

CAMPAIGN FINANCE REPORT

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

Filer Identification Number: <input type="checkbox"/>		Report Filed By: <input type="checkbox"/>		CANDIDATE 1. <input type="checkbox"/>		COMMITTEE 2. <input checked="" type="checkbox"/>		LOBBYIST 3. <input type="checkbox"/>					
Name of Filing Committee, Candidate or Lobbyist: Friends of Ce-Ce Gerlach													
Street Address: 109 S. 9th street													
City: Allentown					State: PA		Zip Code: 18102						
TYPE OF REPORT (place X to the right of report type)	8TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST-PRIMARY	3.	AMENDMENT REPORT?	YES	NO				
	8TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	YES	NO				
	ANNUAL REPORT	7.	YEAR 2023		FILING METHOD () CHECK ONE		PAPER	<input checked="" type="checkbox"/>	DISKETTE				
Name of Office Sought by Candidate: Allentown City Council					DATE OF ELECTION MO. DAY YEAR 5 16 2023			District Number	Office Code	Party Code dem	County Code		
Summary of Receipts and Expenditures from:					FOR OFFICE USE ONLY			RECEIVED 2023 JUN 16 PM 12:42 ELECTIONS DIVISION ALLANTOWN COUNTY					
					MO. DAY YEAR	To						MO. DAY YEAR	
					5 2 2023							6 5 23	
A. Amount Brought Forward From Last Report					\$							1,153.35	
B. Total Monetary Contributions and Receipts (From Schedule I)					\$							1,180.63	
C. Total Funds Available (Sum of Lines A and B)					\$							2,333.98	
D. Total Expenditures (From Schedule III)					\$							1,898.89	
E. Ending Cash Balance (Subtract Line D from Line C)					\$							435.09	
F. Value of In-Kind Contributions Received (From Schedule II)					\$			109.11					
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 or computer diskette, are to the best of my knowledge and belief correct and complete.

Sworn to and subscribed before me this 12th day of June 2023

Sohil Ghodesara
Signature

My commission expires 07/18/2025
MO. DAY YR.

Sharon F. Klinegan
Signature of Person Submitting Report

JHARON F. KLINEGAN
Printed Name

610 844 1194
Area Code Daytime Telephone Number

Notary Seal: Sohil P. Ghodesara, Notary Public, Lehigh County, My Commission Expires July 18, 2025, Commission Number 1317200

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. 1933, No. 320) as amended.

Sworn to and subscribed before me this 12th day of June 2023

Sohil P. Ghodesara
Signature

My commission expires 07/18/2025
MO. DAY YR.

Cecilia Gerlach
Signature of Candidate

494-597-0354
Printed Name

494-597-0354
Area Code Daytime Telephone Number

Notary Seal: Sohil P. Ghodesara, Notary Public, Lehigh County, My Commission Expires July 18, 2025, Commission Number 1317200

Department of State • Bureau of Commissions, Elections and Legislation
210 North Office Building • Harrisburg, PA 17120-0029 • (717) 787-5280

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate Friends of Ce-Ce Gerlach	Reporting Period From <u>5/2/23</u> To <u>6/5/23</u>
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1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period (1)	\$ 530.63

2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)	
Contributions Received from Political Committees (Part A)	\$ 0
All Other Contributions (Part B)	\$ 350
TOTAL for the Reporting Period (2)	\$ 350

3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)	
Contributions Received from Political Committees (Part C)	\$ 0
All Other Contributions (Part D)	\$ 300
TOTAL for the Reporting Period (3)	\$ 300

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.)	\$ 1,180.53
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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.

Name of Filing Committee or Candidate	Reporting Period From _____ To _____
---------------------------------------	---

				DATE			AMOUNT
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
				MO.	DAY	YEAR	\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
				MO.	DAY	YEAR	\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
				MO.	DAY	YEAR	\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
				MO.	DAY	YEAR	\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
				MO.	DAY	YEAR	\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
				MO.	DAY	YEAR	\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
				MO.	DAY	YEAR	\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
				MO.	DAY	YEAR	\$

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

PAGE TOTAL
\$

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.)

Name of Filing Committee or Candidate <p style="text-align: center;">Friends of Ce-Ce Gerlach</p>	Reporting Period From <u>5/2/23</u> To <u>6/5/23</u>
--	---

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
Mary Tomlinson	5	11	23	\$ 100
Mailing Address 373 W liberty street	MO.	DAY	YEAR	\$
City Allentown	MO.	DAY	YEAR	\$
State PA	MO.	DAY	YEAR	\$
Zip Code (Plus 4) 18102 -	MO.	DAY	YEAR	\$
Jon Irons	5	2	23	\$ 250
Mailing Address 1204 W Market St	MO.	DAY	YEAR	\$
City Bethlehem	MO.	DAY	YEAR	\$
State PA	MO.	DAY	YEAR	\$
Zip Code (Plus 4) 18018 -	MO.	DAY	YEAR	\$
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State	MO.	DAY	YEAR	\$
Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State	MO.	DAY	YEAR	\$
Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State	MO.	DAY	YEAR	\$
Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State	MO.	DAY	YEAR	\$
Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State	MO.	DAY	YEAR	\$
Zip Code (Plus 4)	MO.	DAY	YEAR	\$

Enter Grand Total of Part B on Schedule I, Detailed Summary Page, Section 2.

PAGE TOTAL	\$ 350
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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	Reporting Period From _____ To _____
---------------------------------------	---

	DATE			AMOUNT
	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				
Zip Code (Plus 4)				
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				
Zip Code (Plus 4)				
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				
Zip Code (Plus 4)				
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				
Zip Code (Plus 4)				
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				
Zip Code (Plus 4)				
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				
Zip Code (Plus 4)				
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				
Zip Code (Plus 4)				
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				
Zip Code (Plus 4)				
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				
Zip Code (Plus 4)				

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL	\$ 350
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**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 Friends of Ce-Ce Gerlach	Reporting Period From <u>5/2/23</u> To <u>6/5/23</u>
--	---

				DATE			AMOUNT
Full Name of Contributor Rodney Bushe				MO. 5	DAY 13	YEAR 23	\$ 300
Mailing Address 1817 W. Greenleaf St				MO.	DAY	YEAR	\$
City Allentown	State PA	Zip Code (Plus 4) 18104 -		MO.	DAY	YEAR	\$
Employer Name Keller Williams				Occupation Realtor			
Employer Mailing Address/Principal Place of Business 2901 Emrick Blvd, Bethlehem, PA 18020							

Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							

Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							

Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							

Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							

Enter Grand Total of Part D on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL
\$ 300

**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.

Name of Filing Committee or Candidate	Reporting Period From _____ To _____
---------------------------------------	---

Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$
		-				

Receipt Description

Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$
		-				

Receipt Description

Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$
		-				

Receipt Description

Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$
		-				

Receipt Description

Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$
		-				

Receipt Description

Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$
		-				

Receipt Description

Enter Grand Total of Part E on Schedule 1, Detailed Summary Page, Section 4.	PAGE TOTAL \$
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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 Friends of Ce-Ce Gerlach	Reporting Period From <u>5/2/2023</u> To <u>6/5/2023</u>
---	---

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) \$ 109.11

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.)	\$ 109.11
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**SCHEDULE II
PART F**

IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate Friends of Ce-Ce Gerlach	Reporting Period From <u>5/2/23</u> To <u>6/5/23</u>
--	---

				DATE			AMOUNT
Full Name of Contributor PA Stands Up				MO.	DAY	YEAR	\$ 109.11
Mailing Address 15 N Lime St				5	16	23	\$
City Lancaster				MO.	DAY	YEAR	\$
State PA		Zip Code (Plus 4) 17602 -		MO.	DAY	YEAR	\$
Description of Contribution: staff time and GOTV texting							
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City				MO.	DAY	YEAR	\$
State		Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Description of Contribution:							
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City				MO.	DAY	YEAR	\$
State		Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Description of Contribution:							
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City				MO.	DAY	YEAR	\$
State		Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Description of Contribution:							
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City				MO.	DAY	YEAR	\$
State		Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Description of Contribution:							
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City				MO.	DAY	YEAR	\$
State		Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Description of Contribution:							
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City				MO.	DAY	YEAR	\$
State		Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Description of Contribution:							

Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.

PAGE TOTAL
\$ 109.11

SCHEDULE II
PART G
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OVER \$250.00

Name of Filing Committee or Candidate	Reporting Period From _____ To _____
---------------------------------------	---

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				
Zip Code (Plus 4)				
Employer of Contributor	Occupation			
Employer Mailing Address/Principal Place of Business	Description of Contribution			
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				
Zip Code (Plus 4)				
Employer of Contributor	Occupation			
Employer Mailing Address/Principal Place of Business	Description of Contribution			
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				
Zip Code (Plus 4)				
Employer of Contributor	Occupation			
Employer Mailing Address/Principal Place of Business	Description of Contribution			
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				
Zip Code (Plus 4)				
Employer of Contributor	Occupation			
Employer Mailing Address/Principal Place of Business	Description of Contribution			
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				
Zip Code (Plus 4)				
Employer of Contributor	Occupation			
Employer Mailing Address/Principal Place of Business	Description of Contribution			

Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.

PAGE TOTAL
\$

SCHEDULE III
STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate <p style="text-align: center;">Friends of Ce-Ce Gerlach</p>	Reporting Period From <u>5/2/23</u> To <u>6/5/23</u>
--	---

To Whom Paid <p style="text-align: center;">LV Print</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="font-size: small;">MO.</th> <th style="font-size: small;">DAY</th> <th style="font-size: small;">YEAR</th> </tr> <tr> <td style="text-align: center;">5</td> <td style="text-align: center;">11</td> <td style="text-align: center;">23</td> </tr> </table>	MO.	DAY	YEAR	5	11	23	Amount \$ 1,587.97	Description of Expenditure <p style="text-align: center;">Mailer and e day lit</p>
MO.	DAY	YEAR							
5	11	23							
Mailing Address <p style="text-align: center;">1701 Union Blvd</p>									
City <p style="text-align: center;">Allentown</p>	State <p style="text-align: center;">PA</p>	Zip Code (Plus 4) <p style="text-align: center;">18109 -</p>							

To Whom Paid <p style="text-align: center;">Acevedo Event Multiservice</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="font-size: small;">MO.</th> <th style="font-size: small;">DAY</th> <th style="font-size: small;">YEAR</th> </tr> <tr> <td style="text-align: center;">5</td> <td style="text-align: center;">9</td> <td style="text-align: center;">23</td> </tr> </table>	MO.	DAY	YEAR	5	9	23	Amount \$ 300	Description of Expenditure <p style="text-align: center;">catering</p>
MO.	DAY	YEAR							
5	9	23							
Mailing Address <p style="text-align: center;">720 N. 8th Street</p>									
City 	State 	Zip Code (Plus 4) -							

To Whom Paid <p style="text-align: center;">Act Blue</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="font-size: small;">MO.</th> <th style="font-size: small;">DAY</th> <th style="font-size: small;">YEAR</th> </tr> <tr> <td style="text-align: center;">5</td> <td style="text-align: center;">9</td> <td style="text-align: center;">23</td> </tr> </table>	MO.	DAY	YEAR	5	9	23	Amount \$ 8.33	Description of Expenditure <p style="text-align: center;">fees</p>
MO.	DAY	YEAR							
5	9	23							
Mailing Address <p style="text-align: center;">366 Sumner St</p>									
City <p style="text-align: center;">Somerville</p>	State <p style="text-align: center;">Ma</p>	Zip Code (Plus 4) <p style="text-align: center;">02144 -</p>							

To Whom Paid <p style="text-align: center;">Act Blue</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="font-size: small;">MO.</th> <th style="font-size: small;">DAY</th> <th style="font-size: small;">YEAR</th> </tr> <tr> <td style="text-align: center;">5</td> <td style="text-align: center;">4</td> <td style="text-align: center;">23</td> </tr> </table>	MO.	DAY	YEAR	5	4	23	Amount \$ 2.59	Description of Expenditure <p style="text-align: center;">fees</p>
MO.	DAY	YEAR							
5	4	23							
Mailing Address <p style="text-align: center;">366 Sumner St</p>									
City <p style="text-align: center;">Somerville</p>	State <p style="text-align: center;">Ma</p>	Zip Code (Plus 4) <p style="text-align: center;">02144 -</p>							

To Whom Paid 	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="font-size: small;">MO.</th> <th style="font-size: small;">DAY</th> <th style="font-size: small;">YEAR</th> </tr> <tr> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> </tr> </table>	MO.	DAY	YEAR				Amount \$	Description of Expenditure
MO.	DAY	YEAR							
Mailing Address 									
City 	State 	Zip Code (Plus 4) -							

To Whom Paid 	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="font-size: small;">MO.</th> <th style="font-size: small;">DAY</th> <th style="font-size: small;">YEAR</th> </tr> <tr> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> </tr> </table>	MO.	DAY	YEAR				Amount \$	Description of Expenditure
MO.	DAY	YEAR							
Mailing Address 									
City 	State 	Zip Code (Plus 4) -							

To Whom Paid 	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="font-size: small;">MO.</th> <th style="font-size: small;">DAY</th> <th style="font-size: small;">YEAR</th> </tr> <tr> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> </tr> </table>	MO.	DAY	YEAR				Amount \$	Description of Expenditure
MO.	DAY	YEAR							
Mailing Address 									
City 	State 	Zip Code (Plus 4) -							

To Whom Paid 	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="font-size: small;">MO.</th> <th style="font-size: small;">DAY</th> <th style="font-size: small;">YEAR</th> </tr> <tr> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> </tr> </table>	MO.	DAY	YEAR				Amount \$	Description of Expenditure
MO.	DAY	YEAR							
Mailing Address 									
City 	State 	Zip Code (Plus 4) -							

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.	PAGE TOTAL \$ 1,898.89
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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.

Name of Filing Committee or Candidate	Reporting Period From _____ To _____
---------------------------------------	---

Name of Creditor					Outstanding Balance of Debt \$
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	
City	State	Zip Code (Plus 4)			
Description of Debt					

Name of Creditor					Outstanding Balance of Debt \$
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	
City	State	Zip Code (Plus 4)			
Description of Debt					

Name of Creditor					Outstanding Balance of Debt \$
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	
City	State	Zip Code (Plus 4)			
Description of Debt					

Name of Creditor					Outstanding Balance of Debt \$
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	
City	State	Zip Code (Plus 4)			
Description of Debt					

Name of Creditor					Outstanding Balance of Debt \$
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	
City	State	Zip Code (Plus 4)			
Description of Debt					

Name of Creditor					Outstanding Balance of Debt \$
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	
City	State	Zip Code (Plus 4)			
Description of Debt					

Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.

PAGE TOTAL \$
