PAGE 1 OF

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:	Report Filed By:	COMMETTEE 2. LOBBYIST 3.
Name of Filing Committee, Candidate of Lobbyist:	oli	
Street Address: 202 N. Boad Shee	1	
City: 011	State: OA	Zip Code IAII C 7119
TYPE OF STRIBESDAY 1. SIND FRIDA	T/T	18104 - 5348
REPORT PRE-PRIMARY PRE-PRIMA	POST PRIMARY	AMENDMENT EVS. NO.
(place X to PRE-ELECTION PRE-ELECT		TERMINATION WES NO
the right of ANNUAL 7. YEAR REPORT	EPIENS METHODS	PAPER DISKETTE
Name of Office Sought by Candidate:	DATE OF ELECTION	District Office Party County Number Code Code Code
Alkertown City Council	05 16 2023	OTH DEM 39
	05/10/2023	(SEE INSTRUCTIONS FOR CODES)
Summary of Receipts	MO DAY VEAR	Paragonal Company of the Company of
	3 10 00 01 00 0	
Amount Brought Forward From Last Report B. Total Monetary Contributions and Receipts (From Sche	\$ N/A	=
C. Total Funds Available (Sum of Lines A and B)	s 22,575,60	7023 TAREC
D. Total Expenditures (From Schedule III)	1 22,515.00	enter enter
E. Ending Cash Balance (Subtract Line D from Line C)	\$ 17725 57	55 b m
F. Value of In-Kind Contributions Received (From Sched	ule II) \$	COULAND SE D
G. Unpaid Debts and Obligations (From Schedule IV)	\$ 900,00	TE on "
	AFFIDAVIT SECTION	WEST WITH LIGHT WEST
PART I - If this is a Committee report treasurer sign t		
I swear (or affirm) that this report, including the attached schedu correct and complete.		e best of my knowledge and belief true,
Sworn to and subscribed before me this Sh day of HW 20		Jour
day of Miles	3961	Person Submitting Report
All Mignetyre	CORDAN - N Lehigh Court Lehigh	Chowolhuy 4
My commission expires MO. DAY YR.		610-301-3338
MO. DAY YR.	Area Code Area Code	Daytime Telephone Number
PARTE Les te interes es copose o es candidates es authoras		
I swear (or affirm) that to the best of my knowledge and belief (P.L. 1333, No. 320) as amended.	this political committee has no violated any	provisions of the Act of June 3, 1937
Swort to and subscribed before me this	278 bule	$\nu \times $
JIV day of 1-tudy 809	Signatu Signatu	re of Fany date
S Winesurd in a second	S S S S S S S S S S S S S S S S S S S	nted Name
My commission expires Shapeur W. D. DAY YR. 5		755-1194
		Daytime Telephone Number
Department of State Burg	and Legisland Legisland Legisland Legisland	gislation
210 North Office Building 🗶 H	errisberg, PA 17120-0029 🕭 (717)	787-5280

DSEB-502 (7-99)

SCHEDULE I **CONTRIBUTIONS AND RECEIPTS**

Detailed Summary Page						
Name of Filing Committee or Candidate Friends of Santo Napoli From (Period 3301	/2023 to 05/01/2023				
FEBRUARIST CONTRIBUTIONS AND RECEIP (SEESSE) 000 OR FESSERED						
TOTAL for the Reporting Period	(1) \$	25,00				
	Salar Balanta ay aha daga					
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)	\$	1,750,00				
TOTAL for the Reporting Period	(2) \$	1,750.00				
	THE SHAPE					
S. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)						
Contributions Received from Political Committees (Part C)	\$	20,500,00				
All Other Contributions (Part D)	\$	300.00				
TOTAL for the Reporting Period	(3) \$	20,800,00				
4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS,	=1.65					
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	\$	22,575,60				

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	Peripd	1 1
Name of Filing Committee or Candidate Friends of Sonto Nopoli		From _(53/01/2023	To 05/01/2023
		DATE		AMOUNT
Full Name of Contributing Committee	**************************************	PEMONE TROVES	YEAR \$	
Mailing Address		MOTE DAY	ev vite	
			\$	
City	e Zip Code (Plus 4)	S-MO.4 THORY	S S	
Full Name of Contributing Committee		PANONII DECONT	YEAR	and the state of t
-			\$	
Mailing Address		MO. DAY	YEAR S	
City Stat	e Zip Code (Plus 4)	Mino. DAY	YEAR	
			\$	
Full Name of Contributing Committee	10 / 10 m	Mo. DAY	YEAR	*** ··· ·· · · · · · · · · · · · · · ·
Mailing Address		MO. DAY	\$	-102
		WO.	\$	
City	e Zip Code (Plus 4)	MODE DAY		
Full Name of Contributing Committee		in the second se	\$	And the second
Total Marke of Contributing Committee		MO DAY	YEAR S	
Mailing Address		MQ DAY	YEAR	
City State	2 Zip Code (Plus 4)	- Washington	\$	
	Lip code (Fibs 4)	MO DAY	YEAR \$	
Full Name of Contributing Committee	The same of the sa	MO. DAY	YEAR	er a men
Mailing Address	-27-		\$	
V 200		MO DAY	YEAR S	
City	Zip Code (Plus 4)	MO. CAY	YEAR	
	-		\$	
Full Name of Contributing Committee		MO: BAY	YEAR S	
Mailing Address		MOV	YEAR I	
City State	71- 0-7 101 1		\$	
State	Zip Code (Plus 4)	- Mo. T. S DAYAS		
Full Name of Contributing Committee		MOW	\$	the state of the state of
Mailing Address			\$	=
S CAMILLOS		MO. DAY	YEAR \$	
City State	Zip Code (Plus 4)	MO. BAY		
	_	The state of the s	\$	
Full Name of Contributing Committee	10 10	MO: DAY	YEAR	
Mailing Address		A MOST STORY S	\$	
Cita		DATE	\$	
City State	Zip Code (Plus 4)	MOLDAY	YEAR :	
	William Hilliam Hillia		\$	
Enter Grand Total of Part A on Schedule	I, Detailed Summa	ry Page, Section	2	TOTAL
		. 5-, 5-41011	* \$	
SEB-502 (7-99)			Samuel Control	

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		Reporting	Period	2022	nc h 1/2020
Friends of Santo Napoli		From	ospij	المحا	To 05/01/2023
Full Name of Contributor	Isa Mo-	DATE		774	AMOUNT
Kasen Tuerk	04	107	2023	\$	100,00
53 Stoneherge	MO.	DAY	YEAR	\$	
Morehead KY 4035]-	-MO.	DAY	YEAR	\$	
Full Name of Contributor OSMINE Chawdhury Mailing Address	MO.	DAY	YEAR 2023	\$	50,00
202 N. Broad St.	Mo.	DAY	YEAR	\$	
Allertown PA 18104 -	MO.	TOAY.	YEAR	\$	
Full Name of Contributor	Мо	1	YEAR	\$	100 00
Meiling Address	104 Mo.	DAY	2023 YEAR	-	100.00
city 1829 Hemming Way				\$	
Ore held PA 18069 -	MO.	P. CAPDAY	YEAR	\$	
Full Name of Contributor Thie	<u>Мо.</u>	DAY	2023	\$	250,00
22 S. 1CM Street	MO.	DAY	YEAR	\$	
Allentown PA 18102 -4402	MO.	DAY	YEAR	\$	
Full Name of Contributor	MO.	DAY	2023	\$	250,00
Mailing Address TCOTZ Brandywine Circle	MO.	DAY	YEAR	\$	7,0100
Treatertown PA 18087 -	MO.	DAY	YEAR	\$	
Full Name of Contributor	MO.	DAY	7	\$	10000
Mailing Address Greet Sheet	MO.	DAY	2073 YEAR	\$	100,00
Allerbour PA 18104 -	Mo.	DAY	YEAR		
Full Name-of Contributes	Red Victors	DAYS!	WWW.D.S	\$	Name and Address of the Owner, where the Owner, which is the Owner, which is the Owner, where the Owner, which is the Owner
Mailing Address Schoenberg	04	22	2023	\$	00,00
532 N. Berks Sheet	- MO:	DAY	YEAR	\$	
Allertown PA 18104 -	MO.	DAVE	YEAR	\$	
Charles Vesagai	MO.		YEAR 7CJ22	\$	100,00
338 N. 8M Street	мо.	The same of the sa	YEAR	\$	100
Allertour PA 18102 -	MO.	DAY	YEAR	\$	
					TOTAL
Enter Grand Total of Part B on Schedule I, Detailed Summary	Page,	Section	2.	\$	1,050,00

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	1	^		Reporting	Period	-	
Triends of Santo 1	Spa	10h	1			202	3 To 05/01/2023
Full Name of Contributor		(DATE	The state of the s		AMOUNT
Mailing Address			O4	24	2023	\$	100,00
2535 W. Allen Sheel	-		Mod	DAY	YEAR	\$	100,00
City D.M. A	SPA	Zip Code (Plus 4)	Maria	DAY	YEAR		
Full Naporof Contributor	11#	18104 -	SCORE SHAPE SHAPE			\$	
Frank + Jama Toma	ckir)	04	2 U	7023	\$	100,00
Walling Address	, el			DAY	YEAR	\$	100100
City A A I A		Zip Code (Plus 4)	MO.	DAY	YEAR		
Allertour	PA	18106 -			CECTO2.	\$	
Full Name of Contributor			O5	O I	2023	\$	250,00
Mailing Address	1.0		Mo.		YEAR	-	230,00
City AA A		Zip Code (Plus 4)	AT MOST	I H. Bay		\$	
Allentaun	Ph	18102 -	S. MOS		YEAR	\$	
Full Name of Agentributor Att Carbon Mailing Address			Mo.	DAY		\$	250.00
122 N. 5th Sheet	On	1 2	-	O/	2C23	-	230,00
City Old	State	Zíp Code (Plus 4)			The section of	\$	
Allestown	RA	18102 -	MO.	DAY	YEAR	\$	
Full Name of Contributor			MO-	DAY	YEAR,	\$	
Meiling Address	-		ME MO.	DAY	TYEAR !!	-	
City	State	Zip Code (Plus 4).	400			\$	
	33,414	Code (Files 4)	MOZ	DAY	YEAR	\$	**
Full Name of Contributor	la constant		MO.	DAY	YEAR		
Malling Address			-amo _{se}	DAY	VEAR	\$	
City	State 1	710 Code IOlina				\$	
	5.512	Zip Code (Plus 4)	MOL :	DAY	YEAR	\$	
Full Name of Contributor			Mo	- DAY	YEAR	Ψ.	
Mailing Address			M.Mo.	hav er	100 a. 20£	\$	
City	G	5	1000	DAY	YEAR	\$	
	State	Zip Code (Plus 4)	MO.	DAY	YEAR		
ull Name of Contributor			MO.	DAY	VEAD	\$	
Mailing Address				200 x .526 19		\$	
City			-Ma	DAY	YEAR.	\$	77,
	State	Zip Cade (Plus 4)	Mo. a	DAY	YEAR		
						\$	
Enter Grand Total of Part B on Schedu	uie i,	Detailed Summar	V Pana d	Santin-	, 1		TOTAL
**	-		, , mage, ;	PECHON	Z.	3	$\neg \alpha \alpha \alpha \alpha $

\$ 20,500,00

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.

Friends of Candidate	Jano	Ji	F	Reporting From _		1023 TO 05/01/2023
	1		-	DATE	-/-/	AMOUNT
Full Nahapor Contributing Committee Cantes	TAF	F Local #302	MO.	OG	2027	\$ 1,000,00
Mailing Address W. Chew Shee	7	Dite 302	MO.	DAY	1	
alle Maur	PA State	Zip Code (Pius 4)	WO.	4-EDVAYE	E EXTRA:	\$
Full Name of Contributing Committee	160	LIONE	MO.	DAY	YEAR	
Mailing Address Queen City Lodge	<u>e 10</u>	0	O 4	DAY	2023 YEAR	\$ 9,500,00
2101 Mack Blud	Um		MIG.	DATE	MODICANO	\$
Allentown	64	18103 -	Mo.	DAY	YEAR	\$
Full Name of Contributing Opmratites Greater Lehigh Valley R	ealfo	a PAC	M0.	19	2023	\$ 10,000,00
Mailing Address outh Commerce U	Voy		MO.	DAY	EVEAR	\$
Cethlehem	PA	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee			M (o) M	O DAY	HEY J.Y.	\$
Mailing Address			MO.	DAY	YEAR	1
City	State	Zip Code (Plus 4)	- MO.	DAY	YEAR	\$
Full Name of Contributing Committee			Mo.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	
City	State	Tin On to Internal				\$
	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee			MQ.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
						\$
Full Name of Contributing Committee			AND WAR	DAY.	MY AT	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MOZS	DAY	YEAR	\$
Full Name of Contributing Committee		Will As a second	##MG##S	## 17 N ###	#Y-73;1#3	s
Mailing Address		· · · · · · · · · · · · · · · · · · ·	MQ.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
			-			PAGE TOTAL
Enter Grand Total of Part C on Sched	lule I,	Detailed Summary	Page,	Section	3.	\$ 20,500.00

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 Santo Napol.	From <u>03/01/2023</u> To <u>05/01/2023</u>				
Lievas es anso innator.	DATE AMOUNT				
Full Name of Contributor	Mary Profile Address Section Section 1				
Ed Harria	04 20 2023 \$ 300,00				
Mailing Address 404 Sheet	\$				
Whichall State Zin Code (Plus 4)	MO. DAY. EVEAR S				
Employer Name, On109 - Finch	Occupation				
Employer Mailing Address/Principal Place of Business 528 Union Sheet Alberton PA	18/107				
Full Name of Contributor	MO. PAY 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. POAY 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 S				
Employer Name	Occupation				
Marillan Marillan Address Walter and Burgland					
Employer Mailing Address/Principal Place of Business					
Full Name of Contributor	MO YEAR				
Mailing Address	MONE DAY EYEAR \$				
City State Zip Code (Plus 4)	MO DAYS 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.

\$ 300,00

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 Filling Committee or Candidate	^		Reporting Period	2023 To 05/01/2023
Name of Filing Committee or Candidate Frends of Santo N	Japol	<i>C</i>	From 03/01	12023 To 05/01/2023
	1			
Full Name	AND SWIFE			
Mailing Address				
City	State	Zip Code (Plus 4)	MO DAY YEAR	Amount \$
Receipt Description				
Full Name	-		A SAME AS	
Mailing Address		(4/2	***************************************	
City	State	Zip Code (Plus 4)	MO- DAY- YEAR	Amount \$
Receipt Description		\		
Fuli Name				
Mailing Address			V0 38 18 218	
City	State	Zip Code (Plus 4) —	MO DAY YEAR	Amount \$
Receipt Description				
Full Name		- A-		
Mailing Address			1132	
City	State	Zip Code (Plus 4)	MO. DAY YEAR	Amount \$
Receipt Description				
Full Name	Nach Commence and Sec.	·		
Mailing Address				
City	State	Zip Code (Plus 4)	MG. DAY. YEAR	Amount \$
Receipt Description		ex c		
Full Name				
Mailing Address			***************************************	
City	State	Zip Code (Plus 4)	- MO BAY YEAR	Amount \$
Receipt Description				
				IPAGE TOTAL

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

PAGE TOTAL

SCHEDULE II

PAGE 9 OF 13

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 Frends of Santo	Napoli	Reporting Per From <u>03</u>	01/2023 To 05/01/2023
表記載到2月2日日7月2日日2回[7日(日)2日度内の)2月1月1	(9)	- 	교국소수를 기리?됐어요\\ 54:1 546FEQ]: 表演
	TOTAL for the Reporting Perio		DATES DATE TO THE SECOND AND THE SECOND ASSESSMENT OF THE SECOND ASSESS
Namica (Kinamenyaanina) (e) Kenae		-1988 (1988 (III - 1981)	
	TOTAL for the Reporting Period		s
EAMING AIN DE MONTE EN EL STRION MANERALE	VED - VALUE OVER \$250,00 FRO		
	TOTAL for the Reporting Period	ALTO DO SE DESENTADO POR CASO.	s
TOTAL VALUE OF IN-KIND CONT REPORTING PERIOD (Add and enter and 3; also enter on Page 1, Repor	r amount totals from Boxes 1, 2,		\$

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate	Rep	porting Period	
Name of Filing Committee or Candidate Friends of Santo Napoli	F	rom 03/01/2023	To 05/01/2023
\	A DE MIL KIRKUWA AS NA	DATE	AMOUNT
Full Name of Contributor		99-7.5 48 227-7.5 S	
Mailing Address	мо	DAY YEAR \$	
City State Zip	Code (Plus 4)	DAY YEAR \$	
Description of Contribution:			
Full Name of Contributor	MO.	MOAY MY AND S	
Mailing Address	MO:	DAY YEAR S	
City State Zip	Code (Plus 4) MO.	DAY YEAR S	
Description of Contribution:			
Full Name of Contributor	THEORET PROPERTY IN	DV SENE	
1 47 Hallo St Guilli Sales		\$	
Mailing Address	∞мо .∞	DAY YEAR \$	
	Code (Plus 4) MO.	S SYEARS	
Description of Contribution:			
Full Name of Contributor	MO.	DAYE SYRATE	
Mailing Address	Mo.	DAY!- YEAR \$	
City State Zip (Code (Plus 4) MÖ.	DAY YEAR \$	
Description of Contribution:			
Full Name of Contributor	Swort W	ON SECTION S	
Mailing Address	мо.	DAY: STEAR S	
City State Zip C	Code (Plus 4) MO.	DAY YEAR	
Description of Contribution:			
Full Name of Contributor	### WO7## ##	DAY AT	
Mailing Address	MO:	DAY YEAR	
		\$	
	ode (Plus 4) MO.	DAY YEAR \$	
Description of Contribution:			
Enter Grand Total of Part F on Schedule II, In-Kin	d Contributions Deta	PAGE	TOTAL

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate	Reporting Period
Name of Filing Committee or Candidate Frences of Santo Napoli	From 03/01/2023 To 05/01/2023
1775	DATE AMOUNT
Full Name of Contributor	
Latt ideas of comments	American Designation of the State of the Sta
Mailing Address	MO DAY YEAR
	*
City State Zip Code (Plus 4)	MO. DAY YEAR S
Employer of Contributor	Occupation
Employer Mailing Address/Principal Place of Business	Description of Contribution
Address of the second s	
Full Name of Contributor	MO. DAY YEAR
Mailing Address	MO. DAY YEAR
3	\$
City State Zip Code (Plus 4)	MO YEAR'-
_	\$
Employer of Contributor	Occupation
Employer Mailing Address/Principal Place of Business	Description of Contribution
Full Name of Contributor	MO YEAR S
Mailing Address	MO. DAY YEAR \$
City State Zip Code (Plus 4)	MO. DAY YEAR \$
Employer of Contributor	Occupation
Employer Mailing Address/Principal Place of Business	Description of Contribution
• • • • • • • • • • • • • • • • • • • •	and the same of same o
Full Name of Contributor	MOVE DAYER BY A. W.
Tan Huge of Continuity	\$
Mailing Address	MO: L DAY EYEAR
	\$
City State Zip Code (Plus 4)	MO. DAY YEAR
	\$
Employer of Contributor	Occupation
Employer Mailing Address/Principal Place of Business	Description of Contribution
Full Name of Contributor	MO YEAR \$
Mailing Address	
manning craft 265	MO. PAY YEAR \$
City State Zip Code (Plus 4)	MO: SPAY SYEAR
-	\$
Employer of Contributor	Occupation
	- 50 (AC) (III AC)
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.

\$ OTAL

SCHEDULE III

STATEMENT OF EXPENDITURES

Friends of Santo Napoli	From 03/01/2023 To 05/01/2023
To Whompaid ital Promotions	MO. DAY YEAR Amount G09,50
Mailing Address Box 23	Description of Expenditure
Glenside PA 19038	
To Whom Paid Print Center Mailing Address	MO: DAY YEAR Amount 143,10 Description of Expanditure
City Old August State Zip Code (Plus 4)	Palm Cards
Allentown PA 18109 -	MO DAY YEAR Amount Co.
Malling Address (W) Center	Description of Expenditure
Allentour PA 18109 -	Direct mader
To Whom Paid Pant Center	04 20 2023 \$ 1,210,23
Melling Address On on Blud	Description of Expenditure Direct many
Allentur PA 1810) -	
To Whom Paid Mailing Address	MO: DAY YEAR Amount \$ Description of Expenditure
City State Zip Code (Plus 4)	beautiful of Experiations
To Whom Paid	Month Agont Market Amount
Mailing Address	Description of Expenditure
City State Zip Code (Plus 4)	
To Whom Paid	Amount \$
Mailing Address	Description of Expenditure
City State Zip Code (Plus 4)	
To Whom Paid Mailing Address	MO DAY YEAR Amount S Description of Expenditure
City State Zip Code (Plus 4)	accompany or exhausting
	PAGE TOTAL
Enter Grand Total of Expenditures on Page 1, Report Cover P	

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 Friends of Sonto Nacili	S. 118		Reporting From _	Period O3/o1/	2 <u>3</u> т	05/0	/2023
Name of preditor Med 19 Works		AL 2-11			Outstan \$	ding Baland	e of Debt
Mailing Address S. Clevell St.	DATE DEBT	MO.	DAY	YEAR 2023		OA	\$16.20°
City () 11 23	INCURRED	State	Zip Code	(Plus 4)		12	,,
Description of Debt		144	1801	5	1000	N. 19.	
1 Ded Social Media						prince on the second	Male and Sand
Name of Creditor					Outstan	ding Baland	e of Debt
Mailing Address	DATE DEBT	MO.	1975	YEAR			
City	INCURRED	State	Zip Code	(Plus 4)			
Description of Debt					** 25 A.F	3 - 17 - 65	型: (e)图号页
					(AMIZZE	lina Polene	e of Debt
Name of Creditor					\$	aing baland	e or Debt
Mailing Address	DATE DEBT INCURRED	Mo	DAY	YEAR			
City	INCORRED	State	Zip Code	(Plus 4)			
Description of Debt					avage.		
Name of Creditor				-	Outstand	ling Ralang	e of Debt
		4.00			\$	ang balan	or bubi
Mailing Address	DATE DEBT !NCURRED	MQ.	DAY	YEAR			
City		State	Zip Code	(Plus 4)			
Description of Debt		11					
Name of Creditor		u u		- X-100	Outstand	ling Balanc	e of Debt
	I DATE	L. Carenton	•	Company (at 1800)	\$	40.00 .4 40.000.000.000	e of Debt
Mailing Address	DATE DEBT INCURRED	MQ.	DAY	YEAR			
City		State	Zip Code	(Plus 4)			
Description of Debt							
Name of Creditor	To Swaw	- W	-00000	- fr - 1, 10, 10, 10, 10, 10, 10, 10, 10, 10,	Outstand	ling Balanc	e of Debt
Malling Address	DATE	La de la companya de		2005-151-151V	\$		
	DEBT INCURRED	MO.	DAY	YEAR			
City		State	Zip Code	(Plus 4)			
Description of Debt					La constant de la con		
					PAGE 1	OTAL	
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.							00