

Commonwealth of Pennsylvania - Campaign Finance Report (Note: This report must be clear and legible. It should be typed)

Trillian Matanaga and A							
Filer Identification	Report Filed I	By Candida	ite 📈	Committee	Lobbyist		
Number	(Mark X)						
Name of Filing Committee, Candidate or	ROBERT MARTIN						
Lobbyist	KOBE	= PT N	ARTIN				
Street Address			2	. As to 2			
the Particulation of the second of the second of	1095	5 MAY	10.	<u> </u>	<u> </u>		
City		State	01	Zip Code	70		
WATISBURG		1 / /	PA .	1649	f2		
Type of Report (Place x under report type)	•	•					
1-6 th Tuesday 2- 2 nd Friday 3-30 Day Post	4-6th Tuesday	5- 2 nd Friday	6-30 Day Post	7- Annual Special	2 nd Friday Special 30 Day		
Pre-Primary Pre-Primary Primary	Pre- Election	Pre-Election	Election	Pre-Elec			
rie-rimary Filliary	Pre-Election	Pre-Election	Liection	rie-ciec	uon Post-Election		
					1		
		,					
Date Of Election	Year	-	Amendment	Termina	tion		
(MM/DD/YYYY) 05/18/2021		2621	Report	Report			
	<u>er in gestil</u>						
Summary of Receipts and From Date	To Date			For Office Use	Only		
Expenditures			1				
4/23/2021	5/3/3	2021.					
A. Amount Brought Forward From Last Report				A Carrette Comments			
) .					
B. Total Monetary Contributions and Receipts	े इ	·					
(From Schedule I))			rrim as		
C. Total Funds Available	\$ _						
(Sum of Lines A and B)	1 0						
D. Total Expenditures							
	\$ 55	151			may be to the second		
(From Schedule III)		1.04					
E. Ending Cash Balance	\$	`			Name .		
(Subtract Line D from Line C)	1 6	,			i i		
F. Value of In-Kind Contributions Received	\$ 2						
(From Schedule II)					<u> </u>		
G. Unpaid Debts and Obligations	\$						
(From Schedule IV)	116						
		Affidavit Sec	tion				
Part 1- If this is a Committee report, treasurer sign he	re. If this is a Can	•		· · · · · · · · · · · · · · · · · · ·			
I swear (or affirm) that this report, including the attac	hed schedules on	paper. is to the b	est of my knowleds	e and belief true, correct	and complete.		
Sworn to and subscribed before me this		, , ,	1	, , , , , , , , , , , , , , ,			
1/1/1/1			-7///	1-11			
day of All 2021			Kall	11/2			
- Oldow March			Signature o	f Person Submitting repor	t .		
	× 1		KOBER				
Signature Commonwealth of Per	newyania - Nota	ny Seal		Printed Name			
\ \ Jill Pennsy\\	Notary Public	ily Coai	Oil	210-62	X		
Tria f	OTDAY.	-	014	210702	<u> </u>		
MD. My commission exp	ires October 4,	2022 Ar	ea Code	Daytime Teleph	ione Number		
Commission of	umhor 12/1/01	a l		·			
Part II- If this is a report of a Camplifate's Antionized of I swear (or affirm) that to the best of my knowledge at	Association of N	late shall sign he	e.		2 4027/0 1 4222 NO 2261		
amended.	iu bellet this polit	scai committee n	as not violated any	provisions or the Act or Ju	ne 3, 1937 (P.L. 1333, NO.320) as		
		-					
Sworn to and subscribed before me this							
The second secon							
day of 20	• 1						
			Signa	ture of Candidate			
	١.				<u>_</u>		
Signature Printed Name					•		
· *							
My Commission expires	-				_		
, MO, DAY YR.		Аг	ea Code	Daytime Telepho	ine Number		
			•				
				•	£		

Statement of Expenditures

The property of the property of the property of the party	 and the second second second		
/Filer Identification Number 1/			
CONTRACTOR OF THE PROPERTY OF			

To Whom Paid	Barry and the state of the Stat	· · · · · · · · · · · · · · · · · · ·	*Date IMM/DD/YVYY ii s	3
DESA	MTIS SI	ignis	04 /23 /2021	279.84
House# 540 Street Address	WEST 18	ON ST.	Description of Expenditure	
ERIE	State	Code 16502	SIGNS	11.77 \$10.000
To Whom Paid DESAN	1715 S14WS		Date [MM/DD/YYYY] S 04/26/2021	91.00
	NEST 18 ^Q .	St.	Description of Expenditure	il .
ERIE	State PA	Zip R Code /6502	2 SIGNS	<u> </u>
TOWNOM Paid DESAMTI	15 SGNS		04/29/2021	180.20
House# Street Address	WEST 18 PM.	ST.	(Description of Expenditure)	
ELIE	State PA	Zip	Sians	Configuration of Assessment of Manager and
(OWhom Paid II)			Date/MM/DD/YYYY)	
House # Street Address		-	Description of Expenditure	
CITY STREET	State	Zip (C.) (Gode	HEREIGH STEINERSTEINE STEINERSTEIN STEINE ST	
TOWhom Paid	Nep3288900 2-10	Description	Date [MM/DD/YYYY] 3	
House讲。 Street Address			Description of Expenditure	
AGNOSTI IGITY AND	State	Žip Gode		
(iô Whom Paid	<i>Ю. Серен</i> ия поста	CONTRACTOR	Date (MM/DD/YYYY)	
House # Street Address		· · · · · · · · · · · · · · · · · · ·	Description of Expenditure	
Gity	State	Zip Code	· · · · · · · · · · · · · · · · · · ·	NORTH OF THE CASE
To Whom Paid	Part of Gallery		Date[MM/DD/YYYY] : \$	e o la substitución de la substi
House # Street Address			Description of Expenditure	
Josephin Line Transport Tr	State	/Zip Code		a si desamba a sa babahan sa babahan
Fowhom Paid	SHERICS AND		Date [MM/DD/YYYY] \$	<u> verk engewer in eerste. Einstelle</u> n de een vijf en in
House# Street Address			Description of Expenditure	
基語など GitŸ] 	State	Ζίρ Code		