

Reservent Trinite State

Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

Filer Identification Number 197-64-4811	Repo	irt Filed I rk X)	By	Candida	te	X	Committe	je		Lobby	ist
Name of Filing Committee, Candidate or Lobbyist	Kimbe	rly Clear		,				·			
Street Address	6060 (Briar Dr									
City Erie	I		1 Ten (1)	State	PA		Zip Code	16506			
Type of Report (Place x under report type)					•						
1- 6 th Tuesday 2- 2 nd Friday 3-30 Day Post Pre-Primary Pre-Primary Primary	C 7 10 10	Tuesday lection	1 (2. Sept. 1987)	Friday Election	6- 30 Da Election	Market Market Committee	7- Annual	Special 2 Pre-Elec	2 nd Friday tion	Application of the second of the second	l 30 Day lection
	Γ									Γ	
Date Of Election (MM/DD/YYYY)	Year	3 (d) (d)	<u> </u>	1	Amenda Report	nent .		Termina Report	i tion		
Summary of Receipts and From Date	DATE VIOLA VIOLEN	To Date	i 3			scelen Mederok	Fo	r Office Use	Önlü	997.75 77 77 XX	To as Bragae Daring
Expenditures 03/12/2019		Maria Mil	/10/201	L9							
A. Amount Brought Forward From Last Report	NG.		0		10 peter 10 m to 10 m to 10 m	<u> </u>		er til forske ett for kritiste forske			
B. Total Monetary Contributions and Receipts (From Schedule I)			0							13 10 12 13	
C. Total Funds Available (Sum of Lines A and B)	\$		0							·	
D. Total Expenditures (From Schedule III)	\$		74.50						556 S 451 -	<u>.</u>	
E. Ending Cash Balance (Subtract Line D from Line C)	\$		0							ک	
F. Value of In-Kind Contributions Received (From Schedule II)	\$		0							·	,
G. Unpaid Debts and Obligations (From Schedule IV)	\$		0								
Port 1 If this is a Committee would be a committee or an analysis of the committee of the committee or an analysis of the committee or analysis of the committee or an analysis of the committee or analysis of the committee	(6.1)	eg ç	C la	fidavit Sec							
Part 1- If this is a Committee report, treasurer sign he I swear (or affirm) that this report, including the attack. Sworn, to, and subscribed before me this	re. IT tr	egines of		is to the b	est of my l	n nere. knowled	ge and belief	true, correct,	and complet	e.	
My Commission expires 4-3-33 MO. DAY YR.	З	onwealth of Pennsylvania Tonia Fernandez, Notary Erie County Commission explese A	Commission number 12 er, Pennsylvania Association	Ar	SIY ea Code	mature o	printed Nai	mitting report	on AClea 270	<u></u>	
Part II- If this is a report of a Candidate's Authorized (I swear (or affirm) that to the best of my knowledge a amended.	commit and belo	this poli	date g ni tica g ni	all sign he mmittee h	re. as not viola	ated any	provisions of	the Act of Ju	ne 3, 1937 (F	P.L. 1333,	NO.320) as
Sworn to and subscribed before me this					\mathcal{U}						
day of20	-	- 1		-	Y)	C!	atura at ča i i	l'alaka			
	_				/	Signa	ature of Cand	mate		_	
Signature		. 1				ł	Printed Name	!			
My Commission expires MO. DAY YR.	-			Ar	ea Code	-	Day	rtime Telepho	ne Number		

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

Filer Identification Number				
	197-64-4811			
es al service communicación de				

1.Uniternized Contributions and Receipts-\$50.00 or Less per Contributor			
Total for the reporting period	(1)	\$	o
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)	., vi ., , ,⊊	Rel Marie	
Contributions Received from Political Committees (Part A)		\$	0
All Other Contributions (Part B)		\$	0
Total for the reporting period	(2)	\$	0
3. Contributions Over \$250.00 (From Part C and Part D)	\$1,7929 57.1783		
Contributions Received from Political Committees (Part C)		\$	0
All Other Contributions (Part D)		\$	0
Total for the reporting period	(3)	\$	0
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)	Carlo		
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, Rep Cover Page, Item B)	oort	\$	O

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.

					Amount
Full Name of Co	ontributing	·		Date [MM/DD/YYYY] \$	
Committee					
House #	Street Address			Date [MM/DD/YYYY] \$	
10436 11	Jueer Address			33M3UUV/37////	
ity		State	Zip Code	Date [MM/DD/YYYY] 5	
		7(8.4)			
ull Name of Co	intributing			Date [MM/DD/YYYY] \$	
ommittee				(A)	
louse#	Street Address	·		Date [MM/DD/YYYY] \$	
	Jueel Address			Date [wild/DD/11111]	
ity		State	Zip Code	Date [MM/DD/YYYY] \$	
ull Name of Co	ntributing			Date [MM/DD/YYYY] \$	
ommittee					
louse#	Street Address				
ouse #	Street Address			Date [MM/DD/YYYY] \$	
ity 🥠		State	Zip Code	Date [MM/DD/YYYY] \$	· ·
ull Name of Co	ntributing		Participant Company of Security Many	Date [MM/DD/YYYY] \$	
ommittee					
ouse #	Street Address			Date [MM/DD/YYYY] \$	· · · · · · · · · · · · · · · · · · ·
Charles					
400	300g (\$10g (\$500)		+ 2		
tv		State	Zip Code	Date [MM/DD/YYYY] \$	
ill Name of Co	ntributing			Date [MM/DD/YYYY] \$	
ommittee					
ouse#	Street Address			Date [MM/DD/YYYY] \$	
3.0	Street Audress			Pate [MIN/OD/LL11]	
	7.44, 17.44				
ty		State	Zip Code	Date [MM/DD/YYYY] \$	1
il Name of Co	ntributing			Date [MM/DD/YYYY] \$	
immittee 🥕	And the second of				
ouse#	Street Address			Date [MM/DD/YYYY] \$	
23. 1522 WH SACT 1				V 6×198	
		Lana distance of	West of the control o		
y		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:	197-64-4811			•	

Full Name of Co	ontributor			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
			· · · · · · · · · · · · · · · · · · ·		
City		State	Zip Code:	Date [MM/DD/YYYY] \$	
Full Name of Co	ontributor	- Physics control and	Beerra Art. and Standart	Date [MM/DD/YYYY] \$	
House #	Street Address			Date (MM/DD/YYYY) \$	
City	January Very Very Very Very Very Very Very Ve	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Co	weibutor.			Date [MM/DD/YYYY] \$	
2 . (1)				Date (MIN) AS / Trial	-
House #	Street Address	· · · · · · · · · · · · · · · · · · ·		Date [MM/DD/YYYY] \$	
res and the second					
City	many/23/day/accountry or deal, recovery or area re-	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Co	ntributor			Date (MM/DD/YYYY) \$	·
House#	Street Address			Date [MM/DD/YYYY] \$	
22.007		I TRANSPORT OF THE PARTY	The state of the s		
City		State	Zip Code	Date [MM/DD/YYYY] 5	
Full Name of Co	ntributor:	1000 and 100	PSS STATES best over the U	Date [MM/DD/YYYY] \$	
House #	Street Address		The state of the s	Date [MM/DD/YYYY] \$	
					i
City	PROPERTY BEAUTY TO THE SECOND OF THE SECOND	State	Zip Code	Date [MM/DD/YYYY] \$	<u> </u>
	Por a trade south a vacció				
Full Name of Co	ntributor			Date [MM/DD/YYYY] \$	
House #	Street Address		· · · · · · · · · · · · · · · · · · ·	Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
		100000			

PART C

Contributions Received From Political Committees

Over \$250.00

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

Full Name of Date [MM/DD/YYYY] \$	
Contributing Committee	
House # Street Address Date [MM/DD/YYYY] \$	
City State Zip Code Date [MM/DD/YYYY] \$	
City State Zip Code Date [MM/DD/YYYY] \$	
Full Name of Date [MM/DD/YYYY] \$ Contributing Committee	
House # Street Address Date [MM/DD/YYYY] \$	
City State Zip Code Date [MM/DD/YYYY] \$	
Full Name of Date [MM/DD/YYYY] \$	
Contributing Committee	
House # Street Address Date [MM/DD/YYY] \$	
City State Zip Code Date [MM/DD/YYYY] \$	
Full Name of Date [MM/DD/YYYY] \$	
Contributing Committee	
House # Street Address Date [MM/DD/YYYY] \$	
House # Street Address Date [MM/DD/YYYY] \$	
City State Zip Code Date [MM/DD/YYYY] 5	
Full Name of Date [MM/DD/YYYY] \$ Contributing Committee	
House # Street Address Date [MM/DD/YYYY] \$	
City State Zip Code Date [MM/DD/YYYY] \$	
Full Name of S Date [MM/DD/YYYY] \$	
Contributing Committee	
House # Street Address Date [MM/DD/YYYY] \$	
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:	197-64-4811		

Full Name of Contrib	utor			Date [MM/DD/YYYY] \$	
House #	Street Address	date da prompto de la companya de la		Date [MM/DD/YYYY] \$	
City	Section of the sectio	State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Name				Occupation	
Employer Mailing Add Principal Place of Bus	iness			Salver en estat en	
Full Name of Contribu				Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Name				Occupation	
Employer Mailing Add Principal Place of Busi	iness				
Full Name of Contribu				Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Name	A control of the second			Occupation	
Employer Mailing Add Principal Place of Busi					
Full Name of Contribu				Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Name				Occupation .	
Employer Mailing Add Principal Place of Busi			Property of the Property of th	33999000000001238 KA1	

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	ber:	197-64-4811			
Form the control of the state o	W 731, 25				
Full Name					
House #	Stre	eet Address			
City	- I		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description			State Septiment (Septiment Septiment)	Extension and the second	ki@sil_
Full Name			 ,		
House #	Stre	eet Address			
City	-		State	Zip Cođe	Date [MM/DD/YYYY] \$
Receipt Description		A series of the	· 查尔···································	Extension Control Control	
Full Name					
House #	Stre	eet Address			
City			State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description			Printellinguage of	ISSNAMONIE organismi	lavol
Full Name		V.	<u> </u>		
House#	Stre	eet Address			
City			State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				egganyergesangur	1000 101 1
Full Name					
House # City		eet Address			
a ang ang ang ang ang ang ang ang ang an			State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description	13.4		Promotiva in expension is a	Progression and an	- Livering
Full Name					
	Stre	eet Address	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
City			State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description			- Elife Arillian grand		

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: 197-64-48	311		
1. UNITEMIZED IN-KIND CONTRIE	BUTIONS RECEIVED-VALUE	OF \$50.00 C	OR LESS PER CONTRIBUTOR
TOTAL for the reporting period	(1)	\$ (0
2. IN-KIND CONTRIBUTIONS RECE	EIVED-VALUE OF \$50.01 TC) \$250.00 (FF	ROM PART F)
TOTAL for the reporting period	(2)	\$	О
3 IN-KIND CONTRIBUTION RECEI	VED-VALUE OVER \$250.00	(FROM PAR	ot G)
TOTAL for the reporting period	(3)	\$	0
TOTAL VALUE OF IN-KIND CONTRIBUTION PERIOD (Add and enter amount totals fro on Page 1, Report Cover Page, Item F)		1 1	0

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

		The state of the s	
Ellor Irlantification Northern	·	 	
Filer Identification Number:			,
10	97-64-4811		7
The Principal Control of the Control	31-04-4011		
The Control of the Co			,
100		 	

Full Name of Contrib	outor			Date [MM/DD/YYYY]	"\$ "
House #	Street Address			Date [MM/DD/YYYY]	
		TEXT 1/2 1/3		- Annual	
Gity		State	Zip-Code	Date [MM/DD/YYYY]	\$
Description of Contri	and the second second	i de la companya de l	Physics of the state of the section of the state of the s		of Partition
Full Name of Contrib	utor			Date [MM/DD/YYYY]	\$
en de la companya de La companya de la companya de		···			
House#	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
(a)					
Description of Contril			District Programme	1	200000
Full Name of Contribu	utor			Date [MM/DD/YYYY]	(\$
1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	Total Control of the			San	
House#	Street Address			Date [MM/DD/YYYY]	•
City	等级的等层 的现代的 经股份的 化二甲烷	State	Zip Code	Date [MM/DD/YYYY]	\$ 46 \$ \$
Description of Contrib	bution				
Full Name of Contribu	(#AF)	<u> </u>		Date [MM/DD/YYYY]	\$
particles and public or a process			!	Date Into Act	
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Fast althought	
e de la companya de l		State	ZIP.code	Date [MM/DD/YYYY]	
Description of Contrib					22.24
Full Name of Contribu	401			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	
City		State	Zip Code	Date [MM/DD/YYYY]	\$
				Marie de la portiona de la companya	
Description of Contrib	Jution				

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer Identification Number: 197			
10-	7-64-4811		
Ta\	/-04-40TT		
The Marketon will be with the Street Complete.		•	

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	\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Description
Place of Business		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	promotion delication of the state of the sta	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
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

Filer Identification Number: 197-64-4811		:

To Whom Paid	Pulakos		, ,	Date [MM/DD/YYYY]	\$
	Fulakus			04/03/2019	63.95
House # 380	Street Address	1illcreek Plaza		Description of Expenditu	re
City Erie	Park Martin Control of	State PA	Zip Code 16565	Chocolate gifts for help with fu	ındraiser
To Whom Paid	United States Postal	Service		8.2	\$ 11.25
House #				03/08/2019	
2711	Street Address	egion Rd		Description of Expenditur	
City Erie		State PA	Zip Code 16506	Filing Fee for Campaing runnir	g
To Whom Paid				Date [MM/DD/YYYY]	5
House#	Street Address		PR-97-19-06-17-13-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-	Description of Expenditur	6
City	Disease and Street in Control of the	State	Zip Code		
To Whom Paid			or and a second part of	Date [MM/DD/YYYY]	
House#	Street Address			Description of Expenditur	e e
Gity	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	State	Zip Code		one i marana i de parte e mara e a construir e de ser e de parte e de de ser e de parte e de de de ser e de de
To Whom Paid				Date [MM/DD/YYYY]	
House #	Street Address		1	Description of Expenditur	er Agendrand, and services
City		State	Zip Code		
To Whom Paid				Date [MM/DD/YYYY] \$	
House #	Street Address			Description of Expenditure	<u>.</u>
elty		State	Zip Code		
To Whom Paid				Date [MM/DD/YYYY] \$	
House #	Street Address			Description of Expenditure	
City		State	Zîp Code		
To Whom Paid				Date [MM/DB/YYYY] \$	**t
House #	Street Address			Description of Expenditure	
Citý		State	Zip Code		en a vienne et versettet har en en på til kommune et men på eller for år være til film år fle

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 Number:		
	197-64-4811	
Proceedings for reality and the contract of th	**!-^4-4074	
Authorities for the real of problem and the property of the commencer of the commencer of		
A SECTION OF THE RESERVE OF THE SECTION OF THE SECT		
· · · · · · · · · · · · · · · · · · ·		

Name of Creditor		_	Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$
City	Sta	te Zip Code	
Description of Debt		(Alegania Gray)	Post-yel
Name of Creditor			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	5
City	Sta	te Zip Code	
Description of Debt		Education 2000	177-170
Name of Creditor			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$
City	Sta	te Zip Code	
Description of Debt			
Name of Creditor			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	
City	Stal	te Zip Code	
Description of Debt			Girl (Afg) A
Name of Creditor			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	*
City	Stat	ce Zip Code	
Description of Debt		EARLY DESCRIPTION	5557/0421
Name of Creditor			Outstanding Balance of Debt
House #	Ŝtreet Address	DATE DEBT INCURRED [MM/DD/YYYY]	•
City	Stat	e Zip Code	
Description of Debt	IC22***2	Exercise part acoust 97	555.544