

# 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	<input type="checkbox"/>	Committee	<input checked="" type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist		The Friends of Tim Beveridge					
Street Address		4114 Harvard Rd					
City	Erie	State	PA	Zip Code	16509		

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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Date Of Election (MM/DD/YYYY)	11/07/2017	Year	2017			Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only	
	06/06/2017	10/23/2017		
A. Amount Brought Forward From Last Report	\$	180.64	2017 OCT 26 AM 11:41 ERIE COUNTY VOTER REGISTRATION T/E	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	6,915		
C. Total Funds Available (Sum of Lines A and B)	\$	7,095.64		
D. Total Expenditures (From Schedule III)	\$	5,051.52		
E. Ending Cash Balance (Subtract Line D from Line C)	\$	2,044.12		
F. Value of In-Kind Contributions Received (From Schedule II)	\$	325		
G. Unpaid Debts and Obligations (From Schedule IV)	\$	0		

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 26 day of Oct 20 17

Sonia Welt  
Signature

My Commission expires 4-3-19  
MO. DAY YR.

Wade Gysener  
Signature of Person Submitting report

Merle Upornan  
Printed Name

814 490 7757  
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 26 day of October 20 17

Sonia Welt  
Signature

My Commission expires 4-3-19  
MO. DAY YR.

Timothy S. Beveridge  
Signature of Candidate

TIMOTHY S. BEVERIDGE  
Printed Name

814 866-5073  
Area Code Daytime Telephone Number

COMMONWEALTH OF PENNSYLVANIA  
 NOTARIAL SEAL  
 Tonia Witt, Notary Public  
 City of Erie, Erie County  
 My Commission Expires April 3, 2019  
 MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

SCHEDULE I  
**Contributions and Receipts**

Detailed Summary Page

<b>Filer Identification Number</b>		
<b>1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor</b>		
Total for the reporting period	(1)	\$ 5,290
<b>2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)</b>		
Contributions Received from Political Committees (Part A)		\$ 150
All Other Contributions (Part B)		\$ 675
Total for the reporting period	(2)	\$ 825
<b>3. Contributions Over \$250.00 (From Part C and Part D)</b>		
Contributions Received from Political Committees (Part C)		\$ 0
All Other Contributions (Part D)		\$ 800
Total for the reporting period	(3)	\$ 800
<b>4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)</b>		
Total for the reporting period	(4)	\$ 0
Total Monetary Contributions and Receipts during this reporting period <i>(Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)</i>		\$ 6,915

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 Committee						Comm. To Elect John Loomis Sheriff				Date [MM/DD/YYYY]	\$	50
										09/23/2017		
House #	5706		Street Address			5706 Jones Ln Erie, PA 16505				Date [MM/DD/YYYY]	\$	
City	Erie		State	PA		Zip Code	16505			Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee						Comm. To Elect Carl Anderson				Date [MM/DD/YYYY]	\$	100
										09/23/2017		
House #	3830		Street Address			3830 Parade St Blvd.				Date [MM/DD/YYYY]	\$	
City	Erie		State	PA		Zip Code	16504			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 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.)

<b>Filer Identification Number:</b>	
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<b>Full Name of Contributor</b>		David A. Valerio			<b>Date [MM/DD/YYYY]</b>	\$	
					09/14/2017		100
<b>House #</b>	6980	<b>Street Address</b>	6980 Honey Lane		<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>	Erie	<b>State</b>	PA	<b>Zip Code</b>	16509	<b>Date [MM/DD/YYYY]</b>	\$
<b>Full Name of Contributor</b>		Franks Auto Center			<b>Date [MM/DD/YYYY]</b>	\$	
					09/19/2017		200
<b>House #</b>	1005	<b>Street Address</b>	1005 W 26th St		<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>	Erie	<b>State</b>	PA	<b>Zip Code</b>	16508	<b>Date [MM/DD/YYYY]</b>	\$
<b>Full Name of Contributor</b>		P. Bloomstine			<b>Date [MM/DD/YYYY]</b>	\$	
					09/21/2017		100
<b>House #</b>		<b>Street Address</b>	122 Columbus Circle		<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>	Erie	<b>State</b>	PA	<b>Zip Code</b>	16505	<b>Date [MM/DD/YYYY]</b>	\$
<b>Full Name of Contributor</b>		Culligan Water Cond.			<b>Date [MM/DD/YYYY]</b>	\$	
					09/22/2017		75
<b>House #</b>	1502	<b>Street Address</b>	1502 Industrial Dr.		<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>	Erie	<b>State</b>	PA	<b>Zip Code</b>	16505	<b>Date [MM/DD/YYYY]</b>	\$
<b>Full Name of Contributor</b>		Ronald A. DiNicola			<b>Date [MM/DD/YYYY]</b>	\$	
					09/19/2017		100
<b>House #</b>	4134	<b>Street Address</b>	4134 Commodore Dr		<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>	Erie	<b>State</b>	PA	<b>Zip Code</b>	16506	<b>Date [MM/DD/YYYY]</b>	\$
<b>Full Name of Contributor</b>		Joel M. Muzyka			<b>Date [MM/DD/YYYY]</b>	\$	
					09/19/2017		100
<b>House #</b>	5301	<b>Street Address</b>	5301 Millfair Rd		<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>	Fairview	<b>State</b>	PA	<b>Zip Code</b>	16415	<b>Date [MM/DD/YYYY]</b>	\$

**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:	
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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]		\$	
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:	
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Full Name of Contributor		David J Cimino				Date [MM/DD/YYYY]	\$	500
						09/13/2017		
House #	1616	Street Address	1616 Hickory St			Date [MM/DD/YYYY]	\$	
City	Erie	State	PA	Zip Code	16502	Date [MM/DD/YYYY]	\$	
Employer Name						Occupation	Self Employed	
Employer Mailing Address / Principal Place of Business								
Full Name of Contributor		Frank B. Victor				Date [MM/DD/YYYY]	\$	300
						09/19/2017		
House #	1651	Street Address	1651 East 12th St			Date [MM/DD/YYYY]	\$	
City	Erie	State	PA	Zip Code	16511	Date [MM/DD/YYYY]	\$	
Employer Name						Occupation	Self Employed	
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:	
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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 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:	
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<b>1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.00 OR LESS PER CONTRIBUTOR</b>		
TOTAL for the reporting period	(1)	\$ 25

<b>2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.00 (FROM PART F)</b>		
TOTAL for the reporting period	(2)	\$ 0

<b>3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART G)</b>		
TOTAL for the reporting period	(3)	\$ 300

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)		\$ 325
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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>\$</b>
<b>House #</b>	<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>	<b>\$</b>
<b>City</b>	<b>State</b>	<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	<b>\$</b>
<b>Description of Contribution</b>					

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

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

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

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

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>		Vinny Hoffman			<b>Date [MM/DD/YYYY]</b>	\$	300
					09/23/2017		
<b>House #</b>	2720	<b>Street Address</b>	2720 Alexandra Dr		<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>	Erie	<b>State</b>	PA	<b>Zip Code</b>	16506	<b>Date [MM/DD/YYYY]</b>	\$
<b>Employer Name</b>		DJ VINNY			<b>Occupation</b>	Self Employed	
<b>Employer Mailing Address / Principal Place of Business</b>		2720 Alexandra Dr Erie, PA 16506			<b>Description of Contribution</b>	Disc Jockey Service	
<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>		KimKopy			<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	31.8
					07/17/2017		
<b>House #</b>	2040	<b>Street Address</b>	2040 W 8th St		<b>Description of Expenditure</b>		
<b>City</b>	Erie	<b>State</b>	PA	<b>Zip Code</b>	16505	Fund Raiser Tickets	
<b>To Whom Paid</b>		R. Art Libornski			<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	150
					09/13/2017		
<b>House #</b>	1787	<b>Street Address</b>	1787 W 26th St		<b>Description of Expenditure</b>		
<b>City</b>	Erie	<b>State</b>	PA	<b>Zip Code</b>	16508	Refund of donation from 03/30/2017	
<b>To Whom Paid</b>		ERSA (Saga Club)			<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	150
					09/16/2017		
<b>House #</b>	3828	<b>Street Address</b>	3828 Washinton Ave		<b>Description of Expenditure</b>		
<b>City</b>	Erie	<b>State</b>	PA	<b>Zip Code</b>	16509	Hall Rental	
<b>To Whom Paid</b>		Tim Beveridge			<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	443.84
					9/27/2017		
<b>House #</b>	4114	<b>Street Address</b>	4114 Harvard Rd		<b>Description of Expenditure</b>		
<b>City</b>	Erie	<b>State</b>	PA	<b>Zip Code</b>	16509	Reimbursement for imprinted door hangers purchase	
<b>To Whom Paid</b>		Vinny Hoffman			<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	220.84
					09/19/2017		
<b>House #</b>	2720	<b>Street Address</b>	2720 Alexandra Dr		<b>Description of Expenditure</b>		
<b>City</b>	Erie	<b>State</b>	PA	<b>Zip Code</b>	16506	Reimbursement for fund raiser supplies	
<b>To Whom Paid</b>		Schwebels Baking Co			<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	56.89
					09/21/2017		
<b>House #</b>	8275	<b>Street Address</b>	8275 Perry Hwy.		<b>Description of Expenditure</b>		
<b>City</b>	Erie	<b>State</b>	PA	<b>Zip Code</b>	16509	Fund Raiser supplies	
<b>To Whom Paid</b>		ERSA (Saga Club)			<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	300
					09/23/2017		
<b>House #</b>	3828	<b>Street Address</b>	3828 Washinton Ave		<b>Description of Expenditure</b>		
<b>City</b>	Erie	<b>State</b>	PA	<b>Zip Code</b>	16509	Fund Raiser beverages	
<b>To Whom Paid</b>		Tim Beveridge			<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	239
					09/15/2017		
<b>House #</b>	4114	<b>Street Address</b>	4114 Harvard Rd		<b>Description of Expenditure</b>		
<b>City</b>	Erie	<b>State</b>	PA	<b>Zip Code</b>	16509	Reimbursement for imprinted stickers purchase	

**SCHEDULE III**  
**Statement of Expenditures**

<b>Filer Identification Number:</b>	
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<b>To Whom Paid</b>		The Red Door			<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	333
					09/15/2017		
<b>House #</b>	124	<b>Street Address</b>	124 W 8th St		<b>Description of Expenditure</b>		
<b>City</b>	Erie	<b>State</b>	PA	<b>Zip Code</b>	16501 Tee shirts		
<b>To Whom Paid</b>		DeSantis Signs			<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	500
					09/28/2017		
<b>House #</b>	540	<b>Street Address</b>	540 W 18th St		<b>Description of Expenditure</b>		
<b>City</b>	Erie	<b>State</b>	PA	<b>Zip Code</b>	16502 Yard Signs		
<b>To Whom Paid</b>		DeSantis Signs			<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	429.85
					10/03/2017		
<b>House #</b>	240	<b>Street Address</b>	540 W 18th St		<b>Description of Expenditure</b>		
<b>City</b>	Erie	<b>State</b>	PA	<b>Zip Code</b>	16502 Yard Signs		
<b>To Whom Paid</b>		Vicki Upperman			<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	311.5
					10/20/2017		
<b>House #</b>	5958	<b>Street Address</b>	5958 Hillhaven Dr		<b>Description of Expenditure</b>		
<b>City</b>	Erie	<b>State</b>	PA	<b>Zip Code</b>	16509 reimbursement for Fund Raiser supplies		
<b>To Whom Paid</b>		Erie Times News			<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	1,880
					10/23/2017		
<b>House #</b>	205	<b>Street Address</b>	205 W 12th St.		<b>Description of Expenditure</b>		
<b>City</b>	Erie	<b>State</b>	PA	<b>Zip Code</b>	16534 Newspaper Advertising		
<b>To Whom Paid</b>		303 Sign Shop			<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	84.8
					10/23/2017		
<b>House #</b>	2936	<b>Street Address</b>	2936 Peach St		<b>Description of Expenditure</b>		
<b>City</b>	Erie	<b>State</b>	PA	<b>Zip Code</b>	16508 Electronic sign rental		
<b>To Whom Paid</b>					<b>Date [MM/DD/YYYY]</b>	<b>\$</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>\$</b>	
<b>House #</b>		<b>Street Address</b>			<b>Description of Expenditure</b>		
<b>City</b>		<b>State</b>		<b>Zip Code</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						