

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

| Filer Identification<br>Number  | L '  | leport Filed E                        | By Candida  | ite 🔀                       | Committee                      |  | Lobbyist                                     |
|---|--|---------------------------------------|---|-----------------------------|--------------------------------|--|--|
| Name of Filing Committee, Ca<br>Lobbyist  | ndidate or Ri                                | ta F Bishop                           |   |                             | Location (Control of Section ) |  | [  |
| Street Address  | 10   | 172 Barney Ro                         | 1   |                             |                                |  | · · · · · · · · · · · · · · · · · · ·        |
| City Albion   |  | •                                     | State   | PA                          | Zip Code                       | 16401  |  |
| Type of Report (Place x under   | report type)                                 |                                       |   |                             |                                | 10401  |  |
| <u></u>   |  |                                       |   | [5 <b>2</b>                 | I san da a si a si a si        |  |  |
| 1-6 <sup>th</sup> Tuesday 2- 2 <sup>nd</sup> Friday<br>Pre-Primary Pre-Primary                  |  | e- Election                           | 5- 2 <sup>nd</sup> Friday<br>Pre- Election            | 6- 30 Day Post<br>Election  | 7- Annual                      | Special 2 <sup>nd</sup> Friday<br>Pre-Election   | Special 30 Day<br>Post-Election              |
| Date Of Election  |  |                                       |   |                             |                                |  |  |
| (MM/DD/YYYY)  | Y  | ear                                   |   | Amendment<br>Report         |                                | Termination<br>Report  |  |
| Summary of Receipts and<br>Expenditures   | From Date                                    | To Date                               |   |                             | For                            | Office Use Only  | ).   |
|   | 1/1/19                                       |                                       | 5-6-19  |                             |                                | - $       -$   | <b>)</b> isto to happen a second             |
| A. Amount Brought Forward F   |  | \$                                    | 0   |                             |                                | March Art Comment Comm | يون<br>تا<br>ما                              |
| B. Total Monetary Contributio<br>(From Schedule I)  |  |                                       | 250.00  |                             | i                              |  | _1   |
| C. Total Funds Available<br>(Sum of Lines A and B)  |  | \$                                    | 250   |                             |                                |  | ଷ୍ଟ୍ର<br>ଆଧି                                 |
| D. Total Expenditures<br>(From Schedule III)  |  | \$                                    | 257.59  |                             |                                | 37   | $\frac{2}{3}$ $\lambda$                      |
| E, Ending Cash Balance<br>(Subtract Line D from Line C)   |  | \$                                    | -7.59   |                             |                                |  | デン   |
| F. Value of In-Kind Contributio<br>(From Schedule II)   | ns Received                                  | \$                                    | 0   |                             |                                |  |  |
| G. Unpaid Debts and Obligatio<br>(From Schedule IV)   | ns   | \$                                    | 257.59  |                             |                                |  |  |
| Part 1- If this is a <b>Committee</b> repor   |  | , iii                                 | Affi (Evit Sec  | tion                        |                                |  |  |
| Part 1- If this is a Committee report   | t, treasurer sign here.                      | If this is s. Can                     | didite resort, ca                                     | ndidate sign here.          | an and boliof to               | up spreast and spenda  |  |
| I swear (or affirm) that this report, Sworn to and subscribed before me day of Signature        | this<br>1_20_19<br>anders                    | Pennsylvania - No<br>ndezi Notary Put | n expires April 3, n number 12889 inia Association of | A T<br>Signature            | of Person Subm                 | tting report   |  |
| My Commission expires MO.   | DAY YR.                                      | wealth o                              | mmissi<br>mmissi<br>Pennsyk                           | rea Code                    | _87                            | 31-9679<br>time Telephone Numbe  |  |
| Part II- if this is a report of a Candid<br>I swear (or affirm) that to the best of<br>amended, | late's Authorized Con<br>of my knowledge and | nmitte 2 42 idi<br>belief tes poli    | date Chapsign he<br>ti  confinittee h                 | re.<br>nas not violated any | provisions of th               | ne Act of June 3, 1937 (   | P.L. 1333, NO.320) as                        |
| Sworn to and subscribed before me   | this   | <u>-</u>                              | <del></del>   |                             |                                |  |  |
| day of  | 20   | ٠,                                    |   | <b>A*</b>                   | alicina al marcillo            | ***  | _  |
| Cianntura   |  | } .                                   |   |                             | ature of Candid                | die  | _  |
| Signature   |  | . 1                                   |   | •                           | Printed Name                   |  | -  |
| My Commission expires MO.   | DAY YR.                                      |                                       | Aı  | rea Code                    | Dayti                          | me Telephone Number  | <u>.                                    </u> |
|   |  |                                       |   |                             |                                |  |  |

# SCHEDULE I Contributions and Receipts

**Detailed Summary Page** 

| Filer Identification Number  |  |  |
|--|--|--|
| riei ideniilication Number   |  |  |
|  | •  |  |
|  |  |  |
| 1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor  |  |  |
|  |  |  |
| Total for the reporting period (1)   | \$   |  |
| 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)   | \$   |  |
| Total for the reporting period (2)   | \$   |  |
| 3. Contributions Over \$250.00 (From Part C and Part D)  |  |  |
| Contributions Received from Political Committees (Part C)  |  |  |
|  | <u>                                     </u> |  |
| 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)   | ] \$   |  |
| 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)

#### 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 Identificatio          | n Number   |       |  |                      |        |
|------------------------------|--|-------|--|----------------------|--------|
|                              |  |       |  |                      | Amount |
| Full Name of Co<br>Committee | ontributing  |       |  | Date [MM/DD/YYYY] S  |        |
| House #                      | Street Address   |       |  | Date [MM/DD/YYYY] \$ |        |
| City                         |  | State | Zip Code   | Date [MM/DD/YYYY] \$ |        |
| Full Name of Co<br>Committee | ontributing  |       | Date [MM/DD/YYYY] \$   |                      |        |
| House #                      | Street Address   |       |  | Date [MM/DD/YYYY] \$ |        |
| City                         |  | State | Zip Code   | Date [MM/DD/YYYY] \$ |        |
| Full Name of Co<br>Committee | ntributing   |       | Profession and a few seconds a | Date [MM/DD/YYYY] \$ |        |
| House #                      | Street Address   |       |  | Date [MM/DD/YYYY] \$ |        |
| City                         |  | State | Zip Code   | Date [MM/DD/YYYY] \$ |        |
| Full Name of Co<br>Committee | introuting   |       | •  | Date [MM/DD/YYYY] S  |        |
| House #                      | Street Address   |       |  | Date [MM/DD/YYYY] \$ |        |
| City                         | Trick British State Control of the C | State | Zip Code   | Date [MM/DD/YYYY] \$ |        |
| Full Name of Co<br>Committee | ntributing   |       |  | Date [MM/DD/YYYY] S  |        |
| House #                      | Street Address   |       |  | Date [MM/DD/YYYY] \$ |        |
| City                         | MARCHAN CHESTOSTS  | State | Zip Code   | Date [MM/DD/YYYY] \$ |        |
| Full Name of Co<br>Committee | ntributing   |       |  | Date [MM/DD/XXXX] \$ |        |
| House #                      | Street Address   |       |  | Date [MM/DD/YYYY] \$ |        |
| City                         | A CONTRACTOR CONTRACTOR  | 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.)

| Married Control of the Control of th |          |
|--|----------|
|  |          |
| Filer Identification Number:   |          |
| TO A SOUTH THE CONTRACTOR OF THE PROPERTY OF T |          |
| The state of the s |          |
| Rita F Bishop  | <b>.</b> |
| The state of the s |          |
| - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  |          |
|  | ,        |
| The state of the s |          |

|                         |  |           |  |  | —       |                                       |
|-------------------------|--|-----------|--|--|---------|---------------------------------------|
| Full Name of Contrib    | outor<br>Sue Weber   |           |  | Date [MM/DD/YYYY]  | \$      | 50.00                                 |
|                         |  |           |  | 4/12/19  |         |                                       |
| House #                 | Street Address   |           | ***************************************  | Date [MM/DD/YYYY]  | \$      |                                       |
| 5338                    | Nor  | orris Dr. |  | Activated and the state of the  |         | and the second                        |
| <b>City</b><br>Erie     |  | State PA  | <b>Zip Code</b><br>16509   | Date [MM//DD/4444)   | \$      | TO THE TAXABLE PROPERTY.              |
| Full Name of Contrib    | utor   |           | - Ai-Minestilla American Ameri | Date [MM/DD/YYYY]  | \$      |                                       |
|                         | Nicole Sloane  |           |  | 4/13/19  |         | 100.00                                |
| House#                  | Street Address   |           |  | Date [MM/DD/YYYY]  | \$      |                                       |
| 12738                   |  | ute ^     |  |  |         |                                       |
| Corry                   | Transfer of the second   | State pa  | Zip Code<br>16407  | Date [MM/DD/YYYY]  | \$      |                                       |
| Full Name of Contrib    | utor   | Simple    |  | Date (MM/DD/YMY)   | 5       |                                       |
|                         | Maria Goellner   |           |  |  | BEESEN! | 100.00                                |
| House #                 | Street Address   |           |  | Date [MM/DD/YYYY]  | \$      | 1                                     |
| 1242                    |  | est 8th   |  |  |         |                                       |
| City                    | CANCEL CONTROL OF THE PARTY OF  | State     | Zip Code   | Date [MM/DD/YYYY]  | \$      |                                       |
| Erie                    |  | PA        | 16502  |  |         |                                       |
| Full Name of Contrib    | úto  |           | LAXATION   | Date (MM/DD/AAAA)  | \$      |                                       |
|                         |  |           |  |  |         | 1                                     |
| House #                 | Street Address   |           |  | Date [MM/DD/YYYY]  | \$      | 1                                     |
|                         |  |           |  |  |         | l                                     |
| City                    | !  | State     | Zip Code   | Date [MM/DD/YYYY]  | \$      |                                       |
|                         |  |           |  |  |         | ı                                     |
| Full Name of Contribe   | utor   |           | - Company Company  | Date [MM/DD/YYYY]  | \$      |                                       |
|                         |  |           |  |  |         | I                                     |
| House #                 | Street Address   |           |  | Date [MM/DD/YYYY]  | \$      |                                       |
|                         | rienius (dienigies)<br>Produces (dienigies)  |           |  |  |         |                                       |
| City                    | CALL THE CONTROL OF T | State     | Zip Code   |  | \$      | 1                                     |
|                         |  |           |  |  |         |                                       |
| Full Name of Contribu   | itor .   |           |  | Date [MM/DD/YYYY]  | \$      |                                       |
|                         |  | _         |  | THE STATE OF THE S |         |                                       |
| House #                 | Street Address   |           |  | Date [MM/DD/YYYY]  | \$      | · · · · · · · · · · · · · · · · · · · |
| APSCAPION<br>DE USAF DE | i i svetinikalada<br>Sizmintalijski s  |           |  |  |         |                                       |
| City                    | K-resident and the second  | State     | Zip Gode   | Date [MM/DD/YYYY]  | \$      |                                       |
|                         | ľ  |           |  |  |         |                                       |

#### PART C

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

Over \$250.00

Flier Identification Number:

Use this Part to itemize only contributions received from Political Committees with an aggregate value over \$250.00 in the reporting period.

| er vijeljijih jede gras          |   | <u></u>     |                |  |   |
|----------------------------------|---|-------------|----------------|--|---|
| Full Name of<br>Contributing Co  | ommittee  |             |                | Date [MM/DD/YYYY] \$   |   |
| House #                          |   | ·           |                | THE PROPERTY OF THE PROPERTY O |   |
|                                  | Street Address  | -           |                | Pate (MM/DD/XXXX) \$   |   |
| City                             | ESEBECHNASSESSAGNES   | State       | ZipiGode       | Date (MM/DD/YYYY)  |   |
|                                  |   |             |                |  |   |
| Full Name of<br>Contributing Co  | ammittee  |             |                | Date [MM/DD/YYYY] \$   | _ |
| House #                          | Street Address  |             | * 8/           | Date MM/DD/YYYY) \$  |   |
| City                             |   | State       | Zip Code       | Date (MM/DD/YYYY) 5  |   |
|                                  |   |             |                | AND SECTION OF THE PARTY OF THE |   |
| Full Name of<br>Contributing Co  | immittee  |             |                | Date IMM/DD/MMM  |   |
| House #                          | Street Address  |             | 130            | Date IMM/OD/YYYY) \$   |   |
| City                             | KIRTHRESCHURING   | State       | ZID Gode       | Date [MM/DD/YYYY] \$   |   |
| Full Name of<br>Contributing Co  |   | Ethermized_ | ERHANDELIKEVET | Date (MM/DD/AYAY)  |   |
| House#                           | Street Address  |             |                | Date [MM/DD/YYYY] 5  |   |
| City                             | Ellis Charles and | State       | Zip Code       | Date [MM/DD/YYYY] \$   |   |
| Full Name of<br>Contributing Co  | mmittee   |             |                | Date (MM/DD/YYYY)  |   |
| House #                          | Street Address  |             |                | Date [MM/DD/YYYY] 5  | u |
| City                             | Harrison  | State       | ZipiGode       | Date [MM/DD/YYYY]  |   |
| Full Name of<br>Contributing Cor | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1   |             |                | Date [MM/DD/YYYY] 5  |   |
| House #                          | Street Address  |             |                | Date [MM/DD/YYYY] -\$  |   |
|                                  |   | 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:

| Full Name of Co                        | ntributor                      |           |  | Date [MM/DD/YYYY] 5  |
|--|--------------------------------|-----------|--|--|
|  |                                |           | •                                      |  |
| House #                                | Street Addre                   | 15S       |  | Date [MM/DD/YYYY] \$   |
|  |                                |           |  | **************************************   |
| City                                   |                                | State     | Zip Code                               | Date [MM/DD/YYYY) \$   |
| Employer Name                          | Note that the second second    |           |  | Occupation   |
| Employer Mailin                        |                                |           |  |  |
| empioyer ivialiin<br>Principal Place o | g Aggress /<br>f Business      |           |  |  |
| Full Name of Co                        | ntributor                      |           |  | Date [MM/DD/XYYY] \$   |
| Charles a                              |                                |           |  |  |
| House #                                | Street Addre                   | SS        |  | Date [MM/DD/YYYY] \$   |
|  |                                |           |  |  |
| City                                   |                                | State     | Zip Code                               | Date [MM/DD/YYYY] 5  |
| mployer Name                           | e oppolekt og 1945 ble tekenen |           |  | Gecupation   |
| mployer Mailln                         |                                |           |  |  |
| Principal Place o                      |                                | 55<br>.63 |  |  |
| ull Name of Cor                        | tributor                       |           | 11-11                                  | Date(MM/DD/YYYY) 5   |
|  |                                |           |  |  |
| louse#                                 | Street Addre                   | SS        |  | Date (MM/DD/YYYY) \$   |
|  | e da in di                     |           |  |  |
| ity .                                  |                                | State     | Zip Code                               | Date [MM/DD/YYYY] 5  |
| mployer Name                           |                                |           | 11111111111111111111111111111111111111 | Occupation   |
| mployer Mailin                         | Address /                      |           |  |  |
| rincipal Place o                       | Business                       |           |  |  |
| ull Name of Cor                        | tributor                       |           |  | Date IMM/OD/YYYY   |
|  |                                |           |  |  |
| louse #                                | Street Addres                  |           | , , Na t                               | Date [MM/DD/XXXX] \$   |
|  |                                |           |  | 194 Section 184<br>194 Section 184<br>194 Section 194<br>194 Section 194<br>194 Section 194<br>194 Section 194<br>194 Section 194<br>195 Section 195<br>195 Se |
| ity and<br>Market                      |                                | State     | Zip Code                               | Date [MM/DD/YYYY] \$   |
| mployer Name                           |                                |           |  | Occupation   |
| mhinael Maille                         |                                |           |  | GCEUPATION   |

#### **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.

| rier identification Num                     | iberi            |               | ·                |             |  |
|---|------------------|---------------|------------------|-------------|--|
| Full Name                                   |                  |               |                  |             |  |
| House #                                     | Ctre             | est Address   |                  |             |  |
| Clty  |                  | et Audies     | State            | <b>ZD</b>   | Date [MM/DD/YYYY] \$   |
|   |                  | ti ili tungga |                  | Code        | Date [MM//DD/ATATA]  |
| Receipt Description                         | defined and the  |               | <u> </u>         | AND WARRING |  |
| Full Name                                   |                  |               |                  |             |  |
| House #                                     | Stre             | et Address    |                  |             |  |
| City 100 100 100 100 100 100 100 100 100 10 |                  | <u> </u>      | State            | Zip<br>Code | Date [MM/DD/YYYY] \$   |
| Receipt Description                         |                  | <u>.</u>      | 1690045 <u> </u> |             | 11774<br>12764   |
| Full Name                                   |                  |               |                  |             |  |
| House #                                     | Stre             | et Address    | P-97-13-80-      |             |  |
| elty  |                  |               | State            | 21p = 1     | Date (MM/DD/YYYY) \$   |
|   |                  | Miles         |                  | Code        | TO A STATE OF THE        |
| Receipt Description                         |                  |               |                  |             |  |
| Full Name                                   |                  |               |                  |             |  |
| House #                                     | Stree            | et Address    |                  |             | and the second s       |
| City  |                  |               |                  | Zip<br>Code | Date [MM/DD/YYYY] \$   |
| Receipt Description                         |                  |               |                  |             |  |
| Full Name                                   |                  |               |                  |             |  |
| House #                                     | Stree            | et Address    |                  |             |  |
| City  |                  |               | State            | Zip<br>Code | Date (MM/DD/YYYY) \$   |
| Receipt Description                         |                  |               |                  | Coce        | 174 Sec. 1   |
| Full Name                                   |                  |               |                  |             |  |
|   | Stree            | et Address    | <u></u>          |             |  |
| City  |                  |               | State            |             | Date [MM/DD/YYYY] 5  |
|   | 30 E 2<br>B 38 E |               |                  | Code        | <u>2602anni Maria II Angaran an angaran angaran an angaran anga</u> |
| 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:  |                       |                                    |  |
|---|-----------------------|------------------------------------|--|
|   |                       |                                    |  |
| 1. UNITEMIZED IN-KIND CONTR   | BUTIONS RECEIVED-VA   | UE OF \$50.00 OR LESS PER CONTRIBU | IOR  |
| TOTAL for the reporting period  | (1)                   | \$                                 | ACCUMENTAL PRINCIPLES AND ACCUMENTAL ACCUMEN |
| 2. IN-KIND CONTRIBUTIONS REC  | EIVED-VALUE OF \$50,0 | TO \$250.00 (FROM PART F)          |  |
| TOTAL for the reporting period  | (2)                   | \$                                 | ижанк принцияна «Б. Линг», в диниринация на п <b>олиции.</b>   |
| 3. IN-KIND CONTRIBUTION RECE  | IVED-VALUE OVER \$250 | .00 (FROM PART G)                  |  |
| TOTAL for the reporting period  | (3)                   | \$                                 |  |
| TOTAL VALUE OF IN-KIND CONTRIBUTION PERIOD (Add and enter amount totals fit on Page 1, Report Cover Page, Item F) |                       |                                    |  |

#### SCHEDULE II PART F

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

VALUE OF \$50.01 TO \$250

| Filer Identification | Number:              | ·                                       | <del>.</del>  |  |          |
|----------------------|----------------------|---|---|--|----------|
|                      |                      |   |   |  |          |
| Full Name of Co      | ntributor            |   |   | Date [MM/DD/YYYY] \$   |          |
| House #              | Street Address       |   |   | Date [MM/DD/YYYY] \$   |          |
| City                 | <u> </u>             | State                                   | Zip Code  | Date [MM/DD/YYYY] \$   | <u>.</u> |
| Description of Co    | ontribution          |   |   | #25 (10 to 10 to 1 |          |
| Full Name of Cor     | tributor             | PASE                                    |   | Date [MM/DD/YYYY] \$   |          |
| House #              | Street Address       |   |   | Date [MM/DD/YYYY] S  |          |
| Civ                  |                      | State                                   | Zlp. code   | Date [MM/DD/YYYY] \$   |          |
|                      |                      |   |   |  |          |
| Description of Co    | a cama a car         |   |   |  |          |
| Full Name of Con     | tributor             |   |   | Date [MM/DD/YYYY] \$   |          |
| House#               | Street Address       | is.                                     | -   | Pate [MM/DD/YYYY] \$   |          |
|                      | <b>的特别</b> 方形的社会的经验和 | State                                   | Zip Code  | Date [MM/DD/YYYY] -\$  |          |
| Description of Co    | ntribution .         |   | Form depth of the property of the second of | (A)  |          |
| Full Name of Con     | tributorii           |   |   | Date [MM/DD/YYYY] S  |          |
| House #              | Street Address       | • |   | Date [MM/DD/YYYY] \$   |          |
| City                 |                      | State                                   | Zio code  | Date [MM/DD/YYYY] \$   |          |
| Description of Co    | ntribution           |   | \$27.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.   | (CENTERE)  |          |
| Full Name of Con     |                      |   |   | Date [MM/DD/XYYY] \$   |          |
| House #              | Street Address       | -                                       |   | Date [MM/DD/YYYY] \$   |          |
| City                 |                      | State                                   | Zip Code  | Date [MM/DD/YYYY] \$   | _        |
| Description of Co    | ntribution           |   |   | I BESTER   |          |

### SCHEDULE II Part G

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

VALUE OVER \$250

|  |                             | ****   | VALUE OVER \$250         |   |
|--|-----------------------------|--|--------------------------|---|
| Filer Identificatio  | n Number:                   |  | ***                      |   |
|  |                             |  |                          | <del>"</del>  |
| Full Name of Co  | ontributor                  |  |                          | Date (MM/DD/YYYY)   |
| House #  | Street Addres               | Š  |                          | Date IMM/DD/YYYY) \$  |
|  |                             |  |                          |   |
| City   |                             | State  | Zip Gode                 | Date [MM/DD/YYYY] \$  |
| Employer Name  |                             |  |                          | Occupation  |
| Employer Maili<br>Place of Busine  | ng Address / Principa<br>ss | The state of the s |                          | Description of Contribution   |
| Full Name of Co  | ntributor                   |  |                          | Date [MM/DD/YYYY] \$  |
|  |                             |  |                          | Address and the second |
| House #  | Street Address              | NATIONAL DESCRIPTION OF THE PROPERTY OF THE PR |                          | Date [MM/DD/YYYY] \$  |
| City   |                             | State  | Zip Code                 | Date [MM/DD/YYYY] \$  |
| Employer Name  |                             |  | HIBERTON GENERAL CONTROL | Occupation  |
| Employer Mailin<br>Place of Busines  | ng Address / Principa<br>ss |  |                          | Description of Contribution   |
| Full Name of Co  | ntributor<br>Translation    |  |                          | LDate MM/OD/AXXI  |
| House #  | Street Address              |  | 140-4                    | Date [MIM/DD/YYYY) \$   |
| GRANGE CONTROL OF THE |                             | State  | Zipi Code                | Date MM/DD/YYYY \$  |
| Employer Name  | ar ang ala ciraballi. Ili   |  |                          | Occupation :  |
| Employer Mailir<br>Place of Busines  | ig Address / Principal<br>5 |  |                          | Description<br>of<br>Contribution   |
| Full Name of Co  | itributor<br>Balandari      | 45 805 Na. (V)   |                          | Date (MM/DD/YYYY) \$  |
| House #  | Street Address              |  |                          | Date [MM/DD/YYYY] \$  |
| City :   |                             | State  | Zipi code                | Date [MM/DD/YYYY] S   |
| Employer Name  | antina na pada di di di     |  |                          | Occupation  |
| Employer Mallin<br>Place of Busines  | g Address / Principal<br>s  |  |                          | Description of Contribution   |

# Statement of Expenditures

| Filer Identification Number:<br>Rita F Bishop                         |  |  |
|---|--|--|
|   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
| Rita F Bishop   |  |  |
|   |  |  |
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|   |  |  |
| 17. AND 158 1. AND 1. C. C. L. C. |  |  |
|   |  |  |

| To Whom Paid  |  |                    |  | Date [MM/DD/YYYY]  | #\$# <b>\$</b> #                                  |  |  |  |
|---|--|--------------------|--|--|---|--|--|--|
|   | Erie County  |                    |  | 2/16/19  | 10.00   |  |  |  |
| House #   | Street Address   | West Sixth Street  |  | Description of Expen   | diture  |  |  |  |
| City  | 32 32 59 41 55   | State              |  | a en dans de la companya de la compa |   |  |  |  |
| Erie  |  | STATE<br>PA        | Zip<br>Code 16501  | Fee for Petion   |   |  |  |  |
| To Whom Paid  | GoPrint.com  | ,                  |  | Date [MM/DD/YYYY]  | 10000   |  |  |  |
|   |  |                    |  | 2/28/19  | 37.58   |  |  |  |
| House # 7651  | Street Address   | N San Fernando Rd  |  | Description of Expend  | diture  |  |  |  |
| City<br>Burbank   |  | State CA           | Zip<br>Gode 91505  | Campaing postcards   |   |  |  |  |
| To Whom Paid  |  |                    | E. Concernation of the Con | Date [MM/DD/YYYY]  |   |  |  |  |
| icachoti et dicipilita<br>44 ilayan daga tabuta                                     | GoPrint  |                    |  | 3/8/19   | 72.46   |  |  |  |
| House # 7651  | Street Address   | N San Fernando RD  |  | Description of Expend  | diture  |  |  |  |
| City<br>Burbank   | EXTENSION STATE OF THE STATE OF | State CA           | <b>Zip</b> 91505   | Magnetic signs   | HERIOTERIA (TATE HERIOTERIA MARKETERIA PER A CIEN |  |  |  |
| To Whom Paid  |  | bisheertificance)  | Häustungespol  | Date [MM/DD/YYYY]  |   |  |  |  |
|   | GoPrint  |                    |  | 3/14/19  | 125.31  |  |  |  |
| House # 7651  | Street Address   | San Fernando Rd    |  | Description of Expend  | liture  |  |  |  |
| <b>City</b><br>Burbank  |  | State CA           | ZIP<br>Code 91515  | Yard Signs   |   |  |  |  |
| Mérodromusione  |  | Limino midamuta at | i  |  |   |  |  |  |
| To Whom Paid  |  |                    |  | Date [MM/DD/YYYY]  |   |  |  |  |
|   | Staples  |                    |  | Date [MM/DD/YYYY]<br>3/20/19   | <b>\$</b> 18.01                                   |  |  |  |
|   | Street Address   |                    |  |  | 18.01   |  |  |  |
|   |  | <b>State</b> PA    | <b>Zip</b><br><b>Code</b> 16509  | 3/20/19  | 18.01   |  |  |  |
| House #   | Street Address   | <b>State</b> PA    |  | 3/20/19  Description of Expend   | 18.01   |  |  |  |
| House #   |  | <b>State</b> PA    |  | 3/20/19  Description of Expend  Labels   | 18.01   |  |  |  |
| House #   | Street Address   | <b>Sate</b> PA     |  | 3/20/19  Description of Expend  Labels  Date [MM/DD/YYYY]  | 18.01<br>liture<br>4.23                           |  |  |  |
| House #   | Street Address  Hobby Lobby  | State PA           |  | 3/20/19  Description of Expend  Labels  Date [MM/DD/YYYY]  3/20/19   | 18.01<br>liture<br>4.23                           |  |  |  |
| House #  City   Erie  To Whom Paid  House #   | Hobby Lobby  Street Address  | PA State           | <b>Code</b> 16509  | 3/20/19  Description of Expend  Labels  Date [MM/DD/YYYY]  3/20/19  Description of Expend  | 18.01   Eure                                      |  |  |  |
| House #  To Whom Paid  City  City  Erie  City  Erie  To Whom Paid                   | Hobby Lobby  Street Address  | PA State           | <b>Code</b> 16509  | 3/20/19  Description of Expend  Labels  Date [MM/DD/YYYY]  3/20/19  Description of Expend  Buttons  Date [MM/DD/YYYY]  | 18.01  liture  4.23                               |  |  |  |
| House #  City Erie  To Whom Paid  City Erie  To Whom Paid  House #                  | Hobby Lobby  Street Address  | PA State           | <b>Code</b> 16509  | 3/20/19 Description of Expend Labels Date (MM/DD/YYYY) 3/20/19 Description of Expend Buttons   | 18.01  liture  4.23                               |  |  |  |
| House #  To Whom Paid  City  City  Erie  City  Erie  To Whom Paid                   | Hobby Lobby  Street Address  | PA State           | <b>Code</b> 16509  | 3/20/19  Description of Expend  Labels  Date [MM/DD/YYYY]  3/20/19  Description of Expend  Buttons  Date [MM/DD/YYYY]  | 18.01  liture  4.23                               |  |  |  |
| House #  City Erie  To Whom Paid  City Erie  To Whom Paid  House #                  | Hobby Lobby  Street Address  | State PA           | Zip 16509  | 3/20/19  Description of Expend  Labels  Date [MM/DD/YYYY]  3/20/19  Description of Expend  Buttons  Date [MM/DD/YYYY]  | 18.01  liture  4.23                               |  |  |  |
| House #  City   Erie  To Whom Paid  City   Erie  To Whom Paid  House #  City   Erie | Street Address Hobby Lobby Street Address Street Address   | State PA           | Zip 16509  | 3/20/19  Description of Expend  Labels  Date [MM/DD/YYYY]  3/20/19  Description of Expend  Buttons  Date [MM/DD/YYYY]  Description of Expend   | 18.01  liture  4.23  liture                       |  |  |  |
| House #  City Erie  To Whom Paid  City Erie  To Whom Paid  House #  City Erie       | Hobby Lobby  Street Address  | State PA           | Zip 16509  | 3/20/19 Description of Expend Labels Date [MM/DD/YYYY] 3/20/19 Description of Expend Buttons Date [MM/DD/YYYY]   | 18.01  liture  4.23  liture                       |  |  |  |

#### SCHEDULE IV

Statement of Unpaid Debts
Use this Section to itemize all unpaid debts and obligations which are outstanding

| rijer iden                        | tification Num   | per:             | Rita F Bisho                                 | p                     |   |   |  |   |             |  |
|-----------------------------------|------------------|------------------|--|-----------------------|---|---|--|---|-------------|--|
| Name of                           | Creditor         |                  | Rita F Bisho                                 | p                     | ——————————————————————————————————————  |   |  |   | Ou          | tstanding Balance of Debt  |
| House #                           | 10172            | Stre             | et Address                                   | Barney Rd             |   | 111111111111111111111111111111111111111 | E DEBT INCUR<br>MM/DD/YYYY<br>02/28/19 | 7 1 2 10 0 A 0 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | \$          |  |
| City                              |                  |                  | Albion                                       |                       | State                                   | PA                                      | Zip<br>Code 1650                       | 01  |             | 257.59   |
| Description of Debt Start moneies |                  |                  |  | \$24,000 PR 1700 PR 1 |   | E-22.8 Marine                           | <del></del>                            |   |             |  |
| Name of                           | Creditor         |                  |  |                       | <del></del>                             |   |  |   | Ou          | tstanding Balance of Debt  |
| House #                           |                  | Stree            | et Address                                   | <del>M</del> - t-     | 1                                       | ** ***********************************  | E DEBT INCUR<br>MM/DD/YYYY             | all by a school school point                  | \$          | erandet ingeles (obtained generalis) (22) (23) (23) (23) (23) (23) |
| City<br>Descripti                 | on of Debt       | 16 F<br>16 12    |  |                       | State                                   |   | Zip<br>Code                            |   |             |  |
|                                   |                  |                  |  |                       |   |   |  |   |             |  |
| Name of<br>House #                | Creditor         | le.              |  |                       |   | <b>N.</b> T                             | E DEBT INCUR                           | ara   |             | tstanding Balance of Debt  |
|                                   |                  |                  | t Address                                    |                       |   |   | MM/DD/YYYY                             |   | \$          |  |
|                                   |                  | evinesa<br>Maria |  |                       | State                                   |   | Zip<br>Code                            |   |             |  |
|                                   | on of Debt       |                  |  |                       |   |   |  | •   | .,,,,,,,,,, |  |
| Name of                           | Creditor         |                  |  |                       |   |   |  |   |             | standing Balance of Debt   |
| House#                            |                  | Stree            | t Address                                    |                       |   |   | E DEBT INCUR!<br>VIM/DD/YYYY           |   | S           |  |
| City<br>Descripti                 | on of Debt       |                  |  |                       | State                                   |   | Zip<br>Code                            |   |             |  |
| Name of                           | Creditor         |                  |  |                       |   |   |  |   | Out         | standing Balance of Debt   |
| House #                           |                  | Stree            | t Address                                    |                       |   |   | DEBT INCURI<br>VIM/DD/YYYY             | RED   | S           |  |
| City                              | on of Debt       |                  |  |                       | State                                   |   | Zip<br>Code                            |   |             |  |
|                                   | um ill by old il |                  |  |                       | T-7-7-3                                 |   |  |   |             |  |
| Name of<br>House #                | Track Believille |                  | 135 6 15 15 15 15 15 15 15 15 15 15 15 15 15 |                       |   |   |  |   |             | standing Balance of Debt   |
| nouse #                           |                  | atree            | t Address                                    |                       | 111111111111111111111111111111111111111 |   | DEBT INCURE                            |   | \$          |  |
| City                              | a di terit       |                  |  |                       | State                                   |   | Zip<br>Code                            |   |             |  |

Description of Debt