Re	25	et	Fo	r	r	n

Print Form

## Commonwealth of Pennsylvania - Campaign Finance Report (Note: This report must be clear and legible, it should be smad)

ntification	(Note:	Report Filed By	Candida		. It sho	uld be typed		1,	la m	
Name of Filing Committee	on Condition	( Mark X)			' <u> </u>			]] [	Lobbyist	•
Lobbyist Street Address	e, Candidate or	COMM	littee b WB	To	5.10	d E	1 R	R 2.0-	zinsk	
		32	6 WE	1 /	TRI	western	Rd			
City	ERI	E	State	DA		Zip Code	163	109		
Type of Report (Place x ui	nder report type)			1- /-			7,7			
1-6 <sup>th</sup> Tuesday 2- 2 <sup>nd</sup> Fi	iday 3- 30 Day Post	4- 6th Tuesday	5- 2 <sup>nd</sup> Friday	6- 30 Da	ne Door	7				
Pre-Primary Pre-Prim	ary Primary		Pre- Election	Election	•	7- Annual	Special 2' Pre-Electi		Special 30 Post-Elec	
					1			-		
Date Of Election (MM/DD/YYYY)	05/21/19	Year		Amendr Report	nent		Terminati Report	on .		<u> </u>
Summary of Receipts and	From Date	To Date								<u> </u>
Expenditures	100 100					For (	Office Use (	Only		
A Amount Brought E	03-03-1	_ <del>                                     </del>	- 19	4.4	1 1					
A. Amount Brought Forwa		5-0-				<del></del>	<del></del>	- La	<u></u>	
B. Total Monetary Contrib	utions and Receipts	\$ 100							WED .	
(From Schedule I)		477	4.00							
C. Total Funds Available (Sum of Lines A and B)		\$ 1-74	, 00						1	
D. Total Expenditures		1 / 10	₽' <u> </u>							
(From Schedule III)										
E. Ending Cash Balance		\$ 1.7	·· 77					50 m		<b>,</b>
(Subtract Line D from Line	C)	1019	01							
F. Value of In-Kind Contribe (From Schedule II)	utions Received	\$						0	414	-
G. Unpaid Debts and Obliga	ations	S						el 5-4		
(From Schedule IV)		· [ 3]	ŀ					J.	3.2	
		<u> </u>	Affidavit Sectio						·	
Part 1- If this is a Committee re	port, treasurer sign her	e. If this is a <b>Candid</b> a			here.			<u>=</u>	<u> </u>	
swear (or affirm) that this repo sworn to and subscribed before	or concidenting the attach	ed schedules on par	per, is to the bes	t of my kr	owledge	and belief true	rec and	complete		<del></del>
to and subscribed before	rrie this			TO.	0	n.A.		7		٠.,
day of MA	20_19	۱,	4		1/		Jerus	uku	/	
_ Ungela Y.	Jones CON	MONWEALTH O	F PENNOVIA	Sign	ative of	1 8	TOZOZO		3.	
Signature					Υ/	A. B. Printed Name	26 27	V2 (C	_ ′	
Ty Commission expires_ 6	4 2021	Angela G. Jones.	Notan Duke-		`					
MO.	DAY. YRMY	Commission Fyn	rie County O	7		39	<del></del>	77	_	
well If also		A CENTRAL PANIA ACC		TARIES		Daytin	ne Telephone	Number		
art II- If this is a report of a Can swear (or affirm) that to the be									_	
swear (or affirm) that to the be mended.	ar or my knowledge and	i pellet this political	committee has	ot violate	ed any pr	ovisions of the	Act of June 3	, 1937 (P.L	1333, NO.3	20) as
vorn to and subscribed before				_						•
to and subscribed before	me this		_	•				,		
day ofMA	20 <u></u>	• 1	71	Juc	L/V	1 Br	ميريعه	·h		
Winela St.	Jones	Į,	_ <del></del>	****	Signatu	re of Candidate	30-			
Signature	<del></del>	ľ		~~A	<u>r</u> d	W. E	eze:	ZINSK	i	
Commission expires6	4 2021	, 1	<b>.</b>	11.	Prír	ited Name		•	- · · · ·	l jag
MO.	DAY YR.		_8	Ψ		392	-55	<b>77</b>		
	2711		Area C	ode		Daytime	Telephone N	lumber		
00140111								3	en e	1
COMMONWEALTH O	F PEN <b>NSYLVANIA</b> L SEAL							<del></del>	~ <del>`</del> ——	

NOTARIAL SEAL
Angela G, Jones, Notary Public
City of Erie, Erie County
My Commission Expires June 4, 2021
MEMBER, PENNSYLVANIAASSOCIATION OF NOTARIES

### SCHEDULE I

# Contributions and Receipts Detailed Summary Page

Filer Identification Number		
now and the control programmed in the state of the state		 
1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor	VIII.	
Total for the reporting period	(1)	\$ garan mangar sa Marang sa Mangarata, A Mangarata, Sa Mangarata (A mangarata ) A mangarata (A mangarata ) A mang A mangaratan mangaratan mangaratan mangaratan mangaratan mangaratan mangaratan mangaratan mangaratan mangarata
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		
Contributions Received from Political Committees (Part A)		\$ The second secon
All Other Contributions (Part B)	$\dashv$	\$ 
Total for the reporting period	(2)	\$ 
3. Contributions Over \$250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)		\$ The second property of the property of the second s
All Other Contributions (Part D)		\$
Total for the reporting period	(3)	\$
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)	表 [4] 法 答 [5] 法	
Total for the reporting period	(4)	\$ rame, sampang per tie set commonwelle en participation (12.36.2 p. 26.49.), con file You (16.46.26.26.26.26.2
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)		\$

#### 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			
			Amount
Full Name of Contributing Committee	Ide Land IDAA.	Date [MM/DD/YYYY] \$	00
	NOX LAW LING	03/25/2019	150.
House # 120 Street Address	West 10 Street	Date [MM/DD/YYYY] \$.	
City ERIE	State PA Zip Code 16501	Date [MM/DD/YYYY] \$	
Full Name of Contributing	本籍人機能   一個個人發展的公司	Date [MM/DD/YYYY] \$	
Committee		<u>1994 - アンログ (1994) (1995) (1994) (</u>	
House # Street Address		Date [MM/DD/YYYY] \$	<del></del>
City	State Zip Code	Date [MM/DD/YYYY] \$	
A. A			
Full Name of Contributing Committee		Date [MM/DD/YYYY] S	
House # Street Address		Date [MM/DD/YYYY] \$	
Citý	State Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee	Transparanter   Transparant	Date [MM/DD/YYYY] \$	
House # Street Address		Date [MM/DD/YYYY] \$	
		10 S	
City	State Zip Code	Date [MM/DD/YYYY] 5	
Full Name of Contributing		Date [MM/DD/YYYY]	
Committee			
House # Street Address		Date [MM/DD/YYYY] S	
City.	State Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing		Date [MM/DD/YYYY] : \$	
Committee		Section (1997) 2.5 — High according to the control of the control	
House # Street Address		Date [MM/DD/YYYY] \$	
City	State Zip Code	Date [MM/DD/YYYY] 5	

#### 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.)

Fler/dentification Numbers			
House # 370 Stra	BARBARA KELLY et Address WEST ARLINGTON Rd  State PA ZIDSCORE 11509	Date [MM/DD//YYY]   S   Date [MM/DD//YYYY]   S   Date [MM/DD//YYYY]   S   S   Date [MM/DD//YYYYY]   S   S   Date [MM/DD//YYYYYY]   S   S   Date [MM/DD//YYYYY]   S   S   Date [MM/DD//YYYYYY]   S   S   Date [MM/DD//YYYYYY]   S   S   Date [MM/DD//YYYYYY]   S   S   Date [MM/DD//YYYYY]   S   S   Date [MM/DD//YYYYYY]   S   S   Date [MM/DD//YYYYY]   S   S   Date [MM/DD//YYYYYY]   S   S   Date [MM/DD//YYYYYY]   S   S   Date [MM/DD//YYYYY]   S   S   Date [MM/DD//YYYYYY]   S   S   Date [MM/DD//YYYYYYYYYYYYYYYYYYYYYYYYYYYYYYYY	100.00
House ## 4805	CARLES PERROTTA  et Address  EdgeVALE  State  PA  Zipigode  16509	Date   MM / DD / M / M   S	100.00
(full Americantiflutor) (fluse ** 4833 Street) (fluy ERIE	THUMAS SADOSKI  STATE PA ZIDGGGG NI 16510	Date IMM/DD/MAMIL S  O 4/US/ 2019  Date IMM/DD/MAMIL S  *Date IMM/DD/MAMIL S	100.00
House: 4709  City  City  CRIS	Robert Schoeler Highview Blud	Date[MM/DD/MMM]  O#/08/2-019  Date[MM/DD/MMM]  Date[MM/DD/MMM]  S	100.00
DE40 GIVE WATERF	PALE Lewis DORN Rd TORD State B ADROGOTES 16441	Date [MM/DD/MMM] S  O 4 / 0 8 / 2 o / 9  Date [MM/DD/MMM] S  Date [MM/DD/MMM] S	100.00
House # 2 45 Street	ROBERT MARZ.  MEST 39 STAND	Date [[VIM/DD/AYAY]] S  Date [[VIM/DD/AYAY]] S  Date [[VIM/DD/AYAY]] S	250.00
	PAUL CONSIDINE  1333 Top Rd  ERVE PA 16506	04/20/2019	100.00

#### 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.

Filer (dentifie	cation Number.		NODE	Þ		
AND THE RESERVE AND THE RESERV			-			
	g committee	MOX FUM	LRAC		03/25/2019	100.00
(House)#	120 Sireet Addre	(WEST)	10 Street	it	Date (MW/ED/MMM)	
City	Eele	State	No Gode	14501	SDate [MM/DDXYYYYY]	5
	if gCommlitee	`		Ī		
lijouse##	Street/Addre				Date(MM/Job//AXXII)	5
City	- Constant area, (manufacturing advanturing	State	Zip.Code		Date (MM//DD//YYYA)	
	≹@iJUII]IREG				· Date:[[VIIX](DD)AAAAA]	
(Houseett)	Street Addre		ALL ROUNG		Dete [MM/DD/AWY]	
ely Fulkhanya	中 可能可能性能與 医克尔特氏管 医抗性	State	Ziploode		Pate (MM//DP/AYAM)	
	if Keommittee		1904		Deite (MIM/Jody/MAA)	
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(etky Full Name of		State	Zip Gode		Date (MM/DD/AAAA)	
Commonting	(Compliee	CGATI · · ·			Date [VIV/Jed/Aaan]	
(House/I)	Street Addres		Commence of the Control of the Contr		Date (VIX)/DDXXXXXII	
refley Si	a 1000a veleksi kaj kolesanis (2000-lokuli)	State	.Zip/Cotle)		Pate/[MIVI/DD/AA/A/]	
ដៅប្រែប្រែកាម (គ្នាប់ប្រែកាមិល្បី)	(Committee	1004			Date (VIVI) DDXXAAAA	
(House)	Street/Addres		- CANTU		Deates ([MIM//DDV/MMM4]: E	
Œlay,		State.	zájy Gráfe		Date [MIM/JDD/MMM]   C	

#### 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)

Falls Names of Contributors PATA	zick CARRARA	Date:[MM/DD/YYYY] \$ 04/29/2919	500,00
<b>海路的基础的</b>	RICK CARRARA WEST ARLINGTON		
ERIE	State PA Zip Gode //	4509 CDate:[MM/pD/MYXI] \$	
Employer/Verne Employer/Verning/Address//	UNRHOWN N	eighbor-Long Time	NWO.
भितामीलामिनिक <b>ा</b> रिकानीलाङ	UNKNOWN IV		MENA
Full Mains of Contributor		∦Date[MM/DD)¥(XX)}	
(alouse)#. Street/Address		Date IMM/PD/AXXXII	
(GDy	State Zip/code	Datta [IVIM /DDYAMYAM    S	
diuployerNeme		Occupation	
HinglogarlWeiling/Addicess// Brindgell@Recod@usiness			
Full Name en Contributor		(Date (MIXI/PDV/XXXXI) S	
Street Address		(Date)[(V)M/ADD/(VYXXA)	
(Glay	"State". Zip/Gode	space(MM/pp/AYYY)	
(Bingleyer/Ente		(Ccolloation)	
Employar Weiling Address// Paladjud Plansof Budiness			
Full iXame of Contributor		Date (MIN/ODD/AYYM) S	I
filouse## Street/Addinass		*Date![MM//DD/MYM)	-
(ellay	State Zip@ode. ::	Pate (MM/PD/MM)	
duployarName		@adupatifon	
चिक्त्रीक्र्यून (Abillia : Abilitess // (Bainalpeli Pikaevo Abusiness			

#### 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.

meant remoistance				
Fullivetine		•=		
House#/	reet Address			
(City		State	Zip Gode	Date [MM/DD/XXXX] S.
Receipt Description				
Eulli Name				
	eet Address	<u>.</u>		
Clity :		State	Zip co.	Date MM/DD/XXXX1 S
सिंबर्गिति विस्तातीमीला			Zip Code	
(a) (b)/emag		u <del>-</del>		
	eetAddress		<u> </u>	
<b>C</b> Tay		State	Z4D2 (4.1)	Date (MM/DD/AWY)
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i (ci v	eet Address	States	<b>第方行為</b>	Date (MINNOD) ANAMA S
(div)		State	Zijp Gode	
Receipt Description				(Pipelaran)
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		Sierte	Zlip Code	Detel[MM/DD/MAAA]
रिस्टब्स्य छिन्द्रवर्गावर्गकार				
Eull Name				
House (i) Sta	er/Address			
(@tay/		State :	Z(p Gode	Date (MIM/OD/MMM) S
Receipt Description			THE CONTRACT OF THE CONTRACT O	

#### 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

สไลเสอีลกับที่ออบิอกเป็นกับอล				
		wiiriacideannaabilicesbe	BIGONIRIBLITOR	
IE UNITEMIZEDINEKIND CONTRIBU:	SKEGETVE USV	Antire of Fastinovenducian		
TOTAL for the reporting period	(1)	\$	·	
		STATISTICATED AND EDIAL MICKE		
2: INKINDXGONIRIBUHONSREGAV	EDEVALUE GESSON	HE SZEUJUSTREIVIERAK		
TOTAL for the reporting period	(2)	\$		
S INHKINDICONTRIBUTION REGENT	d-value overs2:	50:00 (FROMPART G)		
TOTAL for the reporting period	(3)	\$		names and \$600.4 of the management and improve and an experience of the state of the state of the state of the
TOTAL VALUE OF IN-KIND CONTRIBUTIONS PERIOD (Add and enter amount totals from on Page 1, Report Cover Page, Item F)	S DURING THIS REP n boxes 1, 2, and 3;	PORTING \$ ; also enter		

#### SCHEDULE II PART F

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

VALUE OF \$50.01 TO \$250

Hiller/Identification Number:	
FulliName of Contributor	Date (MM/DD/WYY)
	MALENDER OCH STREET, V. MINES OF STREET, V. MINES
House:#. Street:Address	(Date NIM/DD/YYYY) \$
City. State Zip Code	Date [MM/DD/MYY] \$\$
Description of Contribution	
Ett   NamerotAgointributor	Date (MIM/DD//YY/MI \$
House(#) Street/Address	*Date [MM/DD/MXYI] \$5
City Zip(Gode)	*Date(IVIM//DD///YY/A)\$ \$\$
Description of Contribution	
Hall New Solgeon (Gont April page)	(Date [VilV/ADD/AAAAA] \$
House# StreatAddress	HDate MINIADDAYANA S
Giv States Zip/Code :	Date([MM/PD//M/M/]
Desargion: of Contribution:	Machine Strategy at 12017 Berry (Markel
iondhinishoems/illust	@Date\[MIM/DD/MMM] \$
(Alovseil) Stress/Address	Date [VIM/DD/AAAA]    \$
Gray Stetie Zipcode	(Data(MM/DD/AAAA)) S
Pessiption of Contilibration	Name and the second
izulitkame ofreontalbutor	Date (MM/DD/MMM) \$
House,(f) Street,Attiress	eate(IXIX)(IDD/AAAAA) (\$
Gity State Zip(Goden)	IDate/IMM//DD/XXXXII S
Pesagpitonoi/Conviloritori	

### SCHEDULE II

Part G

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

VALUE OVER \$250

ifileradentificationi/Number.

		<u> </u>	
			Date (MM/DD/YYYYY)
Full Name of Contributor			
House## Street Address			Date [MM/DD/YYYY] \$
City	State	Zip Code	Date MM/DD/YYYY1 \$
Employer Name			#Occupation
Employer Mailing/Address://Pdindipal Placeof Business			(Desaiploi) of Contribution
Hyll Nemeol Contributor.			idate  MIVI/DD/AYAY   \$
(#OUSE:dill Street Address			(Date:(MM/DD/XXXY)
Glay	State	Zip(Code)	,Date (MM/DD/YYAY) 33
Employe#Name	New as A ser register (1992)		Occupation
EmployerMeilingAddress/Principal PersofBushass		·	क्रिअसीअसीका oil (देवकासीआर्थका
Fulficemacifcontabutor			[date [VIVV/dd/AAAAA]] [55]
lilouse## Street-Address			IDate (MIMYDDY/YY/W)
City	State	Zip Gode:	Pate [MM/,DD//YYY]  \$
Employer Name			Occupation :
EmployeriYelling/Address//Paladipell Pleasof/Bushiess			Description of Contribution
aoirdhiaeoroanakillua			(Date(IMM/DDX/MMX)) \$
Mouse(i) Street/Address			Date  VIM/DD/WAAV
chy	State	Ζήρ Κούυ	(bate (MIX)/DB/AXAVA) S
iāuployaritāiute			(Occupation)
EmployerMelling/Address/Paluelpel Place of Business			Description of Contribution

# Statement of Expenditures

Filer (Dentification Number	
	DESCRIPTION OF THE PROPERTY AND THE SECOND SECTION OF THE PROPERTY AND THE SECOND SECTION OF THE SECOND SECOND SECTION OF THE SECOND SEC
CITIZENS Brook CHECKS	03/12/2019 9,99
House## Street Address	Description of Expenditure
City State Code	The state of the s
AHOUSE # Street Address Court House	03/08/2019 25.00
House: Street Address Court House	Description of Expenditure
city State / Zip/ scode / S	
DESANTIS SIGNS	03/29/2019 225."
Houself 540 Street Address West 18 Street	Description of Expenditure
CITY ERIE State PA Coole 11502	
POLIST FALCORS Net 610	04/08/2019 335"
House # 431 Street Address Part 3 street	pescription of expenditure
Gliv EriE State PA Godle 14507	10
powhompaid & Brzezinski stamp	03/24/2019 100.6°
House # 324 Street Address WEST Anlington Rd	pesualption/offstpenditure
ERIE PA CORDE 16509	Date(IMM/DD/AWAM) & \$5
ToVVhomPaid	
House(#) StreetAddress	Descriptions (15) penditure
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(Te) (Whom) (Patt)	ibate(MM/DD/AWA/I)
House:::	Description of Expenditure
Gtsy. State Zip. //Gode	
ro-Wiom Patti	(Date (IMM/DD/MMM)) \$
(Howseit) StreetsAddress	Description of Expanditure
Gity State Gode	

#### 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.

Hijarikianilideationkivinideak		
Nameoreaction		OutstandingBalanceOfDebt
House## Street/Addres	E D'ATERIORES :	INCURRED S
Gisy	State Zip	
Description of Debt		1985   1980/2005
NameofGraffor		Outstanding:Balance of Debi
Heuse (II) Street Addires		ingurred Vanami
Clfyy	ি Siete থাঁচ Gode	
Design of Design		
Remoof વા <b>ર્યો</b> જ		(១៤សម្រាញ់ត្រឡូមិតង្គ្រាឈុល(២៨៦៤
(flower) Street/Addres	[MIM/ADI	C) KEEFFERINGE KEEFFERINGE KEEFFERINGE
Gley	Siete Zip Code	
Description of Deby		
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lilouse::7 Street Adding	[MANAN]DI	
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l#louse:#/ Street:/Addics		NALANANA)
(CLPA)	, State Zipa Gode	
Description of Debit	Part to a principal	
Name of Gredien		Onerandling Balance of Math
(Flouerell) Street (Addings		inguiraed \$
(Glay)	Specie 24p Godie	
Descar व्यवकारको विस्तित	) and the second of the second	