PAGE 1 OF

COVER PAGE)

### **CAMPAIGN FINANCE REPORT**

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

(NOTE: Inis report must be clear and	regiole. It	may be ty	ped of printe	o iii bide o	DIECK BIK.		1000 PERSON
Filer Identification Number:	Report Filed By:		ANDIDATE	1. CEN	Wiffe	LOBB	VIST 3.
Name of Filing Committee, Candidate or Lobbylst:  100 3000 AV	aty	(a	ncil				
Street Address: 24 South Filber	4 5	+.					
City: Allentown		Ste	PA-	Zip (	181 BI	DC	
TYPE OF BILL TUESDAY 1. NO FRIDA		30 D/ POST	TRIMARY.	3.	EMENTALITY		NO
REPORT  OF THE FUESDAY  4. 20C FRIDA  PRE-ELECTION  PRE-ELECTION	i, 5.	30 D/			NATION TO		Nd
(place X to the right of report type)  ANNUAL 7. YEAR		FILING	METH(0)E	5. 1 SHEET	PER P	DISKE	
Name of Office Sought by Candidate:	-	478000000000000000000000000000000000000	E OF ELECT	ION Distric		Party Code	County Code
Mentom City Cancil				(1) (2012)	ISEE INSTI	RUCTIONS F	OR CODES
	······				FOR OFFIC	No. 10 (27)	
Summary of Receipts and Expenditures from:	<u>-</u>	0 05	OI Z	SR 🕮 .		33	
A. Amount Brought Forward From Last Report	\$	<b>5</b>	3/0/0	eq .			
B. Total Monetary Contributions and Receipts (From Sche	edule I) \$	38	33000	7			Ĭ
C. Total Funds Available (Sum of Lines A and B)	ş.	\$ 8	696	<b>00</b>	23 3	Electron	
D. Total Expenditures (From Schedule III)	\$	12.	247.6	341	学 2		9 E
E. Ending Cash Balance (Subtract Line D from Line C)	\$	D 60.	348.	16	< □ E	Sec.	
F. Value of In-Kind Contributions Received (From Sched	lule II) \$	75	DO	7			ì
G. Unpaid Debts and Obligations (From Schedule IV)	\$		<del>o</del>	ir · kino.			
LVARIM karminijili jaisma soominiji se karjaan meelisuksi meeni	AFFIDAVIT						
I swear (or affirm) that this report, including the attached schedu				227,000,14,20,004,900,258		dge and bel	ief true,
correct and complete.	5/4/2:	_					
Sworn to and subscribes before me his	1010		1 TCOUL	9.1.	V		
day PCommonwealth of Pennsylvania - Notary Seal Rosangel Bianco. Notary Public			Symati		Submitting Re	port	
Lablah Courty	\	(	tron	W F	taik	,	
My commission expires Commission number 1367826	ſ	110	211	Printed N	lame	1 4 1	<u> </u>
My commission exteres Commission tuning MO. DAY YR.	_	<u> </u>	es Code	3	Daytime Tele	hana Niumb	<u>.                                      </u>
					paymine reiel	priorie (turio	Øt.
PART III (Ethic ican report of a Candidate a Authorize	ed Commit	lee, candid	date shall sign	n here.			
I swear (or affirm) that to the best of my Bowledge and belief (P.L. 1333, No. 320) as amended.	MIRAL	committee	has not violat	ed any provis	ions of the A	ot of June 3	3, 1937
Sworn to and subscribed before me this Commonwealth of Pennsylvania Notary Seal	-17/0	(					
day of Rosangel Blanco, Notary Public 2c			/			<del></del>	
My commission expires June 22, 2024	ļ	1	no i	Signature of C	Candidate		
Commission:number 1367826			31 /	Printed N	eme	٠,	\ <u>\</u>
My commission expires MO. DAY YR.		Ar	es Code	3	Daytime Telep	phone Number	)

### SCHEDULE I

PAGE 2. OF \_\_\_\_\_\_

### CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

the second secon		the second of th	
Name of Filing Committee or Candidate		Rep	orting Period
	$C \cdot C \cdot C$		and the state of
Tino Babayan	179 ( )H	1 (· Cy prc ) [ Fi	rom To
1110 MUMAIN			

WAUNITEMIZED SONTRIBUTIONS AND RECEIP IS SOLUTION OF LESS PER	9(6)(1111)	
TOTAL for the Reporting Period	(1) \$	20.00

PHECONTRIBUTIONS SSO(O) (O S260 OO GROM PART A AND PART B)	
Contributions Received from Political Committees (Part A)	\$ D .00
All Other Contributions (Part B)	\$ 980.00
TOTAL for the Reporting Period (2)	\$ 980.00

SHO CONTRIBUTE (ONS LOVER \$25000C FROM PART COAND PART D)		
Contributions Received from Political Committees (Part C)	\$ 4	,350.00
All Other Contributions (Part D)	\$ _3	∞ ∞ ∞
TOTAL for the Reporting Period (3)	\$ $\overline{\gamma}_i$	350.00

MANAGERICA LINE UNDS UNTEREST EARNED, RETURNED GEEK	\$ (E) (	. (F	
TOTAL for the Reporting Period	(4)	\$	$\mathcal{O}$ .

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.)	\$ 8,330

#### 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	
Tino Babayan fo	Y (	ity (mai				To
				DATE	mar en	AMOUNT
Full Name of Contributing Committee			MO.	DAY	YEAR	S
Mailing Address			W MO	DAY	YEAR	
						<b>\$</b>
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	s
Full Name of Contributing Committee	Harry France Control	A CONTRACTOR OF THE PROPERTY O	Mo	DAY	YEAR	Carlot and the second
7						\$
Mailing Address			- €MO	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	==IMO.=I	I DAY	YEAR	
			(1,2,2,2,2,2,2,2,2,2,2,2,2,2,2,2,2,2,2,2		Or and the	
Full Name of Contributing Committee			Mo.	DAY	YEAR	\$
Mailing Address			. Ma.≝	DAY	YEAR	
						\$
City	State	Zip Code (Plus 4)	MD.	DAY	YEAR	\$
Full Name of Contributing Committee			Mo.	DAY	YEAR	
Mailing Address						\$
Mailing Address			MO	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	Мо.∜	DAY	YEAR	
		The state of the s	- 200 AAA	Control of the Control		\$
Full Name of Contributing Committee			MO	# DAY		\$
Mailing Address		· · · · · · · · · · · · · · · · · · ·	MÓ.	DAY	YEAR	*
City	State	Zip Code (Plus 4)	The state of the s	a2.v⊃Av resisen		\$
	June	-	IN O	DAY	YEAR	\$
Full Name of Contributing Committee			Mioz	DAY.		
Mailing Address						\$
MICHINE CARLESS			EN MONE	A DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	#Yehrik	
						\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO:	DAY	YEAR	
City	Ctota	Zip Code (Plus 4)				\$
	State		MO.	DAY	YFAR	\$
Full Name of Contributing Committee	5.00 M	THE PERSON OF TH	HII//OWB	ere oy vye e	167777.74H	\$
Mailing Address			MO.	DAY	YEAR	
						\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	<b>&amp;</b>
				76.00 Y 134.02		S PAGE TOTAL
Enter Grand Total of Part A on Sche	dule i.	Detailed Summary	Page.	Section		PAGE TOTAL
<del> </del>	•	· ×				\$

# 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
Tino Babayan for City (ver	To
	DATE AMOUNT
Full Name of Contributor  Samuel Yoder	1 18 23 \$ 50.00
Mailing Address	S SEDAYCII WEXCIII
City State Zip Code (Plus 4)	MO COAY, III MEAHUU \$
Full Name of Sontributor Miller	11823 \$ 50·∞
Mailing Address	ASMOS DAY MEAR S
City State Zip Code (Plus 4)	
Full Name of Contributor	ESMOTE SEPANTIMASANTI
Mailing Address Kholi	1 18 23 \$ 60.00
City   State   Zip Code (Plus 4)	3
	\$
Full Name of Contributor B. Junior Human  Mailing Address	11823 \$ 20.00
Mailing Address	MO: DAVID DIYEARDI \$
City State Zip Code (Plus 4)	MO. DAY: // JYEAR!!!
Full Name of Contributor Ed Zucal	1 18 23 \$ 100.00
Mailing Address	MO: IDAY!! !!VEAH!! \$
City State Zip Code (Plus 4)	MO DAY!!! "YEAK"
Full Name of Contributor	\$ DAY WAY AND A CO
Meiling Address  Hassan Ashi	1 18 23 \$ 200.00
	\$
City State Zip Code (Plus 4)	S MO S DAVILLE HYEAR !!!
Full Name of Contributor Riod Dalloul	11823 \$ 200.00
Malling Address	MO SOAY! NYEAR \$
City State Zip Code (Plus 4)	MO ZDAY XEAR \$
Full Name of Contributor Nasser Salloom	
Mailing Address	118 23 \$ 100.00 *** PAN \$
City State Zip Code (Plus 4)	SAMO DE REDAVID DIVENSE
	\$
	PAGE TOTAL
Enter Grand Total of Part B on Schedule I, Detailed Summa	ary Page, Section 2. \$ 7 90.00

# ALL OTHER CONTRIBUTIONS

r AUE\_

\$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	$\alpha$ .	-1 /	_  R	Reporting	Period		
TIMO Babayan t	<u>V</u>	City Counci		From _			То
		A STATE OF THE PROPERTY OF THE		DATE			AMOUNT
Full Name of Contributor Jeff Bay	bes			18	23	\$	100.00
						\$	
City	State	Zip Code (Plus 4)	a #BMO His		A PYEAT	\$	
Full Name of Contributor MGW(n)	20	ai ter		් ජී	23	\$	100.00
Mailing Address			Moles				
City	State	Zip Code (Plus 4)	MO	DAY	YEAR	§	
Full Name of Contributor			MOSSI	E PAYE	Y.An	A10.	
Mailing Address	**		20 Vio 124	DAY	YEAR		Vinit Video III II I
City	State	Zip Code (Plus 4)	EMO.EL	TV OAY	YEAR	\$	
Full Name of Contributor			E VOILE	erojyan	YEAR	**************************************	
Mailing Address			MO C	DAY	YEAR		
City	State	Zip Code (Plus 4)	ZEMO:	DAY	YEAR	\$	DAMES OF THE STATE
Full Name of Contributor			REMOTE	SIP/S/E	YEAR.		And the second s
Mailing Address			# AMON III	DAY.	LYEAR	] \$   \$	
City	State	Zip Code (Plus 4)	MO.	DAY	Aveañ.		
Full Name of Contributor				DAY		\$	
Malling Address				. DAY		<b> </b> \$	
City	State	Zip Code (Plus 4)	MO			\$	
Full Name of Contributor		_				\$	man alkan a shift sanga a salah sa
Mailing Address						\$	
City				₽ <b>SAY</b> /₽		\$	· 
	State	Zip Code (Plus 4)  -	MO.	DAY.	YEAR	\$	
Full Name of Contributor			мо,	F D.V.	YEAR	\$	
Mailing Address			MO:::#	E PAYI II	YEAR	\$	
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$	
							TOTAL
Enter Grand Total of Part B on Sche	dule i	Detailed Summary	Dana C	2nnein-		2	$\alpha$

#### 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	•	<i>^</i>		Reporting	Period	
Tino Babayan for	Cit	y Council		From _		 То
•				DATE		AMOUNT
Full Marke of Contributing Committee  Mailing Address	M	ayey	Mo	30	23	\$ 500.00
Mailing Address			N/G		NYEAR)	\$
City	State	Zip Code (Plus 4)	MC.	DAY	YEAR	· · · · · · · · · · · · · · · · · · ·
Full Name of Contributing Committee				DAY	VERD	\$
<b>1.</b> 0.	7	Lodge#10	4		23	\$ GO.0001
Mailing Address			.≍Mo.	DAY	YEAR	\$ 
City	State	Zip Code (Plus 4)	MO	DAY	YEAR	\$ The state of the s
Full Name of Contributing Committee	<del></del>	and the Otro	Mo.	DAY!	YEAR	2=> ~ `
Full Name of Contributing Committee A.F. C	<u> </u>	00100 T 502	4	CO.	23	\$ 350.00
City						\$ 
<i>(</i>	State	Zip Code (Plus 4)	MO.	. DAY	YEAR	\$
Full Name of Contributing Committee	)~/(`	is local thous	MO.	DAY	IIIYEAR II	\$ 2,500
Mailing Address		ricual 3D	MO	DAY	Z-S	 2,300
City	State	Zip Code (Plus 4)	a spira	# 5a9#	NKVEKEN	\$
		-			,	\$ i vi
Full Name of Contributing Committee			MC.	DAY	YEAR	\$
Malling Address		To the state of th	Mo.	DAYUU	MY AL	\$
СНу	State	Zip Code (Plus 4)	Mo.	DAY	MKYEWE <sup>M</sup>	
		-			702544521+1 <sup>3</sup> 0**	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$ 
Mailing Address			MO.	DAY	myeABiii	\$
City	State	Zip Code (Plus 4)	MO.	# DAY	YEAR	\$
Full Name of Contributing Committee			MO. ·	DAYIII	YEARIII	
Malling Address						\$ 
			MO.	DAY	.ayean	\$
City	State	Zip Code (Plus 4)	МО	DAY	YEAR	\$ 
Full Name of Contributing Committee			Moses	DAY	niverioni	\$
Mailing Address			Mo.	E DAY	YEAR	
City	Chain I	Zip Code (Plus 4)				\$
,	State	Zip Cade (Fills 4)	₩Q.		YEAR	\$
				, <u></u>		TOTAL
Enter Grand Total of Part C on Sched	ule 1,	<b>Detailed Summary</b>	Page,	Section	3,	\$ 4,250

### **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  TIND Bahayan F	For City Cour	Reporting Period	To
1 20,130, 40, 1	o aly car	DATE	AMOUNT
Full Name of Contributor TUGN BIO	inke	MEMORIAL ENGRAPHMENT	\$ 57(),(1)
Mailing Address	<u>/ /k</u>	1823	\$
City	State Zip Code (Plus 4)	MO: DAY: HAYEARIN	<u> </u>
	_		\$
Employer Name		Occupation	
Employer Mailing Address/Principal Place of Business	· · · · · · · · · · · · · · · · · · ·	. <del></del>	
Full Name of Contributor		题(/in)	· Mari
Mailing Address	n Elias	1 18 23	\$ 250 W
			\$
City	State Zip Code (Plus 4)	BENGER BEDAYER PAYEN; #	\$
Employer Name		Occupation	A Commence of the Commence of
Employer Mailing Address/Principal Place of Business			
Full Name of Contributor	iman	3 27 23	\$ 2577.00
Mailing Address		DAY!!! YEAR!!	\$
City	State Zip Code (Plus 4)	MO DAY VEAR	
Employer Name		Occupation	\$
Employer Mailing Address/Principal Place of Business			· ···
Full Name of Contributor	14000	MO DAVI VEAR	\$ 1000 · 00
Mailing Address	NOOY	BAYON BY FARM	1000 00
City	State   Zip Code (Plus 4)	Simple and the David His Practile	\$
	-		\$
Employer Name		Occupation	
Employer Mailing Address/Principal Place of Business			
Full Name of Contributor			
	survos		\$ 1000.00
Mailing Address		THE STANFALL BY ST	\$
Спу	State Zip Code (Plus 4)	MO. DAYAH HIYEARU	\$
Employer Name		Occupation	·
Employer Mailing Address/Principal Place of Business		Walter Control	
-unionatei mediniñ vaniazzitundhar kiáce of pasitiess			

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

DSEB-502 (7-99)

PAGE TOTAL

# 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 Cand	date	· · · · · · · · · · · · · · · · · · ·	Reporting	Period	
			From	то	
ril Name					
alling Address		<u> </u>	<u> </u>		·
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ity	State	Zip Code (Plus 4)	MANOR DESIGNATE	Amount \$	
eceipt Description		<del></del>			
il Name					
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ceipt Description	<u> </u>				
II Alimin		, ,			
III. Name					
ailing Address		· · · · · · · · · · · · · · · · · · ·			
ty.	State	Zip Code (Plus 4)	MO. DAY	YEARIII Amount	
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III Name				1	
ailing Address				and the state of t	
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II Name					
siling Address	Maria				
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ceipt Description	<u> </u>			*	
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I Name					
Jling Address				47	<del></del>
ty	State	Zip Code (Plus 4)	MO DAY		. :-
ceipt Description				\$	
				<u> </u>	
				PAGE TOTAL	
iter Grand Total of Part E	on Schedule I. I	etailed Summar	v Page Section	,   6	

#### SCHEDULE II

PAGE OF

## 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	0 0 1	Reporting Pe	rlod
Tino Babayan	Por atri Cancil	From	To
6*			
GEUNITEMPZERINEKIND GODITE	BUT ONS RECEIVED SEVALUE OF	\$150,000 (6);	
•	TOTAL for the Reporting Period	od (1)	\$
		and a supplemental	
2. In Kind Controls the	dewerkt vanderdesskride (ess	DECUTA WESTAN	
	TOTAL for the Reporting Period	od (2)	\$ 100.00
s. N-KIND CONTRIBUTION REC	VEC  - VALUE OVER \$250.00 (FR	OM PARTI C	
	TOTAL for the Reporting Perio	od (3)	\$
		-	
TOTAL MATUR OF BUILDING SEA			
TOTAL VALUE OF IN-KIND CON- REPORTING PERIOD (Add and enti-	IKIBUTIONS DURING THIS  er amount totals from Boxes 1. 2.		\$ 100:00
and 3; also enter on Page 1, Repo	ort Cover Page, Item F.)		

AGE		OF	
-----	--	----	--

# SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate		Reporting Period	
Tino Bubyan for	City (vinc)	From	То
	THY COUNCE	DATE	AMOUNT
Full Name of Contributor Jessica	Miz	\$25 (10 55) \$34 PAYATE \$54 PAYATA	\$ (177.00)
Mailing Address	<u> </u>	SEMO. F. SEENAVOIL INVENTAL	# TO - OO
City	State Zip Code (Plus 4)	MO: DAIAH SIVEARIII	<b>\$</b>
	_		\$
Description of Contribution: FIGURES ON FACESCO	DK D		
Full Name of Contributor		MO. DAY YEAR	\$
Mailing Address		Mo. DAY A LYEAR	
Gity	State Zip Code (Plus 4)		\$
	State Sib code it is th	MO SAY, YEAR	\$
Description of Contribution:			
Full Nems of Contributor		TO MODE THE PAYOR RIVENHAL	· · · · · · · · · · · · · · · · · · ·
Mailing Address		FOMO E STORY LIVEARY	\$
			\$
City	State Zip Code (Plus 4)	MOX DAY III IYEARII	\$
Description of Contribution:		<u> </u>	
Full Name of Contributor		2010 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Mailing Address			\$
	:		\$
City	State Zip Code (Plus 4)	MODEL AND AVEAUTH	\$
Description of Contribution:			
Full Name of Contributor		MO DAVIDIYEVA	
Mailing Address			\$
Mighting Address		MO. DAY!!! AYEAR!!	\$
City	State Zip Code (Plus 4)	MOST SHOAVIN MYSAIDU	\$
Description of Contribution:			*
Full Name of Contributor			
	·	Mose #9XY!!! V XII	\$
Mailing Address		WO LOAY YEAR	\$
City	State Zip Code (Plus 4)	(美) MIO 4件 (表现 XXIII ) IXI D XI MI	*
Description of Contribution:			\$
		<del>dia</del>	•
Enter Grand Total of Part F on Sched	ule II, In-Kind Contribution	ons Detailed I	AGE TOTAL
Summary Page, Section 2.			<b>€</b>

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

Name of Filing Committee or Candidate				Reporting	Period		
				From _		To	
				DATE		AMOUNT	
Full Name of Contributor		,	≥≥ MC}	DVAY!!!	IIIYEAR"		
Mailing Address			мо	DAY!	, YŁAR	s	
City	State	Zip Code (Plus 4)	3 Me	DAV."	"YEAR	\$	
Employer of Contributor	1	1	Occupa	tion			
Employer Mailing Address/Principal Place of Business		· · · · · · · · · · · · · · · · · · ·	Descrip	tion of Con	tribution		
Full Name of Contributor			Men	DAY	an Asia	\$	
Malling Address		d Silver Street, to the street, and the street	M/6)	<b>DA</b> W	II YEAH !	1	
City	State	Zip Code (Plus 4)	ZEM Mera	DAY!	MYEAR II	\$	
Employer of Contributor	<u>1 1</u>		Оєсира	lion	<u>[</u>		
Employer Mailing Address/Principal Place of Business			Descrip	tion of Con	tribution		
Full Name of Contributor			MO.	(Ex DAY)	niversi.	\$	
Mailing Address			Mie	PAY		\$	
City	State	Zip Code (Plus 4)	SHWE 型	DAY	YEAR	\$	
Employer of Contributor			Оссира	lion	<u> </u>		
Employer Mailing Address/Principal Place of Business			Descrip	Description of Contribution			
Full Name of Contributor			/" Mo∜	DAY	YEAR	\$	
Mailing Address				DAY.III		\$	
City	State	Zip Code (Plus 4)	MG.	50.74E	YEAR	\$	
Employer of Contributor			Occupat	lon			
Employer Mailing Address/Principal Place of Business			Descrip	ion of Cont	ribution		
Full Name of Contributor		•		DAY	LYEARL	\$	
Mailing Address			Mo.	307,470	YEAR	\$	
City	State	Zip Code (Plus 4)	#MO.	DAY ::	YEAR	\$	
Employer of Contributor			Occupat	on			
Employer Mailing Address/Principal Place of Business			Descript	ion of Cont	ibution		
Enter Grand Total of Part G on Scheo Summary Page, Section 3.	dule II,	In-Kind Contribu	itions D	etailed		PAGE TOTAL	

### SCHEDULE III

## STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	^ 1.	C 1	Reporting Perio	•"
Tino Babayan for C	11	conu	From	То
To Whom Paid			LEMOTE SERVICE HISE	Armount
Mailing Address  LV Printing			3 29 2 Description of Expenditu	3 \$ 2.35
			Dunting	
City	State	Zip Code (Plus 4)		
To Whom Pald Cool Print			Mo OA	3 s 722.84
Mailing Address			Description of Expenditu	ire:
City	State	Zip Code (Plus 4)	Dunking	a Slaide
To Whom Paid	1,,,,,,		Puntinu	
(nne Wat	<u>'h</u>		3 29 2	31 s 190.00
Mailing Address			Description of Expenditu	ire .
City	State	Zip Code (Plus 4)	Banque	t Ad
To Whom Paid RWYSICLE) Res	•		MO DAY	4 Amount 200.00
Mailing Address			Description of Expenditu	
City	State	Zip Code (Plus 4)	Event	
To Whom Paid	1		TOTAL	
Mailing Address			Description of Expenditu	\$
City	State	Zip Code (Plus 4)		
	State	Zip Code (Flus 4)		ė
To Whom Paid			22 X (0,22) \$45 (0,2) [15/2]	
Mailing Address			Description of Expenditu	. \$
City	State	Zip Code (Plus 4)		
	Ì.			
To Whom Paid			MO DAY AYE	Amount
Malling Address			Description of Expenditur	
City	State	Zip Code (Plus 4)		
To Whom Paid			MO DAYMINY A	
Mailing Address			Description of Expenditur	<b>\$</b>
City	State	Zip Code (Plus 4)		
				il and the second se
Enter Grand Total of Eurandistant	اد العالمان			PAGE TOTAL
Enter Grand Total of Expenditures on Page	je 1, 1	neport Cover Pa	ige, item D.	\$ 7,247 PH

PAGE	OF	

# 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	
					То
Name of Creditor					Outstanding Balance of Debt
Mailing Address	DATE DEBT INCURRED	Me	DAY	YEAR	
City	IMCORRED	State	Zip Gode	(Plus 4)	
Description of Debt					
Name of Creditor		- 4 man A 757			Outstanding Balance of Debt
Mailing Address	DATE DEST	MO.	ĎAY	WEAH.	Ls
City	INCURRED	State	Zip Code	(Plus 4)	
Description of Debt					Marine Control of the
Name of Creditor		5	. ,		Outstanding Balance of Debt
Mailing Address	DATE DEBT INCURRED	Mo.	PAY	X EAR	1000 DESCRIPTION DES
City	110000000	State	Zip Code	(Plus 4)	2 (2000) 2 (2000) 2 (2000)
Description of Debt	· — · · · · · · · · · · · · · · · · · ·		·		
Name of Creditor					Outstanding Balance of Debt
Mailing Address	DATE DEBT	MO	DAY	Marie Carlo	<u> </u>
City	INCURRED	State	Zip Code	(Plus 4)	
Description of Debt		<u>ll</u>		an a com	
Name of Creditor					Outstanding Balance of Debt
Mailing Address	DATE DEBT INCURRED	MO	DAY	YEAR	<b>.</b>
dity	INCOARED	State	Zip Code	(Plus 4)	H. T. Language and Market Market Guidelphar Market Harris
Description of Debt		<u>-Ll_</u>			
Name of Creditor		- u doya			Outstanding Balance of Debt
Mailing Address	DATE DEBT	MO.	ĐAY	YEAR	\$
City	INCURRED	State	Zip Code (	Plus 4)	
Description of Debt		<u> </u>	<u> </u>	<u> </u>	
					PAGE TOTAL
inter Grand Total of Unpaid Debts on Pa	ge 1, Report Cover	Page, It	em G.		\$