3283

### CAMPAIGN FINANCE REPORT

PAGE 1 OF

OVER PAGE

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

(NOTE: THIS POOPL MUSE BE ON	COLUMN COLUMN TO THE OWNER.	Decree Secretary 1.	2. /
Filer Identification Number:	Report Filed By:	GANDIDATE	COMMITTEE Y 1088YIST
Name of Filing Commistee, Cendidate or Lobbyist	shurg		
Street Address: 17 FPC/PM: 1	Pariane		
chy: Harrisburg	Duce	State:	Zip Code: 17108-
TOLIGORICHI CHICAGANA ANTANA CONTRACTOR CONT	D FRIDAY 2	3. POSIC PRIMARY.	AMENDMENT YES NO
REFORT SERVICES A SERVICES A SERVICES AS A S	D FRIDAY 5. E-ELECTION	30 DAY 6.	TERMINATION YES NO
place X to	EAR	FIEING METHOD:	PAPER DISKETTE .
Harwishury City	Mounei/	DATE OF ELECTION  MODULATE STATE  OS 21 2013	District Office Party County Code Code Code  OTH DEM 44  (SEE. INSTRUCTIONS FOR CODES)
Summary of Receipts and Expenditures from:	V VEAR TO	05 06 2013	FOR OFFICE USE ONLY
A. Amount Brought Forward From Last Report	\$	-0-	
B. Total Monetary Contributions and Receipts (Fro		9,905,00	
C. Total Funds Available (Sum of Lines A and B)	\$	5, 405, 00	NEWS A
D. Total Expenditures (From Schedule III)	\$	\$0.00	
E. Ending Cash Balance (Subtract Line D from Lin	CONTRACTOR DESCRIPTION OF THE PARTY OF THE P	5,880,00	
F. Value of in-Kind Contributions Received (From	Schedule II) \$	-0-	
G. Unpaid Debts and Obligations (From Schedule	(V) \$	-0-	
PART II. Withis Issue Committee cepons treasure	AFFIDAVIT S		
I swear (or affirm) that this report, including the attache			
correct and complete.  Sworn to and subscribed before me this  The day of May and Signature  Commonwealth of Mo. INSTANAL		Sheila	A Buylor Person Submiriting Report  A SAY/OF Printed Nam  Daytime Telephone Number
PARTE US BRIDE SEASOND CONTRACTORS	T C TO THE STREET	ee, candidate shall sign he	
l swear (or affirm) that to the book (1911) (P.L. 1333, No. 320) as amended.	ical	committee has not violated as	ny provisions of the oct of June 3, 1937
Sworn to and subscribed before me this	17	( Asturi	y Stanson
granday of YVIay	<sup>20</sup> / <del>3</del> ,	Signa	nture of kendldate
Weborah M. Hal	braud	TATRICIA	L. STRINGER
My commission expires Commonwealth of	Penneyhearia	(717)	418-1702
MO. HOTABIAL	ALC.	Area Code	Daytime Telephone Number
Deborah M Galbraith, Harrisburg Clip, Qua My Commission (Series	Notary Public whin County ty Election	on Bureau	



## SCHEDULE 1

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

	-				411
Vame of	Filing Com	nittee or 0	Candidațe	the beautiful to	
	ello			hura	
77	EUU	41 U	17/01	1)(114	

and the second	AND REAL PROPERTY.			#100 - #0 F
Reporting	Period			
	11 16	111 A	11	7410
Erom /	Period	1 To	1-10-	10/19
rion _/	100	0 100	0/	

PAGE 2 OF 12

1 UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONT	RIBUTOR
TOTAL for the Reporting Period (1)	\$ 105.00
Z. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)	
Contributions Received from Political Committees (Part A)	\$ 150.00
All Other Contributions (Part B)	\$
TOTAL for the Reporting Period (2)	\$ 150.00
3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)	
Contributions Received from Political Committees (Part C)	\$ -0-
All Other Contributions (Part D)	\$ 5,600.00
TOTAL för the Reporting Period (3)	\$ 5,600,00
	•
4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC	2. (FROM PART: E)
TOTAL for the Reporting Period (4)	\$ -0-
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.)	\$ 5,905,00

PAGE 3 OF 12

#### 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.

			Reporting	Period	in	612011
119			From Z	1-16	/ <u>/</u> /	0-67013
			DATE			AMOUNT
vall		4 MG2	25	2013 YEAR	\$	150.00
FA	17/08 -0178	MO.	DAY	YEAR	\$	
		amMO.	A SEDAY	YEAR	\$	
_	BUR				\$	
0	(us 4)	E-Mid-	MOAY	YEAR	\$	
					\$	
	NEWS				\$	
State	ae (Plus 4) —	MOZ	DAY	YEAR	\$	
				L. market	\$	
	V	MO.	* SEDAY	EYEAR 2	\$	
State	Zip Code (Plus 4) —	MO.	S DAY	YEAR	\$	
	750 S 807 S NO 10 10 10 10 10 10 10 10 10 10 10 10 10	SOM:	DAY@	«YEAR»»	\$	
		MO.	DAY	YEAR	\$	
State	Zip Code (Plus 4)	MO	DAY	YEAR	\$	
		мо.	// DAY	YEAR	\$	
		MO.	DAY!	XYEAR	\$	
State	Zip Code (Plus 4)	€ MO.	DAY	XEAR	\$	
					\$	
					\$	
State	Zip: Code (Plus 4) —	MO.	DAY	YEAR	\$	
					\$	
			4-1		\$	
State	Zip Code (Plus 4)	· MO:	DAY	YEAR:	\$	
	A STATE OF THE PARTY OF THE PAR	THE REAL PROPERTY.	and the state of t	THE RESERVED	DAGE	TOTAL
	State  State  State  State	State VE Zip Code (Plus 4)  State Zip Code (Plus 4)  State Zip Code (Plus 4)  State Zip Code (Plus 4)	State Zip Code (Plus 4)  State Zip Code (Plus 4)  MO  State Zip Code (Plus 4)  MO  State Zip Code (Plus 4)  MO  MO  MO  State Zip Code (Plus 4)  MO  MO  MO  MO  State Zip Code (Plus 4)  MO  MO  MO  MO  MO  MO  MO  MO  MO  M	DATE  DATE  DATE  MO. PAY  AND DAY  State Zip Code (Plus 4)  MO. DAY  MO. DAY  MO. DAY  MO. DAY  State Zip Code (Plus 4)  MO. DAY  MO. DAY  MO. DAY  MO. DAY  MO. DAY  State Zip Code (Plus 4)  MO. DAY  MO. DAY  MO. DAY  MO. DAY  State Zip Code (Plus 4)  MO. DAY  MO. DAY  State Zip Code (Plus 4)  MO. DAY  MO. DAY  MO. DAY  MO. DAY  State Zip Code (Plus 4)  MO. DAY  MO. DAY  MO. DAY  State Zip Code (Plus 4)  MO. DAY  MO. DAY	DATE	DATE    DATE

PAGE 4 OF 12

## ALL OTHER CONTRIBUTIONS

\$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.)

	risburg			DATE	e Control	AMOUNT
ull Name of Contributor	>= 1		独員MO製機	660DAY/A	SYEAR ME	\$ -0-
Nailing Address			MD	DAY	XVEAR (4)	\$
lity	State	Zip Code (Plus 4)	#ZMOZE	DAY	YEAR	\$
ull Name of Contributor		BUS	22/(0)%	EZDAYZE	EVEATOR:	\$
Mailing Address	O		SW MOX	DAY	YEAR	\$
Sity		4)	Mo	DAY	YEAR	\$
ul) Name of Contributor		NEWS	Mo	( DAY»	*YEAR	\$
Mailing Address		N L	₩ow.	DAY	EYEAR (	\$
Sity	State	Zip Code (Plus 4)	S MO	DAY	YEAR.	\$
ull Name of Contributor	CONTRACTOR OF THE PARTY OF THE			COAY	CYEAR()	\$
Walling Address			€⊙MO:	DAY	SYEAR	\$
Sity	State	Zip Code (Plus 4)	∞ MO:	OAY	YEAR	\$
Full Name of Contributor			MO/	DAY		\$
Mailing Address			EMMON	DAY	eyear.	\$
Dity	State	Zip Code (Plus 4)	MOM O	© DAY	DYEAR	\$
ull Name of Contributor	maran samah di di mad		MO	DAY	YEAR	\$
Mailing Address			MOZ	///DAY	YEARS	s
City	State	Zip Code (Plus 4)	ОМО	ZRDAY/	YEAR	\$
ull Name of Contributor			MO	DAY	SYEAR	\$
Walling Address			MO?	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	МО	DAY	YEAR	\$
Full Name of Contributor	ON ACCUSANCE OF THE PARTY OF			(DAY)	EMBAR	\$
Mailing Address	CALLED COMMUNICATION CONTRACTOR		Mo	DAY	SYEARS	\$
City	State	Zip Code (Plus 4)	- Mo⊪	DAY	YEAR	\$

PAGE 5 OF 12

#### 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	h	110	R	eporting From/_	Period (1)	13 705-6-2013
Hello Harms	1)(	N Y	www.com	DATE		AMOUNT
Full Name of Contributing Committee			<b>EXMONE</b>	NAME OF TAXABLE PARTY.	MYEARED	\$ - 0-
Merling Address				- oav	WEAR.	\$
City	State	Zip Code (Plus 4)	- MO:	DAY	YEAR	\$
			MO -	LUCBAY Z	OYEAR (	
Full Name of Contributing Committee	6			DAY:		\$
Mailing Address						\$
City	E.	(Plus 4)	MO.S	DAY	YEAR	\$
Full Name of Contributing Committee	N	EWS	MO.	DAY	YEAR	\$
Merling Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO	DAY	YEAR	\$
Full Name of Contributing Committee			MOS	DAY	YEAR	
Mailing Address				DAY	YEARS	\$
City	State	Zip Code (Plus 4)	MO	DAY	YEAR	\$
		_				\$ ************************************
Full Name of Contributing Committee					JOYEAR ::	\$
Malling; Address			COMO S	DAY	XEAR	\$
Сіту	State	Zip Code (Pius 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	an occupancy	The state of the s	//MO//	A DAY	∷YEAR ∷	\$
Mailing Address	<del></del>		«мо»	Z DAY	SYEARS	š
City	State	Zip Code (Plus 4)	#9M05%	DAY	SYEAR	\$
Full Name of Contributing Committee	or manuscript	_	MO	DAY	EYEAR 2	
Mailing Address					YEAR	\$
					ĺ	\$
City	State	Zip Code (Plus 4)	MO.	DAY	SYEAR	s
Full Name of Contributing Committee	Table Street Street			DAY	YEAR	\$
Mailing Address			<b>ОРМО</b>	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	(#Mo#	DAY	YEAR	S
	California de la Califo			1		PAGE TOTAL
Enter Grand Total of Part C on Sche	edule i	, Detailed Summa	y Page,	. Section	on 3.	\$ ~ 0 -
			-			THE RESERVE THE PARTY OF THE PA

PAGE 6 OF 12

#### PART D **ALL OTHER CONTRIBUTIONS**

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	Shim	Reporting Period	18 TO 5-6 2013					
tremo trusti	of ary	DATE	AMOUNT					
Full Name) of Contributor	man / Iman !	MO DAY YEAR	\$ 3,100.00					
Mailing Adgress ()	yer (10uil)	MO DAY YEAR	0//00					
2134 Kensington	Street	STORY OF LINE BURNEY WAS TOO THE TAKE THE	<b>\$</b>					
"Harrishurg	State Zip Code (Plus 4)	EMO S DAY YEAR	\$					
Employer Name		Occupation RediFed						
Employer Mailing Address/Principal Place of Business								
Full Name of Contributor	tringer (loan)	MO, 2004Y YEAR 4 18 4019	\$ 2,500,06					
Mailing Address 134 Kensing H	on Etroyt	MO. A DÂY SYEAR	\$					
City Waters DUM	Sorte Zip Code (Plus 4)	DAY YEAR	\$					
Employer Name	I PI TILLI	Occupation Refired	<del>Linear en la como</del>					
Employer Mailing Address/Principal Place of Business								
Full Name of Contributor	S PA	MO DAY VEAR	\$					
Mailing Address		MG. DAY WEAR						
Спу	e (Plus 4)	MO. DAY YEAR	\$					
Employer Name	NEW	Occupation						
Employer Mailing Address/Principal Place of Business		Land						
Full Name of Contributor		EMOSE MAY DEVEAR	\$					
Mailing Address		MO. DAYA YEAR	\$					
City	State Zip Code (Plus 4)	MO CAY YEAR	\$					
Employer Name	L	Occupation	Service and the service and th					
Employer Mailing Address/Principal Place of Business		L						
Full Name of Contributor		MOSS DAY ZYEAR	\$					
Malling Address		MO: DAY YEAR						
City	State Zip Code (Plus 4)	MO DAY YEAR						
Employer Name		Occupation						
Employer Mailing Address/Principal Place of Business	Les vir de la company							
		nurs and the part of species	PAGE TOTAL					
Enter Grand Total of Part D on Scher	dule I, Detailed Summary	Page, Section 3.	\$5,600,00					

DSEB-502 (7-99)

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# 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.

State State	Zip Code (Plus 4)	e≅Mo.≆∞	DAY YE	\$ Amount \$	IA
State: State	Zip Code (Plus 4)	e≅Mo.≆∞	DAY.	\$ Amount \$	TA
State: State	Zip Code (Plus 4)	e≅Mo.≆∞	DAY.	\$ Amount \$	TA
State: State	Zip Code (Plus 4)	e≅Mo.≆∞	DAY.	\$ Amount \$	IA
State	Zip Code (Plus 4)			\$ Amount	
State	Zip Code (Plus 4)			\$ Amount	
State	Zip Code (Plus 4)			\$ Amount	
State	Zip Code (Plus 4)			\$ Amount	
		Мо	DAY.	Amount \$	
		Мо	SS DAY S	Amount \$	
		221M6386	S DAY SY	Amount \$	
		МО	Y DAY	Amount \$	
Stâte/					
State <sup>,</sup>		340			
State/	i i				
State/	14				
1 1	Zip Code (Plus 4)	мо.	DAY	Amount \$	
				Ψ.	Name - Marie
		Westernation			
State	Zîp Code (Plus 4)	MO	DAY	EAR Amount	
	<u></u>			\$	sespelle alles of the
and the same of th					
				-	
State	Zip Code (Pius 4)	MO:	DAYSS		1012111025023111
		- I		- Bay mayan	been to see the
					\$

#### SCHEDULE II

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## 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  Hello Hamsburg  From H	2013 - 5-6-2013
1. UNITEMIZED IN KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR L	ESS PER CONTRIBUTOR ::
TOTAL for the Reporting Period (1)	\$ -0-
2IN+KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50,01 TO \$250,00 (FROM	PART F)
TOTAL for the Reporting Period (2)	\$ -0-
3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250:00 (FROM PART G)	
TOTAL for the Reporting Period (3)	\$ -0-
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.)	\$ -0-





#### SCHEDULE II PART F

### IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate	urish	curq	Reporting F	reriod LDO	13 TO 5-6-2023
		$\sim$	DATE	and the control of	AMOUNT
Full Name of Contributor			MO DAY	YEAR	\$ -0-
Mailing Address			⊝ MG.S. K.DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO. DAY	YEAR	\$
Description of Contribution:					
Full Name of Contributor	VALUE OF STREET, ASSESSMENT			XYEAR?	\$
Mailing Address		7	≓MO. ∵ DAY	YEAR	\$
City	State	Zip Code (Plus 4) —	MO: DAY:	YEAR	\$
Description of Contribution:			<u> </u>		
Full Name of Contributor			MO: DAY	YEAR	\$
Mailing Address			COMO SE CONTRA	YEAR	· · · · · · · · · · · · · · · · · · ·
χ * *				-consecutive	\$
City	State	Zip Code (Plus 4)	MO. DAY	YEAR	\$
Description of Contribution:					
Full Name of Contributor	3154300		-MO. DAY	YEAR	\$
Mailing Address			SEMONE EDAYEE	YEAR	\$
City	State	Zip Cade (Plus 4) —	MO. DAY	YEARS	\$
Description of Contribution:					
Full Name of Contributor		dente con	MO. DAYS	AYEAR Y	\$
Mailing Address			∰MO. ✓ DAY ↔	YEAR	\$
City	State	Zip Code (Plus 4)	EMOSE W DAY	YEAR	\$
Description of Contribution:		and the same same			
Full Name of Contributor		Allege of the State of the Land State of State o	//Mo:	YEAR	\$
Mailing Address	W-20-W-11-11-11-		≤eMO; ≤eDAY;;;	∰YEAR.;;	\$
City	State	Zip Code (Plus 4)	MO. DAY	YEAR	\$
Description of Contribution:		AND THE STREET			
				AND THE	PAGE TOTAL
Enter Grand Total of Part F on Summary Page, Section 2.	Schedule II,	In-Kind Contribu	tions Detailed		\$ -0-

[1] "我是这个大型的,我们就是一个大型,我们就是一个大型,我们就是一个大型,我们也不是一个大型,我们也不是一个大型,我们也不是一个大型的。""我们也不是一个 第一个大型,我们就是一个大型,我们就是一个大型,我们就是一个大型,我们就是一个大型,我们就是一个大型,我们就是一个大型,我们就是一个大型,我们就是一个大型,就是



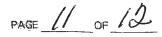
DSEB-502 (7-99)

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

PAGE 10 OF 12

VALUE OVER \$250.00

Name of Filing Committee or Candidate Hello Hour	465	hura	B	eporting From/	Period LLL	13	то 5-6-2013	
E CHO 1700.				DATE			AMOUNT	
Full Name of Contributor			MO	y DAY	≲¥6AR₩	\$	-19-	
Mailing Address			33M0/23	DAY	YEAR	\$		
City	State	Zip Code (Plus 4)	MO	DAY	∋YEAR €	\$		
Exaployer of Contributor			Occupati	on				
Employer Mailing Address/Principal Place of Business			Descript	ion of Con	tribution		, see	
Full Name of Contributor		ALLER DE NOVEMBRE DE MINISTRA DE	==MO===	- YAO	SYCARES	\$		
Mäiling Address		h-a	Mo.	DAY	YEAR	\$		
City	State	Zip Code (Plus 4)	SSMO:	DAY	ZYEAR	\$		
Employer of Contributor			Docupati	où				
Employer, Mailing Address/Principal Place of Business	Employer Mailing Address/Principal Place of Business			ion of Con	tribution		- Herrina - Landers and American	
Full Name of Contributor	Angeri (RAI)	William Consumer States	мож	DAY	YEAR	\$		
Malling Address			.≪Mo:™	DAY	YEAR	_		
City	State	Zip Code (Plus 4)	**MO***	Laday :	MEAR	\$		
*		(44)	Occupat			\$		
Employer of Contributor								
Employer Mailing Address/Principal Place of Business			Descript	ion of Cor	tribution			
Full Name of Contributor			MO	≤ bày∞	YEAR	\$		
zesnbbA griffaM				DAY	⊚YEAR⊅:	\$	No In Control of the Control of t	
Citý	State	Zip Code (Plus 4)		DAY	YEAR	\$		
Employer of Contributor	Employer of Contributor			Occupation				
Employer Mailing Address/Principal Place of Business			Descript	ien of Co	dribution	-	Continue of Prime	
Full Name of Contributor		and the second second	#MO#	DAY	EYEAR	\$	CONTRACTOR	
Mailing Address		<del></del>		MAY	YEAR	\$		
City	State	Zip Code (Plus 4)	##MO#	DAY	*YEAR			
Employer of Contributor			Occupat	lon		L		
Employer Mailing Address/Principal Place of Business			Descrip	tion of Co	ntilbution			
	40,000	TOTAL CONTRACTOR OF THE PARTY O	HACLOHARDS	torest Switch	HERRYOL HA	PAC	GE TOTAL	
Enter Grand Total of Part G on Sched Summary Page, Section 3.	ule II,	In-Kind Contrib	utions D	etailed		\$	-0-	





# STATEMENT OF EXPENDITURES

ne of Filing Committee or Candidate  HELLO HAWS DUG			Reporting Period	013 To 5-6-2019	
y cup garin		My			
To Whom Paid Harland Clarke	Chi	eck	2 12 201	\$ 520.00	
Maiting Address .	· ·		Description of Expenditure	rvice charge	
City	State	Zip Code (Plus 4) —			
ा o Whom Paid			MO: DAY: YEAR	\$	
Mailing Address			Description of Expenditure		
City	State	Zip Code (Plus 4)			
To Whom Paid			MO. DAY YEAR	Amount \$	
Máiling Address.			Description of Expenditure	The state of the s	
City	State	Zip Code (Plus 4)			
To Whom Paid			MO DAY YEAR	Amount \$	
Mailing Address			Description of Expenditure		
City	State	Zip Code (Plus 4)			
To Whom Paid			MO DAY DYEAR	Amount \$	
Mailing Address			Description of Expenditure	The second secon	
City	State	Zip Code (Plus 4)			
To Whom Paid			MO. DAY: YEAR	Amount \$	
Mailing Address			Description of Expanditure	Company of the Compan	
City	State	Zip Code (Plus 4).			
To Whom Paid	NAME OF TAXABLE PARTY.		MO DAY YEAR	Amount \$	
Mailing Address			Description of Expenditure		
City	State:	Zip Code (Plus 4)			
To Whom Paid	VIII POR	WEST STATE WEST AND ASSESSMENT	MO DAY SYLER	Amount \$	
Mailing Address		Manufall Care Constitution	Description of Expenditure		
City	State	Zip Code (Plus 4)		and the second s	
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D. PAGE TOTAL \$ 10,00					



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# 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  Name of Filing Committee or Candidate  Name of Filing Committee or Candidate	rg	Reporting Period From 141	013 705-6-8013
Name of Creditor			Outstanding Balance of Debt  \$
Malling Address	DATE DEST INCURRED	MO. DAY YEAR	
Çity	INCOME	State Zip Code (Plus 4)	NH
Description of Debt			
Name of Creditor	MITO CALLED THE PARTY OF		Outstanding Balance of Debt
Mailing Address	DATE	MG. DAY YEAR	<u>  \$</u>
Clay	INCURRED	State Zip Code (Plus 4)	
Description of Debt		1 1	
Name: of Creditor			Outstanding Balance of Debt
Mailing Address	DATE DEBT	MO. DAY YEAR	
City	INCURRED	State Zip Code (Plus 4)	-
Description of Debt			
Name of Craditor	CORNEL CONTRACTOR DE L'ANDRE	A	Outstanding Balance of Debt
Mailing Address	DATE DEST INCURRED	MO. DAYS YEAR	
City		State Zip Code (Plus 4)	
Description of Debt			[FFEATONIA]
Name of Creditor			Outstanding Balance of Debt
Mailing Address	DATE DEBT INCURRED	MU, DAY, YEAR	
City		State Zip Code (Plus 4)	
Description of Debt			
Name of Creditor	DESCRIPTION OF THE OWNER.		Outstanding Balance of Debt
Mailing Address	DATE DEBT INCURRED.	MO. S MOAY S YEAR	
City		State Zip Code (Plus 4)	
Description of Debt	717.00		Parallel State of the State of
Enter Grand Total of Unpaid Debts on Page 1, I	Report Cover	Page, Item G.	\$ WA