CAMPAIGN FINANCE REPORT

PAGE 1 OF (COVER PAGE)

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identification Report Number: Filed B				CANDID	ATE	1,	COMM	TTEE	2	LOBI	YIST	3.	
Name of Filing Committee, Candidate or Lobbyist				;		1		<u> </u>	<u> </u>	L	1 1 1 2 1	igues neri	1
Street Address:	ne-												
407 Higher Dr	in												
City. Anlie					State			Zip Cod		,			
TYPE OF STN TUESDAY	2ND FRIO	Y.	2.	30	DAY		3.	AMENON	DO Z	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1		1
REPORT PRICED INTO THE PRICE P	PRE-PRIM/				ST PRIMAP	iy		REPORT?		YES		NO	
(place X to	ING PRIDA	• •	<u>'\</u>		DAY ST ELECTION	ON	8.	TERMINA REPORTS		¥16.5		NO.	
the right of report type) 27.	YEAR	201	5		CHECK			PAPE	R		DISK	ETTE	
Name of Office Sought by Candidate:					ATE OF			District Number	Offic Code		Party Code		unty ode
Coroner				<u> </u>	D. DAY	YE	AR		2000		0000		
COLOTTE					3	<u>/Ś</u>			(SEE IN	STRUC	TIONS	FOR C	ODES)
S. Mo	DAY	EAR		M	D. DAY	YE	AR	F	OR OF	FICE I	JSE C	NLY	
Summary of Receipts and Expenditures from:	9' 1		То	I_C	2 19	65	,			1		-	
A. Amount Brought Forward From Last Repo	ort		\$		0					1 (2) (1) 7 (1)			
B. Total Monetary Contributions and Receipts	s (From Sche	∌dule ()	\$	10	200	.0	<u>.</u>					-	
C. Total Funds Available (Sum of Lines A an	nd B)		\$										
D. Total Expenditures (From Schedule III)			\$ 0										
E. Ending Cash Balance (Subtract Line D from	m Line C)		\$ 1000,00										
F. Value of in-Kind Contributions Received	(From Sched	ule II)	\$		0					ljara	•		
G. Unpaid Debts and Obligations (From Schei	dule IV)		S		0								
		AFFIDAV	IT SE	CTIC	N								
PART: - If this is a Committee report, the i swear (or affirm) that this report, including the a													
correct and complete. Sworn to and subscribed before me this								_	,				
_ ~ ~	20	15	٦			11	1		0	$\dot{\sim}$			
MMONATEAL THOSE PENNS TO WANTED BE			1			Signat	ure of	Person Su	bmitting	Repor		·	
DMAS JOSEPH KOHLER, Notary Public	_0_		}		Du	6/1		DI		>			
per Merion Twp., Montgomery Cotinty **** y Germaission Expires August 5, 2017	8/5/1	フ			2.	· ·		rinted Nan 2 G	າ• <u>⊃∵⊃</u> ′		ı		
MO. DAY	YR.		J		Area Code	,	-	Da	ytime 1	elepho	ne Num	per	
PART II — If this is a report of a Candidate's Authorized Committee, candidate shall sign here. I swear for affirm) that to the best of my knowledge and COMMONWEALTH OF PRINTS THAN 101 Plated any provisions of the Act of June 3, 1937													
I swear (or affirm) that to the best of my knowled	ge and COM	ONVEA	TRY	PEN	NSTEVAND	PIOLA Bis	ted an	y provision	ns of the	Act (of June	3, 193	37
(P.L. 1333, No. 320) as amended. Sworn to and subscribed before me this		Dianna D		Notary			1		1 1				
Norristown Boro, Montgomery County My Commission Expires Margh 16, 2016 MEMBER, PENNSYLVAN A ASSOCIATION OF NOTARIES													
Man Nooo	─── ME MBER,-	rendo YLVA	ASS	AJULA ()	,a.⊿1		Signet	ura of Car	didate	aningi Kabupatèn			,
Signature					2 - TV 1	Latas	^^	rinted Nan	ne ne	//<	 -		I
My commission expires 3 (C- MO. DAY	7011	<u>ما</u>	J		Area Code	·	_	75	ytime T	170	f∳ n⊕ Num	ber	

SCHEDULE I

PAGE 2 OF _____

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate MILLOUINE TO COOPE Fro	rting Perio	19/15 To 10/17/15
1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER	CONT	RIBUTOR
TOTAL for the Reporting Period	(1)	\$ 50
2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)		
Contributions Received from Political Committees (Part A)		\$
All Other Contributions (Part B)		\$ 750
TOTAL for the Reporting Period	(2)	\$ 757
3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D) Contributions Received from Political Committees (Part C) All Other Contributions (Part D)		\$ O \$ 300
TOTAL for the Reporting Period	(3)	\$ 300
4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECK TOTAL for the Reporting Period	K S, ETC (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.)		\$ 1000,00

Address		\$300 Psychologist Self-Employed 8200 Flourtown Ave, Glenside, PA 19038
Employer		Self-Employed
Amount Occupation Employer	\$100 \$100 \$100 \$250 \$100 \$100 \$750	\$300 Psychologist
Zip Aı	19001 19079 19422 19119 19004 19025	PA 19038
State Zip	4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	ΡA
City	Abington Sharon Hill Blue Bell Philadelphia Bala Cynwyd Dresher	Wyndmoor
Address	1473 Bluejay Road 810 Felton Avenue 1621 Winchester Drive 6601 Wissahickon Avenue 1156 Righters Ferry Road 1924 S Limekiln Pike	8705 Marshall Road
Name	der \$250 10/8/2015 Joseph Pailin 10/9/2015 Linda Bradley 10/10/2015 Bev Hahn 10/10/2015 Michael Turner 10/10/2015 Reginald Foy 10/10/2015 Charmaine Kent	10/10/2015 Samuel P. Wyche, Jr.
Date	Individual Contributions under \$250 10/8/2 10/10/2 10/10/2 10/10/2 10/10/2	Over \$250 w/Employer

PAGEOF

Reporting Period

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.

Name of Filing Committee or Candidate				eporting f		_
				From		То
				DATE		AMOUNT
Full Name of Contributing Committee			MQ.	DAY	YEAR	\$
Mailing Address	· · · · · · · · · · · · · · · · · · ·		MO.	DAY	YEAR	\$
		Zip Code (Plus 4)	<u> </u>	****	VEAR	*
City	State	ZIP COD# (Plus 4/	MQ.	DAY	YEAR	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	*
Mailing Address			Mo.	DAY	YEAR	\$
	,					\$
City	State	Zip Code (Plus 4) —	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	<u> </u>	memory .	MÓ.	DAY	YEAR	\$
				DAY	YEAR	4
Mailing Address			MO.	UAY	TEAN	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	
						\$
Mailing Address			MO	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	<u>l</u> <u>l</u>		MO.	DAY	YEAR	
				ļ		\$
Mailing Address			MO.	DAY	YEAH	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee			Mo.	DAY	YEAR	
						\$
Meiling Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
		***				\$
Full Name of Contributing Committee			MO.	DAY	RABY	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	· MO.	DAY	YEAR	
		-				\$
Full Name of Contributing Committee			MO:	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
		-			<u></u>	\$
		Detailed Com-	P	Cook!	200	PAGE TOTAL
Enter Grand Total of Part A on S	chedule I,	Detailed Summa	ary Page	, Section	on ∠.	\$
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ALL OTHER CONTRIBUTIONS

PAGE	OF
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\$50.01 TO \$250.00

Use this Part to itemize all other contributions with an aggregate value from \$50.01 to \$250.00 in the reporting period.

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

Name of Filing Committee or Candidate		Reporting Period				
				From _		То
				DATE		AMOUNT
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address	·		MO.	DAY:	YEAR	\$
City	State	Zip Code (Plus 4)	умо.	DAY	YEAR	\$
Full Name of Contributor	1		Mo.	DAY	YEAR	\$
Meiling Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MQ.	DAY	YEAR	
City		Zip Code (Plus 4)				\$
city	State	Zip Code (Plus 4)	<u>. : MO</u>	DAY	YEAR	\$
Full Name of Contributor			MO.	DAY.	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MQ.	DAY.	YEAR	\$
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			Mo.	DAY	YEAR	
City	State	Zip Code (Plus 4)	<u> </u>			\$
			MD.	DAY	YEAR	\$
Full Name of Contributor			MO,	DAY	YEAR	\$
Mailing Address			мо.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributor	<u> </u>		MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY.	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
				<u> </u>	<u> </u>	\$
						PAGE TOTAL
Enter Grand Total of Part B on Sche	dule i.	Detailed Summar	v Page.	Sectio	n 2.	\$

DSEB-502 (7-99)

PAGE	c	OF

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.

Name of Filing Committee or Candidate			F	Reporting	Period	
				From _		To
				DATE		AMOUNT
Full Name of Contributing Committee	*****	*	мо,	DAY	YEAR	
Mailing Address			MQ.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee			~Мо.	DAY	YEAR	\$
Mailing Address			MO.	. DAY	YEAR	
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee		_			<u> </u>	\$
			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY.	YEAR	\$
		_				\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MQ.	DAY	YEAR	\$
Full Name of Contributing Committee			Mo.	PAY	YEAR	
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO:			\$
		_		DAY	YEAR	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	S
Full Name of Contributing Committee			··· MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	
Сну	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
			,,,,,,	- 	1-60	\$
Enter Grand Total of De-1 C ce Co		Dan-Had Con		_	_	PAGE TOTAL
Enter Grand Total of Part C on Sci	neaule i,	Detailed Summar	y Page,	Section	n 3.	\$

ALL OTHER CONTRIBUTIONS

PAGEOF	
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OVER \$250.00

Use this Part to itemize all other contributions with an aggregate value of over \$250.00 in the reporting period.

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

Name of Filing Committee or Candidate			R	Reporting Period				
				From		To		
				DATE		AMOUNT		
Full Name of Contributor			MO.	PAY	YEAR	\$		
Mailing Address			MO.	DAY	YEAR	\$		
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$		
Employer Name	<u> </u>	L	Occupati	on .	<u> </u>			
Employer Mailing Address/Principal Place of Business								
Full Name of Contributor			MO.	DAY	YEAR	\$		
Mailing Address			Mó.	DAY	YEAR.	\$		
City	State	Zip Code (Plus 4)	- MO.``.	DAY	YEAR	·		
Employer Name	<u> </u>		Occupat	ion		\$		
Employer Mailing Address/Principal Place of Business								
Full Name of Contributor			MO.	DAY	YEAR	\$		
Mailing Address			MO.	DAY	YEAR	\$		
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$		
Employer Name	1	1	Occupat	ion	<u> </u>	1		
Employer Mailing Address/Principal Place of Business		<u></u>						
Full Name of Contributor			MO.	DAY	YEAR	\$		
Mailing Address			Mo.	DAY	YEAR	\$		
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$		
Employer Name	<u> </u>		Occupat	ion		•		
Employer Mailing Address/Principal Place of Business								
Employer Motting Address/Frincipal Place of business								
Full Name of Contributor			MO.	DAY	YEAR	\$		
Mailing Address			MO.	DAY	YEAR	\$		
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$		
Employer Name			Occupa	tion				
Employer Mailing Address/Principal Place of Business								
	·					PAGE TOTAL		
Enter Grand Total of Part D on Sche	dule	I, Detailed Summa	ry Page	, Sectio	on 3.	\$		
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PAGE	OF	

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.

Name of Filing Committee or Candidate			Ţ,	Reporting Period				
				From To				
il Name						,		
ailing Address								
		2/ 2 / /2/ - /	100 dada			Amount		
ity	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$		
eceipt Description				<u> </u>	<u>. </u>			
ull Name								
Aailing Address	M-111							
Sity	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount		
ary		-				\$		
Receipt Description								
Full Name								
Mailing Address								
City	State	Zip Code (Plus 4)	MO:	DAY	YEAR	Amount		
		_				\$		
Receipt Description								
Full Name						** U * *** U		
Mailing Address								
City	State	Zip Code (Plus 4)	MQ.	DAY	YEAR	Amount		
			<u> </u>			\$		
Receipt Description								
Full Name			•					
Mailing Address								
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR			
						\$		
Receipt Description								
Full Name	****							
	 							
Mailing Address								
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount		
						\$		
Receipt Description								
					·	PAGE TOTAL		
Enter Grand Total of Part E on Se	ا ماداند ا	Datailed Cummer	or Dogs	Castic	- A	\$		

SCHEDULE II

PAGE _____ OF ____

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

Name of Filing Committee or Candidate	Reporting Per	iod	
	From	To	
			1 - 10 - smillion
L UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF	\$50.00 OR I	ess per co	INTRIBLITOR
TOTAL for the Reporting Period	od (1)	\$	
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$	250.00 (FROM	A PART F)	
TOTAL for the Reporting Period	od (2)	\$	
3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FR	ROM PART G		
TOTAL for the Reporting Period	od (3)	\$	
		1	
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.)		\$	
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SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate] '	Reporting		
				From		То
				DATE		AMOUNT
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Description of Contribution:	11					
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	. MO.	DAY	YEAR	\$
Description of Contribution:		and an initial terms of the second se		<u>.</u>	<u> </u>	
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address		- Australia	мо.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Description of Contribution:				_1	1	
Full Name of Contributor			MQ.	DAY	YEAR	\$
Mailing Address			∵ MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	PASY	\$
Description of Contribution:				. •		
Full Name of Contributor		72 10 1	MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR -	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Description of Contribution:		<u> </u>	<u> </u>		<u> </u>	
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			мо.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	Mo.	DAY	YEAR	\$
Description of Contribution:				<u> </u>	<u> </u>	1
	1	1 L Vind One 1		and a Hand		PAGE TOTAL
Enter Grand Total of Part F on So Summary Page, Section 2.	nedule I	i, in-Kind Contrib	utions i	Jetailed		\$

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SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate			["	From	. •	То	
				DATE		AMOUNT	
Full Name of Contributor			MO.		YEAR	\$	
Maille- Address			MO.	DAY	YEAR		
Mailing Address			1		r wer of the Co.	\$	
city	State	Zip Code (Plus 4)	Mo.	DAY	YEAR	\$	
Employer of Contributor	Occupation						
Employer Mailing Address/Principal Place of Busines	5.5		Descript	ion of Con	tribution		
Full Name of Contributor			MO	DAY	YEAR	\$	
Mailing Address			MD.	DAY	YEAR	\$	
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$	
Employer of Contributor			Occupat	on	· · · · · · · · · · · · · · · · · · ·		
Employer Mailing Address/Principal Place of Busines	33	L. Carriero	Descript	ion of Cor	tribution		
Full Name of Contributor			MO.	DAY	YEAR :	\$	
Mailing Address		Maria de al Maria	мо.	DAY	YEAR	\$	
City	State	Zip Code (Plus 4)	ia MO.	DAY.	YEAR	\$	
Employer of Contributor			Occupation				
Employer Mailing Address/Principal Place of Busine	11		Descript	ion of Cor	ntribution		
Full Name of Contributor			MO.	DAY	YEAR	\$	
Mailing Address			MO.	DAY	YEAR	\$	
City	State	Zip Code (Plus 4) —	MO.	DAY	YEAR	\$	
Employer of Contributor	<u> </u>		Occupation				
Employer Mailing Address/Principal Place of Busine	35		Descrip	tion of Co	ntribution		
Full Name of Contributor			, MG.	DAY	YEAR	\$	
Mailing Address			MO.	DAY	PASY	\$	
City	State	Zip Code (Plus 4)	. MO.	DAY	YEAR	\$	
Employer of Contributor			Оссира	tion			
Employer Mailing Address/Principal Place of Busine) S E		Descrip	tion of Co	ntribution		
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SCHEDULE III

STATEMENT OF EXPENDITURES

				P.	porting f	Period	
Name of Filing Committee or Candidate				l	-		To
				<u> </u>	rrom		То
To Whom Paid			MQ	\dashv	DAY	YEAR	Amount
			Descr	ptio	n of Expe	nditure	\$
Mailing Address						• -	!
City	State	Zip Code (Plus 4)	_			***	
		-					
To Whom Paid			мо	.]	DAY	YEAR	Amount
							\$
Mailing Address			Descr	iptic	on of Expe	nditure	
Ala.	State	Zip Code (Plus 4)					
City	31818		l				
T- Mh Pold			MO		DAY	YEAR	Amount
To Whom Paid			- WIC	-	, j, pA t	1,9(P)P(c)	\$
Mailing Address			Descr	ipti	on of Expe	enditur e	
City	State	Zip Code (Plus 4					
			_				
To Whom Paid			MC	<u>-</u>	DAY	YEAR	Amount &
Mailing Address			Desci	ipti	on of Exp	i enditure	\$
Manny Audiess							
City	State	Zip Code (Plus 4)		- · · · · · · · · · · · · · · · · · · ·		
To Whom Paid			MC).	DAY	YEAR	Amount
							\$
Mailing Address			Desc	ripti	on of Exp	enditure	
City	State	Zip Code (Plus 4)				
···,	1						
To Whom Paid		<u> </u>	M	3.	DAY	YEAR	Amount
				-			\$
Malling Address			Desc	ripti	on of Exp	enditure	
City	State	Zip Code (Plus 4	,				
	<u>.</u>		<u> </u>		, <u>.</u>	T'A MARINE	T A manus
To Whom Paid			M	D	DAY	YEAR	Amount \$
Mailing Address			Desc	ript	on of Exp	enditure	
maning coorses				•	•		
City	State	Zip Code (Plus 4	1)				
To Whom Paid			M	ο.	DAY	YEAR	Amount
			Date		ion of E	anditus:	\$
Mailing Address			Desc	ript	ion of Exp	Selici (IX.8	
City	State	Zip Code (Plus	4)				
		_					
							PAGE TOTAL
and the state of the substance of the	•	Panart Carre	Dogo	1+	n D		
Enter Grand Total of Expenditures on P	age 1,	Report Cover	rage,	, IT	em D.		\$

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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.

Name of Filing Committee or Candidate		F	Reporting I	Period	
			From		To
ame of Creditor					Outstanding Balance of Deb \$
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	
пу		State	Zip Code	(Plus 4)	
escription of Debt		<u>, l</u>			
ame of Craditor					Outstanding Balance of Deb \$
Mailing Address	DATE DEBT	MO.	DAY	YEAR	
Sity	INCURRED	State	Zip Code	(Plus 4)	
Description of Debt					
lame of Creditor					Outstanding Balance of Deb
			The same of the	I choose 1 2 3	\$
Mailing Address	DATE DEBT INCURRED	MO.	DAY		
City		State	Zip Code —	(Plus 4)	Supplied to the state of the st
Description of Debt					
Name of Creditor					Outstanding Balance of De
Mailing Address	DATE DEBT	MO.	DAY	YEAR	
City	INCURRED	State	Zip Code	(Plus 4)	
Description of Debt					<u>I i i i i i i i i i i i i i i i i i i i</u>
Name of Creditor					Outstanding Balance of De
Mailing Address	DATE DEBT	MO.	DAY	YEAR	
City	INCURRED	State	Zip Code	(Plus 4)	1
Description of Debt					<u> </u>
Name of Creditor					Outstanding Balance of De
	- I BATE		1 5.00	YEAR	S
Mailing Address	DATE DEBT INCURRED	MO.	DAY		
City		State	Zip Code	e (Pius 4)	
Description of Debt					
			····		PAGE TOTAL
Enter Grand Total of Unpaid Debts on	Page 1, Report Cove	r Page,	ltem G.		\$

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