Reset Form

**Print Form** 



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

Filer Identification Number			•	ort Filed By Candida ork X)		ite	X	Committee			Lobbyist		
Name of Filing Com Lobbyist	mittee, Ca	ndidate or	Josh S	hapiro			·		<u> </u>		· · · · · · · · · · · · · · · · · · ·	<u> </u>	11
Street Address			1550	Cloverly La	ne								
City Rydal				, , , , , , , , , , , , , , , , , , , ,	State		PA		Zip Code	19046			
Type of Report (Place x under report type)											·		
1-6 <sup>th</sup> Tuesday 2- 2 <sup>nd</sup> Friday 3- 30 Day Pos Pre-Primary Primary Primary				Tuesday lection	5- 2 <sup>nd</sup> Frida Pre- Election	- !	6-30 Da Election	-	7- Annual	Special 2 <sup>n</sup> Pre-Electi	•	Special 30 Post-Electi	
					X								
Date Of Election (MM/DD/YYYY)				2015		Amend Report	ment		Terminati Report	ion			
Summary of Receipt	ts and	From Date		To Date	e				For	Office Use (	Only		
Expenditures													
A. Amount Brought	Forward F	rom Last Report	\$		0								
B. Total Monetary C	ontributio	ns and Receipts	\$	1	1,005.91							(.m	
(From Schedule I) C. Total Funds Availa	able		\$			-						C.D	:
(Sum of Lines A and D. Total Expenditure			\$	1,005.91								in de la companya de La companya de la co	
(From Schedule III)			,	:	1,005.91								
	E. Ending Cash Balance (Subtract Line D from Line C)			\$ 0									
F. Value of In-Kind C (From Schedule II)		ns Received	\$	0									
G. Unpaid Debts and	d Obligatio	ns	\$	0									
(From Schedule IV)					Affidavit	Sec	tion						
Part 1- If this is a Comn I swear (or affirm) that					didate report	, ca	ndidate sig						
Sworn to and subscribe			areu sc	riedules Oi	r paper, is to t	ie i	Dest of my	KIIOWIEU	ge and belief tr	ue, correct a	na comple	te.	
Area Code    Code   Cod													
Part II- If this is a report I swear (or affirm) that								istad ==		h. A	-2 4027 (	01 4200 115	201
amended.	to the pest (	л ту кпомієвце а	nu Dell	er uns por	iucar committe	ee F	192 1101 APP	iaceo any	provisions of t	HE ACT OT JUN	e 3, 193/(	r.u. 1333, NO.:	520) as
Sworn to and subscribe	Sworn to and subscribed before me this												
day of													
Signa	ature		•	<b>i</b> .					Printed Name			<del></del>	
My Commission expires	s	·	_	• •									
•	MO.	DAY YR.	-		•	A	rea Code		Dayt	ime Telephor	ne Number	<del></del>	

#### SCHEDULE I

## **Contributions and Receipts**

**Detailed Summary Page** 

Filer Identification Number				

1.Uniternized Contributions and Receipts-\$50.00 or Less per Contributor		
Total for the reporting period (1)	\$	\$ o
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		
Contributions Received from Political Committees (Part A)	\$	o
All Other Contributions (Part B)	Ş	0
Total for the reporting period (2)	\$	o
3. Contributions Over \$250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)	\$	0
All Other Contributions (Part D)	\$	0
Total for the reporting period (3)	\$	О
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		
Total for the reporting period (4)	\$	1,005.91
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)	\$	1,005.91

#### 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.

PINET HOL	entification Numi	oer				
						Amount
Full Nat Commit	me of Contribu ittee	iting			Date [MM/DD/YYYY]	\$
House #	#	Street Add	ress	<del></del>	Date [MM/DD/YYYY]	\$
City		1	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Nat Commit	me of Contribu ittee	iting	<u> </u>	- L	Date [MM/DD/YYYY]	\$
House #	*	Street Add	ress		Date [MM/DD/YYYY]	\$
City			State	Zip Code	Date [MM/DD/YYYY]	\$
Full Nar Commit	me of Contribu ttee	ting		<del></del>	Date [MM/DD/YYYY]	\$
House #	#	Street Add	ress		Date [MM/DD/YYYY]	\$
City	ì		State	Zip Code	Date [MM/DD/YYYY]	\$
full Nar Commit	me of Contribu ittee	ting			Date [MM/DD/YYYY]	\$
House #	#	Street Add	ress		Date [MM/DD/YYYY]	\$
City			State	Zip Code	Date [MM/DD/YYYY]	\$
Fuil Nan Commit	me of Contribut ttee	ting			Date [MM/DD/YYYY]	\$
House #	<b>F</b>	Street Addr	ress		Date [MM/DD/YYYY]	\$
City	1		State	Zlp Code	Date [MM/DD/YYYY]	\$
Commit						\$
House #		Street Addr	ress		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.)

Piler Identification Number:		
	E Clier Identification Number:	
	E term stratification in section in a la l	
를 가 하는데 그 사는 ↑		

					- A-1	
Full Name of Co	MICHEUROF		Date [MM/DD/YYYY]	\$		
	And the second					
House #	Street Address		Date [MM/DD/YYYY]	\$		
a se se Arri			1			
City		tate	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Co	ontributor			Date [MM/DD/YYYY]	\$	
	more destruction of the second					
House #	Street Address			Date [MM/DD/YYYY]	\$	
					· l	
City		itate	Zip Code	Date [MM/DD/YYYY]	\$	
		- Color	alp cone	Cate (Billio)/1111/	<b>"</b> │	
Full Name of Co	intributor			Date [MM/DD/YYYY]	\$	
, , , , , , , , , , , , , , , , ,						
House #				Date [MM/DD/YYYY]		<u></u>
nouse #	Street Address			Date [MEM/DD/TTTT]	\$	
City	· S	itate	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Co	intributor			Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$	
City	l	tate	Zip Code	Date [MM/DD/YYYY]	\$	<del></del>
Full Name of Co	mtributor	<u> </u>		Date [MM/DD/YYYY]	\$	
	200 4200 00 00 00 00 00 00 00 00 00 00 00 00					
House #	Street Address		· · · · · · · · · · · · · · · · · · ·	Date [MM/DD/YYYY]	\$	<del> </del>
				Kannada - and a said a s	1	
City		tete	Zip Code	Date [MM/DD/YYYY]	5	
	3		aip wout	Date [Maniford 1111]	7	
Full Name of Co	ntributor			Date [MM/DD/YYYY]	3	
House #	Street Address			Date [MM/DD/YYYY]	\$	
THAIRM N	20 act was an			Cara (may/pm/ 1771)	.9	
City	, s	tate.	Zip Code	Date [MM/DO/YYYY]	\$	
	1.77		- FAND DESCRIPTION			

## 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 Co	ontributor			Date [MM/DD/YYYY]	] \$
House #	Street Address			Date [MM/DD/YYYY]	15
					1
City	1 x - 2 2 - 2	State	Zip Code	Date [MM/DD/YYYY]	\$
Fig. 7 Fig.					
Employer Name				Occupation	
Employer Maili Principal Place					
Full Name of Co	ontributor	<u></u>		Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City	I ·	State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name				Occupation	1
		<u> </u>			
Employer Maili Principal Place					
	of Business		<del></del>	Date [MM/DD/YYYY]	\$
Principal Place	of Business			Date [MM/DD/YYYY]	. \$
Principal Place	of Business			Date [MM/DD/YYYY]  Date [MM/DD/YYYY]	\$   S   S   S   S   S   S   S   S   S
Principal Place Full Name of Co	of Business ontributor				
Principal Place Full Name of Co	of Business ontributor	State	Zip Code		
Principal Place Full Name of Co House #	of Business Syntributor  Street Address		Zip Code	Date [MM/DD/YYYY]  Date [MM/DD/YYYY]	<b>5</b>
Principal Place Full Name of Co	of Business Syntributor  Street Address		Zip Code	Date [MM/DD/YYYY]	<b>5</b>
Principal Place Full Name of Co House # City Employer Name	of Business syntributor  Street Address ing Address./		Zip Code	Date [MM/DD/YYYY]  Date [MM/DD/YYYY]	<b>5</b>
Principal Place Full Name of Co House # City Employer Name	of Business syntributor  Street Address  ang Address./ of Business		Zip Code	Date [MM/DD/YYYY]  Date [MM/DD/YYYY]	<b>5</b>
Principal Place Full Name of Co House #  City  Employer Name Employer Maille Principal Place	of Business syntributor  Street Address  ang Address./ of Business		Zip Code	Date [MM/DD/YYYY]  Date [MM/DD/YYYY]  Occupation	
Principal Place Full Name of Co House #  City  Employer Name Employer Maille Principal Place	of Business Street Address  Street Address  ong Address / of Business  ontributor	State	Zip Code	Date [MM/DD/YYYY]  Date [MM/DD/YYYY]  Occupation	
Principal Place Full Name of Co House #  City  Employer Name Employer Maille Principal Place Full Name of Co	of Business pritributor    Street Address   of Business   Street Address   Street Address	State	Zip Code	Date [MM/DD/YYYY]  Date [MM/DD/YYYY]  Occupation  Date [MM/DD/YYYY]	
Principal Place Full Name of Co House #  City  Employer Name Employer Maille Principal Place Full Name of Co House #	of Business pritributor    Street Address   of Business   Street Address   Street Address	State	Zip Code	Date [MM/DD/YYYY]  Date [MM/DD/YYYY]  Occupation  Date [MM/DD/YYYY]	
Principal Place Full Name of Co House #  City  Employer Name Employer Maille Principal Place Full Name of Co	of Business pritributor    Street Address   of Business   Street Address   Street Address	State		Date [MM/DD/YYYY]  Date [MM/DD/YYYY]  Date [MM/DD/YYYY]	
Principal Place Full Name of Co House #  City  Employer Name Employer Maille Principal Place Full Name of Co House #	of Business pritributor    Street Address   of Business   Street Address   Street Address	State		Date [MM/DD/YYYY]  Date [MM/DD/YYYY]  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.

Full Name of Contributing Co	mmittee			Date [MM/DD/YYYY]	S
House #	Street Addres	is		Date (MM/DD/YYYY)	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Co	mmittee			Date [MM/DD/YYYY]	<b>\$</b>
House #	Street Addres	is		Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Co	mmittee			Date [MM/DD/YYYY]	<b>\$</b>
House #	Street Addres	15		Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Co	mmittee			Date (MM/DD/YYYY)	Š
House #	Street Addres	· ·		Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Co	minitiee	3. s	**************************************	Date [MM/DD/YYYY]	\$
House #	Street Addres	is		Date [MM/DD/YYYY]	<b>S</b>
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Co	nymittee	l	An in it is an a little and it	Date [MM/DD/YYYY]	
House #	Scroot Address	<b>*</b>		Date [MM/DD/YYYY]	
City	<u> </u>	State	Zip Code	Date [MM/DD/YYYY]	

#### 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:

	11,11							
full Name		Friends of Josh Shap	iro					
touse # 528	Stre	et Address Pine Tr	ee Road					
Clty		Jenkintown	State	PA	Zip Code	19046	Date [MM/DD/YYYY]	<b>\$</b> 307.79
Receipt Description	Artika Hija 180		- Landon	1			6/28/15	
uli Name		Reimbursement - Te						<u> </u>
lause # 528	Stre	Friends of Josh Shap et Address Pine Tr						
Gry Szo		Jenkintown	State	PA	Zip	19046	Date [MM/DD/YYYY]	\$ 151.93
Receipt Description		Reimbursement - Tr	avel meals		Code		6/28/15	
ull Name		Friends of Josh Shap	•					
louse # 528	Stn	et Address						
		Jenkintown	State	PA	Zip Code	19046	Date [MM/DD/YYYY] 6/29/15	334.52
Receipt Description		Reimbursement - Tr	avel	1	<u> </u>	<u></u>		<u>l</u>
full Name	V 7	Friends of Josh Shap	oiro			•		
liouse # 528	Stre	et Address	ee Road					
City		Jenkintown	State	PA	Zip Code	19046	7/13/15	105.9
Receipt Description		Reimbursement - To	echnology	<u> </u>				k
Full Name		Friends of Josh Shar						
fouse # 528	Stre	et Address	ee Road					
		Jenkintown	State	PA	Zip Code	19046	Date [MM/DD/YYYY] 8/24/15	105.77
Receipt Description		Reimbursement - Pa	arking, meals					
full Name								
House #	Stre	net Address			<b></b>			
City			State		Zip Code		Date (MM/DD/YYY)	•
Receipt Description	· · · · · · · · · · · · · · · · · · ·							

#### SCHEDULE II

## IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECIEVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD DETAILED SUMMARY PAGE

Filer Identification Number:			
terrent de la companya de la company			
1. UNITEMIZED IN-KIND CONTRI	BUTIONS RECEIVED-VALUE OF \$5	0.00	OR LESS PER CONTRIBUTOR
TOTAL for the reporting period	(1)	\$	0
2. IN-KIND CONTRIBUTIONS REC	EIVED-VALUE OF \$50.01 TO \$250	.00 (F	ROM PART F)
TOTAL for the reporting period	(2)	\$	0
3. IN-KIND CONTRIBUTION RECE	IVED-VALUE OVER \$250.00 (FRO	M PAR	TG)
TOTAL for the reporting period	(3)	\$	0
TOTAL VALUE OF IN-KIND CONTRIBUTION PERIOD (Add and enter amount totals for the properties on Page 1, Report Cover Page, Item F)		\$	0

## SCHEDULE II PART F

## **In-Kind Contributions Received**

VALUE OF \$50.01 TO \$250

Filer Identification	Number:				
Full Name of Co	stributor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
					ii.
City		State	Zip Code	Date [MM/DD/YYYY]	\$
			final to a		
Description of Co					
Full Name of Cor	stributor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
					<u>. ]</u>
Description of Co	neribution				
Full Name of Cor	<b>viributor</b>			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of C	ontribution	4.			·
Full Name of Co	ntributor			Date [MM/DD/YYYY]	\$
					* 1
House #	Street Address	, ,,,,,		Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	<b>.</b>
Description of C					
Full Name of Co	ntributor			Date [MM/DD/YYYY]	\$
					· .
House #	Street Address			Date [MM/DD/YYYY]	\$
7.1 89. d 7.1 3. d 1.1 3.2					
City		State	Zip Code	Date [MM/DD/YYYY]	\$ :
					£4
Description of C	ontribution				

#### SCHEDULE II Part G

## **In-Kind Contributions Received**

			VALUE OVER \$250	
Filer Identificatio	n Number:			
Full Name of Co	ontributor		Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$
City	<u></u>	State	Date [MM/DD/YYYY] \$	
Employer Name			Occupation	
Employer Maili Place of Busine	ng Address / Principal ss		Description of Contribution	
full Name of C	ontributor			Date [MM/DD/YYYY] \$
House #	Street Address		Date [MM/DD/YYYY] \$	
City	<u></u>	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Nam				Occupation
Employer Mail Place of Busine	ng Address / Principal ss		Description of Contribution	
Full Name of C	ontributer	d		Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
City		State	Zip Code	Date [MM/DD/YYYY] \$
Employer Nam				Occupation
Employer Mail Place of Busine	ing Address / Principal ss			Description of Contribution
Full Name of C	ontributor			Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
City	Policy and the Control of Marie	State	Zip Code	Date [MM/DD/YYY] \$
Employer Nam			[A 45 8 45 46 ]	Occupation
Employer Mail Place of Busine	ing Address / Principal uss			Description of Contribution

## Statement of Expenditures

Miles delegated and March and	
Filer identification Number:	

				-			
To Who	xm Paid	Amazon.com					Date [MM/DD/YYYY] \$ 307.79
							6/23/15
House i	410	Street Address	ry Ave. No	rth			Description of Expenditure
City	eattle		State	WA	Zip Code	98109	Printer
To Who	m Paid	Omni Hotels & Resorts			<u></u>		Date [MM/DD/YYYY] \$
		Offilit Hotels & Resorts					6/24/15
House #	530	Street Address Wil	lliam Penn	Place			Description of Expenditure
City	ittsburgh		State	РА	Zip Code	15219	Hotel
To Who	m Paid						Date [MM/DD/YYYY] \$
		Omni Hotels & Resorts					6/24/15
House !	530	Street Address Wil	liam Penn	Place			Description of Expenditure
City	ittsburgh		State	PA	Zip Code	15219	Wireless internet
To Who	yn Pald						Date [MM/DD/YYYY] \$
		Omní Hotels & Resorts	i				6/24/15
House i	530	Street Address Wil	liam Penn	Place			Description of Expenditure
City	ittsburgh		State	PA	Zip Code	15219	Hotel
To Who	om Paid		<u> </u>			·	Date [MM/DD/YYYY] \$
		Dulour Market					5/29/15
House i	2001	Street Address Ma	rket Street				Description of Expenditure
City	hiladelphia		State	PA	Zip Code	19103	Meal
To Who	m Paid			· · · · · · · · · · · · · · · · · · ·			Date [MM/DD/YYYY] \$
		Commerce Square Gar	rage				5/29/15
House I	2001	Street Address Ma	rket Street	:			Description of Expenditure
City	hiladelphia		State	PA	Zip Code	19103	Parking
To Who	om Paid	Philadelphia Parking A	uthority				Date [MM/DD/YYYY] \$ 6/2/15
House i	701	Street Address	arket St				Description of Expenditure
City	hiladelphia		State	PA	Zip Code	19106	Parking
To Who	om Paid	Avfuel	<u> </u>		I diament	***	Date [MM/DD/YYY] \$ 32
	39 <b>2</b> 000	[ac			<del></del>	· <del></del>	6/7/15  Description of Expenditure
House !	2535	Street Address	x Hill Road				Mascription of Experiorula
City			State	ł	Zip	2 <b>1</b>	•

# Statement of Expenditures

Files Identification Number:	
The second secon	

To Whore Raid					Date [MM/DD/YYYY] .\$		
Sunoc		6/10/15	9.45				
House # Stre	et Address Rte. 441 & Ir	dustrial Lane			Description of Expendit		
Middletown	State	Meal					
To Whom Paid Comm	erce Square Garage				Date [MM/DD/YYYY] 6/11/15	<b>\$</b>  28	
House # 2001 Stre	Market Stree	et		****	Description of Expenditu		
City Philadelphia	State	РА	Zip Code	19103	Parking		
To Whom Paid PF Cha	ng's				Date [MM/DD/YYYY] 6/18/15	\$ 29.82	
House # 510 Stree	<b>R. Address</b> Germantown	Pike			Description of Expenditu		
City Plymouth Meeting	State	PA	Zip Code	19462	Meal		
To Whom Paid Apple	Store			*******	Date [MM/DD/YYYY]	\$	
					7/12/15	105.92	
House # 2500 Street	House # 2500 Street Address West Moreland Road						
City Willow Grove	State	PA	Zip Code	19090	Technology		
To Whom Paid Philade	elphia Parking Authority				7/13/15	<b>\$</b> 5	
House # 701 Stree	nt Address Market St				Description of Expenditu		
<b>City</b> Philadelphia	State	PA	Zip Code	19106	Parking		
To Whom Paid Au Bor	ı Pain	•		, ,	Date [MM/DD/YYYY] 7/13/15	\$ 7.12	
House # 2005 Street	rt Address Market Stree	t			Description of Expenditu		
<b>City</b> Philadelphia	State	PA	Zip Code	19102	Meal		
To Whom Paid  Brickside Grille					Date [MM/DD/YYYY] 6/29/15	\$ 52.96	
House # 529 Street	et Address Wellington S	quare			Description of Expenditu		
City Exton State PA Zip Code 19341					Meal		
To Whom Paid Comme	rce Square				Date [MM/DD/YYYY] 6/15/15	28	
House # 2005 Stree	Address Market St.				Description of Expanditu		
City Philadelphia	State	PA	Zip Code	19102	Parking	and the entry of the series of the series of the series	

# SCHEDULE III Statement of Expenditures

Plier identification Number:	
[10] 사람들은 사고 100m (100m)	

To Whom Paid						Date [MIM/DD/YYYY]   \$
Sunoco						6/30/15
House #	Street Address Rte	Rte. 441 & Industrial Lane				Description of Expenditure
City Middletown		State	PA	Zip Code	17057	Meal
To Whom Paid	Park Harrisburg					Date [MM/DD/YYYY] \$ 6
	]		<del> </del>			8/18/15
House # 123	Street Address	sinut St #1	7			Description of Expenditure
<b>City</b> Harrisburg		State	РА	Zip Code	17101	Parking
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			<u>.</u>		Description of Expenditure
City	<u></u>	State		Zip Code		
To Whom Paid			<u>' , </u>			Date [MM/DD/YYYY] \$
House #	Street Address			<u> </u>		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	34	
To Whom Paid						Data (MM/DD/YYYY) 5
House #	Street Address					Description of Expenditure
City		State		Zip Code	24 S (-5.5) (-6.7) (-6.7)	

#### **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: ]

Name of Credit				Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
Jity		State	Zip	
Description of	Debt		Code	
iame of Credit				Outstanding Balance of Debt
louse #	Street Address		DATE DEST INCURRED [MM/DD/YYYY]	\$
Juy		State	Zip Code	<del>-</del>
Description of (	Delbt			<u> </u>
Varne of Credit	or ·			Outstanding Balance of Debt
iouse #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
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ity		State	Zip Code	1
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