

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

Filer Identification Report Filed By Candidate Number (Mark X) Name of Filing Committee, Candidate or Lobbyist Street Address Report Filed By Candidate (Mark X) Mark X) Mark X	Committee Lobbyist
Lobbyist Mark S	
	1 . 1 . 'K \ \-
	Text. Part
City	casent es
Erie P	A 16509
Type of Report (Place x under report type)	
1- 6 th Tuesday 2- 2 nd Friday 3- 30 Day Post 4- 6 th Tuesday 5- 2 nd Friday 6-30 Pre-Primary Primary Pre-Election Pre-Election Election	Day Post 7- Annual Special 2 nd Friday Special 30 Day Fre-Election Post-Election
Date Of Election (MM/DD/YYYY) III-03/Zw 7021 Repor	ndment Termination Report
Summary of Receipts and From Date To Date	For Office Use Only
Expenditures 05-のつい 06-りってい	
A. Amount Brought Forward From Last Report \$ \$87.34	<u> Karajan dan dan kemendak atau 1960 - 1961, dan kebaja Karata Bandan dan dan dan kebaja berbajai berbajai dan</u> Jerupakan
B. Total Monetary Contributions and Receipts \$ \$\ (From Schedule I) \$\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
C Total Funds Available	
(Sum of Lines A and B) D. Total Expenditures \$	
(From Schedule III) 887.34	
E. Ending Cash Balance \$ (Subtract Line D from Line C)	
F. Value of In-Kind Contributions Received \$	
Cilianid Datitional Obligations	•
(From Schedule IV)	
Afficavit Section Part 1- If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate	
I swear (or affirm) that this report, including the attached schedules on paper, is the best of m	my knowledge and belief the, correct and complete.
Sworn to and subscribed before me this	$A \sim A$
	Signature of Boxen Submitting forest
midlemanden Figging	Signature of Person Submitting feport
Signature V Signature	Printed Name
My Commission expires MO. DAY YR. Mo. DAY YR. Area Code	le Daytime Telephone Number
MO. DAY YR.	le Daytime relephone Number
Part II- If this is a report of a Candidate's Authorized Committee and idea is lightly sign here. I swear (or affirm) that to the best of my knowledge and belief this political committee has not v	violated any provisions of the Act of June 2 1037 (D.1. 1333 NIO 270) ac
amended.	violated any provisions of the Macon June 3, 1507 (r it. 2000) NO. 320) as
Sworn to and subscribed before me this	
day of	
	Signature of Candidate
Signature	Printed Name
My Commission expires	
MO. DAY YR. Area Code	le Daytime Telephone Number

SCHEDULE I Contributions and Receipts Detailed Summary Page

Filer Identification Number				
分析的過程的過程以及 是	ч.			
1. Uniternized Contributions and Receipts \$50.00 or Less per Contributor	ARTERIA	ines»	S M M S SS SS 1758 S S SS S	
	を見せ			
Total for the reporting period	(1)	\$	ţ.	1
2/Contributions of \$50.01 to \$250.00 (From Part A and Part B)	elektrisi Persidikan	HOA:		
Contributions Received from Political Committees (Part A)	riste ap	10 146 10 149		
		\$		
All Other Contributions (Part B)	·	\$		
Total for the reporting period	(2)	\$		
3. Contributions Over \$250.00 (From Part C and Part D)	Turken der Nama de	- M-200 - 100		
Contributions Received from Political Committees (Part C)		\$	er en	MO 44 mg tha triain at a han a 2 magairt (120), in in 1942 and 194
All Other Contributions (Part D)		\$		
Total for the reporting period	(2)			
	(3)	\$		
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC: (From Part E)				
Total for the reporting period	(4)	\$		
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, Rep Cover Page, Item B)	port	\$		/

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.

Full Name of Contributing Committee House # Street Address City State Zip Code Date [MM/DD/YYY] S Full Name of Contributing Date [MM/DD/YYY] S Full Name of	Filer Identific	cation Number				
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State 710 Cods	use#	Street Addres	s		Date [MM/DD/YYYY]	
Oldie Marcolo Transfer Tran						
	(1) (1)		State	Zip Code	Date [MM/DD/YYYY]	

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 4

FulliName of Contributor			Date [MM/DD/YYYY]	
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Oity	State	Zip Code	Date/IMM/DD/YYYY) 351	
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Gity//2	State)Zip Code	Date (MM/DD///YY/) \$5	
Full Name of (Contributor)	[2000000 PROTES]	[185] [185] [185]	¿Date (MM/DD/YYYY) 1 2 3	
	et Address		:Date [MM/DD/XXXY]]	
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			(Date [MM/DD/YYYY])	
	Address		Date[MM/DD/YYYY] \$	
Gity See Us	State	Zip Code	Date [MM/DD/YYYY]	
Full Name of Contributor		The state of the s	Date MM/DD/YYYY	
Hőűse# Street	Address		Date [MIM/DD/YYYY]	
GitV	State	Zip Code	Date [MM/DD/YYYY] (
pursua serro (1920)				

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.

	·			
Full Name of Committee ((Date MM/pb//yyy)	0,0
House#A Street Address	S S PRESENTED		Date (MM/DD/)YYY]	1
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Full Name of Contributing Committee to	[677]:S(31,445)		Date MM/DD/YYYY) (1) 75)	
House # Street Address			Date [MM/DD/YYYY]; S:	
GIV	State	Zip Gode	Date [MM/DD/YYYY]	
Contributing Committee			Date [MM/DD/VYYY] 35 v	
House# Street:Address Gity*	I SECTION I	1171 2 75 22 2 2 3 3 S	Date (MM/DD/YYYY)	/
	State	Zip.Gode	Date [MM/DD/YYYY] [55]	

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)

	the state of the s			
Full Name of Contributors		·	Date[IMM/DD/(YYYY)]	0,0
House# Street Add	iress		Date [MM/DD/YYYY] \$5:	<u> </u>
[Gity	State	Zip Code	Date IMM/DD/YYYYI \$\frac{3}{5}	
EmployerName EmployerMallingAddress/ Principal Place of Business (Occupation	
Full Name of Contributor.	推送		*Date*IMM/DD/XYYY1	
House F. Street Add	ress		Date IMM/DD/YYYY] \$	
(City)	State	Zip Code	Date [MM/DD/YYYY] S	
Employer Name Employer Mailing Address //		1 Segrendant of the Marins	Occupation	
Principal Place of Business Full Name of (Contributor 1)		Suppose and the suppose of the suppo	Date [MM/DD/YYYY] \$5	
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K. K	State	.Zip.Code	Date (MM/DD/YYYY) 35	
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Principal Place of Business. Full Name of Contributor (Date [MM/DD/YYYY] \$	
House # Street Addre			Date/IMM/DD/YYYY] \$	
Gity	State	Zip Code	Date [MM/DD/yyyy] \$	
			1.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.

IFII Erildentification No	inber			
Full Name		N) p1	thing	News
(Gryy	Street Address	V		
上海市的基本区域交通		State	Zip Code	Date [MM/DD/YYYY] \$
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(Full Name)	HA HA TRANS			
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		TOTAL SECTION OF THE		
Full Name: IHouse##	Street/Address		·	
iHouse###		State	¦Ζiṗ Code:	Date [MM/DD/XYYY] \$
Receipt Description				
Full Name				
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House#	[38] [38] [38] [38] [38] [38] [38] [38]	State	Zip i Code	Date IMM/DD/YYYY]
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Receipt Description	2001 (A) 24 (A) 36 (A)		Code	
A STATE OF S				

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECIEVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD

DETAILED SUMMARY PAGE

Fleridentification Numbers 4:				
The control of the co				
A TOURITEMIZED IN KIND GONTRI	BÜTIONSIREGEIVED V	ALUE OF S50 00 OR LESS PER GO	VTRIBUTORY	n vite
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2 IN KIND CONTRIBUTIONS REG	EIVED-VAUUE OF \$50:	01kTO\$250:00 (FROM PART (F) TH		
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TOTAL VALUE OF IN-KIND CONTRIBUTION PERIOD (Add and enter amount totals fro on Page 1, Report Cover Page, Item F)	NS DURING THIS REPO om boxes 1, 2, and 3; a	RTING \$		
		The said of granding for the state of the said	7	

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

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(Fileridentificat					
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irui ivanie di	Contributor			*Date (IMM/DD/WWY)	~ ~
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Description of G	ontribution)	Therefore and the second secon	[42] [43] [43] [43] [43] [43] [43] [43] [43		- \//

SCHEDULE II

Part G

In-Kind Contributions Received

VALUE OVER \$250

ileridentification Number				
F.III.Name of Contributor			Date (MM/DD/XYYY)	٥.٥
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i.ull/Name/of/Contributor/			IDate(MM/DD/MYY)	
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Gity	State	Zip Code	Date (MM/DD/YYYY) 33	
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	t Address		Date [MM/DD/VYYY] \$	
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Employer Name Employer Mailing Address /	/Principal		Occupation Description	
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Statement of Expenditures

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To Whom Paid				Date [MM/DD/YYYY]	\$₩ 	
House#	Street Address	· · · · · · · · · · · · · · · · · · ·		Description of Expenditu	re	
Gity	January Service Services	State	Zip Code	All history might have been proved to the province	(Medical or Co.), agric pales conserved	Constitution of the second

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.

Hileridentification Number:	percent of the second of the s
Nameior (Greditor)	PATE DEBTINGURED STATE OF DEBTINGUED STATE OF DEB
City Description of Debt 1	State Zip Code
Name of Greditor	Outstanding Balance of Debt
Gity Description of Debt	State Zip -Code
Name of Greditor	Cutstanding Balance of Debt. DATE DEBT/INCURRED ST
(dity)	State Zip.
	Address DATE DEBT INCURRED SY [MM/DB/YYYY] State Zip Gode
Nametof Greditor House # Street Street Discription of Debt 77	Address DATE DEBTINCURRED \$5 % [IMM/DD/YYYY] State Zip Code
JamejofiGreditor, Journal of Street A	Outstanding Balande of Debt Address DATE DEBT NCURRED
escription of Debt.	