

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 • ra-stcampaignfinance@pa.gov

Unsworn Statement 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), 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 (Reporting Cycle		didate, or Lobby	ist		
☐ Cycle 1 6 th Tuesday Pre-Primary	☐ Cycle 2 2 nd Friday Pre-Primary	☐ Cycle 3 30 Day Post Primary	6 th Ti	Cycle 4 uesday Election	Cycle 5 2 nd Friday Pre-Election
☐ Cycle 6 30 Day Post-Election	☐ Cycle 7 Annual Report	☐ Cycle 8 2 nd Friday Pre-Specia	l Election	•	cle 9 ost-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 foregoing is true and correct.

Signature of Treasurer, Candidate, or Lobbyist

Date (DD/MM/YYYY)

BETHLEHEM/PA/C

MICHAEL HUDAK

Location (City/Staté/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

Date (DD/MM/YYYY)

Printed Name

Location (City/State/Country)

			,



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

	no report most be crear at			
Filer Identification Number	Report Filed By Candid (Mark X)	ate X	Committee	Lobbyist
Name of Filing Committee, Candidate or Lobbyist	MICHAEL	- HUD.	AK	processes and more stated to
Street Address	4005 W			
CITY BETHLE	ASSESSED VALUE OF THE PARTY OF	PA	la Avenda de la companya della companya della companya de la companya de la companya della compa	30
Type of Report (Place x under report type)				
1-6 th Tuesday 2- 2 nd Friday 3-30 Day Post			7- Annual Special 2 nd	unese (sitte committe satis tudo contenti en com a se a la Satisfació so en
Pre-Primary Pre-Primary Primary	Pre-Election Pre-Election		Pre-Electio	rost-Election
Date Of Election (MM/DD/YYYY)	Year	Amendment Report	Terminatio Report	n
Summary of Receipts and From Date Expenditures	To Date	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	For Office Use O	nly
4, / ・ み ー A. Amount Brought Forward From Last Repor				
B. Total Monetary Contributions and Receipts (From Schedule I)	5,8500	5		
C. Total Funds Available (Sum of Lines A and B)	\$ 5,8500	ত		
D. Total Expenditures	\$ 641031	1		
(From Schedule III) E. Ending Cash Balance	\$ G C \ \ 31	_		
(Subtract Line D from Line C) F. Value of In-Kind Contributions Received	\$ \(\text{\text{9}}\) 5 \(\text{60}\) \(\frac{3}{2}\)			
(From Schedule II)				
G. Unpaid Debts and Obligations (From Schedule IV)	\$ O			
Part 1- If this is a Committee report, treasurer sign I	Affidavit : nere. If this is a Candidate report,			
I swear (or affirm) that this report, including the att				d complete.
Sworn to and subscribed before me this day of 20	• 4	Mark	0/45	
		Signature	of Person Submitting report	K
Signature		2 : 17 m 1417 !	Printed Name	<u> </u>
My Commission expires	-			<u>7648</u> 8
MO. DAY YR	•	Area Code	Daytime Telepho	ne Number
Part II- If this is a report of a Candidate's Authorized I swear (or affirm) that to the best of my knowledge			ny provisions of the Act of June	3, 1937 (P.L. 1333, NO.320) as
amended.	grants was wall		A to version on the view of addition	,
Sworn to and subscribed before me this				
day of20	•	Fi	nature of Candidate	
Clanab	_	2)[6		
Signature	, 1		Printed Name	
My Commission expires MO. DAY YR.		Area Code	Daytime Telephon	e Number

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

Filer Identification Number			
1.Unitermized Contributions and Receipts-\$50.00 or Less per Contributor			
Total for the reporting period	(1)	\$ 0	
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)			
Contributions Received from Political Committees (Part A)		\$	

	1,330
3. Contributions Over \$250.00 (From Part C and Part D)	
Contributions Received from Political Committees (Part C)	\$ Ó
All Other Contributions (Part D)	\$ 4,50000
Total for the reporting period (3)	\$ 11 Can 00

Total for the reporting period

All Other Contributions (Part B)

	(-7	Ĺ	4,500
I	4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC- (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)	\$	5,85000

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	nyumber (P. 10. 1. 10. 10. 10. 1
					Amount
Full Name of Cor Committee	ntributing			Date [MM/DD/YYYY] S	0
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Cor Committee	ntributing	manya 50.040.056	P-2016/2016/2016/2016	Date [MM/DD/YYYY] 5	0
House #	Street-Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] 5	
Full Name of Cor Committee	ntributing			Date [MM/DD/YYYY] \$	0
House #	Street Address			Date [MM/DD/YYYY] \$	
City	100000000000000000000000000000000000000	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Cor Committee				Date [MM/DD/YYYY] \$	\bigcirc
House #	Street Address			Date [MM/bD/YYYY] \$	
City	- State Stat	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Cor Committee	ntributing			Date [MM/DD/YYYY] \$	\bigcirc
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Cor Committee	e de la companya de			Date [MM/DD/YYYY] \$	0
House #	Street Address	13022000000	boys a constant of the constan	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.)

Filer Identification Number:

Full Name of Contributor PATRICK McCABE	Date [MM/DD/YYYY] \$ 10:11:23	25000
House # 805 Street Address CEDAR ST	Date (MM/DD/YYYY) \$	
City MALUERN State PA ZID Code 19355	Date [MM/DD/YYYY) \$	
Full Name of Contributor SAMUEL KUCIA	Date [MM/DD/YYYY] s 10, /2, 23	25000
House # 312 Street Address DUTTON MILL RD	Date [MM/DD/YYYY] \$	
City WESTCHESTER State PA Zip Golde 19380	Date [MM/DD/YYYY] \$	
Full Name of Contributor CARYN CHRIN	Date [MM/DD/YYYY] 5 10 - 19 - 23	25000
House # 3333 Street Address FISCHER RD	Date [MM/DD/YYYY] S	
EASTON State PA ZID Code 18045	Date [MM/DD/YYYY] \$	
Full Name of Contributor LINDSEY PLOWER	Date [MM/DD/YYYY] \$ 10:18:23	250°9
House # 15 Street Address UPLAND RD	Date [MM/DD/YYYY] \$	
CITY HADDONFIELD State NJ ZID Code 08033	Date [MM/DD/YYYY] \$	
Full Name of Contributor MATT VRABEL	Date [MM/DD/YYYY] \$	10000
House # 4129 Street Address WILSON AJE	Date [MM/DD/YYYY] \$	
City BETHLEHEM State PA Zin Code 18020	Date [MM/DD/YYYY) \$	
Etil Name of Contributors	Date [MM/DD/YYYY] \$ 10,17,23	250 6
House # 314 Street Address S, FRONT ST	Date [MM/DD/YYYY] \$	
CITY PHILADELPHIA State PA ZID COOLE 19106	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	DAVID RONCA	Date [MM/DD/YYYY] \$ 500°C
House # 276 Stree	MACADA RD	Date [MM/DD/YYYY] \$
BETHLEN	IEM State PA Zip Gode 18017	Date [MM/DD/YYYY] \$
Employer Name		Occupation
Employer Mailing Address / Principal Place of Business		, Longitus social and the control of
Full Name of Contributor	TERESA SALVAGGIO	Date [MM/DD/YYYY] \$ 500°0
House# 37/3 Stree	CARPINGTON CIR	Date [MM/DD/YYYY] \$
EAS 70	N State PA Zip Code 18045	Date [MM/DD/YYYY] \$
Employer Name		Occupation .
Employer Mailing Address / Principal Place of Business	Topic according a second and a second according to the	
Full Name of Contributor	DENISE MALLOY	10, 9, 23 500 40
	MANOR RD	10,9,23 500 °° Date [MM/DD/YYYY] \$
House # Stree	MANOR RD	10,9,23 50000
House # 3660 Stree	MANOR RD	10,9,23 500 °° Date [MM/DD/YYYY] \$
House # 3660 Stree	MANOR RD State PA Zip Code 18020	/0, 9, 23 500 40 Date [MM/DD/YYYY] \$
House # 3660 Stree City BETHLE Employer Name Employer Mailing Address/	MANOR RD State PA Zip Code 18020	/0, 9, 23 500 40 Date [MM/DD/YYYY] \$
House # 3660 Stree City BETALE Employer Name Employer Mailing Address/ Principal Place of Business Full Name of Contributor	Address MANOR RD State PA Zip Code 18020 LOUIS PECKTOR STANDING RD COFFEETOWN RD.	Date [MM/DD/YYYY] \$ Occupation Date [MM/DD/YYYY] \$
House # 3660 City BETHLE Employer Name Employer Mailing Address/ Principal Place of Business Full Name of Contributor House # 245 City EAS T	Address MANOR RD State PA Zip Code 18020 LOUIS PECKTOR State C. Zip Gode Zip Gode	10, 9, 23 500
House # 3660 City BETALE Employer Name Employer Mailing Address/ Principal Place of Business Full Name of Contributor House # 245 City A45	Address MANOR RD State PA Zip Code 18020 LOUIS PECKTOR STANDERSS COFFEE TOWN RD. ON State PA Zip Code 18042	10, 9, 23 500 % Date [MM/DD/YYYY] \$ Occupation

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

House # Street Address	Date [MM/DD/YYYY] \$ 1000°C
3571 COUNTRY CLUB RD	1000 °C
State PA Zip Code 18020	Date [MM/DD/YYYY] \$
Employer Mailing Address /	Occupation
Principal Place of Business	
SANTINO CALANTONI	10,19, 23 500°
SANTINO CALANTONI House # 1883 Street Address WHITE ACRE DR.	Date [MM/DD/YYYY] \$
City BETHLEHEM State PA Zip.Code 18015	pate [MM/DD/YYYY] \$
Employer Mailing Address:/	• Occupation
Principal Place of Business	
Full Name of Contributor	Date [MM/DD/YYYY] \$
House # # Street Address	Date [MM/DD/YYYY] \$
State Zip Code	Date [MM/DD/YYYY] \$
	Occupation
Employer Mailing Address / Principal Place of Business	
Full Name of Contributor	Date [MM/DD/YYYY] \$
House # Street Address	Date [MM/DD/1777]
City State Zip Code	Date [MM/DD/YYYY] \$
	Occupation
Employer Mailing Address / Principal Place of Business	

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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.

Filer Identification Number			* ***		
Full Name					
House # S	Street Address				
Clty		State	Zip Code	Date [MM/DD/YYYY] \$	0
Receipt Description					
Full Name					
House #	Street Address		440		
City		State	Zip Code	Date [MM/DD/YYYY] \$	\bigcirc
Receipt Description		- EBBAR AND SOURCE ASSET	Reserve Assessment 1		
Full Name					
House #	Street Address	State	Zio	Date [MM/DD/YYYY] \$	
			Code		\bigcirc
Receipt Description			[Carrier Constitution	Toursey,	
Full Name					
House #	Street Address	State	Zp	Date [MM/DD/YYYY] \$	
			Code 10		
Receipt Description		T	***************************************		
Full Name House #	Street Address				
City	Sueer Address	State	Zip	Date [MM/DD/YYYY] \$	
			Code		
Receipt Description					
Full Name House#	Street Address				
City		State	Zip)	Date [MM/DD/YYYY] \$	\bigcirc
Receipt Description			Code		

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

RIBUTIONS RECEIVED=VALUE OF	\$50/00 OR LESS	SPER CONTRIBUTOR	
(1)	\$	0	
ECEIVED-VALUE OF \$50.01-TO \$:	250:00 (FROMIP	ART F)	
(2)	\$	0	
CEIVED-VALUE OVER \$250.00 (F	ROM PART G)		
(3)	\$	0	
	1 4 1		
	1 ' 1	0	
	(1) ECEIVED VALUE OF \$50.01 TO \$2 (2) CEIVED VALUE OVER \$250.00 (F) (3) FIONS DURING THIS REPORTING is from boxes 1, 2, and 3; also entitled the second control of the	(1) \$ ECEIVED-VALUE OF \$50.01 TO \$250.00 (FROM P (2) \$ CEIVED-VALUE OVER \$250.00 (FROM PART G) (3) \$ FIONS DURING THIS REPORTING 6 from boxes 1, 2, and 3; also enter	CEIVED VALUE OF \$50.01 TO \$250.00 (FROM PART F) (2) \$ \$ CEIVED VALUE OVER \$250.00 (FROM PART G) (3) \$ \$ FROMS DURING THIS REPORTING \$ \$ 6 from boxes 1, 2, and 3; also enter

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

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

Filer Identification Number:

Full Name of Contributor	Date [MM/Db/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/YYYYY] \$
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 III Statement of Expenditures

	4	 	 	
Filer Identification Number:				
=EHEISIGEHLING-CONTOURNAMEDICATION				
24 (24) 2 (24) 2 (24) 2 (24)				
		•		

To Whom Paid	Date [MM/DD/YYYY] \$ 5 0116/
VICTORY STORE	4.11.23 72457
House # / Street Address /NTERNET	Description of Expenditure
City DAVENPORT State 1A Code 52802	
To.Whom Paid.	Date (MM/OD/WYY)
House # Street Address	Description of Expenditure
City State Zip Code	
To Whom Paid	Date MM/DD/AYAYI \$
House# Street Address	Description of Expenditure
City State Zip Gode.	
To Whom Paid	Date (MM/DD/MM)
House# Street-Address	Description of Expenditure
City State Zip Code:	
To Whom Paid 🚎	Date [MM/DD/NXYY] \$5
House# Street-Address	Description of Expenditure
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House # Street Address	Description of Expenditure
Clty. State. Zip. Code.	
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House'll Street Address	Description of Expenditure
City State Code Code Code Code Code Code Code Cod	

SCHEDULE III Statement of Expenditures

			ber:	
	FERT 1769			

	Date [MM/DD/YYYY] \$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
CACTUS MAILING	9.26,23 1,458.4
House # 16020 Street Address N, 77 H. ST.	Description of Expenditure
City SCOTTSDALE State AZ Zip code 85260	MAILER
TO Whom Paid VICTORY STORE, COM	Date [MM/DD/YYYY] \$ 322.38
House # Street Address /NTGRNET	Description of Expenditure
City DAVENPORT State 1A Zip Code 52802	SIGNS
To Whom Pald	• •
CACTUS MAILING	Date [MM/DD/YYYY] 5 1,982.54
House # 160 20 Street Address N. 77th ST	Description of Expenditure
SCOTTS DALE State A Z ZIP Code 85260	MAILER
To Whom Paid CACTUS MAILING	Date [MM/DD/YYYY] \$ MID 60
	10, 94.83 740 Description of Expenditure
House # 16000 Street Address N . 77 # 5 T	pescription of expenditure
City SCOTTSDALE State AZ Zip 85260	MAILER
To Whom Paid VISTA PRINT	Date [MM/DD/YYYY] \$ 722 23
To Whom Paid VISTA PRINT House # Street Address /NTERNET	
House # Street Address	Date [MM/DD/YYYY] \$ 722 23
House # Street Address /NTERNET City DAVEN PORT State IA Code 53802 To Whom Paid CACTUS MAILING	Date [MM/DD/YYYY] \$ 722 23 Description of Expenditure SIGNS
House # Street Address /NTERNET City DAVEN PORT State IA Code 53802 To Whom Paid CACTUS MAILING	Date [MM/DD/YYYY] \$ 722 23 Description of Expenditure SIGNS
House # Street Address / NTERNET City DAVEN PORT State IA Zip Code 53,802 To Whom Paid CACTUS MAILING House # 6030 Street Address N 77 M St. City State I Zip State III St.	Date [MM/DD/YYYY] \$ 722 23 Description of Expenditure SIGNS Date [MM/DD/YYYY] \$ 378 68 Description of Expenditure
House # Street Address / NTERNET City DAVEN PORT State IA Zip Code 53,802 To Whom Paid CACTUS MAILING House # 6030 Street Address N. 77 M St. City SCOTTSDALE State AZ Zip Code 85360	Date [MM/DD/YYYY] \$ 72223 Description of Expenditure SIGNS Date [MM/DD/YYYY] \$ 378 68 Description of Expenditure MAILER Date [MM/DD/YYYY] \$ 1.557
House # Street Address / NTERNET City DANEN PORT State IA Zip Code 53802 To Whom Paid CACTUS MAILING House # 1000 Street Address N. 77 M St. City SCOTTSDALE State AZ Zip Code 85860 To Whom Paid VICTORY STORE	Date [MM/DD/YYYY] \$ 72223 Description of Expenditure SIGNS Date [MM/DD/YYYY] \$ 378 69 Description of Expenditure MAILER
House # Street Address / NTERNET City DAVEN PORT State IA Zip Code 53802 To Whom Paid CACTUS MAILING House # 16000 Street Address N. 77th St. City SCOTTSDALE State A Zip Code 85360 To Whom Paid VICTORY STORE House # 1 Street Address / NTERNET	Date [MM/DD/YYYY] \$ 72223 Description of Expenditure SIGNS Date [MM/DD/YYYY] \$ 378 68 10.23,23 378 68 Description of Expenditure MAILER Date [MM/DD/YYYY] \$ 2557 Description of Expenditure
House # Street Address /NTERNET City DAVEN PORT State IA Zip Code 53802 To Whom Paid CACTUS MAILING House # 6030 Street Address N. 77th St. City SCOTTSDALE State AZ Zip Code 85360 To Whom Paid VICTORY STORE House # / Street Address /NTERNET City DAVEN PORT State IA Zip Gode 53802	Date [MM/DD/YYYY] \$ 72223 Description of Expenditure SIGNS Date [MM/DD/YYYY] \$ 378 68 10.23.23 378 68 Description of Expenditure MAILER Date [MM/DD/YYYY] \$ 25 57 Description of Expenditure STAKE \$
House # Street Address / NTERNET City DAVEN PORT State IA Zip Code 52802 To Whom Paid CACTUS MAILING House # 16020 Street Address N. 7771 St. City SCOTTSDALE State AZ Zip Code 85260 To Whom Paid VICTORY STORE House # 1 Street Address / NTERNET City DAVEN PORT State IA Zip Code 52802 To Whom Paid VICTORY STORE	Date [MM/DD/YYYY] \$ 7222 Description of Expenditure SIGNS Date [MM/DD/YYYY] \$ 378 69 10.23,23 378 Description of Expenditure MAILER Date [MM/DD/YYYY] \$ 2557 Description of Expenditure STAKE S Date [MM/DD/YYYY] \$ 35 79
House # Street Address / NTERNET City DAVEN PORT State IA Zip Code 53802 To Whom Paid CACTUS MAILING House # 6030 Street Address N. 77th St. City SCOTTSDALE State AZ Zip Code 85360 To Whom Paid VICTORY STORE House # / Street Address / NTERNET City DAVEN PORT State IA Zip Code 53802 To Whom Paid	Date [MM/DD/YYYY] \$ 72223 Description of Expenditure SIGNS Date [MM/DD/YYYY] \$ 378 68 10.23,23 378 69 Description of Expenditure MAILER Date [MM/DD/YYYY] \$ 25 57 Description of Expenditure STAKE \$ Date [MM/DD/YYYY] \$ 4.25,23 Description of Expenditure

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.

	THE STATE OF THE S		
Name of Creditor House #	Street Address	DATE DEBT INCURRED	Outstanding Balance of Debt
	Control of the Contro	[MM/DD/YYYY]	
City		State 2lp	
Description of Debt		Code	
			to the state of th
Name of Creditor		SECONDARY STATE	Outstanding Balance of Debt
House#	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$
City Land Control		State Zip	
Description of Debt		Code	
Name of Creditor			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
City		State Zip Code	
Description of Debt		ACCUPATION AND ACCUPA	
Name of Creditor	The same		Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	
City Containing Street		State Zip Code	ANTE ATTE
Description of Debt			
Name of Creditor			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$
		Company of the Compan	
City Commission (City		State Zip Gode	
Description of Debt		Variable Control (Street Contr	
Name of Creditor			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED	
		[MM/dd/xyyy]	
City		State Zip Code	
Description of Debt		€LODE	E-FERRET