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

	(Note: This rep	or mast be	CICAI AIN	a legible. It shot	iid be typed	'/	
Filer Identification Number	( Mar	rt Filed By k X)	Candida	ite	Committee	X	Lobbyist
Name of Filing Committee, Candid Lobbyist	ate or Comm	ittee to elect \	√anessa B	elen Treasurer Jui	nius Johnson		,
Street Address	3995 (	Cherry Blosso	m Drive				
City Erie	1,		State	PA	Zip Code	16510	
Type of Report (Place x under repor	rt type)				<u> </u>	)	
1-6 <sup>th</sup> Tuesday 2- 2 <sup>nd</sup> Friday 3-3		uesday 5- 2	<sup>nd</sup> Friday	6- 30 Day Post	7- Annual	Special 2 <sup>nd</sup> Friday	Special 30 Day
	nary Pre- El	1 1 1	- Election	Election		Pre-Election	Post-Election
Date Of Election (MM/DD/YYYY)	Year		i	Amendment Report		Termination Report	
Summary of Receipts and Fro Expenditures	m Date	To Date			For	Office Use Only	
	3/5/2019	5/6/20	19				
A. Amount Brought Forward From	Last Report \$	0				, , <u>, , , , , , , , , , , , , , , , , </u>	
B. Total Monetary Contributions ar (From Schedule I)	nd Receipts \$	2684.2	20			Sec. 4	
C. Total Funds Available (Sum of Lines A and B)	\$	2684.2	20				
D. Total Expenditures (From Schedule III)	\$	1532.7	71			The second second	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	1151.4	49				
F. Value of In-Kind Contributions Re (From Schedule II)	eceived \$	976.5	60				· 1 · 1
G. Unpaid Debts and Obligations (From Schedule IV)	\$	0				2	2. A
	17 J. Carlotte J. V. Land	<b>9</b> × A	Affic <b>e</b> n it Sec	tion		y 3.44	<u> </u>
Part 1- If this is a Committee report, trea	surer sign here. If thi	s is <b>and date</b>	e <b>rez d</b> rt, cai	ndidate sign here.			
Part 1- If this is a Committee report, trea I swear (or affirm) that this report, include Sworn to and subscribed before me this day of 2	10	Erie Canission explission number numb	with of Pernand	Junier	Printed Name	tting report	ee.
My Commission expires MO. D/		120 120	등학	314) rea Code	4	49-8848 Lime Telephone Number	r
Part II- If this is a report of a <b>Candidate's</b> I swear (or affirm) that to the best of my amended.	Authorized Committ knowledge and belie	ee candidate s this political co	hatsign he on ittee h	re. as not violated any	provisions of th	ne Act of June 3, 1937 (F	P.L. 1333, NO.320) as
Sworn to and subscribed before me this  day of	19 dez 23 VR.	My commission expires April 3 Commission number 12889 Member, Pennsylvania Association	Commonwealth of Pennsylvania	anes	ture of Candida rinted Name	etelen 44 9932 me Telephone Number	
	Ì	pril 3, 2889	1				

### SCHEDULE I

## **Contributions and Receipts**

**Detailed Summary Page** 

Filer Identification Number	
Filer Identification Number	
Fig. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	

1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor	
Total for the reporting period (1)	\$ 2184.20
2. Contributions of \$50,01 to \$250.00 (From Part A and Part B)	
Contributions Received from Political Committees (Part A)	\$
All Other Contributions (Part B)	\$ 500.00
Total for the reporting period (2)	\$ ·
3. Contributions Over \$250.00 (From Part C and Part D)	
Contributions Received from Political Committees (Part C)	\$
All Other Contributions (Part D)	\$
Total for the reporting period (3)	\$ ,
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 (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)	\$ 2684.20

#### 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

Full Name of Contributing Committee  House # Street Address  Date [MM/DD/YYYY] \$  City State Zip Code Date [MM/DD/YYYY] \$  Full Name of Contributing Committee  House # Street Address  Date [MM/DD/YYYY] \$						Amount
House #   Street Address   Date [MM/DD/YYYY]   S		ontributing			Date [MM/DD/YYYY]	\$
City   State   Zip Code   Date [MM/DD/YYYY]   S	Committee					7: : :
City   State   Zip Code   Date [MM/DD/YYYY]   S	House #	Street Address	· · · · · · · · · · · · · · · · · · ·		Date [MM/DD/YYYY]	Š.
Full Name of Contributing Committee    Date [MM/DD/YYYY]   \$					<u>ETTTORENE SERVICE SERVICE</u>	
Full Name of Contributing Committee    Date [MM/DD/YYYY]   \$	City	en this is a	Ctate	7in Codo	Data [BABA/DD/VVVV]	<del>                                     </del>
Date   MM/DD/YYYY    S			Jiace	Zip Coue	Dare Initial Dol 1111	
Committee   Comm	Full Name of Co	ontributing			Dota [MM/DD/VVVV]	
City	Committee				Transferance 1 -	
Full Name of Contributing Committee    Date [MM/DD/YYYY]   S	House #	Street Address			Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee    Date [MM/DD/YYYY]   S						
Full Name of Contributing Committee    Date [MM/DD/YYYY]   S	City		State	Zip Code	Date [MM/DD/YYYY]	
Committee   House #   Street Address   Date [MM/DD/YYYY]   S					· · · · ·	
House #   Street Address   Date [MM/DD/YYYY]   S		ontributing		- American	Date [MM/DD/YYYY]	\$
State   Zip Code   Date [MM/DD/YYYY]   S	Committee					1 1
State   Zip Code   Date [MM/DD/YYYY]   S	House #	Street Address		<del></del>	Date [MM/DD/VVVV]	2
Full Name of Contributing Committee    Date [MM/DD/YYYY]   \$					Date [innat/DD[:1111]	
Committee   Street Address   Date [MM/DD/YYYY]   \$	City		State	Zip Code	Date [MM/DD/YYYY]	\$
Committee   Street Address   Date [MM/DD/YYYY]   \$						<u> </u>
City   State   Zip Code   Date [MM/DD/YYYY]   \$  Full Name of Contributing   Date [MM/DD/YYYY]   \$  House #   Street Address   Date [MM/DD/YYYY]   \$  City   State   Zip Code   Date [MM/DD/YYYY]   \$  Full Name of Contributing   Date [MM/DD/YYYY]   \$  House #   Street Address   Date [MM/DD/YYYY]   \$  City   State   Zip Code   Date [MM/DD/YYYY]   \$  City   State   Zip Code   Date [MM/DD/YYYY]   \$		ntributing			Date [MM/DD/YYYY]	\$.
Full Name of Contributing Committee  House # Street Address  Date [MM/DD/YYYY] \$  City State Zip Code Date [MM/DD/YYYY] \$  Full Name of Contributing Committee  Date [MM/DD/YYYY] \$  City State Zip Code Date [MM/DD/YYYY] \$  Committee  Date [MM/DD/YYYY] \$  City State Zip Code Date [MM/DD/YYYY] \$	House #	Street Address			Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee  House # Street Address Date [MM/DD/YYYY] \$  City State Zip Code Date [MM/DD/YYYY] \$  Full Name of Contributing Committee  Date [MM/DD/YYYY] \$  City State Zip Code Date [MM/DD/YYYY] \$  City State Zip Code Date [MM/DD/YYYY] \$	City	<u> </u>	State	Zip Code	Date [MM/DD/YYYY]	( ) ( )
Committee   Date [MM/DD/YYYY]   S						1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
Committee   Date [MM/DD/YYYY]   S	Full Name of Co	ntributing	1		Date [MM/DD/YYYY]	
City State Zip Code Date [MM/DD/YYYY] \$  Full Name of Contributing Date [MM/DD/YYYY] \$  Committee Date [MM/DD/YYYY] \$  City Street Address Date [MM/DD/YYYY] \$	Committee				Source Listed Sold Listed	
City   State   Zip Code   Date [MM/DD/YYYY]   \$	House #	Street Address			Date [MM/DD/YYYY]	\$
Date [MM/DD/YYYY]   \$						
Committee	City		State	Zip Code	Date [MM/DD/YYYY]	\$ \$
Committee	Full Name of Co	ntributing			Date [MM/DD/YYYY]	
City State Zip Code Date [MIM/DD/YYYY] \$					<u> </u>	
City State Zip Code Date [MM/DD/YYYY] \$	House #	Street Address			Date [MM/DD/YYYY]	S
	City		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:		
		•

TANKAN MARINE NAME OF THE PROPERTY OF THE PROP		1 W 2 W 2 W 2 W 2 W 2 W 3 W 3 W 3 W 4 W 4 W 4 W 4 W 4 W 4 W 4	
Full Name of Contributor	·	Date [MM/DD/YYYY] \$	
Dan.	ny jones	4/23/2019	00
House # Street Ad		Date [MM/DD/YYYY] \$	
	527 W 7th St.		
City Erie	State Zip Code	Date [MM/DD/YYYY] \$	
EII <b>e</b>	PA 16502		
Full Name of Contributor		Date [MM/DD/YYYY] \$	
Marc	c Blount	3/5/2019 40.00	1
House # Street Ac	### 경험 경제	Date [MM/DD/YYYY] \$	
	2416 June St.	3/12/2019 40.00	
<b>City</b> Erie	State Zin Code	Date [MM/DD/YYYY] \$	
Elle	PA 16510	3/18/2019	
Full Name of Contributor		Date [MM/DD/YYYY] \$	
Jack	Daneri	4/26/2019	0
House # Street Ad	ddress	Date [MM/DD/YYYY] \$	
	1509 Pasadena		
City.	State Zip Code	Date [MM/DD/YYYY] \$	
Erie	PA 16505		
Full Name of Contributor	1925 (A. 2007 (2017)) 1927 (A. 1917) 1927 (A. 1917)	25.000 PE	
ruii:Name or contributor		Date [MM/DD/YYYX] \$	
	us Johnson	10.00	0
		3/12/2019	0
Junio Particologia	idress 3995 Cherry Blossom Dr.	3/12/2019	0
House # Street Ac	3995 Cherry Blossom Dr. State Zip Code	3/12/2019 100.0  Date [MM/DD/YYYY] \$	0
House # Street Ac	idress 3995 Cherry Blossom Dr.	3/12/2019	0
House # Street Ac	3995 Cherry Blossom Dr. State Zip Code	3/12/2019 100.0  Date [MM/DD/YYYY] \$  Date [MM/DD/YYYY] \$	0
House # Street Ac  City Erie  Full Name of Contributor	3995 Cherry Blossom Dr. State Zip Code	3/12/2019 100.0  Date [MM/DD/YYYY] \$  Date [MM/DD/YYYY] \$	
House # Street Ac  City Erie  Full Name of Contributor	3995 Cherry Blossom Dr.  State PA Zip Code 16510	3/12/2019 100.0  Date [MM/DD/YYYY] \$  Date [MM/DD/YYYY] \$  4/2/2019 100.0	
House # Street: Ac  City Erie  Full Name of Contributor  Vane	3995 Cherry Blossom Dr.  State PA Zip Code 16510	3/12/2019 100.0  Date [MM/DD/YYYY] \$  Date [MM/DD/YYYY] \$  4/2/2019 100.0	
House # Street Ad  City Erie  Full Name of Contributor Vane  House # Street Ad	3995 Cherry Blossom Dr.  State PA Zip Code 16510  essa Belen  dress 216 Chestnut St.  State Zip Code	3/12/2019 100.0  Date [MM/DD/YYYY] \$  Date [MM/DD/YYYY] \$  4/2/2019 100.0  Date [MM/DD/YYYY] \$	
House # Street Ac  City  Erie  Full Name of Contributor  Vane  House # Street Ad	3995 Cherry Blossom Dr.  State PA Zip Code essa Belen  dress	3/12/2019 100.0  Date [MM/DD/YYYY] \$  Date [MM/DD/YYYY] \$  4/2/2019 100.0	
House # Street Ad  City Erie  Full Name of Contributor Vane  House # Street Ad	3995 Cherry Blossom Dr.    State   PA   Zip Code   16510     State   216 Chestnut St.   Zip Code	3/12/2019 100.0  Date [MM/DD/YYYY] \$  Date [MM/DD/YYYY] \$  4/2/2019 100.0  Date [MM/DD/YYYY] \$	
House # Street Ad  City Erie  Full Name of Contributor Vane  House # Street Ad  City Erie	3995 Cherry Blossom Dr.    State   PA   Zip Code   16510     State   216 Chestnut St.   Zip Code	3/12/2019 100.0  Date [MM/DD/YYYY] \$  Date [MM/DD/YYYY] \$  4/2/2019 100.0  Date [MM/DD/YYYY] \$  4/2/2019 \$  Date [MM/DD/YYYY] \$	
House # Street Ad  City Erie  Full Name of Contributor Vane  House # Street Ad  City Erie	3995 Cherry Blossom Dr.  State PA Zip Code  16510  State PA Zip Code  216 Chestnut St.  State PA Zip Code	3/12/2019 100.0  Date [MM/DD/YYYY] \$  Date [MM/DD/YYYY] \$  4/2/2019 100.0  Date [MM/DD/YYYY] \$  Date [MM/DD/YYYY] \$  Date [MM/DD/YYYY] \$	
House # Street Ad  City Erie  Full Name of Contributor  Vane  House # Street Ad  City Erie  Full Name of Contributor	3995 Cherry Blossom Dr.  State PA Zip Code  16510  State PA Zip Code  216 Chestnut St.  State PA Zip Code	3/12/2019 100.0  Date [MM/DD/YYYY] \$  Date [MM/DD/YYYY] \$  4/2/2019 100.0  Date [MM/DD/YYYY] \$  4/2/2019 \$  Date [MM/DD/YYYY] \$	
House # Street Ad  City Erie  Full Name of Contributor  Vane  House # Street Ad  City Erie  Full Name of Contributor  Street Ad  City Erie  Full Name of Contributor	3995 Cherry Blossom Dr.  State PA Zip Code 16510  essa Belen  dress 216 Chestnut St.  State PA Zip Code 16507	3/12/2019 100.0  Date [MM/DD/YYYY] \$  Date [MM/DD/YYYY] \$  4/2/2019 100.0  Date [MM/DD/YYYY] \$  Date [MM/DD/YYYY] \$  Date [MM/DD/YYYY] \$  Date [MM/DD/YYYY] \$	
House # Street Ad  City Erie  Full Name of Contributor  Vane  House # Street Ad  City Erie  Full Name of Contributor	3995 Cherry Blossom Dr.  State PA Zip Code  16510  State PA Zip Code  216 Chestnut St.  State PA Zip Code	3/12/2019 100.0  Date [MM/DD/YYYY] \$  Date [MM/DD/YYYY] \$  4/2/2019 100.0  Date [MM/DD/YYYY] \$  Date [MM/DD/YYYY] \$  Date [MM/DD/YYYY] \$	

#### PART C

### **Contributions Received From Political Committees**

Over \$250.00

Filer Identification Number:

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 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	(東東海) (1) (東東海) (1) (東東海) (1) (東南) (1) (東東) (1)	部的網路(100mm) E-E-E-E-E-E-E-E-E-E-E-E-E-E-E-E-E-E-E-	Date [MM/DD/YYYY] \$	
House # Street A	Address		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee	夏爾隆霍·及五]	排彈時程を配置には	Date [MM/DD/YYYY] \$	
House # Street A	Address		Date [MM/DD/YYYY] \$	
City.	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee	Migra-	To assess contract to the Tol	Date [MM/DD/YYYY] \$	
House # Street A	lddress		Date [MM/DD/YYYY] \$	<u>.</u>
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee			Date [MM/DD/YYYY] \ \$	
House # Street A			Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	
House # Street A			Date [MM/DD/YYYY] S\$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	~

#### 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:

Boule #   Street Address   Date [MM/DD/YYY]   S		e			
City State   Zip Code   Date [MM/DD/YYYY]   \$    Employer Mailing Address / Principal Pice of Business    Full Name of Contributor   Date [MM/DD/YYYY]   \$    City   State   Zip Code   Date [MM/DD/YYYY]   \$    Employer Mailing Address / Principal Pice of Business    Full Name of Contributor   Date [MM/DD/YYYY]   \$    Employer Mailing Address / Principal Pice of Business    Full Name of Contributor   Date [MM/DD/YYYY]   \$    City   State   Zip Code   Date [MM/DD/YYYY]   \$    Employer Name   Doccupation    Employer Name   Doccupation    Employer Mailing Address / Principal Piace of Business    Full Name of Contributor   Date [MM/DD/YYYY]   \$    Employer Name   Doccupation    Employer Name   Date [MM/DD/YYYY]   \$    City   State   Zip Code   Date [MM/DD/YYYY]   \$    House # Street Address   Date [MM/DD/YYYY]   \$    City   State   Zip Code   Date [MM/DD/YYYY]   \$    City   Date [MM/DD/YYYY]   \$    City   State   Zip Code   Date [MM/DD/YYYY]   \$	Full Name of Co	ntributór			Date [MM/DD/YYYY] \$
City State   Zip Code   Date [MM/DD/YYYY]   \$    Employer Mailing Address / Principal Place of Business    Full Name of Contributor   Date [MM/DD/YYYY]   \$    City   State   Zip Code   Date [MM/DD/YYYY]   \$    Employer Name   Docupation    Employer Mailing Address / Principal Place of Business    Full Name of Contributor   Date [MM/DD/YYYY]   \$    Employer Mailing Address / Principal Place of Business    Full Name of Contributor   Date [MM/DD/YYYY]   \$    Employer Mailing Address / Principal Place of Business    Full Name of Contributor   Date [MM/DD/YYYY]   \$    Employer Mailing Address / Principal Place of Business    Full Name of Contributor   Date [MM/DD/YYYY]   \$    Employer Mailing Address / Principal Place of Business    Full Name of Contributor   Date [MM/DD/YYYY]   \$    City   State   Zip Code   Date [MM/DD/YYYY]   \$				·	
City State Zip Code Date [MM/DD/YYYY] \$  Employer Name  Employer Mailing Address / Principal Place of Business  Full Name of Contributor  City State Zip Code Date [MM/DD/YYYY] \$  Employer Mailing Address / Principal Place of Business  Full Name of Contributor  Employer Mailing Address / Principal Place of Business  Full Name of Contributor  Loste [MM/DD/YYYY] \$  Employer Mailing Address / Principal Place of Business  Full Name of Contributor  City State Zip Code Date [MM/DD/YYYY] \$  Employer Name  Crocupation  Employer Mailing Address / Principal Place of Business  Full Name of Contributor  City State Zip Code Date [MM/DD/YYYY] \$  Employer Mailing Address / Principal Place of Business  Full Name of Contributor  City State Zip Code Date [MM/DD/YYYY] \$  City State Zip Code Date [MM/DD/YYYY] \$  City Date [MM/DD/YYYY] \$  City Date [MM/DD/YYYY] \$  City State Zip Code Date [MM/DD/YYYY] \$  City D	House #	Street Address			Date [MM/DD/YYYY] \$
Employer Name  Employer Mailing Address / Principal Place of Business  Full Name of Contributor  City					
Employer Mailing Address / Principal Place of Business Full Name of Contributor    Date [MM/DD/YYYY]   S	City		State	Zip Code	Date [MM/DD/YYYY] \$
Employer Mailing Address / Principal Place of Business  Full Name of Contributor    Date [MM/DD/YYYY]   S	Employer Name				SOCOURATIONS
Principal Place of Business Full Name of Contributor    Date [MM/DD/YYYY]   \$					
House # Street Address Date [MM/DD/YYYY] \$  Employer Name Occupation  Employer Mailing Address / Principal Place of Business  Full Name of Contributor  City State Zip Code Date [MM/DD/YYYY] \$  Under Milling Address / Principal Place of Business  Full Name of Contributor  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] \$					
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] \$  City State Zip Code Date [MM/DD/YYYY] \$  Employer Name  Occupation  Employer Name  Occupation  Employer Mailing Address / Principal Place of Business  Full Name of Contributor  Date [MM/DD/YYYY] \$  City State Zip Code Date [MM/DD/YYYY] \$  City Date [MM/DD/YYYY] \$  City State Zip Code Date [MM/DD/YYYY] \$	Full Name of Co	ntributor			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] \$  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] \$  House # Street Address  Date [MM/DD/YYYY] \$  Employer Name Occupation  Date [MM/DD/YYYY] \$  City State Zip Code Date [MM/DD/YYYY] \$  Employer Name Occupation	46 Bungs (198)				
Employer Name  Employer Mailing Address / Principal Place of Business  Full Name of Contributor  City State Zip Code Date [MM/DD/YYYY] \$  Employer Name  Employer Name  Employer Name  Employer Name  Employer Mailing Address / Principal Place of Business  Full Name of Contributor  Employer Name  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  Date [MM/DD/YYYY] \$  City State Zip Code Date [MM/DD/YYYY] \$  Employer Name  Occupation	House #	Street Address			Date [MM/DD/YYYY] \$
Employer Mailing Address / Principal Place of Business  Full Name of Contributor  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] \$  Employer Mailing Address / Principal Place of Business  Full Name of Contributor  Date [MM/DD/YYYY] \$  City State Zip Code Date [MM/DD/YYYY] \$  City State Zip Code Date [MM/DD/YYYY] \$  City State Zip Code Date [MM/DD/YYYY] \$					
Employer Mailing Address / Principal Place of Business  Full Name of Contributor.  Date [MM/DD/YYYY] \$  House if 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] \$  City Date [MM/DD/YYYY] \$	City		State	Zip Code	Date [MM/DD/YYYY] \$
Employer Mailing Address / Principal Place of Business  Full Name of Contributor  House if Street Address  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] \$  Fundance of Contributor  Date [MM/DD/YYYY] \$  City Date [MM/DD/YYYY] \$  City Date [MM/DD/YYYY] \$  City State Zip Code Date [MM/DD/YYYY] \$  City State Zip Code Date [MM/DD/YYYY] \$  City State Zip Code Date [MM/DD/YYYY] \$					(報度) (報義)
Employer Mailing Address / Principal Place of Business  Full Name of Contributor  House # Street Address  Date [MM/DD/YYYY] \$  City State Zip Code Date [MM/DD/YYYY] \$  Employer Name  Coccupation  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] \$  City State Zip Code Coccupation  Employer Name  Occupation	Employer Name	registration of the second			
Full Name of Contributor  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] \$  City State Zip Code Date [MM/DD/YYYY] \$  City State Zip Code Date [MM/DD/YYYY] \$  Employer Name  Occupation					The contract of the test of th
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	Full Name of Cor	itributor:			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	Carata Ca				
Employer Name    Occupation					Date [MM/DD/YYYY] S
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 Mailing Address / Principal Place of Business  Full Name of Contributor  Date [MM/DD/YYYY] \$  House # Street Address  City State Zip Code Date [MM/DD/YYYY] \$  Employer Name  Occupation	City	Immunication and a state of the	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Mailing Address / Principal Place of Business  Full Name of Contributor  Date [MM/DD/YYYY] \$  House # Street Address  City State Zip Code Date [MM/DD/YYYY] \$  Employer Name  Occupation		Partie ASSOCIAMENTES DE TESTO -	1.45		No. 20 April 2016 (Stands Pro et
Principal Place of Business  Full Name of Contributor  Date [MM/DD/YYYY] \$  House # Street Address  City State Zip Code Date [MM/DD/YYYY] \$  Employer Name Occupation					Occupation:
House # Street Address  Date [MM/DD/YYYY] \$  City State Zip Code Date [MM/DD/YYYY] \$  Employer Name Occupation				-	
City State Zip Code Date [MM/DD//YYYY] \$ Employer Name Occupation	Full Name of Con	tributor			Date [MM/DD/YYYY] \$
City State Zip Code Date [MM/DD//YYYY] \$ Employer Name Occupation					
City State Zip Code Date [MM/DD/YYYY] \$ Employer Name Occupation	House #	Street Address		<u>.</u>	Date [MM/DD/YYYY] \$
City State Zip Code Date [MM/DD/YYYY] \$ Employer Name Occupation					
	City	**************************************	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Malling Address 7	Employer Name		1 1 1 10 10 201	Backgrothers Control of Castell	Occupation
Principal Place of Business				4.1. <del>4</del> .4. 41. 4 <sub>11</sub>	[10] (10) [10] [10] [10] [10] [10] [10] [10] [10]

### 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 Num	iber		·	
Full Name		***		
House #	Street Address			
City		State	Zip	Date [MM/DD/YYYY] \$
i de la companion de la compan			Code	7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Receipt Description				
Full Name				
House #	Street Address			
City 1884		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description			1255758485554	
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] S
Receipt Description				
Full Name			•••	
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		\$1.30 y 30 y 30 y 3	( ) 22 - 12 - 24 - 24 - 24 - 24 - 24 - 24 -	le val
Full Name				
House#	Street Address			
City		State	Zip Code	Date [MM/DD/YYY] \$
Receipt: Description	80 july 1 10 july 1 10 july 1	ZR-987  1046/912 W(SC)2	Type State (1990) each first [	[Yes,03]
Full Name				
House #	Street Address			
City September 1		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				

#### 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

Filer Identification Number:			· · · · · · · · · · · · · · · · · · ·
17.50000 19.6000 19.6000 19.6000 19.6000 19.6000 19.6000 19.6000 19.6000 19.6000 19.6000 19.6000 19.6000 19.600			
New York and the Control of the Cont			
1. UNITEMIZED IN-KIND CONTRI	BUTIONS RECEIVED-VALUE OF	\$50.00 C	R LESS PER CONTRIBUTOR
TOTAL for the reporting period	(1)	ALUTE TO DETERMENT	HARAITENTHEKAN HERBERGITTE, SERVICE GARTE TARE, VOLUME TAREN HERBERGITTEN HERBERGATE TERRETAREN ER ER ER ER ER
To the for the reporting period	(+)		
2. IN-KIND CONTRIBUTIONS REC	EIVED-VALUE OF \$50:01 TO \$2	50.00 (F	OMPARTE)
	<b>加州</b> 德岛第二人		
TOTAL for the reporting period	(2)	\$	80.00
	***************************************		00.00
3. IN-KIND CONTRIBUTION RECE	IVED-VALUE OVER \$250.00 (FR	OM PAR	
TOTAL for the reporting posing			
TOTAL for the reporting period	(3)	\$	896.50
TOTAL VALUE OF IN-KIND CONTRIBUTION	INS DURING THIS REPORTING	\$	
PERIOD (Add and enter amount totals fr	rom boxes 1, 2, and 3; also ente	er	
on Page 1, Report Cover Page, Item F)			976.50

### SCHEDULE II PART F

### **In-Kind Contributions Received**

VALUE OF \$50.01 TO \$250

			VALUE OF \$50.01 10 \$2	:5U	
Filer Identification	n Number:				
Full Name of Co	ontributor			Date [MM/DD/YYYY] \$	
	Lanisha Ch	nementi		3/16/2019 80.0	0
House #	Street Address	849 Rumsey Ave		Date [MM/DD/YYYY] S	
City Erie		State PA	<b>Zip Code</b>   16511	Date [MM/DD/YYYY] \$	
Description of 0	Contribution	Purchased ca	andy to hand out in the St. Patr	ick's day Parade	
Full Name of Co	ontributor			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	•
City	Localization of Management and Processing Company of the Company o	State	Zip Code	Date [MM/DD/YYYY] \$	
Description of (	Contribution			Transcrated	
Full Name of Co	ntributor			Date [MM/DD/YYYY] S	
House#	Street Address	- · · · · · · · · · · · · · · · · · · ·		Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Description of C	Contribution				
Full Name of Co	intributor			Date [MM/DD/YYYY] \$	
House #	Street Address		- N/-	Date [MM/DD/YYYY] \$	
City	A CONTROL OF THE CONT	State	Zip Code	Date [MM/DD/YYYY] \$	
Description of C	A P (I) Contact (I)	(*) (*) (*) (*) (*) (*)			
Full Name of Co	ntributor			Date [MM/DD/YYYY] \$	

Date [MM/DD/YYYY] \$

Date [MM/DD/YYYY] \$

House #

City

Description of Contribution

Street Address

State

Zip Code

### SCHEDULE II

#### Part G

### **In-Kind Contributions Received**

VALUE OVER \$250

	Filer identification Number:	· · · · · · · · · · · · · · · · · · ·
The state of the s		

Full Name of Contributor, Junius Johnson	on	Date [MM/DD/YYYY] \$ 394.80
House # Street Address	<u> </u>	Date [MM/DD/YYYY] \$
39	95 Cherry Blossom Dr.	4/16/2019
City Erie	State Zip Code 16510	Date [MM/DD/YYYY] \$ 272.41
	STATE OF THE STATE	5/9/2019
Employer Name	retired	Occupation retired
Employer Mailing Address / Principal Place of Business	3995 Cherry Blossom Dr.	Of Banners and postcard flyers Contribution
Full Name of Contributor		Date [MM/DD/YYYY] \$
House # Street Address		Date [MM/DD/YYYY] \$
City	State Zip Code	Date [MM/DD/XXXX]
Employer Name	[2005年2月   [2005年2月   2005年2月   200	Occupation
Employer Mailing Address / Principal Place of Business	The control of the co	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

# Statement of Expenditures

				_	
	ACCOUNTS AND ACCOU	- 3	<del></del>		
File	er Identification Number:	17)			
	si luci linitation mulliber:	êge :			
107,000 101	THE PARTY CONTRACTOR OF PROPERTY OF THE PARTY CONTRACTOR OF THE PARTY	\$3°			
1 7:- 1 7:		£23 L			
124 1124	istrativas valtizonu a arve artika. Da a teta a samble	·*( )			
14 2 172		S11			
	[1996] 1975 [1975] [1976] [1976] [1976] [1976] [1976] [1976] [1976] [1976] [1976] [1976] [1976] [1976] [1976]	72			
100		-35 L			

To Whom Paid		<del></del>		Date [MM/DD/YYYY] \$
PERCHAPAS MUSICISALS	County of Erie			Date [MM/DD/YYYY]
House #	Street Address	10 W 6th St.		Description of Expenditure
<b>City</b> Erie		State PA	<b>Zip</b> Code 16501	Petitions/voter CD
To Whom Paid KimKopy				Date [MM/DD/YYYY] \$ 3/15/2019 66.78
House #	Street Address 20	)40 West 8th St.		Description of Expenditure
City Erie		State PA	<b>Zip</b> <b>Code</b> 16505	Buttons for the campaign
To Whom Paid	County of Erie		(v + q -5 m)(1 m)	Date [MM/DD/YYYY] \$ 35.00
House#	Street Address	0 W 6th St.		Description of Expenditure
City Erie	TO PROCEED AND PROPERTY OF THE	State PA	<b>Zip</b> Code 116501	Super voter disk
To Whom Paid	American Legion	The cost costs	[15] Artis (1888-1883)	Date [MM/DD/YYYY]
House #	Street Address 26	0 E 3rd St.		Description of Expenditure
City Erie State PA Code 16507				use of building fundraiser
To Whom Paid	FedEx Office			Date [MM/DD/YYYY]
House #	Street Address	55 Peach St.	* 17 %	Description of Expenditure
City Erie		State PA	<b>Zip</b> <b>Code</b> 16509	Post cards/flyers
To Whom Paid	Room 33			Date [MM/DD/YYYY] \$ 595.05
House #	Street Address	33 State St.		Description of Expenditure
City Erie		State PA	Zip Code 16501	use of the facility/food fundraiser
To Whom Paid	Erie Dem		···	Date [MM/DD/YYYY] \$ 120.00
House #	Street Address	05 State St.		Description of Expenditure
City Erie State PA Zip Gode 16501				tickets to the Democratic Party dinner
To Whom Paid	Cash Junius Johnsor	1		Date [MM/DD/YYYY] \$ 4/12/2019 200.00
House #	Street Address 399	95 Cherry Blossom D	r.	Description of Expenditure
City Erie		State PA	Zip Code 16510	Start up cash for fundraiser at Latino's

#### **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 Nu	imber:	
Name of Creditor		Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED \$ [MM/DD/YYYY]
City		State Zip
Description of Debt	<b>1 1 1 1 1 1 1 1 1 1</b>	Code
Name of Creditor		Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED \$
<b>Gity</b>		State Zip Code
Description of Debt		
Name of Creditor	1827 (1833 1893) (August 1833) (August 1833)	Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED \$  [MM/DD/YYYY]
<b>City</b>		State Zip
Description of Debt		Code
Name of Creditor		Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED \$ [MM/DD/YYYY]
City		State
Description of Debt		Code
Name of Creditor		Outstanding Balance of Debt
House #	Street Address	DATE DEBTINGURRED \$
		[MM/DD/YYYY]
City		State Zip Code
Description of Debt		
Name of Creditor	Program of the state of the sta	Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]
City		State Zip
Description of Debt		Code