

COMMONWEALTH OF PENNSYLVANIA
CAMPAIGN FINANCE STATEMENT

RECEIVED
FEB 1 2018
 ETHICS HEARING BOARD

File this in lieu of a full report *only if* aggregate receipts, expenditures, or liabilities incurred each did not exceed \$250.00 during the reporting period.

FILER IDENTIFICATION NUMBER		REPORT FILED ON BEHALF OF	CANDIDATE	<input checked="" type="checkbox"/>	COMMITTEE	<input type="checkbox"/>	LOBBYIST	<input type="checkbox"/>												
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST Sonja J Finn																				
STREET ADDRESS 6926 Rosewood St.																				
CITY Pittsburgh			STATE PA		ZIP CODE 15208-2639															
TYPE OF REPORT (CHECK ONE)		NAME OF OFFICE SOUGHT BY CANDIDATE			DISTRICT NO.	PARTY	DATE OF ELECTION													
6TH TUESDAY PRE-PRIMARY <input type="checkbox"/> 2ND FRIDAY PRE-PRIMARY <input type="checkbox"/> 30 DAY POST-PRIMARY <input type="checkbox"/> 6TH TUESDAY PRE-ELECTION <input type="checkbox"/> 2ND FRIDAY PRE-ELECTION <input type="checkbox"/> 30 DAY POST-ELECTION <input type="checkbox"/> ANNUAL REPORT <input checked="" type="checkbox"/>		Pittsburgh City Council			8	DEM	03 06 2018													
		DATES OF REPORTING PERIOD <table border="1"> <tr> <th>MO.</th> <th>DAY</th> <th>YEAR</th> <th>TO</th> <th>MO.</th> <th>DAY</th> <th>YEAR</th> </tr> <tr> <td>12</td> <td>20</td> <td>2017</td> <td></td> <td>12</td> <td>31</td> <td>2017</td> </tr> </table>			MO.	DAY	YEAR	TO	MO.	DAY	YEAR	12	20	2017		12	31	2017	FOR OFFICE USE ONLY	
MO.	DAY	YEAR	TO	MO.	DAY	YEAR														
12	20	2017		12	31	2017														
		CASH BALANCE AT END OF REPORTING PERIOD: \$ <u> -0- </u>																		
		TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ <u> -0- </u>																		
		AMENDMENT REPORT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>																		
		TERMINATION REPORT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>																		

AFFIDAVIT SECTION

COMMONWEALTH OF PENNSYLVANIA
 NOTARIAL SEAL
 Melissa Peterson, Notary Public
 Ross Twp., Allegheny County
 My Commission Expires Oct 2, 2019

PART I -
 statement is filed on behalf of a Political Committee or Candidates's Committee, the Treasurer must sign here.
 statement is filed on behalf of a Candidate, the Candidate must sign here.
 statement is filed on behalf of a Contributing Lobbyist, the Lobbyist must sign here.

I SWEAR (OR AFFIRM) THAT THE AGGREGATE RECEIPTS OR DISBURSEMENTS OR LIABILITIES INCURRED DURING THE REPORTING PERIOD INDICATED ABOVE DID NOT EXCEED TWO HUNDRED AND FIFTY DOLLARS (\$250.00) AND THIS REPORT IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, CORRECT AND COMPLETE.

SWORN TO AND SUBSCRIBED BEFORE ME THIS
31st DAY OF January 2018

 SIGNATURE
 MY COMMISSION EXPIRES 10 02 2019
 MO. DAY YR.

 SIGNATURE OF PERSON SUBMITTING REPORT
Sonja J Finn
 PRINTED NAME
412 376-7180
 AREA CODE DAYTIME TELEPHONE NUMBER

PART II -
 If statement is filed on behalf of a Candidate's Authorized Committee, Candidate must 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
 _____ DAY OF _____ 20____

 SIGNATURE
 MY COMMISSION EXPIRES _____ MO. DAY YR.

 SIGNATURE OF CANDIDATE

 PRINTED NAME

 AREA CODE DAYTIME TELEPHONE NUMBER

INSTRUCTIONS FOR FILING THE CAMPAIGN FINANCE STATEMENT

1. You may file this statement in lieu of a full report when the amount of contributions (including in-kind contributions) received, the amount of money expended and the liabilities incurred *each* did not exceed \$250.00 during the reporting period.
2. File this statement in the office where the nomination petitions, nomination certificate or nomination papers of the candidate(s) supported were filed.
3. A candidate must file a statement or report that is separate from one filed by her/his authorized committee.
4. Each statement shall be subscribed and sworn to by the candidate (if it is the candidate's personal report) or the treasurer of the political committee, acknowledging the accuracy of the report. In addition, those reports filed on behalf of a candidate's political committee, authorized by a candidate and created solely for the purpose of influencing an election on behalf of that candidate, shall be subscribed and sworn to by that candidate.
5. Reports must be filed according to the following schedule. For specific dates, consult the Election Calendar.

First report deadline: Cycle 1	Sixth Tuesday Pre-Primary. Reporting period closes 50 days prior to the election. (Required only by statewide candidates on the ballot and political committees supporting statewide candidates.)
Second report deadline: Cycle 2	Second Friday Pre-Primary. Reporting period closes 15 days prior to the election. (Required by all candidates on the ballot and committees supporting such candidates.)
Third report deadline: Cycle 3	30 days Post-Primary. Reporting period closes 20 days after the election. (Required by all candidates on the ballot and committees supporting such candidates.)
Fourth report deadline: Cycle 4	6 th Tuesday Pre-Election. Reporting period closes 50 days prior to the election. (Required only by statewide candidates on the ballot and political committees supporting statewide candidates.)
Fifth report deadline: Cycle 5	2 nd Friday Pre-Election. Reporting period closes 15 days prior to the election. (Required by all candidates on the ballot and committees supporting such candidates.)
Sixth report deadline: Cycle 6	30 days Post-Election. Reporting period closes 20 days after the election. (Required by all candidates on the ballot and committees supporting such candidates.)
Annual report deadline: Cycle 7	January 31 st of the following year. Statement must be complete as of December 31.
6. Political committees that are required to file pre-election reports are also required to file at all subsequent reporting deadlines for that election.
7. Retain copies of all records for a period of 3 years. Although no detailed campaign expense report is filed, you are required to keep a record of the names and addresses of each person from whom a contribution of over \$10.00 has been received and a record of all other information required to be reported pursuant to the Campaign Expense Reporting Law.

LATE FILING PENALTY

A penalty of \$10.00 for each day or part of the day (excluding Saturdays, Sundays and holidays) that the statement is overdue, plus an additional fee of \$10.00 for each of the first six days that a statement is overdue, will be assessed.

In addition, any candidate or treasurer of a political committee, or person acting as such treasurer, who shall fail to file an account of primary or election expenses, as required by the Law, shall be guilty of a misdemeanor and, upon conviction thereof, shall be sentenced to pay a fine not exceeding \$5,000 (five thousand dollars) or to undergo an imprisonment of not less than one (1) month nor more than two (2) years, or both, in the discretion of the court.

Further penalties are provided by law.

Postmarks are acceptable as proof of timely filing where report is sent by first class mail and postmarked by the United States Postal Service, no later than the day prior to the filing deadline.



RECEIVED
Reset Form

Print Form

FEB 1 2018

Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed.)

ETHICS HEARING BOARD

Filer Identification Number	82-3758209	Report Filed By (Mark X)	Candidate	<input type="checkbox"/>	Committee	<input checked="" type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist	Committee to Elect Sonja Finn							
Street Address	6926 Rosewood St							
City	Pittsburgh	State	PA	Zip Code	15208-2639			

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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)	03/06/2018	Year	2017	Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
		12/20/2017	
A. Amount Brought Forward From Last Report	\$	- 0 -	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	1,126.00	
C. Total Funds Available (Sum of Lines A and B)	\$	1,126.00	
D. Total Expenditures (From Schedule III)	\$	254.22	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	871.78	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	- 0 -	
G. Unpaid Debts and Obligations (From Schedule IV)	\$		

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 or pages, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this 31st day of January 2018

Melissa Peterson
Signature

My Commission expires 10 02 2019
MO. DAY YR.

Notary Seal: COMMONWEALTH OF PENNSYLVANIA, NOTARIAL SEAL, Melissa Peterson, Notary Public, Ross Twp., Allegheny County, My Commission Expires Oct. 2, 2018

Signature of Person Submitting report: Danielle Novick
Printed Name

Area Code: 412 Daytime Telephone Number: 606-0550

Part II - If this is a report of a Candidate's Authorized Committee, candidate will 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 31st day of January 2018

Melissa Peterson
Signature

My Commission expires 10 02 2019
MO. DAY YR.

Notary Seal: COMMONWEALTH OF PENNSYLVANIA, NOTARIAL SEAL, Melissa Peterson, Notary Public, Ross Twp., Allegheny County, My Commission Expires Oct. 2, 2018

Signature of Candidate: Sonja J Finn
Printed Name

Area Code: 412 Daytime Telephone Number: 376-7180

SCHEDULE I
Contributions and Receipts
 Detailed Summary Page

Filer Identification Number	82-3758209		
1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor			
Total for the reporting period		(1)	\$ 225.00
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)			
Contributions Received from Political Committees (Part A)		\$	-0-
All Other Contributions (Part B)		\$	601.00
Total for the reporting period		(2)	\$ 601.00
3. Contributions Over \$250.00 (From Part C and Part D)			
Contributions Received from Political Committees (Part C)		\$	-0-
All Other Contributions (Part D)		\$	360.00
Total for the reporting period		(3)	\$ 300.00
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 <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>		\$	1,126.00

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	82-3758209
-----------------------------	------------

							Amount
Full Name of Contributing Committee						Date [MM/DD/YYYY]	\$
House #						Date [MM/DD/YYYY]	\$
Street Address							
City						Date [MM/DD/YYYY]	\$
State							
Zip Code							
Full Name of Contributing Committee						Date [MM/DD/YYYY]	\$
House #						Date [MM/DD/YYYY]	\$
Street Address							
City						Date [MM/DD/YYYY]	\$
State							
Zip Code							
Full Name of Contributing Committee						Date [MM/DD/YYYY]	\$
House #						Date [MM/DD/YYYY]	\$
Street Address							
City						Date [MM/DD/YYYY]	\$
State							
Zip Code							
Full Name of Contributing Committee						Date [MM/DD/YYYY]	\$
House #						Date [MM/DD/YYYY]	\$
Street Address							
City						Date [MM/DD/YYYY]	\$
State							
Zip Code							
Full Name of Contributing Committee						Date [MM/DD/YYYY]	\$
House #						Date [MM/DD/YYYY]	\$
Street Address							
City						Date [MM/DD/YYYY]	\$
State							
Zip Code							
Full Name of Contributing Committee						Date [MM/DD/YYYY]	\$
House #						Date [MM/DD/YYYY]	\$
Street Address							
City						Date [MM/DD/YYYY]	\$
State							
Zip Code							

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:	82-3758209
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Full Name of Contributor				Date [MM/DD/YYYY]	\$
Sonja J Finn				12/20/2017	250.00
House #	Street Address			Date [MM/DD/YYYY]	\$
6926	Rosewood St				
City	State	Zip Code	Date [MM/DD/YYYY]	\$	
Pittsburgh	PA	15208			
Full Name of Contributor				Date [MM/DD/YYYY]	\$
Chelsa Wagner				12/20/2017	1.00
House #	Street Address			Date [MM/DD/YYYY]	\$
7000	Meade Place			12/20/2017	100.00
City	State	Zip Code	Date [MM/DD/YYYY]	\$	
Pittsburgh	PA	15208			
Full Name of Contributor				Date [MM/DD/YYYY]	\$
Jeffrey Finn				12/23/2017	250.00
House #	Street Address			Date [MM/DD/YYYY]	\$
14232	NE 2 nd Place				
City	State	Zip Code	Date [MM/DD/YYYY]	\$	
Bellevue	WA	98007			
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:	82-3758209
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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]	\$	

p. 5 of 12 (no entries)

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:	82-3758209
------------------------------	------------

Full Name of Contributor				Date [MM/DD/YYYY]		\$
Adam Finn				12/28/2017		300.00
House #	Street Address			Date [MM/DD/YYYY]		\$
338	Bridge St, Apt 25D					
City	State	Zip Code		Date [MM/DD/YYYY]		\$
Brooklyn	NY	11201				
Employer Name				Occupation		
Pearson Education				Director Project Management		
Employer Mailing Address / Principal Place of Business						
221 River St, Hoboken, NJ 07030						
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, INTREST 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:	81-3758209
------------------------------	------------

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

File Identification Number:	82-3758209
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1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.00 OR LESS PER CONTRIBUTOR		
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TOTAL for the reporting period	(1)	\$ 1 -
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2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.00 (FROM PART F)		
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TOTAL for the reporting period	(2)	\$
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3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART G)		
--	--	--

TOTAL for the reporting period	(3)	\$
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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)		\$
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p. 8 of 12 (no entries)

SCHEDULE II
PART F
In-Kind Contributions Received
VALUE OF \$50.01 TO \$250

Filer Identification Number:	82-3758209
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Full Name of Contributor				Date [MM/DD/YYYY]	\$
House #				Date [MM/DD/YYYY]	
Street Address				\$	
City	State	Zip Code		Date [MM/DD/YYYY]	\$
Description of Contribution					
Full Name of Contributor				Date [MM/DD/YYYY]	\$
House #				Date [MM/DD/YYYY]	
Street Address				\$	
City	State	Zip Code		Date [MM/DD/YYYY]	\$
Description of Contribution					
Full Name of Contributor				Date [MM/DD/YYYY]	\$
House #				Date [MM/DD/YYYY]	
Street Address				\$	
City	State	Zip Code		Date [MM/DD/YYYY]	\$
Description of Contribution					
Full Name of Contributor				Date [MM/DD/YYYY]	\$
House #				Date [MM/DD/YYYY]	
Street Address				\$	
City	State	Zip Code		Date [MM/DD/YYYY]	\$
Description of Contribution					
Full Name of Contributor				Date [MM/DD/YYYY]	\$
House #				Date [MM/DD/YYYY]	
Street Address				\$	
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:	82-3758209
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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		

p. 10 of 12 (no entries)

SCHEDULE III
Statement of Expenditures

Filer Identification Number:	82-3758209
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To Whom Paid		US Postal Service			Date [MM/DD/YYYY]	\$	
					12/27/2017		98.00
House #	6360	Street Address	Broad St.		Description of Expenditure		
City	Pittsburgh	State	PA	Zip Code	15206 postage stamps		
To Whom Paid		Staples Store #1799			Date [MM/DD/YYYY]	\$	
					12/28/2017		17.12
House #	6875	Street Address	Penn Ave		Description of Expenditure		
City	Pittsburgh	State	PA	Zip Code	15206 envelopes		
To Whom Paid		FedEx Office			Date [MM/DD/YYYY]	\$	
					12/26/2017		139.10
House #	5996	Street Address	Centre Ave		Description of Expenditure		
City	Pittsburgh	State	PA	Zip Code	15206 copy and print services		
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #		Street Address			Description of Expenditure		
City		State		Zip Code			
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #		Street Address			Description of Expenditure		
City		State		Zip Code			
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #		Street Address			Description of Expenditure		
City		State		Zip Code			
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #		Street Address			Description of Expenditure		
City		State		Zip Code			

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:	82-375 8209
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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						
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						

p 12 of 12 (no entries)