Commonwealth of Pennsylvania - Campaign Finance Report

<u></u>	ort must be clear and	l legible. It shoul	d be typed)	
Repor (Mari	t Filed By Candidat	te X	Committee	Lobbyist
Committee, Candidate or	vendolyn	i Coole	<u>.</u>	
. Address	39 East	10 6 5	1	
Gity ERIC	State	PA	zip Códe	503
Type of Report (Place x under report type)	经外域的		/ / /	300
1-6 th Tuesday 2-2 nd Friday 3-30 Day Post 4-6 th Tu	12 C TO 1		7- Annual Special 2 nd	Friday Special 30 Day
Pre-Primary Pre-Ele	ction Pre-Election	Election	Pre-Election	
Date Of Election Year (MM/DD/YYYY)		Amendment Report	Termination Report	n.
Summary of Receipts and From Date Expenditures	To Date		For Office Use On	[] [V
A. Amount Brought Forward From Last Report \$	100			
B. Total Monetary Contributions and Receipts \$ (From Schedule I)	200.00			
C. Total Funds Available \$ (Sum of Lines A and B)	200.00			
D. Total Expenditures \$			5	53 55 55
(From Schedule III) E. Ending Cash Balance \$	516.22			## 150 ## 150 ## 150 ## 150
(Subtract Line D from Line C) F. Value of In-Kind Contributions Received \$			ر دارا (الرابل) (المرابل (الرابل) (المرابل (الرابل)	
(From Schedule II)	O			7
G. Unpaid Debts and Obligations \$ (From Schedule IV)	316.22			
Part 1- If this is a Committee report, treasurer sign here. If this is	Affidavit Section	on	5	<u>ි</u>
I swear (or affirm) that this report, including the attached sched	s a Candidate report, card ules on paper, is to the be	lidate sign here. et of my knowledge a	and holief true, correct and	
Sworn to and subscribed before me this	N	1 ()	/) /	complete.
10 day of May 20 19	1 /1	verdozn	Cooley erson Submitting report	
Jusan M. Knaft Signature	<u> </u>	bwendou	yn Cooley	
, d" NOTAL	RIAL SEAL FT, NOTARY PUBLIC _O	Pi Pi	rinted Name	
MQ: DA EFIE, ERIE C MY COMMISSION EXP	COUNTY, PENNA. Are PIRES ON AUGUST 13, 2019	Code	814 5203 Daytime Telephone	
Part II- If this is a report of a Candidate's Authorized Committee	, candidate shall sign here			
I swear (or affirm) that to the best of my knowledge and belief the amended.	is political committee has	not violated any pro	visions of the Act of June 3,	1937 (P.L. 1333, NO.320) as
Sworn to and subscribed before me this				
day of20•	<u> </u>	·		
		Signatur	e of Candidate	
Signature		Print	ed Name	
My Commission expires MO. DAY YR.	Area	Code	The state of the s	· · · · · · · · · · · · · · · · · · ·
	Л І Са	coue .	Daytime Telephone N	umber
			· · · · · · · · · · · · · · · · · · ·	

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

Filer Identification Number				
1:Unitemized Contributions and Receipts-\$50.	00 or Less per Contributor			
The state of the s	Total for the reporting period	(1)	\$	
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)				
Contributions Received from Political Committe	es (Part A)		\$	
All Other Contributions (Part B)			\$	-
	Total for the reporting period	(2)	\$	
3. Contributions Over \$250.00 (From Part Can	d Part D)			
Contributions Received from Political Committee	es (Part C)		\$	
All Other Contributions (Part D)			\$ 	
	Total for the reporting period	(3)	\$	
4. Other Receipts-Refunds Interest Earned Re	turned Checks, ETC: (From Part E)		
	Total for the reporting period	(4)	\$	- Alter to a 270 M/27 (AMT I AMT AVA) 22 (特別 万部 7年
Total Monetary Contributions and Receipts during enter amount totals from Boxes 1, 2, 3 and 4; als Cover Page, Item B)	ng this reporting period (Add and to enter this amount on Page 1, Re	port	\$ 	

PART A

Contributions Received From Political Committees

\$50.01 TO \$250.00
Use this Part to itemize only contributions received from Political Committees with an aggregate value from \$50.01 TO \$250.00 in the reporting period.

Filer identification Number				
				Amount
Full Name of Contributing Committée			Date [MM/DD/YYYY] \$	
House # Street Address			Date [MM/DD/YYYY] S	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	
House# Street Address			.Date [MM/DD/YYYY] S	. <u>-</u>
City	State	Zip Code	Date [MM/DD/YYYY]	
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	
House # Street Address			Date [MM/DD/YYYY] S	
City	State	Zip Code	Date [MM/DD/YYYY] S	
Full Name of Contributing Committee			Date [MM/DD/YYYY] 55	
House # Street Address	=1 \(\frac{1}{26} \limins_{\text{total}} \frac{1}{2} \display \text{total} \display \din \display \dinploy \dinploy \display \display \dinploy \display \display \di) with the same and attended to the same to the	Date [MM/DD/YYYY] # \$	
City :	State	Zip Code	Date [MM/DD/YYYY] *S=	
Full Name of Contributing Committee			Date [MM/DD/YYYY] 65	
House # Street Address			Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] 5	
Full Name of Contributing Committee		- A	Date [MM/DD/YYYY] S	
House # Street Address	to the second second	The second of th	pate [MM/DD/YYYY] S	
City .	State	Zip Code	Date [MM/DD/YYYY]\$5	

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:				
Full/Name of Contributor.	Rev. Dale	B. Snyder.	5a Date [MM/DD/YYYY] 3 1 5 2 5 2 5 2 1 9 1 5 2 0 1 9 1 9 1 5 2 0 1 9 1 9 1 5 2 0 1 9 1 9 1 9 1 9 1 9 1 9 1 9 1 9 1 9 1	
236	socare.	11 5↓ Zip Code	*Date [MM/DD/YYW] **	
Edil: Name of Contributor	P	A 165	Date [MM/DD/XYXX]	
	et Address		Date [MM/DD/YWW]	
City FUI Name of Contributors	/State	Zip Code	Date MW/DD/MM)	
House## Stre	et/Address		Date (MM//DD/AYY/)	
CITY :	State	Zip Code.	Date (MM/DD/AAAA)	
	et-Address		Date(MM/DD/AYAA) S	
Gity	State	Zip @ode.	Date [MM/DD/YYYY]	
Full Name of Contributor House##	e¥Address	(September 2015)	*Date[MM/DD/YYYY] > \$	
icity.	State	Zip Codě	Date [MM/DD/YYYY] S	
Full Name of Contributor			Date [MM/Dp//////) S	
House# Stree	et Address State	Zip gode	Date [MIM/DD/MYYY] 5	
		-III CODE	Date MM/DD/AYYY)	

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 Identification Number:				
Full Name of Contributing Committee			Date [MM/DD/MM/]	
House# Street Address			Date [MIM/DD/XXXX)	\$
Giv	State	Zip/Gode	Date [MM/DD/YYYY]	5.1
Full Name of Contributing Committee			Date (MIVI/DD/AYAYA)	
(House# Street-Address			Date [MM/DD/WYY)]	
City.	State	Zīp/Gode	Date [MM/DD/YYYY]	
Full-Name of Contributing Committee			Date [MM/DD/AYAYA]	
House:## Street Address			Date [MM/DD/YYYY]	
City (City)	State	Zip Code	Date [MM/DD/YYYY]	
Full Name of Contributing Committee			Date (MM/DD/AAAA) S	
House # Street Address			Date [MM/Db/WWW] S	
(Giv)	State	⁽ Zip:Code	Date (MM/DD//////) S	
Full Name of Contributing Committee			Date(MM/DD/MWY) S	
House # Street Address	L-synthetinasi (Strat		Date [MM/DD/XXXXI] S	
(elty	State	Zip/code:	Date [MM/DD/YYYY] S	
Full Name of Contributing Committee			Date (MM/DD/XXXX)	
House)供。 Street Address			//Date/[MIM//DD/YYYY) S	
.Gity	State	Zip Gode	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)

Fleddentification Number

Full Name of Contributor			Date[MM/DD/MMM] S
	Address		Date [MM/DD/YYYY] \$
Gity Employer Veime	State	'ZIp'Gode	Date[MM/DD/WW] \$
Employer Walling/Address // Principal Place of Business			
Fulls Name of Contributor			Date [MM/DD/WW] \$
	Address		-Date(MM/DD/MM)) \$
Gity EmployerName	State.	Zip Code	Date [MM//DD//YYY/] \$ Occupation
Employer/Mailing/Address// Principal/Place of Business		****	
Euline of Contributor	and the state of t		Date [MM/DD/YYYY]
	Address		Date [MM//DD/YYYY) 3.5.
(Gisy EmployerName	State	Zip Code	Date[MM/DD/YYYY] \$
Employer Mailing Address // Principal Place of Business		10	
Full Name of Contributor			Date[MM/DD/YYYY] (S.
House # Street A			Date [MIM/(DD/XXXXX)] \$\sigma\$
(dity Employer Name	State	Zip Code	Date [MIM/DD/XXXXI] \$
Employer Mailing Address/ Principal Place of Business			© Occupation

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.

Hileridentification Number:				
Full Name		<u> </u>		·
	eet Address			<u> </u>
Gisy,	<u> </u>	State	4 p	Date [MM/DD/XYYY] \$1
e de la companya de Companya de la companya de la compa			Code	
Receipt Description		DOCUMENT OF THE PROPERTY OF TH	The state of programmers of a state of the s	Yast dom
lauli/terme				
House(i)	et Address			
City:		State	Zip Code	Date[MM/DD/YYYY]
Receipt Description		FINESCOCK GRAD	TWO STREET, ST	[8:36:20]
Tallfilleme				7
House if Sin	eet:Address			-
City .	Control Contro	State	Zip (Code v	Date (MM/DD/YYYY) 55
Receipt Description	•			
Gulliverne				· · · · · · · · · · · · · · · · · · ·
	et/Addřess	···		
Gity		State	Zip	«Date:(MM/DD/XXXX)» (\$
			(Code	
Receipt Description		, yannan an can	- Automation degenerate by	
i Full (Veime				
House# Stre	et Address			
City		-State	Zip Code	*Date [MM/DD/XYYY]
Receipt Description				
Full Veine				<u>_</u>
House## Stre	et Address			
Glty		State	Zip Gode	Date [MM/DD/YYYY] \$
Receipt Description **			Gode	

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECIEVED

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

Fleridentification Number:	· · · · · · · · · · · · · · · · · · ·			
			·	
TOO DOWN AND SAME THUE 1	(BUTONS/RECEIVE	DEVANUE OF \$50/00/OR LES	SPERCONTRIBUTOR	
TOTAL for the reporting period	(1)	\$		
22 INEKIND CONTRIBUTIONS RE	EFIVED WALDE OFS	50:01(10)\$250:00 (FROM	PARCE(s)	
TOTAL for the reporting period	(2)	\$		
3. INHKIND/CONTRIBUTION REC	awadayalbirovier	\$25000 (EROMYPARIEG)		
TOTAL for the reporting period	(3)	\$		
				
TOTAL VALUE OF IN-KIND CONTRIBUTE PERIOD (Add and enter amount totals f on Page 1, Report Cover Page, Item F)				
				

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Pleridentification Number			
Full Name of Contributor.			Date (MIM/DD/XXXX)
House # Street Address			Date (MM/DD/WYY) S
elity .	State	Zip Code	Date [MM/DD/YYYY] 35
Description of Contribution			
Full Name of Contributor			Date IMM/DD/YYYYYI S
House # Street Address		P	Pate(MM/DD/YYYY)
(Gity	State	Zip:Code	Date (MM/DD/AYYY)
iDescription of Contribution		Encountries and applications of the control of the	I British
Full Name of Contributor			Pate [MM/DD/AYYY] S
House# Street Address			Date[MM/DD/YXYY) \$.
City Description of Contribution	State	Zip.Code:	Date[MM/Db/XXXX] SS
Full Name of Contributors			Date Min/Db/YYYY) SS
House ## Street-Address		×	Date:[MM/DD/YYY/]
elity Description of Contribution	State	Zip Code.	Date [MM/DD/YYYM]
	i,		
Full Name of Contributor			Date [MM/DD/YYYY]
Rfouse (# Street Address			Date [MM/DD/YYYY]
City Description of Contribution	State	Zip Code.	Date MM/DD//YYYY)
		•	

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

Eller Identification Nu	mber				
Rull Name of Contri	DUTOF.				Date [MM//DD/YYYY)] \$
House #	Street Address				Date [MIM/DD/YYYYY] \$
Gitÿ	Notice of Contract of the Contract of Cont	State	-Zip Code		Date [MM/Db/YYYY] \$3:
Employer/Name Employer/Mailing/A	ddress / Principal				Occupation Description
Place of Business	TA CONTRACTOR				of a Contribution
Full Name of Control					Date [MM/DD/YYYY] \$.
House#	Street-Address				Date [MM/DD/YYYM]
<u>City</u>		State	Zip Code		Date:[MM/DD/^^^^]
Employer Name:					Occupation
EmployeaWallingA Place of Business	ddress//Principal				Description of Contribution
fulliNameoficontril	putor			17 (4)	Toate (MM/DD/AYYY)
House#	Street Address				Date [MM/DD/YYYY]
Gity		State	Zip Code		Date [MM/DD/YYYY] S
Employer Name	a transfer of the		The state of the s	100	Occupation
Employer Mailing A Place of Business	ddhess/Principal				Description: of Contribution:
Full Name of Contrib	piltor			And the state of t	-Date [MM/JDD/AYYYY] \$
House#	StreevAddress			Sections	Date[MM/DD/MYY]
City.		State	Zip Gode		Date MM/DD/YYYY) \$
Employer Name					Occupation
Employer Mailing Ad Place of Business	ddress/Principal				Description : of Contribution :

Statement of Expenditures

Fileridentification Number: -

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EARC PA TO 1650A Bodges / Rally 518AS De Santis Signs D	Desantis Signs	04/03/2019 148,40
De Santis Signs De San	340 West 18 3	
De Santis Signs Boy Syo Secretable West 18	SAME AND SAM	Budges / Rally signs
Superintended Superintende	De Santis Signs	
State Stat	House # 540 Street Address West 189 St	FOSHBON
Figure Street Address Street Addre	Gity ERIC State PA Zip Gode 16512	Yard Signs
To Whom Paid Street Address	To:WhemPaid	Date [MM/DD/MAW] 5
Description of Expenditure	House# Street/Address	Description of Expenditure!
Street Address	City State . Zip . Gode	
Gity To Wrom Paid: Joate [MM/DD/XYYV] Joate [MM/DD/XYYV] Joate [MM/DD/XYYV] State Gode Date [MM/DD/XYYV] State Joate [MM/DD/XYYV]	Ro-Whom (Paid)	Date (MM/DD/WW) S
To Whom Paid Street Address Description of Expenditure	House # Street-Address	Description of Expenditure
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Gity State Zip Gode Date [MM/DD/MYM] S House # Street Address Description of Expenditure City State Zip Gode To Whom Paid Date [MM/DD/MYM] S House # Street Address Description of Expenditure		
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City. State Zip: Code Code Date [MM/DD/YYYY] Street Address Description of Expenditure		Date [MM/DD/AYYY] \$ \$5
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House:# Street:/Address Description of Expenditure:	Code	The second secon
	To Whom Paid &	
	House# Street Address	Description of Expenditure
Greate Zip Gode Gode	City State Zip Gode	13 mg/36/56

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.

etter gentilteatora varinger		
Name of Graditor	Desantis Signs	Outstanding Balance of Debt
540	DeSantis Signs eetAddress W.180St IMM/DD/NYYVI 05/10/2019	120.00
City	ERIC State PA Zip 1650	1965年30
Description of Debt	Balance on Yard Signs / Butt	
Name of Greditors ** House	et Address DATE DEBT INGURRED	Outstanding Balance of Debt
	[MM/BD/YYYY]	
City Description of Debt	State Zip Gode:	
Name of Creditor House# Stre	et/Address	Outstanding Balance of Debt
	[MM/DD/YYYY] 5.	
City	State Zip Code 71	
Description of Debt	[17] 12000000000000000000000000000000000000	Personal
Name of Greditor House# Street	et-Address DATE DEBT INGURRED	Outstanding Balance of Debt
	[MM/DD/YYYY]	
(Gity) Description of Debt	State Zip; Gode	
Mamaof@reditor		
	et Address DATE: DESTINGURRED	Outstanding Balance of Debt 45
	[MM/DD/YYYY]	
City Description of Debt	State Zip////////////////////////////////////	
Name of Greditor		
	et Address i DATE DEBTAINGURRED	Outstanding Balance of Debt
	(MM/ĐD/XYYYA)	
(ejity	State Zip. Code	
Description of Debt		