



**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](http://www.dos.pa.gov/campaignfinance) • [ra-stcampaignfinance@pa.gov](mailto:ra-stcampaignfinance@pa.gov)

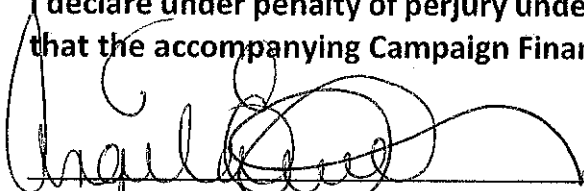
## Unsworn Declaration in Lieu of Sworn Statement for Campaign Finance Reports

**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, Candidate, or Lobbyist				
Reporting Cycle Name				
<input checked="" type="checkbox"/> <b>Cycle 1</b> 6 <sup>th</sup> Tuesday Pre-Primary	<input type="checkbox"/> <b>Cycle 2</b> 2 <sup>nd</sup> Friday Pre-Primary	<input type="checkbox"/> <b>Cycle 3</b> 30 Day Post Primary	<input type="checkbox"/> <b>Cycle 4</b> 6 <sup>th</sup> Tuesday Pre-Election	<input type="checkbox"/> <b>Cycle 5</b> 2 <sup>nd</sup> Friday Pre-Election
<input type="checkbox"/> <b>Cycle 6</b> 30 Day Post-Election	<input type="checkbox"/> <b>Cycle 7</b> Annual Report	<input type="checkbox"/> <b>Cycle 8</b> 2 <sup>nd</sup> Friday Pre-Special Election	<input type="checkbox"/> <b>Cycle 9</b> 30 Day Post-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.

  
 \_\_\_\_\_  
 Signature of Treasurer, Candidate, or Lobbyist

5110121  
 \_\_\_\_\_  
 Date (DD/MM/YYYY)

Angela Ewell-McWair  
 \_\_\_\_\_  
 Printed Name

Erie PA USA  
 \_\_\_\_\_  
 Location (City/State/Country)

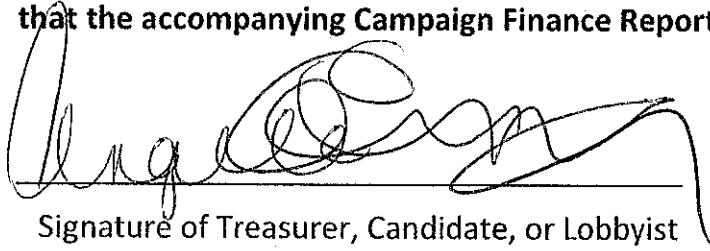


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*Part II - If this form is submitted with a report by a Candidate's Authorized Committee, the candidate must sign here.*

**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

05/10/21  
Date (DD/MM/YYYY)

Angela Ewell-McNair  
Printed Name

Erie Pa USA  
Location (City/State/Country)

# Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification Number	86-3006493	Report Filed By (Mark X)	<input type="checkbox"/>	Candidate	<input type="checkbox"/>	Committee	<input checked="" type="checkbox"/>	Lobbyist	<input type="checkbox"/>		
Name of Filing Committee, Candidate or Lobbyist		Angela 4 Erie									
Street Address		2131 Linwood Ave									
City		Erie		State		pa		Zip Code		16510	

Type of Report (Place x under report type)											
1- 6 <sup>th</sup> Tuesday Pre-Primary	2- 2 <sup>nd</sup> Friday Pre-Primary	3- 30 Day Post Primary	4- 6 <sup>th</sup> Tuesday Pre- Election	5- 2 <sup>nd</sup> Friday Pre- Election	6- 30 Day Post Election	7- Annual	Special 2 <sup>nd</sup> Friday Pre-Election	Special 30 Day Post-Election			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Date Of Election (MM/DD/YYYY)		05/18		Year		21		Amendment Report		Termination Report	

Summary of Receipts and Expenditures	From Date	To Date
		4-6-21
A. Amount Brought Forward From Last Report	\$ —	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$ 900.00	
C. Total Funds Available (Sum of Lines A and B)	\$ 900.00	
D. Total Expenditures (From Schedule III)	\$ 788.44	
E. Ending Cash Balance (Subtract Line D from Line C)	\$ 111.36	
F. Value of In-Kind Contributions Received (From Schedule II)	\$ —	
G. Unpaid Debts and Obligations (From Schedule IV)	\$ —	

For Office Use Only

**Affidavit Section**

Part I- If this is a **Committee** report, treasurer sign here. If this is a **Candidate** report, candidate sign here.  
 I swear (or affirm) that this report, including the attached schedules on paper, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

Signature		Signature of Person Submitting report
My Commission expires _____ MO. _____ DAY _____ YR.		Printed Name
		Area Code _____ Daytime Telephone Number _____

Part II- If this is a report of a **Candidate's Authorized Committee**, candidate shall sign here.  
 I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, NO.320) as amended.

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

Signature		Signature of Candidate
My Commission expires _____ MO. _____ DAY _____ YR.		Printed Name
		Area Code _____ Daytime Telephone Number _____

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:	PL-3006493
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Full Name of Contributor		Carol Troop			Date [MM/DD/YYYY]	\$	\$100.00
House #	2109	Street Address		June	Date [MM/DD/YYYY]	\$	
City	erie	State	Pa	Zip Code	16510	Date [MM/DD/YYYY]	\$

Full Name of Contributor		Nate Tradamus			Date [MM/DD/YYYY]	\$	\$100.00
House #	2120	Street Address		Parade	Date [MM/DD/YYYY]	\$	
City	erie	State	pa	Zip Code	16503	Date [MM/DD/YYYY]	\$

Full Name of Contributor		Elsbeth Kochle			Date [MM/DD/YYYY]	\$	\$100.00
House #	1232	Street Address		W. 11th Upper	Date [MM/DD/YYYY]	\$	
City	erie	State	pa	Zip Code	16502	Date [MM/DD/YYYY]	\$

Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$

Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$

Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		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 Identification Number:	
------------------------------	--

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 Committee					Date [MM/DD/YYYY]	\$	
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]	\$	
City		State		Zip Code	Date [MM/DD/YYYY]	\$	
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 Committee					Date [MM/DD/YYYY]	\$	
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]	\$	
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 Address				Date [MM/DD/YYYY]	\$
City		State		Zip Code	Date [MM/DD/YYYY]	\$
Employer Name					Occupation	
Employer Mailing Address / Principal Place of Business						

Full Name of Contributor					Date [MM/DD/YYYY]	\$
House #	Street Address				Date [MM/DD/YYYY]	\$
City		State		Zip Code	Date [MM/DD/YYYY]	\$
Employer Name					Occupation	
Employer Mailing Address / Principal Place of Business						

Full Name of Contributor					Date [MM/DD/YYYY]	\$
House #	Street Address				Date [MM/DD/YYYY]	\$
City		State		Zip Code	Date [MM/DD/YYYY]	\$
Employer Name					Occupation	
Employer Mailing Address / Principal Place of Business						

Full Name of Contributor					Date [MM/DD/YYYY]	\$
House #	Street Address				Date [MM/DD/YYYY]	\$
City		State		Zip Code	Date [MM/DD/YYYY]	\$
Employer Name					Occupation	
Employer Mailing Address / Principal Place of Business						

PART E

# Other Receipts

REFUNDS, INTREST 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									
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									
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									
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									
Full Name									
House #	Street Address								
City			State	Zip Code	Date [MM/DD/YYYY]		\$		
Receipt Description									

SCHEDULE I  
**Contributions and Receipts**

Detailed Summary Page

Filer Identification Number	86-3006493
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**1. Unitemized Contributions and Receipts—\$50.00 or Less per Contributor**

Total for the reporting period (1)	\$	600.00
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**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)	\$	300.00
Total for the reporting period (2)	\$	900.00

**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)	\$	900.00
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)		\$



SCHEDULE III  
Statement of Expenditures

Filer Identification Number: 86-3006493

To Whom Paid		DeSanti			Date [MM/DD/YYYY]	\$	559.68
House #	540	Street Address	West 18th St		Description of Expenditure		
City	Erie	State	pa	Zip Code	16502 yard signs		
To Whom Paid		DeSanti			Date [MM/DD/YYYY]	\$	228.96
House #	540	Street Address	West 18th St		Description of Expenditure		
City	Erie	State	pa	Zip Code	16502 yard signs		
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			
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			
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.

Filer Identification Number:

96-30010493

Name of Creditor						Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]				\$
City	State	Zip Code				
Description of Debt						
Name of Creditor						Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]				\$
City	State	Zip Code				
Description of Debt						
Name of Creditor						Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]				\$
City	State	Zip Code				
Description of Debt						
Name of Creditor						Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]				\$
City	State	Zip Code				
Description of Debt						
Name of Creditor						Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]				\$
City	State	Zip Code				
Description of Debt						
Name of Creditor						Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]				\$
City	State	Zip Code				
Description of Debt						

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	86-3006493
-----------------------------	------------

							Amount
<del>Full Name of Contributing Committee</del>						<del>Date [MM/DD/YYYY]</del>	<del>\$</del>
<del>House # Street Address</del>						<del>Date [MM/DD/YYYY]</del>	<del>\$</del>
<del>City</del>		<del>State</del>		<del>Zip Code</del>		<del>Date [MM/DD/YYYY]</del>	<del>\$</del>
<del>Full Name of Contributing Committee</del>						<del>Date [MM/DD/YYYY]</del>	<del>\$</del>
<del>House # Street Address</del>						<del>Date [MM/DD/YYYY]</del>	<del>\$</del>
<del>City</del>		<del>State</del>		<del>Zip Code</del>		<del>Date [MM/DD/YYYY]</del>	<del>\$</del>
<del>Full Name of Contributing Committee</del>						<del>Date [MM/DD/YYYY]</del>	<del>\$</del>
<del>House # Street Address</del>						<del>Date [MM/DD/YYYY]</del>	<del>\$</del>
<del>City</del>		<del>State</del>		<del>Zip Code</del>		<del>Date [MM/DD/YYYY]</del>	<del>\$</del>
<del>Full Name of Contributing Committee</del>						<del>Date [MM/DD/YYYY]</del>	<del>\$</del>
<del>House # Street Address</del>						<del>Date [MM/DD/YYYY]</del>	<del>\$</del>
<del>City</del>		<del>State</del>		<del>Zip Code</del>		<del>Date [MM/DD/YYYY]</del>	<del>\$</del>
<del>Full Name of Contributing Committee</del>						<del>Date [MM/DD/YYYY]</del>	<del>\$</del>
<del>House # Street Address</del>						<del>Date [MM/DD/YYYY]</del>	<del>\$</del>
<del>City</del>		<del>State</del>		<del>Zip Code</del>		<del>Date [MM/DD/YYYY]</del>	<del>\$</del>
<del>Full Name of Contributing Committee</del>						<del>Date [MM/DD/YYYY]</del>	<del>\$</del>
<del>House # Street Address</del>						<del>Date [MM/DD/YYYY]</del>	<del>\$</del>
<del>City</del>		<del>State</del>		<del>Zip Code</del>		<del>Date [MM/DD/YYYY]</del>	<del>\$</del>

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:	96-3000493
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1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.00 OR LESS PER CONTRIBUTOR

TOTAL for the reporting period	(1)	\$	
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2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.00 (FROM PART F)

TOTAL for the reporting period	(2)	\$	
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3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART G)

TOTAL for the reporting period	(3)	\$	
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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

Filer Identification Number:	
------------------------------	--

Full Name of Contributor					Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$	
City	State	Zip Code	Date [MM/DD/YYYY]	\$		
Description of Contribution						

Full Name of Contributor					Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$	
City	State	Zip Code	Date [MM/DD/YYYY]	\$		
Description of Contribution						

Full Name of Contributor					Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$	
City	State	Zip Code	Date [MM/DD/YYYY]	\$		
Description of Contribution						

Full Name of Contributor					Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$	
City	State	Zip Code	Date [MM/DD/YYYY]	\$		
Description of Contribution						

Full Name of Contributor					Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$	
City	State	Zip Code	Date [MM/DD/YYYY]	\$		
Description of Contribution						

SCHEDULE II  
Part G  
**In-Kind Contributions Received**  
VALUE OVER \$250

<b>Filer Identification Number:</b>	
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<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>		\$	
<b>House #</b>	<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>		\$		
<b>City</b>	<b>State</b>	<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>		\$		
<b>Employer Name</b>					<b>Occupation</b>			
<b>Employer Mailing Address / Principal Place of Business</b>					<b>Description of Contribution</b>			
<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>		\$	
<b>House #</b>	<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>		\$		
<b>City</b>	<b>State</b>	<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>		\$		
<b>Employer Name</b>					<b>Occupation</b>			
<b>Employer Mailing Address / Principal Place of Business</b>					<b>Description of Contribution</b>			
<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>		\$	
<b>House #</b>	<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>		\$		
<b>City</b>	<b>State</b>	<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>		\$		
<b>Employer Name</b>					<b>Occupation</b>			
<b>Employer Mailing Address / Principal Place of Business</b>					<b>Description of Contribution</b>			
<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>		\$	
<b>House #</b>	<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>		\$		
<b>City</b>	<b>State</b>	<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>		\$		
<b>Employer Name</b>					<b>Occupation</b>			
<b>Employer Mailing Address / Principal Place of Business</b>					<b>Description of Contribution</b>			

**SCHEDULE III  
Statement of Expenditures**

<b>Filer Identification Number:</b>	
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<b>To Whom Paid</b>				<b>Date [MM/DD/YYYY]</b>		§
<b>House #</b>	<b>Street Address</b>			<b>Description of Expenditure</b>		
<b>City</b>	<b>State</b>	<b>Zip Code</b>				
<b>To Whom Paid</b>				<b>Date [MM/DD/YYYY]</b>		§
<b>House #</b>	<b>Street Address</b>			<b>Description of Expenditure</b>		
<b>City</b>	<b>State</b>	<b>Zip Code</b>				
<b>To Whom Paid</b>				<b>Date [MM/DD/YYYY]</b>		§
<b>House #</b>	<b>Street Address</b>			<b>Description of Expenditure</b>		
<b>City</b>	<b>State</b>	<b>Zip Code</b>				
<b>To Whom Paid</b>				<b>Date [MM/DD/YYYY]</b>		§
<b>House #</b>	<b>Street Address</b>			<b>Description of Expenditure</b>		
<b>City</b>	<b>State</b>	<b>Zip Code</b>				
<b>To Whom Paid</b>				<b>Date [MM/DD/YYYY]</b>		§
<b>House #</b>	<b>Street Address</b>			<b>Description of Expenditure</b>		
<b>City</b>	<b>State</b>	<b>Zip Code</b>				
<b>To Whom Paid</b>				<b>Date [MM/DD/YYYY]</b>		§
<b>House #</b>	<b>Street Address</b>			<b>Description of Expenditure</b>		
<b>City</b>	<b>State</b>	<b>Zip Code</b>				
<b>To Whom Paid</b>				<b>Date [MM/DD/YYYY]</b>		§
<b>House #</b>	<b>Street Address</b>			<b>Description of Expenditure</b>		
<b>City</b>	<b>State</b>	<b>Zip Code</b>				
<b>To Whom Paid</b>				<b>Date [MM/DD/YYYY]</b>		§
<b>House #</b>	<b>Street Address</b>			<b>Description of Expenditure</b>		
<b>City</b>	<b>State</b>	<b>Zip Code</b>				

SCHEDULE II

Part G

**In-Kind Contributions Received**

VALUE OVER \$ 250

Filer Identification Number:	
------------------------------	--

Full Name of Contributor					Date [MM/DD/YYYY]	\$
House #	Street Address				Date [MM/DD/YYYY]	\$
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/DD/YYYY]	\$
House #	Street Address				Date [MM/DD/YYYY]	\$
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/DD/YYYY]	\$
House #	Street Address				Date [MM/DD/YYYY]	\$
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/DD/YYYY]	\$
House #	Street Address				Date [MM/DD/YYYY]	\$
City	State		Zip Code		Date [MM/DD/YYYY]	\$
Employer Name					Occupation	
Employer Mailing Address / Principal Place of Business					Description of Contribution	



**SCHEDULE II  
PART F  
In-Kind Contributions Received  
VALUE OF \$ 50.01 TO \$ 250**

<b>Filer Identification Number:</b>	
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<b>Full Name of Contributor</b>				<b>Date [MM/DD/YYYY]</b>		§	
<b>House #</b>		<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>	§	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		§	
<b>Description of Contribution</b>							

<b>Full Name of Contributor</b>				<b>Date [MM/DD/YYYY]</b>		§	
<b>House #</b>		<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>	§	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		§	
<b>Description of Contribution</b>							

<b>Full Name of Contributor</b>				<b>Date [MM/DD/YYYY]</b>		§	
<b>House #</b>		<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>	§	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		§	
<b>Description of Contribution</b>							

<b>Full Name of Contributor</b>				<b>Date [MM/DD/YYYY]</b>		§	
<b>House #</b>		<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>	§	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		§	
<b>Description of Contribution</b>							

<b>Full Name of Contributor</b>				<b>Date [MM/DD/YYYY]</b>		§	
<b>House #</b>		<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>	§	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		§	
<b>Description of Contribution</b>							

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:	
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Name of Creditor					Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		\$		
City		State	Zip Code			
Description of Debt						

Name of Creditor					Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		\$		
City		State	Zip Code			
Description of Debt						

Name of Creditor					Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		\$		
City		State	Zip Code			
Description of Debt						

Name of Creditor					Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		\$		
City		State	Zip Code			
Description of Debt						

Name of Creditor					Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		\$		
City		State	Zip Code			
Description of Debt						

Name of Creditor					Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		\$		
City		State	Zip Code			
Description of Debt						