTY	DATE OF ELECTION MO. DAY YEAR 11. 62 202
6TR-TUESDAY PRE-PRIMARY 2ND-FRIDAY PRE-PRIMARY 30:DAY 3.	DATES OF REPORTING PERIOD OG 07 JOLI TO	MO DAY YEAR	FOR OFFICE USE ONLY
POST-PRIMARY 6TH TÜESDAY PRE-ELECTION 2ND FRIDAY PRE-ELECTION 6.	CASH BALANCE AT END OF REPORTING PERIOD: TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILIT AT THE END OF REPORTING PERIO		
30 DAY POST-ELECTION 7. ANNUAL REPORT	AMENDMENT YES REPORT? TERMINATION YES REPORT?	NO NO	

PARTI-

If statement is filed on behalf of a <u>Political Committee or Candidates's Committee</u>, the Treasurer must sign here. If <u>Statement is filed on behalf of a <u>Candidate</u>, the Candidate must sign here. If statement is filed on behalf of a <u>Contributing Lobbyist</u>, the <u>Lobbyist must sign here</u>.</u>

OF DIEBURGEMENTS OR LIABILITIES INCURRED DURING THE REPORTING PERIOD INDICATED ABOVE DID NOT

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

Filer Identification Number	Report Filed By Candida (Mark X)	ate.	Committee	Lobbyist
Name of Filing Committee, Candidate or	Enteres and the second property of the second			
Lobbyist	FRIENDS OF	JOHN K.	4cH4AR	
Street Address	il	LACE		
City BETALEHEM	State	PA	Zip Code /80	17
Type of Report (Place x under report type)				
16 th Tuesday 2- 2 nd Friday 3-30 Day Pos Pre-Primary Primary Primary	4-6 th Tuesday 5-2 nd Friday Pre-Election Pre-Election		7- Annual Special 2 Pre-Elec	
Date Of Election (MM/DD/YYYY) ///02/407	Year	Amendment Report	Termina Report	tion
Summary of Receipts and From Date Expenditures 96/07/28	To Date 21 /0/18/2021		For Office Use	Only
A Amount Brought Forward From Last Repor	3,878.01	Schools and belong the schools of		4 - An - An - An - Print - An -
B. Total Monetary Contributions and Receipts (From Schedule I)	13 430,00			
C. Total Funds Available	8 1			
(Sum of Lines: A and B) D. Total Expenditures	17,308.01			
(From Schedule III)	1335,72			
E. Ending Cash Balance (Subtract Line D from Line C)	\$ 9772,29			
F. Value of In-Kind Contributions Received (From Schedule II)	\$ 1,409.50	The same		
G: Unpaid Debts and Obligations (From Schedule IV)	\$ O		·	
	g 2 S Affidavit Se			
Part 1- If this is a Committee report, treasurer sign h I swear (or affirm) that this report, including the atta			ng and haliaf true correct	and complete
Swear to and subscribed before me this	Clied arternals of Cashell 18 to the	of the state of	ye anu vener mue, comecc	ana compiete.

SCHEDULE I Contributions and Receipts Detailed Summary Page

Filer Identification Number (
1. Uniternized Contributions and Receipts-3 50:00 or Less per Contributor			
Total for the reporting period ((1)	8	1 30,00
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)			
Contributions Received from Political Committees (Part A)		8	
All Other Contributions (Part B)	-	8	1,100,00
Total for the reporting period ((2)	8	· ·
3. Contributions Over \$ 250,00 (From Part C and Part D)			
Contributions Received from Political Committees (Part C)		\$	er en
All Other Contributions (Part D)	\dashv	8	12,300.00
Total for the reporting period ((3)	8	(") 0-
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)			
Total for the reporting period (4	(4)	8	
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, Repo Cover Page, Item B)		8	13, 430,00

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] \$	
Committee				0
House # Street Addres	3		Date:[MM/DD/YYYY] \$	
City.		Zip Code	Date MM/DD/YYYY	
	Junio	- Ik Yout	**************************************	
Full Name of Contributing		·	Date [MM/DD/YYYY] 3	
Committee				
House # Street Addres	S		Date [MM/DD/YYYY] 8	
601	(XOESSEE)	Promote a complete control of		
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing			Date MM/DD/YYYY	e i considerati di mattino i considera anticone un disconero di
Committee				
House # Street Addres	S		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] 8	•
Full Name of Contributing	東京政治の第一	SCHOOL STATES SCHOOL	Date (MM/DD/AXXX)	
Committee				
House # Street Addres	\$		Date [MM/DD/YYYY] 8	
City	State	Zip Gode	Date [MM/DD/YYYY] \$	·
Full Name of Contributing	医器質等	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	Date MM/DD/AYAY	
Committee			CERTAIN III AMELINALIE	
House # Street Addres	S		Date [MM/DD/YYYY] 8	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
-Full Name of Contributing			Date [MM/DD//YYYX] 8	
Committee				
House # Street Addres	S		Date [MM/DD/YYYY] .8	
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.)

Flection titication Number

Full Name of Contributors WILLIAM METRO	Date [MM/DD/MYYY] 31 10/11/20 L	250,00
House# Street Address Rolling Hill RD	Date [MMVDD/YYYY]	
City 6Killman State NU Zip. Code 08559	Date [MM//DD/AY(Y)]*	
Full Name of Contributor LARRY CONSALVOS	Date [MM/DD/YYYY] \$ 10/11/2021	250.00
House # Street Address NEW RD.	Date [MM/DD/XYYY] \$	
City LAMBATVILE State NJ ZIP CODE 08530	Date (MM/DD/YYYY) \$	
Full Name of Contributor MARK BROCZHOWSKI	Date [MM/DD/YYYY] \$ /O//2/202 Date [MM/DD/YYYY] \$	150.00
House # 8 Street Address As Ton Ridge DR	Date [MM/DD/YYYY] 5	
City AMHORST State NY Zip Code 14228	Date [MM/DD/YYYY] 4	
Full Name of Contributor STEVE MELNIK	Date [MM/DD/YYYY] 19	50,00
House# Street Address FASTON AVE	Date [MM/DD/YYYY] \$	
City Bathbattery State PA Zin Gode 18017	Date [MM/DD/YYYY] 3	
Full Name of Contributor DANA GRUBB	Date [MM/DD/YYYY] 3	50.00
House # Street Address ANDALSON PLACE	Date (MM/DD/XXYX) 3	
City But Hou Hom State PA Zip Gode (8017	Date [MM/DD/YYYY] \$	
Full Name of Contributor MARY TO RED	Date [MM/DD/YYYY] 8	200,00
House # Street Address ELM 5T.	Date [MM/DD/XYYY] 3	
BITH Hom State PA Zip Gode 18017	Date [MM/DD/YYYY]	C. C

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.)

gradian i kan hajirishi inga singgar ara melekula daga berenggarga dalah antibid girah mada da	
Filer Identification Number:	
Section of the Control of the Contro	ATTENDED THE PROPERTY OF THE PROPERTY OF THE PARTY OF THE

Full Name of Contributor. Dors	LA ROSI	4	Date [MM/DD/YYYY]	5 0.00
180	Grouse ?	Drive		
BATH	State PA,	Zip Code /8014		
Full Name of Contributor:	T Houg	H	B/27/2021	100.00
House# Street Address 2037	T Houg EDORHILL	- RO.	Date [MM/DD/YYYY]	\$
City BrithLettom	State PA	Zip Code 16017	Date [MM/DD/YYYY]	3
Full Name of Contributors			Date:[MM/DD/YYYY]	
House # Street Address			Date [MM/DD/4YYY)]	•
City	State	Zip Code	Date IMM/DD/XYYYI	5
Full Name of Contributor		[李光宗张克克邦哈马州岛]	*Date (MM//DD/AYAYA)	S. A.
House # / Street Address			Date [MM/DD/YYYY]	
City	State	Zip Code	/Date [MM/DD/YYYY])
Full Name of Contributor	HEAT TO SEE	(Attraces State (Address)	Date [MM/DD/YYYY]	
House # Street Address		· · · · · · · · · · · · · · · · · · ·	Date [MM/DD/YYYY] 3	X
City	State	.Zip Code	Date [MM/DD/YYYY]	
Full Name of Contributor	[205-2004年8月		Date [MM//DD//YYYY]	
House # Street Address			Date [MM/DD/YYYYY] \$	18
City.	State	Zip Gode	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.

Spiler (deptification Number:				Se francisco militario in habita per la companio de la companio de la companio de la companio de la companio d
Full Name of Contributing Committee	•		Date IMM/OD/AVAVA	Ø
House # Street/Address			Patelimi//DD/AYAYI 333	<i>v</i>
City	State	Zip Code	Date [MM/DD/YYYY] \$	
TEULINAME OF				
Contributing Committee:			Date (MM//DD//Y/YY)	
House:#! Street Address	•		Date [MM/DD/YYYY) 13	
City:	State	Zip Code	Date [MM/DD/YYYY] 38	
Füll/Name of Contributing Committee			Date (MM/DD/AYAY)	
House # Street Address	-		Dafe (IMM/DD/XYVV) 33	
				-
City	State	Zip Code	Date [MM/DD/WWW]	
Full Name of Gommittee			Date IMM//DD/WYWI	
House# Street Address			Date [MM/DD/YYYY] 3	
CITY.	State	Zip Code	Date (MM/DD/YYYY) 8	
Full Name of Contributing Committee			Date (MN/ADD/AVAVA)	
House # Street Address			Date:[MM/DD/YXYY] \$	THE COLUMN TO TH
City :	State	Zip.Code:	*Date/(MM/DD/YYXY)** \$	Parada Pa
Eull:Name of Committee,	[40:223.774,65:24]	RECORD TRANS	Date/(MM//DD//YYYY)	
House # Street Address			Date [MM/DD/XYYY] 28	Control of the Contro
City/	State	Zip.Code	Date [MM/DD/YYYY] 183	A CONTRACTOR OF THE PARTY OF TH

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)

Full-Name of Contributor Votto Rine House # Street-Address VERA CIRCLE	Date [MM/DD/YYYY] \$. 08/01/262] 1,000.00 Date [MM/DD/YYYY] 3.
City BETHLOHEM State PA Zip Code 18017 Employer Name	Date [MM/DD/XY/YY] 37
Employer Mailing Address // Principal Place of Business	MANAGOR
Full Name of Contributor. JAMOS DEITOR House #: Street Address	8/04/2021 1,000,00
1226 STOFKO BLUD	
BETHLOHOM PA 16018	
Employer: Name Dio Two Bhot House Employer: Mailing Address Exincipal Place of Business SAMS AS ABOUT	8 WNOR
Foll Name of Contributor Bruce Hains House #1 Street Address	9/10/2021 1,000,00
HAIN ST	Date (MM/DD/YYYY)
BOTHLOHEM VA 18018	
Employer Mailing Address // Principal Place of Business // 54% o AS AMOVIC	Hotel o whore
SHEILA EST-S	8/17/202) 1,000.00
Street Address Washing Ton AUE Only State Zip Gode	Date (MM/DD/YYYY) \$
MATZITTA State GA ZipiCode 30060	(Date [MM//DD/YYYY]) \$
Employer Malling Address // Principal Place of Business //	Occupation

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	AMES BARTHA	Date [MM/DD/YYYY] &	
House# Street Addr		8/28/2021 Date (MM/DD/YYYY) :	360.00
City	State Zip.Code	Date [MM/DD/YYYY] 8	
SAU FRAUSISCO Employer Name	CA	Occupation	·
Employer Mailing Address /			•
Principal Place of Business Full Name of Contributor		ADSTER I WWADDAWAW I SASSESSE	
FA	Nie STEIGLER	9/22/2021 Date [MM/DD/YYYY] 3	1000,00
House# Street Addr 5204	ELMHUNT DR. State DA Zip Gode 100 71	Date [MM/DD/YYYY]	
Schwedgville	state PA Zip Gode 18078	Date [MM/DD/YYYY] 8	
Employer Name	SBWR	Ow Not -	CEO
Employer Mailing Address / Principal Place of Business	5204 ElmHoreTDZ,		
Full Name of Contributor	Illiam RILEY	Date [MM/DD/YYYY] 3	1,000.00
House # Street Addr	ess	Date [MM/DD/YYYY] 8	1,000,00
Gity 14.2	Wasthigton AVD. State GA ZID Code 30060	Date [MM/DD/YYYY]	
MORIOTTA EmployerName		Occupation /	
Employer:Mailing/Address / Principal Place of Business	McClonDON + Thilox LLC	Lowyon	
REDUNCTOR OF CONTRIBUTACO		Date [MM/DD/YYYY] // //	
House# Street Addre	ow Poktor	/6//8/2021 Date [MM/DD/YYYY] 8	5,000.00
245	COFFETOUN RD		
EASTON	State PA Zip.Code 18042	Date [MM/DD/YYYY]] \$	
Employer Name	ASHLOY DEVOLOPMENT	Occupation Owner	
Employer Mailing Address / Principal Place of Business	559 Main ST. Bottlett	EM	

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)

File/Identification Numbers			
Full Name of Contributor		BEATGRIMMIDDIAWAYI SER	
W. PIKE TO	NE-5	10/09/2021	1.000
House# Street Address MARTHA	ta Lane	Date (MM/DD/YYYY) \$	
City BLUPFTON State 5	C Zip Code 29910	Date [MM/DD/YYYY] 8	
2 E SAN LANGUAGO AND	mpleyop	Occupation Law V	4
Employer Mailing Address // Principal Place of Business 6 Am &	AS ABOVE	- BERRY LA	groing
Full Name of Contributor		*Date [MM/DD/YYYY] \$	
House# Street Address		Date [MM/DD/yyyy]	
City	Zip.Code .	Date [MM/DD/YYYY] 8	
Employer Name	[安治治疗治疗治疗疗法]	Occupation	
Employer Mailing Address / Principal Place of Business		[September Wine Loren]	,
Full Name of Contributor		Date [MM/DD/YYYY] 8	
House# Street/Address		Date [MM/DD/YYYY] 3	
City State	Zip Code	Date [MM/DD/YYYY] 8	
Employer Name	[2019/2019/s-09/2000/s-gas]	Occupation	
Employer Mailing Address / Principal Place of Business			
Full Name of Contributor		Date [MM/DD/AYYY] \$	A CONTRACTOR OF THE CONTRACTOR
House # Street Address		Date [MM/DD/YYYY] \$	***************************************
CONTROL OF THE PROPERTY OF THE	· 大學 · · · · · · · · · · · · · · · · · ·		
City	Zip Code	Date [MM/DD/YYYY] 3	
Employer Name	[ESS]Control Section (Section 1994)	Occupation	
Employer Mailing Address / Principal Place of Business		Design the second secon	

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					
Full Name		westeri			
House # City	Street Ado		State	Zip Code	Date (MM/DD/XYYY)
Receipt Description				Coup	
Full Name House #	Street Add	ress			
City			State	Zip Code	*Date:[MM/DD//YYYY]
Receipt Description Full Name			-		
House#	Street Add	ress	State	Zip	Pate IMM/DD/WWY: 8
Receipt Description				Code	
Full Name House#	Street Add	ies:			
City			State	Zip Code	Date [MM/DD/YYYY] 8:
Receipt: Description Full Name			[MESO/SHIPP]	[Seestime Gravity]	Wester
House#	Street Add	ress	Manager sug	[CIMPAS ONC. OT]	benezuere regionalitation (care)
Gity: Receipt Description			State	/ Zip Code	Date:[MM/DD/YYYY] \$3
Full Name					
House# Sity	Street Add	ress	State	Zip Code	«Date [MM/DD/YYYY]
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 Numbers				
1 UNITEMIZEDIN KIND CONTRI	DINTIMISTREPENTEDA	/MANESOLES SECTION AND RAIL	BEGGIOLERYOONSERIEMEENER	2400000000
TOTAL for the reporting period	(1)	8		
2. IN KIND CONTRIBUTIONS REC	HVEDAVANURO BASO	100210X125000X1ER01	M PART FL	
TOTAL for the reporting period	(2)			
3 IN:KIND GONTRIBUTION RECE	Walen Markage A.	50200YEROMEZARTEG		
TOTAL for the reporting period	(3)	8	1,409,50	
TOTAL VALUE OF IN-KIND CONTRIBUTIO	NS DURING THIS REP	ORTING \$	4 100	
PERIOD (Add and enter amount totals fr on Page 1, Report Cover Page, Item F)	om boxes 1, 2, and 3	; also enter	1,409.50	

SCHEDULE II PART F

In-Kind Contributions Received VALUE OF \$50.01 TO \$250

Filer Identification Num	iber:				
Full Name of Contrib	utor			«Date [MM//DD//YYY] »	
House #	Street Address		,	Date [MM/DD/\\\\]	33 50 50 50 50 50 50 50 50 50 50 50 50 50
City	GETOMES DE DUMENTO	State	Zip Code	Date [MM/DD/XYYY] \$	
Description of Contri	bution		I Production of the Control of the C		249
Full Name of Contribu	ator			Date:[MM/DD/XXXX] 3	
7Hōuse#	Street Address			Date [MM/DD/YYYY] 3	
City.	PANYSET STATE PARTIES STUDIES :	State	Zip:Code	Date [MM/DD/YYYYY] \$	
Description of Contrib			The state of the s		(45)
Full Name of Contribu	itor.			Date [MM/DD/YYYYY] 3	
House#	Street Address			Date [MM/DD/XYXY]. \$	
City	NEXTRA EXPERIENCE OF THE SERVICE COME	State	Zip Code	Date [MM/DD/YYYY/] 3	及 · · · · · · · · · · · · ·
Description of Contrib					
Full Name of Contribu	itor			Date (MM/DD/AYYY)	
House #	Street Address	W80474		Date [MM/DD/YYYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] 8	
Description of Contrib					
Full Name of Contribu	tor			Pate [MM/DD/YYYY] 3	
	Street Address	And the second second		Date [MM/DD/YYYY] 8	
City	BEAMONAL PROPERTY OF THE PROPE	State	Zip Gode	Date [MM/DD/YYYY] \$	
Description of Contrib	ution	I			

SCHEDULE II Part G In-Kind Contributions Received

VALUE OVER \$ 250

	Contraction of the Contraction o
Filer Identification Number:	
	Amelina processor and processor and processor and

Full Name of Contributor Bud	HACKETT	Date [MM/DD/YYYY] \$ 1,000,00
House # Street Address	E. MACADA RD	Date [MM/Db//YYYY] \$
BOTALHERY	State PA Zip Code 18017	Date [MM/DD/XYYY] \$
Employer Name	Solf FAIPLAN	Occupation
Employer Mailing Address / Principal Place of Business	1 1 2 Yen	Description ASAP MAILING Contribution
Full Name of Contributor		EDETCHIMIMADDAWAMA EST
House# Street Address	R HOFFMAN	10/14/2021 409,50
House # Street Address	INDUSTRIAL DR.	Date (MM) (DU/) 1-1/11
City Btal H	State PA Zip Gode 18017	Date (MM/,DD/,YYYYY) 3
Employer Name	HOFFMAN INSURANCE CONSULTANTS	Occupation Two shawer
Employer Mailing Address / Principal Place of Business	SAME AS ABOVE	Description Food Folk Contribution Must 1 Gree T
Full Name of Contributor		Date (MM/DD/YYYY) 8
House# Street Address		Date [MM//DD//YYY/]
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/PD/WWW
		300 - 300 -
House # Street Address		Date [MM/DD/YYYY] 23 (8
City/	State Zip Code	Date [MM/DD/YYYY]
Employer Name		Occupation
Employer Mailing Address / Principal Place of Business		Description of Contribution

Statement of Expenditures

Filer Identification Number:

To Whom Paid Digital Notwork Superstap City Britishm State PA Digital March Superstap Digit
City Bothlyton State PA Zip Code 18017 WB Salicos To Whom Paid Digital Month of Expenditure State PA Zip Code 18017 WB Salicos To Whom Paid Digital Month of Expenditure City Bothlyton State PA Zip Code 18017 WB Salicos To Whom Paid Digital Motwork Supras Jake PA Zip Code 18017 WB Salicos To Whom Paid Digital Motwork Supras Jake To Whom Paid Digital Motwork Supras Jake PA Zip Description of Expenditure City Bothlyton To Whom Paid Date [MM/DD/YYY] \$ 700.00 House # Po Box Street Address East on AVD City Bothlyton To Whom Paid PA Broklin House # Po Box Street Address East on AVD To Whom Paid To Whom Paid State PA Code 18020 Conso [Tant] To Whom Paid To Whom Paid State PA Code 18020 Conso [Tant] To Whom Paid State PA Code 18020 Conso [Tant] To Whom Paid State PA Code 18020 Conso [Tant] To Whom Paid State PA Code 18020 Conso [Tant] To Whom Paid State PA State PA Code 18020 Conso [Tant] To Whom Paid State PA Code 18020 Conso [Tant] To Whom Paid State PA Code 18020 Conso [Tant] To Whom Paid State PA Code 18020 Conso [Tant] To Whom Paid State PA Code 18020 Conso [Tant] To Whom Paid State PA Code 18020 Conso [Tant] To Whom Paid State PA State PA Zip Description of Expenditure
TOWNOM Paid Digital Winork Superstand Digital Winork Superstand Description of Expenditure State PA 200,00 Description of Expenditure Date [MM/DD/7/17] \$ 900,00 Description of Expenditure Date [MM/DD/7/17] \$ 900,00 Date [MM/DD/7/17] \$ 900,00 Date [MM/DD/7/17] \$ 900,00 Description of Expenditure Date [MM/DD/7/17] \$ 900,00 Description of Expenditure Date [MM/DD/7/17] \$ 1,500,00 Description of Expenditure
To Whom Paid Digital March Supers JAR To Whom Paid Digital March Supers JAR Date [MM/DD/YYY] & 700.00 House # 5309 Street Address Colom, DR City Bahthan To Whom Paid Date [MM/DD/YYY] & 700.00 Description of Expenditure To Whom Paid Date [MM/DD/YYYY] & 700.00 Description of Expenditure Description of Expenditure To Whom Paid Pat Brislan To Whom Paid Pat Brislan Pat Code 18020 Consol Tant To Whom Paid Pat Brislan To Whom Paid Pat Brislan Date [MM/DD/YYYY] & 7/67/2021 J, 500,00 Description of Expenditure Date [MM/DD/YYYY] & 7/67/2021 J, 500,00 Description of Expenditure Description of Expenditure
House # 5369 Street Address Colony DR, Date IMM/DD/YYYJ STORY Address Colony DR City Bot Huffer State PA Code 18017 Was Sovices To Whom Paid Digital Notwork Suprisher 10/07/2021 900.00 House # 5309 Street Address Colony DR City Bat Huffer State PA Code 18020 Consol Text To Whom Paid PA Brislin PA Code 18020 Consol Text To Whom Paid PA Brislin PA Code 18020 Consol Text To Whom Paid PA Brislin Date IMM/DD/YYYJ STATE PA Code 18020 Consol Text To Whom Paid PA Brislin Date IMM/DD/YYYJ STATE PA Code 18020 Consol Text To Whom Paid PA Brislin Date IMM/DD/YYYJ STATE Date IMM/DD/YYYJ STATE PA Code 18020 Consol Text To Whom Paid PA Brislin PA Code 18020 Consol Text To Whom Paid PA Brislin AVS. City Street Address Exton AVS. City Table Street Address Exto Ton AVS. City Table Street Address Exto Ton AVS.
To Whom Paid Digital Notwerk Superstant Date [MM/DD/YYY] 8 700.00 House # Sag Street Address Colony DR City Bath House # Po Bey Street Address Laste PA Code PAD 7 Date [MM/DD/YYY] 8 Respective to the code PAD 7 Date [MM/DD/YYY] 8 Respective to the code PAD 7 Date [MM/DD/YYY] 8 Respective to the code PAD 7 Date [MM/DD/YYY] 8 Respective to the code PAD 7 Date [MM/DD/YYY] 8 Respective to the code PAD 7 To Whom Paid Date [MM/DD/YYY] 8 Respective to the code PAD 7 To Whom Paid Date [MM/DD/YYY] 8 Respective to the code PAD 7 Date [MM/DD/YYY] 8 Respective to the code PAD 7 To Whom Paid Date [MM/DD/YYY] 8 Respective to the code PAD 7 To Whom Paid Date [MM/DD/YYY] 8 Respective to the code PAD 7 To Whom Paid State PA Zip Date [MM/DD/YYY] 8 Respective to the code PAD 7 To Whom Paid Date [MM/DD/YYY] 8 To Zip Date [MM/DD/YY
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Statement of Expenditures

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House#	Street Address			Description of Expenditure
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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.	The state of the s
	eet Address DATE DEBT INCURRED [MM/DD/YYYY] Outstanding Balance of Debt
Description of Debt Name of Creditor	State, Zip Code Code Code Code Code Code Code Code
	eet Address DATE DEBT INCURRED [MM/DD/YYYY] State Zip
Description of Debt. Name of Creditor	Code
House # Street	eet Address DATE DEBT INCURRED [MM/DD/YYYY] State Zip Code
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Name of Creditor House # Stre City	Outstanding Balance of Debt et Address [MM/DD/YYYY] State Zip
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Description of Debt	Code Code Code Code Code Code Code Code