

# 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 <sup>1</sup> <input type="checkbox"/>		COMMITTEE <sup>2</sup> <input checked="" type="checkbox"/>		LOBBYIST <sup>3</sup> <input type="checkbox"/>	
Name of Filing Committee, Candidate or Lobbyist: <u>Friends to Elect Holly &amp; Dennis to Council</u>									
Street Address: <u>130 Factory St</u>									
City: <u>Avoca</u>				State: <u>PA</u>		Zip Code: <u>18641</u>			
TYPE OF REPORT  (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2. <input checked="" type="checkbox"/>	30 DAY POST PRIMARY	3.	AMENDMENT REPORT?	YES	NO
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST ELECTION	6.	TERMINATION REPORT?	YES	NO
	ANNUAL REPORT	7.	YEAR		FILING METHOD ( ) CHECK ONE <input type="checkbox"/>		PAPER		DISKETTE

Name of Office Sought by Candidate: <u>Holly Homschek Council member</u> <u>Dennis O'Brien Council member</u>				DATE OF ELECTION MO. DAY YEAR <u>5 18 2021</u>		District Number <u>118</u>	Office Code <u>OTH</u>	Party Code <u>DEM</u>	County Code <u>40</u>
(SEE INSTRUCTIONS FOR CODES)									

Summary of Receipts and Expenditures from:		MO. DAY YEAR <u>3 12 2021</u>	To	MO. DAY YEAR <u>5 3 2021</u>
A. Amount Brought Forward From Last Report		\$ <u>0</u>		
B. Total Monetary Contributions and Receipts (From Schedule I)		\$ <u>780.00</u>		
C. Total Funds Available (Sum of Lines A and B)		\$ <u>780.00</u>		
D. Total Expenditures (From Schedule III)		\$ <u>611.99</u>		
E. Ending Cash Balance (Subtract Line D from Line C)		\$ <u>168.01</u>		
F. Value of In-Kind Contributions Received (From Schedule II)		\$ <u>200.00</u>		
G. Unpaid Debts and Obligations (From Schedule IV)		\$ <u>0</u>		

FOR OFFICE USE ONLY

RECEIVED

2021 MAY -6 PM 3:48

BOARD OF ELECTIONS  
LUZERNE COUNTY, PA

### 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 true, correct and complete.

Sworn to and subscribed before me this 3 day of May 20 21

<p><u>Kelly O'Brien</u> Commonwealth of Pennsylvania - Notary Seal Kelly O'Brien, Notary Public Signature Luzerne County My commission expires December 16, 2022 Commission number 1287412 Member, Pennsylvania Association of Notaries</p>	<p><u>Holly Homschek</u> Signature of Person Submitting Report <u>Holly Homschek</u> Printed Name <u>570</u> <u>-237-7190</u> Area Code Daytime Telephone Number</p>
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**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 3 day of May 20 21

<p><u>Kelly O'Brien</u> Commonwealth of Pennsylvania - Notary Seal Kelly O'Brien, Notary Public Signature Luzerne County My commission expires December 16, 2022 Commission number 1287412 Member, Pennsylvania Association of Notaries</p>	<p><u>Holly Homschek</u> <u>Dennis O'Brien</u> Signature of Candidate <u>Holly Homschek / DENNIS O'BRIEN</u> Printed Name <u>570</u> <u>-237-7190</u> Area Code Daytime Telephone Number</p>
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# CONTRIBUTIONS AND RECEIPTS

## Detailed Summary Page

Name of Filing Committee or Candidate <u>Friends to Elect Holly &amp; Dennis to Council</u>	Reporting Period From <u>3-12-21</u> To <u>5-3-21</u>
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<b>1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR</b>		
	TOTAL for the Reporting Period	(1) \$ <u>0</u>

<b>2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)</b>		
Contributions Received from Political Committees (Part A)		\$ <u>0</u>
All Other Contributions (Part B)		\$ <u>480.00</u>
	TOTAL for the Reporting Period	(2) \$ <u>480.00</u>

<b>3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)</b>		
Contributions Received from Political Committees (Part C)		\$ <u>0</u>
All Other Contributions (Part D)		\$ <u>300.00</u>
	TOTAL for the Reporting Period	(3) \$ <u>300.00</u>

<b>4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)</b>		
	TOTAL for the Reporting Period	(4) \$ <u>0</u>

<b>TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD</b> (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B.)	\$ <u>780.00</u>
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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 <u>Friends to Elect Holly &amp; Dennis to Council</u>	Reporting Period From <u>3-12-21</u> To <u>5-3-21</u>
--	--

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

PAGE TOTAL  
\$ 0

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

PART B  
**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 <b>Friends to Elect Holly &amp; Dennis to Council</b>	Reporting Period From <u>3-12-21</u> To <u>5-3-21</u>
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				DATE			AMOUNT
Full Name of Contributor <b>Sandra Loftus</b>				MO.	DAY	YEAR	\$ 100.00
Mailing Address <b>834 McAlpine St</b>				MO.	DAY	YEAR	\$ 80.00
City <b>Avoca</b>	State <b>PA</b>	Zip Code (Plus 4) <b>18641-</b>		MO.	DAY	YEAR	\$
Full Name of Contributor <b>Paul Brady</b>				MO.	DAY	YEAR	\$ 100.00
Mailing Address <b>1124 Main St</b>				MO.	DAY	YEAR	\$
City <b>Avoca</b>	State <b>PA</b>	Zip Code (Plus 4) <b>18641-</b>		MO.	DAY	YEAR	\$
Full Name of Contributor <b>Kent Brailee</b>				MO.	DAY	YEAR	\$ 50.00
Mailing Address <b>285 Gedding St</b>				MO.	DAY	YEAR	\$
City <b>Avoca</b>	State <b>PA</b>	Zip Code (Plus 4) <b>18641-</b>		MO.	DAY	YEAR	\$
Full Name of Contributor <b>James O'Brien</b>				MO.	DAY	YEAR	\$ 100.00
Mailing Address <b>111 Cemetery St</b>				MO.	DAY	YEAR	\$
City <b>Avoca</b>	State <b>PA</b>	Zip Code (Plus 4) <b>18641-</b>		MO.	DAY	YEAR	\$
Full Name of Contributor <b>Ronald J Casper</b>				MO.	DAY	YEAR	\$ 50.00
Mailing Address <b>1021 McAlpine St</b>				MO.	DAY	YEAR	\$
City <b>Avoca</b>	State <b>PA</b>	Zip Code (Plus 4) <b>18641-</b>		MO.	DAY	YEAR	\$
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
				MO.	DAY	YEAR	\$
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
				MO.	DAY	YEAR	\$
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
				MO.	DAY	YEAR	\$

PAGE TOTAL  
**\$ 480.00**

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

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 <u>Friends to Elect Holly &amp; Dennis to Council</u>	Reporting Period From <u>3-12-21</u> To <u>5-3-21</u>
--	--

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

PAGE TOTAL  
\$ 0

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

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 <u>Friends to Elect Holly &amp; Dennis to Council</u>	Reporting Period From <u>3-12-21</u> To <u>5-3-21</u>
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				DATE			AMOUNT
Full Name of Contributor <u>Richard P. Romanko</u>				MO.	DAY	YEAR	\$ <u>300.00</u>
Mailing Address <u>122 Laurie LN.</u>				MO.	DAY	YEAR	\$
City <u>Pittston</u>	State <u>PA</u>	Zip Code (Plus 4) <u>18640-</u>		MO.	DAY	YEAR	\$
Employer Name <u>Pittston Area</u>				Occupation <u>Security Guard</u>			
Employer Mailing Address/Principal Place of Business <u>5 Stout St. Yatesville PA 18640</u>							
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  
 \$ 300.00

# 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 Filing Committee or Candidate <u>Friends to Elect Holly &amp; Dennis to Council</u>	Reporting Period From <u>3-12-21</u> To <u>5-3-21</u>
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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						

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

PAGE TOTAL
\$ <u>0</u>

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

# 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 <i>Friends to Elect Holly &amp; Dennis to Council</i>	Reporting Period From <i>3-12-21</i> To <i>5-3-21</i>
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**1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR**

TOTAL for the Reporting Period	(1)	\$ <i>0</i>
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**2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)**

TOTAL for the Reporting Period	(2)	\$ <i>200.00</i>
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**3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)**

TOTAL for the Reporting Period	(3)	\$ <i>0</i>
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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.)	\$ <i>200.00</i>
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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 <u>Friends to Elect Holly &amp; Dennis to Council</u>	Reporting Period From <u>3-12-21</u> To <u>5-3-21</u>
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		DATE	AMOUNT
Full Name of Contributor <u>Jerry Stewart</u>	MO.	DAY	YEAR
	3	26	2021
Mailing Address <u>43 East Kirmar Ave</u>	MO.	DAY	YEAR
City <u>Nanticoke</u>	State <u>PA</u>	Zip Code (Plus 4) <u>18634 -</u>	
Description of Contribution: <u>Signs / Cards</u>			\$ <u>200.00</u>
Full Name of Contributor	MO.	DAY	YEAR
Mailing Address	MO.	DAY	YEAR
City	State	Zip Code (Plus 4)	
		-	
Description of Contribution:			\$
Full Name of Contributor	MO.	DAY	YEAR
Mailing Address	MO.	DAY	YEAR
City	State	Zip Code (Plus 4)	
		-	
Description of Contribution:			\$
Full Name of Contributor	MO.	DAY	YEAR
Mailing Address	MO.	DAY	YEAR
City	State	Zip Code (Plus 4)	
		-	
Description of Contribution:			\$
Full Name of Contributor	MO.	DAY	YEAR
Mailing Address	MO.	DAY	YEAR
City	State	Zip Code (Plus 4)	
		-	
Description of Contribution:			\$
Full Name of Contributor	MO.	DAY	YEAR
Mailing Address	MO.	DAY	YEAR
City	State	Zip Code (Plus 4)	
		-	
Description of Contribution:			\$
Full Name of Contributor	MO.	DAY	YEAR
Mailing Address	MO.	DAY	YEAR
City	State	Zip Code (Plus 4)	
		-	
Description of Contribution:			\$

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

PAGE TOTAL  
\$ 200.00

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

Name of Filing Committee or Candidate <u>Friends to Elect Holly &amp; Dennis to Council</u>	Reporting Period From <u>3-12-21</u> To <u>5-3-21</u>
--	--

				DATE	AMOUNT		
Full Name of Contributor				MO.	DAY.	YEAR.	\$
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			
Full Name of Contributor				MO.	DAY.	YEAR.	\$
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			
Full Name of Contributor				MO.	DAY.	YEAR.	\$
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			
Full Name of Contributor				MO.	DAY.	YEAR.	\$
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			
Full Name of Contributor				MO.	DAY.	YEAR.	\$
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			

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

PAGE TOTAL \$ <u>0</u>
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SCHEDULE III  
STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate <b>Friends to Elect Holly &amp; Dennis to Council</b>	Reporting Period From <b>3-12-21</b> To <b>5-3-21</b>
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To Whom Paid <b>A.B.E. Graphics LLC</b>	MO. <b>3</b>	DAY <b>10</b>	YEAR <b>2021</b>	Amount <b>\$ 245.00</b>
Mailing Address <b>52231 State Route 248</b>				
Description of Expenditure				
City <b>Long Bottom</b>	State <b>OH</b>	Zip Code (Plus 4) <b>45743</b>		
Description of Expenditure <b>Campaign Yard Signs</b>				

To Whom Paid <b>Amazon Inc</b>	MO. <b>3</b>	DAY <b>21</b>	YEAR <b>2021</b>	Amount <b>\$ 16.74</b>
Mailing Address <b>440 Terry Avenue</b>				
Description of Expenditure				
City <b>North Seattle</b>	State <b>WA</b>	Zip Code (Plus 4) <b>98104</b>		
Description of Expenditure <b>Clear Bays for Door Hangers</b>				

To Whom Paid <b>Center City Print</b>	MO. <b>3</b>	DAY <b>30</b>	YEAR <b>2021</b>	Amount <b>\$ 239.57</b>
Mailing Address <b>119 Penn Ave</b>				
Description of Expenditure				
City <b>Scranton</b>	State <b>PA</b>	Zip Code (Plus 4) <b>18503</b>		
Description of Expenditure <b>Postcards / Mailing Pressing / Postage</b>				

To Whom Paid <b>Vista Print</b>	MO. <b>4</b>	DAY <b>19</b>	YEAR <b>2021</b>	Amount <b>\$ 110.68</b>
Mailing Address <b>275 Wyman St</b>				
Description of Expenditure				
City <b>Waltham</b>	State <b>MA</b>	Zip Code (Plus 4) <b>02451</b>		
Description of Expenditure <b>Door Hanger Mfg</b>				

To Whom Paid	MO.	DAY	YEAR	Amount \$
Mailing Address				
Description of Expenditure				
City	State	Zip Code (Plus 4) -		

To Whom Paid	MO.	DAY	YEAR	Amount \$
Mailing Address				
Description of Expenditure				
City	State	Zip Code (Plus 4) -		

To Whom Paid	MO.	DAY	YEAR	Amount \$
Mailing Address				
Description of Expenditure				
City	State	Zip Code (Plus 4) -		

To Whom Paid	MO.	DAY	YEAR	Amount \$
Mailing Address				
Description of Expenditure				
City	State	Zip Code (Plus 4) -		

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

PAGE TOTAL  
**\$ 611.99**

**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 <u>Friends to Elect Holly &amp; Dennis to Council</u>	Reporting Period From <u>3-12-21</u> To <u>5-3-21</u>
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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 \$ <u>0</u>
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