#### (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: This report	must be clear and	Report	Inay be	CANDID		1.	COMMI	7 (2)	2.	LOBB	YIST 3	
Filer Identification Number:			Filed By:		CANOD	AIE	i	COMM					
M		er Orera	/	<del></del>						·			
Street Address: 4	) 一 出っしっ	so Or						Zip Cad					
City;	Arbu				State: P	4			227		<b></b>	<u> </u>	
TYPE OF	STH TUESDAY	1. 2ND FRIDA		- ;	DAY ST PRIMA	RY	3.	AMENDM REPORT?		YES		NO	
REPORT		4. 2NO FRIDE			DAY ST ELECT	ION	6.	TERMINA REPORT?		YES		NO	
(place X to the right of report type)		7. YEAR	2016	FIL	NG MET	ONE		PAPE	R		DISK	ETTE	
Name of Office Soug		<u> </u>	1.0-		DATE OF		,	District Number	Offic Codi		Party Code	Cou Co	
( ^					O. DAY	YE	AR						
$\mathcal{O}$	Mel		. الناسية المالية		18	1/6			OR OF			FOR CO	)DES)
	_	MO. DAY	rEAR		O. DAY	Y	EAR	<b> </b>	OH OI	FILE	UDE (	JING Y	<del></del>
Summary of F and Expenditu	Receipts res from:	1 /	16	To L	2 31	16	2				29		
	ht Forward From Las	st Report		s /	262	. 0		1		} 	2017 JAN 31	. <del>.</del> 70	
	Contributions and F		hedule I)	\$ 6	000			]			经		
	vailable (Sum of Line			\$ 7	262	, 0	O _					Ě	
D. Total Expendit	ures (From Schedule	1(1)		\$ 6	098	. 0	>		TG. CO. SA	<u></u>	3	CEIVES	
E. Ending Cash 8	alance (Subtract Line	D from Line C)		9 1164.00 BB 5									
F. Value of In-K	ind Contributions Re	ceived (From Sch	edule II)	\$	0						တ		
G. Unpaid Debts	and Obligations (From	n Schedule IV)		\$ 6	00	<u> </u>		<u> </u>					
			AFFIDAV	IT SECT	ION	ata ra	nort (	andidate	sign h	ere.			
PART 1 - If this	is a Committee for that this report, includ	ort, treasurer sig	edulas, on p	paper or c	omputer d	skette.	are to	the best	of my k	nowled	ge and	belief	rue,
correct and comple	it <b>e</b> .					١							
1 7/ <sub>2</sub>	scribed before me this		17	1		1/a	<u>_</u> /	Sil	2Cm	خ			
50	201 1. 1007	COMMONWEALT	OF PENN	BY VAN	A	Sig	natu 6	of Person	Submit		part		
13	Signatur		RIAL SEAL KOHLER, N	lotary Pul	lic L	>10	1/1/	Printed I		10		··································	
My commission o	0/5/17	Upper Merion Two Wy Commission E				15		290	2 - S	<u> </u>	<i>(</i>		
My Commission	MO.			,	Arga	Code			Daytim	e rerer	none n	(Dinoe)	
DART HE LANGE	s is a report of a	andidate's Autho	rized Con	milttee,	candidate	shall	sign h	ere.					
s swear for affirm (P.L. 1333, No. 320	) that to the best of m	y knowledge and bel	ief this pof	itical com	mittee ha	not v	iolated	any provi	sions of	the A	ct of J	une 3, 1	937
	bacribed before me this	COM	10NU~	_	NI	Do		M	001				
3-5 pm	you Java	<u>'</u>	20 MO	H PF PF	/UC	exu	س ج	nature of	Candida	ite	7		<b></b>
	trum. O.	My Com	Wh Born	NOL	LYSYLVAN	Buc	La	11	$\nu_{i}/$	50c	-		
	Signatur	MINER, PEN	20 NOTAR anna DIIIIIO Wn Boro, A Vission Expi VISTIVANIA AS	or gome	y Col	1		Printed 2	Name	. 51	(5/		
My commission	MO.	DAY 7-7	<u> </u>	SOCIATION	18 24	gode				ne Tele		Number	
					NOTARIE	, ,							

#### SCHEDULE I

PAGE 2 OF

## CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate  Milhovin Lo Cone	Reporting Perm From	/, <u>_</u>	To 12/3,/16
1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS	PER CONT	RIBU	ITOR
TOTAL for the Reporting Period	d (1)	\$	6
2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART	В)		
Contributions Received from Political Committees (Part A)		\$	0
All Other Contributions (Part B)		\$	0
TOTAL for the Reporting Perior	d (2)	\$	0
3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)  Contributions Received from Political Committees (Part C)  All Other Contributions (Part D)		\$	6
TOTAL for the Reporting Perio	od (3)	\$	6000
4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED C	CHECKS, ET	C. (F	ROM PART E)
TOTAL for the Reporting Perio		\$	$\circ$
		<del> </del>	
TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD (Add and enter amount totals from Roxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Enver Page, Item 8.)		\$	6000

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PAGE	OF.	

Reporting Period

# 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.

						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	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address		, , , , , , , , , , , , , , , , , , ,	MO.	DAY	YEAR	\$
Сіту	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	1
	1				<u> </u>	\$
Full Name of Contributing Committee	<u> </u>		MO.	DAY	YEAR	\$
Full Name of Contributing Committee  Mailing Address	1		MO.	DAY	YEAR	
	State	Zip Code (Plus 4) 			YEAR YEAR	\$
Meiling Address	State	Zip Code (Plus 4) 	MO.	DAY	YEAR	\$
Mailing Address City	State		MO.	DAY	YEAR YEAR	\$ \$ \$
Marling Address  City  Full Name of Contributing Committee	State	Zip Code (Plus 4) Zip Code (Plus 4)	MO.	DAY	YEAR YEAR	\$ \$ \$
Mailing Address  City  Full Name of Contributing Committee  Mailing Address			MO.  MO.  MO.  MO.	DAY DAY DAY DAY	YEAR YEAR YEAR YEAR YEAR	\$ \$ \$ \$
Mailing Address  City  Full Name of Contributing Committee  Mailing Address  City	State	Zip Code (Plus 4)	MO.  MO.  MO.  MO.  MO.  MO.	DAY DAY DAY DAY DAY	YEAR YEAR YEAR YEAR YEAR YEAR	\$ \$ \$ \$ - \$
Mailing Address  City  Full Name of Contributing Committee  Mailing Address  City  Full Name of Contributing Committee			MO.  MO.  MO.  MO.	DAY DAY DAY DAY	YEAR YEAR YEAR YEAR YEAR	\$ \$ \$ -\$ -\$

Name of Filing Committee or Candidate

 j.	(3)	٠.			OF		
		-		 		 	

# 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			Į F	leporting :		
				From	**************************************	To
				DATE		TNUOMA
Full Name of Contributor			Mo.	DAY	YEAR	\$
Vailing Address			Mo.	DAY	YEAR	\$
	State	Z-p Code (Plus 4)	MO.	DAY	YEAR	
						\$
Full Name of Contributor			MO.	DAY	YEAR	\$
Veiling Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Pius 4)	MO.	DAY	YEAR	
					VEAR	\$
Full frame of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zio Cade (Plus 4)	Mo.	DAY	YEAR	
						\$
First Name of Contributor			MO.	DAY	YEAR	\$
Mailing Addross			MO.	DAY	YEAR	\$
Спу	Ŝtate	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributor			MQ.	DAY	YEAR	
				545	VEAG	\$
Mailing Address			MO.	DAY	PAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Fall Name of Contributor			MO.	DAY	YEAR	\$
			MO.	DAY	YEAR	
Mailing Adoress						\$
Cay	State	Zip Code (Plus 4)	MO.	DAY	YEAR	s
Tull Name of Contributor			M O.	DAY	YEAH	\$
Waiting Noderess			OM	DAY	YEAR	\$
Sity	State	Z'u Code /Plus 4:	мо	DAY	YEAR	<b>D</b>
Site		_	1410		LAU	\$
Fell Name of Contributor			MC	. DAY	YEAR	- \$
Mailing Address			N'O	DAY	YEAR	-   \$
Cay	State	Z-p Code fries At	MO	DAY	YEAR	
						\$
						PAGE TOTAL
Enter Grand Total of Part B on S	Schedule :	, Detailed Summ	nary Pag	e, Secti	or. 2.	S

prospersion and the second

PAGE	OF	

Reporting Period

#### 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.

			1	From	,,,,,	То
			<del>-</del>	DATE		AMOUNT
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			мо.	DAY	YEAR	\$
City	State	Zip Code (Pius 4)	MO.	DAY	YEAR	
u.,,		, — · · · · · · · · · · · · · · · · · ·		wr S I	7 -201	\$
Full Name of Contributing Committee			Mo.	DAY	YEAR	<b>\$</b>
Mailing Address	<u></u>		MO.	DAY	YEAR	
		Tin Pada Ibi	<u> </u>			\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address	<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>		MO.	DAY	YEAR	
						\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Containing Containing		<del>-</del>	MO.	DAY	YEAR	
Full Name of Contributing Committee					2,311	\$
Mailing Address		11.00	MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
		-				\$
Full Name of Contributing Committee			MQ.	DAY	YEAR	\$
Mailing Address	· · · · · · · · · · · · · · · · · · ·		MO.	DAY	YEAR	\$
	State	Zip Code (Plus 4)	1	P. 2 · /	<del> </del>	*
City	21916		MO	DAY	YEAR	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	
			1410.	751	1	\$
City	State	Zio Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	
						<b>\$</b>
Mailing Address	<del></del>		MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
			MO.	DAY	YEAR	
Full Name of Contributing Committee			WIU.	L DAY	EAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
						\$
			-			PAGE TOTAL
Enter Grand Total of Part C on	Schedule I,	Detailed Summa	ry Page,	Section	>n 3.	\$

Name of Filing Committee or Candidate

#### PART D **ALL OTHER CONTRIBUTIONS**

PAGE	OF	
	The state of the s	Access to the second contract of the second

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.)

Milbour for Cara	ne		From [	11/1	TO 52/31/16
			DATE		AMOUNT
Full Name of Contributor Milbune		MO.	DAY Z	YEAR /	\$ 6000
Michael Milbone Mailing Address 707 1ty hq-tr Dr	Santa I	MO.	DAY	YEAR	\$
-117	1 State   Lip code ii da 4	МО.	DAY	YEAR	\$
Employer Name  Suf england  Employer Mailing Address/Principal Plade of Business		Occupatio	on		
employer Mailing Address/Principal Plade 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	<del></del>	Occupation	on		
Employer Mailing Address:Principal Place of Business					
Full Name of Contributor		Mo.	DAY	YEAR	\$
Mailing Address		мо.	DAY	YEAR	\$
Сіту	State Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer Name	1	Occupati	I on	1	1
Employer Mailing Address/Principal Place of Business					
Full Name of Contributor		MO.	DAY	YEAR	\$
Mailing Address		MO.	DAY	YEAR	\$
City	State Z-p Code (Plus 4)	мо.	DAY	YEAR	\$
Employer Name		Occupati	ìon	1	<u></u>
Employer Mailing Address/Principal Place of Business					
Fuil Name of Contributor		MO.	DAY	YEAR	\$
Mailing Address		MQ.	DAY	YEAR	\$
Сту	State Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer Name		Occupat	lion		
Employer Mailing Address Principal Place of Susiness		<u> </u>			
Enter Grand Total of Part D on Sche	dule I. Detailed Summer	ry Page	Section	on 3	PAGE TOTAL
with the diamy local of Part D on Sche	i, Detailed Summit	, .aye	, Jevill	<b>U</b> .	\$6000

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PAGE	OF.	

# 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.

me of Filing Committee or Candidate				sporting m From		то
Name						
· · · · · · · · · · · · · · · · · · ·						
ailing Address						
ity	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount
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eceipt Description		APPARIA	<u> </u>			
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Mailing Address						**************************************
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Caty	State	Žip Code (Plus 4) —	MC.	DAY	YEAR	Amount \$
Receipt Description			4			
ull Name						
					<del></del>	
Mailing Address						
Sity	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount
			1		L	\$
Receipt Description						
Full Name				<b></b>		
	1000					
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount
,		Mina				\$
Receipt Description				1	-1- <u></u>	
Full Name				<del>-</del>		
-un name						
Mailing Address						
				7 547	YEAR	Amount
City	State	Zip Code (Plus 4) 	MO.	DAY	1 TEAR	\$
Receipt Description						
Fuil Name						
Malling Address					· · · · · · · · · · · · · · · · · · ·	Made and resident and the sector of the sect
С.:у	State	Zip Code (P(us 4)	MO.	DAY	YEAR	\$
Receipt Description						
Trouble product portions			. <u> </u>			
		لترف والمستوح				
						PAGE TOTAL

#### SCHEDULE II

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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		Reporting Peri	od
	:	From	To
1. UNITEMIZED IN-KIND CONTRIBL	JTIONS RECEIVED - VALUE OF S	\$50.00 OR L	ESS PER CONTRIBUTOR
	TOTAL for the Reporting Perio	d (1)	\$
2. IN-KIND CONTRIBUTIONS RECE	IVED - VALUE OF \$50.01 TO \$2	50.00 (FROM	PART F)
	TOTAL for the Reporting Perio	d (2)	\$
3. IN-KIND CONTRIBUTION RECEIV	VED - VALUE OVER \$250.00 (FR	OM PART G	
	TOTAL for the Reporting Perio	od (3)	\$
TOTAL VALUE OF IN-KIND CONTE	RIBUTIONS OURING THIS		
REPORTING PERIOD (Add and enter and 3: also enter on Page 1, Report	amount totals from Boxes 1, 2,		\$
and s; also enter on rage 1, hepor	t sole, loge, reem		

PAGE	QF.	

#### SCHEDULE II PART F

## IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate				porting F		
				From		To
			A	DATE		AMOUNT
ull Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
			<b>1</b>	5.0	NE LE	
Stry	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Description of Contribution:						
ull Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	
						\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Description of Contribution;					<u> </u>	
Full Name of Contributor			MO.	DAY	YEAR	\$
			MO.	DAY	YEAR	<b>T</b>
Mailing Address			INC.	<del></del>		\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Description of Contribution.						
Full Name of Contributor			мо.	DAY	YEAR	\$
			<u> </u>			*
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Description of Contribution				<u> </u>		
Description of Contribution						
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	
					1	\$
City	State	Zip Code (Plus 4) —	MO.	DAY	YEAR	\$
Description of Contribution			1	.1		
Full Name of Contributor			MO.	DAY	YEAR	\$
			MO.	DAY	YEAR	
Mailing Address			1910.		1	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Description of Contribution:				<u> </u>	1	
						PAGE TOTAL
Enter Grand Total of Part F on S	chedule II	, In-Kind Contrib	utions D	etailed		1
Summary Page, Section 2.						\$

PAGE	OF	

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate			I <sup>R</sup>	leporting		
				From		To
				ETAG		AMOUNT
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			Mo.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	мо.	DAY	YEAR	\$
Employer of Contributor			Occupati	on .	<u> </u>	
Employer Mailing Address/Principal Place of Business	• • • • • • • • • • • • • • • • • • • •		Descripti	ion of Con	tribution	
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer of Contributor		<u></u>	Occupati	on	L	
Employer Mailing Address/Principal Place of Business			Descripti	ion of Con	tribution	
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MQ.	DAY	YEAR	\$
City	State	Zip Code (Plus 4) —	мо.	DAY	YEAR	\$
Employer of Contributor	<del></del>		Oscupati	an	<u> </u>	
Employer Mailing Addrass/Principal Place of Business			Descripti	ion of Can	tribution	
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer of Contributor			Occupati			
Employer Mailing Addrass/Principal Place of Susinass			Descript	ion of Can	tribution	
Full Name of Contributor		And the second s	MO.	DAY	YEAR	\$
Mailing Address City		- 192	MO.	DAY	YEAR	\$
City S Employer of Contributor	State	Zip Code (Plus 4) -	Occupati	DAY	YEAR	\$
Employer Mailing Address/Principal Place of Business	<del></del>				and the continues	North Control of the
Carrier and the second			Descrip.	ion of Con	THOUGH	
Enter Grand Total of Part G on Sched Summary Page, Section 3.	lule II,	. In-Kind Contribu	utions D	etailed		PAGE TOTAL \$

OSEB-502 (7-99)

#### SCHEDULE III

# STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate Milboura for Conne	/		1	porting <sup>5</sup> From <u>(</u>	,	· TO 12/51/16
10 Vncm Paid  O V			мо. <b>2</b>	DAY		Amount \$ / 00-6
MCDC Meiling Address  U. E.IAny St.			Descriptic	n of Exper	nditure	
NOTCHENA	PA	7 p Code (Frus 4)				
Mailing Address 4 Allows 5			MO. 2	DAY /	YEAR 16	\$ 5000
21 tot An, It.	Ãi e la	Zip Code (Pius 4)	_	m/v/		
City Wolfnpm_ To Whom Paid	(A)	19409	MC.	DAY		Amount
TD BANK			Description	29 on of Expe		\$ 2.00
SOL My Pike Cosholake	State	7:p Code (Flus 4)		5000	< 54	nertee
To Whom Paid  TO RAIC			MO.	DAY	YEAR /G	Amount 96.00
To Whom Paid  TD Bank  Mailing Address  Sor My Pike				31 on at Expe	nditure	ic his intercatee
Consholu	State	71p Code (Plus 4)				
CONTRACTOR TO	110	1110				<del>a de la composición de</del>
To Whom Paid			MO.	DAY	YEAR	Amount \$
To Whom Paid	Stato			DAY on of Expe		
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To Whom Paid			Descripti MC.	on of Expo	YEAR	\$
To Whom Paid  Mailing Address  City  Ye Whom Paid			Descripti MC.	on of Expo	YEAR	\$ Amount
To Whom Paid  Mailing Address  To Whom Paid  Making Address	Store	Zip Code (Plus 4)	Descripti MC.	on of Expo	YEAR	\$ Amount
Now the Paid  Maning Address  Only  Only  Only  Only  Only	Store	Zip Code (Plus 4)	MC.  Descripti  MO.	DAY	YEAR YEAR	Amount \$
Now them Paid  To Whom Paid  To Whom Paid  To Whom Paid  To Whom Paid	Store	Zip Code (Plus 4)	MC.  Descripti  MO.	DAY on of Expo	YEAR YEAR	Amount \$
Kerling Address  City  Ye Whom Paid  Mailing Address  To Whom Paid  Vacting Address  City  To Whom Paid	State	Zip Code (Ples 4)  Zip Code (Ples 4)	MC.  Descripti  MO.  Descripti  MO.	DAY  DAY  DAY  DAY	YEAR  YEAR  YEAR  L  YEAR	Amount \$
Mailing Address  To Whom Paid  Mailing Address  City  To Whom Paid  Vacting Address  City	State	Zip Code (Plus 4)  Zip Code (Plus 4)	MC.  Descripti  MO.  Descripti  MO.	DAY on of Expo	YEAR  YEAR  YEAR  L  YEAR	Amount \$ Amount
Mailing Address  City  To Whom Paid  Mailing Address  To Whom Paid  Mailing Address  To Whom Paid  Valling Address	State State State	Zip Code (Plus 4)  Zip Code (Plus 4)  Zip Code (Plus 4)	MC.  Descripti  MO.  Descripti  MO.	DAY  DAY  DAY  DAY	YEAR  YEAR  YEAR  L  YEAR	Amount \$ Amount

PAGE	OF		

# 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	
Milborn fe conore			From _	1/./	16 TO 12/3,/16
Mailing Address  Mo 7 Hyrage Prive  City  Description of Debt  Name of Creditor					
Michael Milberry					Outstanding Balance of Debt
Mailing Address	DATE	T NO	1 614	l Windows	\$ 6000
407 Hylgete Vive	DEBT	MO/	DAY	YEAR O	
City		State	Zip Code	(Plus 4)	
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