

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) | <input type="checkbox"/> | Candidate | <input checked="" type="checkbox"/> | Committee | <input type="checkbox"/> | Lobbyist |
| Name of Filing Committee, Candidate or Lobbyist | | AFFA FOR ALLENTOWN | | | | | |
| Street Address | | 4051 PRIMROSE DRIVE | | | | | |
| City | ALLENTOWN | State | PA | Zip Code | 18104 | | |

Type of Report (Place x under report type)

| 1- 6 th Tuesday Pre-Primary | 2- 2 nd Friday Pre-Primary | 3- 30 Day Post Primary | 4- 6 th Tuesday Pre- Election | 5- 2 nd Friday Pre- Election | 6- 30 Day Post Election | 7- Annual | Special 2 nd Friday Pre-Election | Special 30 Day Post-Election |
|--|---------------------------------------|-------------------------------------|--|---|--------------------------|--------------------------|---|------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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) | | 05/16 | Year | 2023 | Amendment Report | <input type="checkbox"/> | Termination Report | <input type="checkbox"/> |

| Summary of Receipts and Expenditures | From Date | To Date | For Office Use Only | | | | | |
|--|-----------|-----------|---------------------|---|--|--|--|--|
| | | 5/1/2023 | 6/5/2023 | <div style="border: 1px solid black; padding: 5px; display: inline-block;"> <p style="margin: 0;">RECEIVED</p> <p style="margin: 0;">ELECTIONS DIVISION</p> <p style="margin: 0;">JUN 14 PM 1:51</p> </div> | | | | |
| A. Amount Brought Forward From Last Report | \$ | 12,277.95 | | | | | | |
| B. Total Monetary Contributions and Receipts (From Schedule I) | \$ | 30.00 | | | | | | |
| C. Total Funds Available (Sum of Lines A and B) | \$ | 12,307.95 | | | | | | |
| D. Total Expenditures (From Schedule III) | \$ | 6,579.12 | | | | | | |
| E. Ending Cash Balance (Subtract Line D from Line C) | \$ | 5,548.83 | | | | | | |
| F. Value of In-Kind Contributions Received (From Schedule II) | \$ | 0.00 | | | | | | |
| G. Unpaid Debts and Obligations (From Schedule IV) | \$ | 0.00 | | | | | | |

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 13 day of June 2023

[Signature]
Signature

My Commission expires 03 09 2024
MO. DAY YR.

Lucetta A. Mickle
Signature of Person Submitting Report

Lucetta A. Mickle
Printed Name

484 664-9750
Area Code Daytime Telephone Number

Commonwealth of Pennsylvania - Notary Seal
 Angela Dumbleton, Notary Public
 Lehigh County
 My commission expires March 9, 2024
 Commission number 1866359

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 14th day of June 2023

[Signature]
Signature

My Commission expires 3/29/2025
MO. DAY YR.

[Signature]
Signature of Candidate

CANDIDA AFFA
Printed Name

610 392-8895
Area Code Daytime Telephone Number

Commonwealth of Pennsylvania - Notary Seal
 DIANE L. GORDIAN - Notary Public
 Lehigh County
 My Commission Expires March 29, 2025
 Commission Number 1394734

State of PA County of Lehigh

Member, Pennsylvania Association of Notaries

SCHEDULE I
Contributions and Receipts
 Detailed Summary Page

| | |
|-----------------------------|--|
| Filer Identification Number | |
|-----------------------------|--|

| 1. Unitemized Contributions and Receipts—\$50.00 or Less per Contributor | | |
|---|-----|----------|
| Total for the reporting period | (1) | \$ 30.00 |
| 2. Contributions of \$50.01 to \$250.00 (From Part A and Part B) | | |
| Contributions Received from Political Committees (Part A) | \$ | 0.00 |
| All Other Contributions (Part B) | \$ | 0.00 |
| Total for the reporting period | (2) | \$ 0.00 |
| 3. Contributions Over \$250.00 (From Part C and Part D) | | |
| Contributions Received from Political Committees (Part C) | \$ | 0.00 |
| All Other Contributions (Part D) | \$ | 0.00 |
| Total for the reporting period | (3) | \$ 0.00 |
| 4. Other Receipts—Refunds, Interest Earned, Returned Checks, ETC. (From Part E) | | |
| Total for the reporting period | (4) | \$ 0.00 |
| 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> | \$ | 30.00 |

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 | | | | | | 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 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 | | | | | 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] | \$ | |
| | | | | | | |
| 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] | \$ |
| 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, 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 # | | 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: | |
|------------------------------|--|

| | | |
|---|-----|----|
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.00 OR LESS PER CONTRIBUTOR | | |
| TOTAL for the reporting period | (1) | \$ |

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

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

| | | |
|---|--|----|
| 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) | | \$ |
|---|--|----|

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 | | | | | | |
| | | | | | | |

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 | | |

1008 13

SCHEDULE III
Statement of Expenditures

Filer Identification Number: _____

| | | | | | | | |
|--------------|-----------|------------------------------------|------------------------|----------|----------------------------|--------------------------------------|----------|
| To Whom Paid | | LV PRINT CENTER/HARKIN'S SIGNS | | | Date [MM/DD/YYYY] | \$ | 2,842.49 |
| | | | | | 5/2/2023 | | |
| House # | 1701 | Street Address | UNION BLVD., SUITE 114 | | Description of Expenditure | | |
| City | ALLENTOWN | State | PA | Zip Code | 18109 | MAILER, MAIL MERGE, PERMIT & POSTAGE | |
| To Whom Paid | | LEHIGH COUNTY DEMOCRATIC COMMITTEE | | | Date [MM/DD/YYYY] | \$ | 100.00 |
| | | | | | 5/16/2023 | | |
| House # | | Street Address | P.O. BOX 63 | | Description of Expenditure | | |
| City | ALLENTOWN | State | PA | Zip Code | 18105 | CONTRIBUTION | |
| To Whom Paid | | CAROL GONZALEZ | | | Date [MM/DD/YYYY] | \$ | 200.00 |
| | | | | | 5/23/2023 | | |
| House # | 123 | Street Address | N. FRANKLIN ST. | | Description of Expenditure | | |
| City | ALLENTOWN | State | PA | Zip Code | 18102 | CALL TIME SERVICES | |
| To Whom Paid | | JANET KESHL | | | Date [MM/DD/YYYY] | \$ | 200.00 |
| | | | | | 5/23/2023 | | |
| House # | 119 | Street Address | WEST WABASH ST | | Description of Expenditure | | |
| City | ALLENTOWN | State | PA | Zip Code | 18103 | CALL TIME SERVICES | |
| To Whom Paid | | CANDIDA AFFA | | | Date [MM/DD/YYYY] | \$ | 225.00 |
| | | | | | 5/23/2023 | | |
| House # | 624 | Street Address | PRIMROSE LANE | | Description of Expenditure | | |
| City | ALLENTOWN | State | PA | Zip Code | 18104 | OFFICE SUPPLIES | |
| To Whom Paid | | LUCILLE LEHRICK | | | Date [MM/DD/YYYY] | \$ | 200.00 |
| | | | | | 05/23/2023 | | |
| House # | 4049 | Street Address | PRIMROSE DRIVE | | Description of Expenditure | | |
| City | ALLENTOWN | State | PA | Zip Code | 18104 | CALL TIME SERVICES | |
| To Whom Paid | | LUCETTA MICKLEY | | | Date [MM/DD/YYYY] | \$ | 200.00 |
| | | | | | 05/23/2023 | | |
| House # | 4051 | Street Address | PRIMROSE DRIVE | | Description of Expenditure | | |
| City | ALLENTOWN | State | PA | Zip Code | 18104 | TREASURER SERVICES | |
| To Whom Paid | | JACK ZIETS | | | Date [MM/DD/YYYY] | \$ | 1,250.00 |
| | | | | | 6/1/2023 | | |
| House # | 3596 | Street Address | STONE GATE DRIVE | | Description of Expenditure | | |
| City | ALLENTOWN | State | PA | Zip Code | 18034 | CAMPAIGN MANAGEMENT SERVICES | |

**SCHEDULE III
Statement of Expenditures**

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

| | | | | | |
|--------------------------------------|----------------------|--------------------------|----------------------------|-----------------|----------|
| To Whom Paid | NGP VAN/EVERY ACTION | Date [MM/DD/YYYY] | 5/4/2023 | \$ | 198.75 |
| House # | 655 | Street Address | 15TH STREET, NW | | |
| City | WASHINGTON | State | DC | Zip Code | 20005 |
| Description of Expenditure | | | | | |
| NGP VAN MOBILIZE CORE | | | | | |
| To Whom Paid | EMMA BROWNING | Date [MM/DD/YYYY] | 6/1/2023 | \$ | 100.00 |
| House # | 2835 | Street Address | BATH PIKE | | |
| City | NAZARETH | State | PA | Zip Code | 18064 |
| Description of Expenditure | | | | | |
| CALL TIME SERVICES | | | | | |
| To Whom Paid | GETTHRU | Date [MM/DD/YYYY] | 6/1/2023 | \$ | 1,242.88 |
| House # | 9450 | Street Address | SW GEMINI DRIVE, PMB 79340 | | |
| City | BEAVERTON | State | OR | Zip Code | 97008 |
| Description of Expenditure | | | | | |
| THRU TEXT USAGE FEE PER MESSAGE PLAN | | | | | |
| To Whom Paid | | Date [MM/DD/YYYY] | | \$ | |
| House # | | Street Address | | | |
| City | | State | | Zip Code | |
| Description of Expenditure | | | | | |
| | | | | | |
| To Whom Paid | | Date [MM/DD/YYYY] | | \$ | |
| House # | | Street Address | | | |
| City | | State | | Zip Code | |
| Description of Expenditure | | | | | |
| | | | | | |
| To Whom Paid | | Date [MM/DD/YYYY] | | \$ | |
| House # | | Street Address | | | |
| City | | State | | Zip Code | |
| Description of Expenditure | | | | | |
| | | | | | |
| To Whom Paid | | Date [MM/DD/YYYY] | | \$ | |
| House # | | Street Address | | | |
| City | | State | | Zip Code | |
| 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.

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

| | | | | | | | |
|---------------------|----------------|---------------------------------|----------|--|--|-----------------------------|--|
| 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 | | | | | | | |
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