

Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification Number	Č.	3-3083064	1. W. E. S. W. G. S. W.	ort Filed E rk X)	By Cano	lidat	te	Committ	ee	X	obbyist
Name of Filing Com Lobbyist	mittee, Ca	indidate or	Friend	s of Conni	e Cruz				,		
Street Address		Storm Danier ve Storm Danier ve	4420	Dale Drive							
City	Erie				State		PA	Zip Code	16511		, , , , , , , , , , , , , , , , , , ,
Type of Report (Place											
1-6 th Tuesday 2. Pre-Primary Pre	2 nd Friday Primary	3-30 Day Pos Primary		Tuesday lection	5- 2 nd Frida Pre- Electi	27.	6-30 Day Po	ost 7- Annua	Special 2 nd Pre-Election	CARL CHARLES TO SEE ST. TO SEC.	pecial 30 Day ost-Election
	∇							He state of the st			
Date Of Election	\triangle		Year			1000	Amendmen	<u> </u>	Terminatio	n	
(MM/DD/YYYY)		05/21/2019			2019	100 Sec. 28-4	Report		Report		
Summary of Receipt Expenditures	ts and	From Date		To Date	ı			F	or Office Use On	lý 🕌	
		01/14/2019		5720	5/06/2019	1000 NO.	e parigo			agodu, most Barrier	
A. Amount Brought	Sire Siron Sir	Turk Medical Co.			0	Į			6 (,
B. Total Monetary C (From Schedule I)	ontributio	ns and Receipt	s \$		2841				45.4 67.2 47.2		.
C. Total Funds Availa (Sum of Lines A and	行をは終された正確的ではない。		\$		2841					1	
D. Total Expenditure (From Schedule III)	如此可以如此,然此"新闻"。 この Xin		\$	\$ 2614.31		-					
E. Ending Cash Balan	2274 / UNE CERTIFICATION OF THE		\$		226.69	1					errende Andreade Andreade
(Subtract Line D from F. Value of In-Kind C		ns Received	\$		~~~~	\dashv				Ē	22
(From Schedule II) G. Unpaid Debts and	l Obligatio	ns	\$		705	4					
(From Schedule IV)	g way teables	and a Maria was		1	812.60	╧			· · · · · · · · · · · · · · · · · · ·		
Part 1- If this is a Comm	i ttee report	t, treasurer sign h	ere. If th	ís is a Can o	Affidavit didate report	, can	didate sign he	re.			
I swear (or affirm) that to Sworn to and subscribe			iched sch	edules on	paper, is to t	he be	est of my know	viedge and belief	true, correct and	complete.	
Palaylof	May	16719					1				
Machi	11.0	Trand &				lose	Signatu L. Cruz	ure of Person Sub	mitting report		
Signa	ture COMMONIA	NI OF DEALLY	-			7030	<u></u>	Printed Na	me		
My Commission expires	N	VEALTH OF PENNS IOTARIAL SEAL	YLVANIA			814		32	3-2466		
	MO. MI	CHELAYE GONDA. Notary Public				Are	a Code	D	aytime Telephone	Number	
Part II- If this is a report	Sta Calitina	ate's Authorited	Collegation	tee, candid	late shall sigr	here	2.				
amended.	o the best o	or my knowledge	and wells	" triis boilt	icai committe	e na	s not violated	any provisions o	t the Act of June 3	, 1937 (P.L. :	1333, NO.320) as
Sworn to and subscribes	before me	this					$ \bigcirc$.	. (N. /		
day of	<u> </u>	2/1/9	_	1				MUL	UNY		
///rch	de	Gond	q		-	Conn	s nie Cruz	Signature of Cano			
Signat	1	CALTU OF THE		, 1		814		Printed Name	2 6169		
My Commission expires	MO. N	VEALTH OF PENNS' OFWRIAL SYPAL	YLVANIA	,	-		a Code		ytime Telephone N	Number	
<u> </u>	MIC	CHELLE GONDA		1					•		
М	NARBURCR.	EEK TWP, ERIE C	OUNTY 26, 2019		***************************************				.at		

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

Filer Identification Number	83-3083064	Friends of Connie Cruz	

	vaner sterem vis	53224 E 44	
1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor			
Total for the reporting period	(1)	\$	300
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)			
Contributions Received from Political Committees (Part A)		\$	0
All Other Contributions (Part B)		\$	1145
Total for the reporting period	(2)	\$	1145
3. Contributions Over \$250.00 (From Part C and Part D)			
Contributions Received from Political Committees (Part C)		\$	1096
All Other Contributions (Part D)		\$	300
Total for the reporting period	(3)	\$	1396
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)			
Total for the reporting period	(4)	\$	o
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)	port	\$	2841

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

83-3083064 Friends of Connie Cruz				Not Applicable		
					Amount	
Full Name of Co	ontributing	· · · · · · · · · · · · · · · · · · ·		Date [MM/DD/YYYY]	1.5	
Committee						
House #	Street Address		<u>. </u>	Date [MM/DD/YYYY]	\$	
					[1, 47] 4 [1, 47]	
City	The state of the s	State	Zip Code	Date [MM/DD/YYYY]	\$	
					5 y / 0	
Full Name of Co Committee	ontributing			Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$	
City	No. 1 Julian No.	State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Co	ontributing			Date [MM/DD/YYYY]	·\$	
Committee						
House #	Street Address			Date [MM/DD/YYYY]	\$	
				1		
City	promote Mary Mary A	State	Zip Code	Date [MM/DD/YYYY]		
1994 4 1914 <u>1894 1</u> 1914				And the second s		
Full Name of Co	ontributing			Date [MM/DD/YYYY]		
House #	Constitution 1			Date from a lange from the		
uac#	Street Address			Date [MM/DD/YYYY]	(\$) 	
	[Per Care de					
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
					<u> </u>	
Full Name of Co Committee	ontributing			Date [MM/DD/YYYY]		
House #	Street Address			Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]		
					rus. Usid	
Full Name of Co Committee	ontributing		·	Date [MM/DD/YYYY]	. .	
House #	Street Address			Date [MM/DD/YYYY]	\$	
City	<u> </u>	State	Zip Code	Date [MM/DD/YYYY]	· · · · · \$	
				[Ų.	
				1	V.,	

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: 83-3083064	Friends of Connie Cruz	

Full Name of Contributor		Company to produce the production will be	And
SAFETHAL AND SELECTION OF THE SE	cMillen c/o Hilltop Beer	80	5
WIRE	connect Co Trittop Beel	02/06/2019	100
House # Street Add	Garage Control of the	Date [MM/DD/YYYY]	\$
4535	Buffalo Road		
Gty	State Zip Code	Date [MM/DD/YYYY]	\$.
Erie	PA 16510		
Full Name of Contributor		Date [MM/DD/YYYY]	\$1
Catalino	& Ruth Cruz	02/06/2019	100
House# Street Add	race		S
692	Hansen Avenue		
Gity Perth Amboy	State Zip Code 08861	Date [MM/DD/YYYY]	\$
Full Name of Contributor			(2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4
	Shane Kosterman	Date [MM/DD/YYYY]	\$
Supplies the supplies of the s	onalie Kosternian	02/08/2019	100
House # Street Add		Date [MM/DD/YYYY]	
10545	Plum Street		
City	State Zip Code	Date [MM/DD/YYYY]	\$1 3 2
Wattsburg	PA 16442	200	
Full Name of Contributor	ACES	Date [MM/DD/YYYY]	
Paul Seil	ber	200	100
House # Street Add	320.20	02/12/2019	
House # Street Add	ress Sidehill Road	Date [MM/DD/YYYY]	17 40 40
	Judini Noda		
City Harborcreek	State Zip Code 16421	Date [MM/DD/YYYY]	
4.54.00			
Full Name of Contributor		Date [MM/DD/YYYY]	
Barbara	Hammill	02/13/2019	100
House # Street Addi	ess	Date [MM/DD/YYYY]	230 231
25	West 29th Street		
City	State Zip Code	Date [MM/DD/YYYY]	**** *********************************
Erie	PA 16508		
Full Name of Contributor		Date [MM/DD/YYYY] 5	56 X
[1] 1000 (1) 10 10 10 10 10 10 10 10 10 10 10 10 10	ey c/o Huskie Auto Service	40	100
		04/04/2019	7). 2).
House # Street Addr	EWO.	Date [MM/DD/YYYY] \$	
	Buffalo Road		
City	State Zip Code	Date [MM/DD/YYYY] \$	
Harborcreek	PA 16421		## I
			- E

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: 83-308306	654	Friends of Connie Cruz	:	
Full Name of Con	itributor®			Date [MM/DD/YYYY] \$	<u>-</u>
	Connie & J	Jose Cruz		03/18/2019	225
House#	Street Addres	SS		Date [MM/DD/YYYY] \$	
4420		Dale Drive		03/22/2019	80
City Erie	Other Matter of Control of the State of Control	State	Zip Code	Date [MM/DD/YYYY] \$	
	The state of the s	PA	16511	05/06/2019	240
Full Name of Con	tributor			Date [MM/DD/YYYY] S	
House #	Street Addres	55 7		Date [MM/DD/YYYY] 5	
City	19年6年2月18日	State			
		State	Zip Code	Date [MM/DD/YYYY] 5	
Full Name of Cont	iributor			Date [MM/DD/YYYY] \$	The second secon
House #	Street Addres	SS		Date [MM/DD/YYYY] \$	ं <u>।</u>

City But		State	Zip Gode	Date [MM/DD/YYYY] \$	William Commence
Full Name of Cont	ributor	The District of the Control of the C	Medianne Mille annouse de la colonia.	Date [MM/DD/YYYY] 5	The state of the s
House #	Street Address	S		Date [MM/DD/YYYY] \$	
		- IN-2002001	Fireward and the growth and the grow		, and the second
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Cont	ributor			Date [MM/DD/YYYY] \$	Z Harde
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date:[MM/DD/YYYY] S	
Full Name of Contr	ributor	The state of the s	To a construction of the c	Date [MM/DD/YYYY] \$	
House#	Street Address	Ś		Date [MM/DD/YYYY] S	
City		State	Zip Code	Date [MM/DD/YYYY] \$	

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.

riier identificatio	83-3083064	ı	Friends of Connie Cruz		
The second of the control of the second of the control of the cont		7			
Full Name of				Date [MM/DD/YYYY] \$	(C)
Contributing C	ommittee Friends of C	Connie Cruz (Bingo Fu	indraising Event)	03/29/2019	1,096
House # 4420	Street Addres	3		Date [MM/DD/YYYY] \$	
		Dale Drive			61 15 15 15
City Erie		State PA	Zip Code 16511	Date [MM/DD/YYYY] \$	
N. Parker	-				
Full Name of Contributing C	ommittee			Date [MM/DD/YYYY] \$	
or de deservir de la composition de la La composition de la					**************************************
House #	Street Address	\$		Date [MM/DD/YYYY] \$	3
			10		
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of	Parkera Perince (VIII)			Date [MM/DD/YYYY) \$	
Contributing Co	ommittee			Date [MM/DD/YYYY] \$	
House #	Street Address	<u> </u>	w .	Date [MM/DD/YYYY] \$	
	Jueer Audres			Date [MM/DD/YYYY] 5	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
			Zip Code	Date [WW/DD/T111]	
Full Name of		Die bering von die deutsch	1994 1 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	Date [MM/DD/YYYY] \$	
Contributing Co	ommittee				
House #	Street Address			Date [MM/DD/YYYY] \$	
City	THE PROPERTY OF THE PROPERTY O	State	Zip Code	Date [MM/DD/YYYY] \$	
		Avial (c. 55)			
Full Name of				Date [MM/DD/YYYY] \$	
Contributing Co	mmittee				
House #	Street Address		348.1	Date [MM/DD/YYYY] \$	***
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Co	ommittee			Date [MM/DD/YYYY] \$	
				3020 (323) (323)	
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: 83-3083064	Friends of Connie Cruz

Paralle Control of Paralle	24 to 23 to 25 to			1 0 42 8 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
Full Name of Contribu				Date [MM/DD/YYYY]	\$
	John & Arle			03/09/2019	300
House #	Street Address			Date [MM/DD/YYYY]	\$
1428	The state of the s	Villa Sites Avenue		Market 1999 (1997) in Marin ny ampanjan nani an ampaga na aa aa	
(City of the	The Section of the Control of the Section of the Se	State	Zip Code	Date [MM/DD/YYYY]	**************************************
Harborcreek		PA	16421	7, 10, 10, 10, 10, 10, 10, 10, 10, 10, 10	
Employer Name		N/A		Occupation Retired Harbor	rcreek Residents
Employer Mailing Add Principal Place of Busi		N/A		•	
Full Name of Contribu	tor:		-	Date [MM/DD/YYYY]	\$
				The state of the s	
'House #	Street Address			Date [MM/DD/YYYY]	\$
	10 (10 (10 (10 (10 (10 (10 (10 (10 (10 (
City	ARMAD MARKET STORY	State	Zip Code	Date [MM/DD/YYYY]	**************************************
Employer Name			-	Occupation	
Employer Mailing Add Principal Place of Busi					
Full Name of Contribu	tor	<u></u>		Date [MM/DD/YYYY]	\$
At 155 March Provided Co. (1996) Open Opportunities of Co. (1996)					
House #	Street Address			Date [MM/DD/YYYY]	
	la en gyltan yan e	·		The state of the s	
City	1100 000 000 000 4 (0 0 0 0 0 0 0 0 0 0 0	State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name				Occupation	
Employer Mailing Add Principal Place of Busin					
Full Name of Contribut	tor		<u>"</u> ,	Date [MM/DD/YYYY]	\$
House #	Street Address		<u>. </u>	Date [MM/DD/YYYY]	*\$
City	[18.185.087.00010.0475.077.05]	State	Zip Code	Date [MM/DD/YYYY]	\$
				<u> </u>	
Employer Name		100 Per 2000	[2.555.556 20.20] [-0.51]	Occupation	<u> </u>
Employer Mailing Add	ress /			The first engineering of	
Principal Place of Busin					

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: 83-3083064	Frien	ds of Connie Cruz	Not Applicable
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		198 - 199 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 -	Let migration in a particular section of	
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				
Full Name				
House #	Street Address	· · · · · · · ·		
Gity.		State	Zip Gode	Date [MM/DD/YYYY] \$
Receipt Description		STANSACTO PROSERVA	NATION (1997)	
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		1		1
Full Name				
House #	Street Address	•		
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		[24, 8.130,em.81]	RATING WHENEY	1 Forexy
Full Name		•••		
House#	Street Address			
City (State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECIEVED

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

Filer Identification Number: 8	33-3083064	Friends of	Connie Cruz
1. UNITEMIZED IN-KIND (CONTRIBUTIONS RECEIVED-VAL	.UE-UF-\$50:00 G	JR LESS PER CONTRIBUTOR
TOTAL for the reporting period	(1)	\$	0
2. IN-KIND CONTRIBUTIO	NS RECEIVED-VALUE OF \$50.01	TO \$250.00 (F	ROM PART F)
TOTAL for the reporting period	(2)	\$	155
3. IN-KIND CONTRIBUTIO	N RECEIVED-VALUE OVER \$250	.00 (FROM PAR	T-G)
TOTAL for the reporting period	(3)	\$	550
TOTAL VALUE OF IN-KIND CONTR PERIOD (Add and enter amount to on Page 1, Report Cover Page, Ite	otals from boxes 1, 2, and 3; als		705

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Number: 83-3083064	Friends of Connie Cruz	
and the second s		

Full Nan	ne of Contribu	itor					Date [MM/DD/YYYY]	\$	T
		E17594368	Theresa Hai	ight			03/21/2019		55
water it was			1 20 - 58 - 27 20 21 10 5	-				1854)
House #	2754	Stree	et Address	East 28th Street			Date [MM/DD/YYYY]	\$	
City E	Erie	4822	SEA Ministration Commission	State PA	Zip Code	16510	Date [MM/DD/YYYY]	\$	
Descript	tion of Contrib	oution	i de la companya de l	Bingo Event - Gi	ft Cards for Prizes	15	· ·	TREESE.	<u>1</u>
Füll Nam	ne of Contribu	itor	307500 0 Ft Aves 4 App	(100 miles)			Date [MM/DD/YYYY]	\$	
			Christine Sco	ott			03/24/2019		100
House #	1121	Stree	et Address	West 29th Street			Date [MM/DD/YYYY]	\$	
	1121								
Citý E	Erie	_		State PA	Zip Code	16508	Date [MM/DD/YYYY]	5	
		2 £= 8 + 75 €.	dan berdani in Kranski af Loga (f					0)(T) 1955)	
	ion of Contrib			Bingo Event - Do	own Comforter and	Sheets			
Full Nam	ne of Contribu	itor					Date [MM/DD/YYYY]	.\$	
			i						
House #	Congression of the Congression o	Strer	et Address				Date [MM/DD/YYYY]	\$	
				1					
City	L	Kinfe i va	Karlander .	State	Zip Code		Date [MM/DD/YYYY]	.\$	
		11404-013							
Descripti	ion of Contrib	ution		12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
Full Nam	ne of Contribu	ıtor		4-54-75.			Date [MM/DD/YYYY]	. \$	
	i de da ca empleo. O de di Santa		İ						
House#		Stre	et Address				Date [MM/DD/YYYY]	\$	
				_					
City		<u>Lii-i</u>	19-2	State	Zip Code	N. Company	Date [MM/DD/YYYY]	\$	
			The state of the s			i.			
Descripti	ion of Contrib	ution							
Full Nam	ne of Contribu	itor			A		Date [MM/DD/YYYY]	\$	
2.8273									
House #	ACTOR OF THE PROPERTY OF	Strer	et Address				Date [MM/DD/YYYY]	\$	
				ĺ					
City		***		State	Zip Code		Date [MM/DD/YYYY]	\$	
Darcelou	ion of Contrib		aerikenski Noji (2020)			<u> </u>			
Descripa	On OI CORDID	UTION							

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer Identification Number: 83-3083064	Friends of Connie Cruz	
05 5005007	Therias of confine craz	

					-		
Full Name of Contribut	Theresa Haight				Date [MM/DD/	AND THE PROPERTY OF STREET, ST	350
					01/25/20		
House # 2754	Street Address East	: 28th Street			Date [MM/DD/	YYYY	
Gity Erle	glac grading in pure vice for Way the arriving of the	State PA	Zip Code	16510	Date [MM/DD/	YYYY]	
Employer Name		Essentra Component	s		Occupation	Administrative	Assistant
Employer Mailing Addr Place of Business	ess / Principal	3123 Station Road, E	rie PA 16510		Description of Contribution	Used Laptop a	nd Printer
Full Name of Contribut	Öř Jose Cruz				Date [MM/DD/ 04/05/20	(S)	200
4420	treet Address Dale	Drive	_		Date [MM/DD/	mmi :	
City Erle		State PA	Zip Code	16511	Date [MM/DD/	YYYY]	
Employer Name	ografia kanalisa Pokatan paraban	Huskie Auto Service				Mechanic	
Employer Mailing Addr Place of Business	REPORT OF STREET	6451 Buffalo Road, H	arborcreek, PA 1	6421	Description of Contribution	Labor for Fram	ing Large Signs & Placem
Full Name of Contribute	or .				Date [MM/DD/	YYYYY] \$	
House# s	treet Address				Date [MM/DD/	YYYY] Ş	
Gity		State	Zip Code		Date [MM/DD/	YYYY] \$	28 26 (a)
Employer Name					Occupation		
Employer Mailing Addr Place of Business	ess / Principal				Description of Contribution		
Full Name of Contribute	or and a second				Date [MM/DD/	YYYY] \$	(A) (A) (A) (A)
House #	treet Address	<u> </u>			Date [MM/DD/	YYYY] S	
City		State	Zip Code		Date [MM/DD/	YYYYY]	**************************************
Employer Name		50-56 35033 <u></u>	Service of Artist Philadelphics		Occupation		a- <u> </u>
Employer Mailing Address Place of Business	ess / Principal				Description of		
					Contribution		

SCHEDULE III Statement of Expenditures

Filer Identification Number: 83-3083064	Friends of Connie Cruz	** -
83-3083064	Friends of Coffine Cruz	

To Whom Paid				Date [MM/DD/YYYY] \$		
	Widget Financial			02/11/2019		
House # 42668	Street Address Buffalo Road			Description of Expenditure:		
City Erie		State PA	Zip Code ¹⁶⁵¹⁰	Membership Free - requirement of opening checking acc		
To Whom Paid	Widget Financial			Date [MM/DD/YYYY] \$. 02/20/2019 18		
House # 4268	Street Address Bu	ffalo Road		Description of Expenditure		
City Erie		State PA	Zip Code 16510	Checks		
To Whom Paid	Harborcreek Township			Date [MM/DD/YYYY] \$ 03/18/2019 550		
House # 5601	Street Address But	ffalo Road		Description of Expenditure		
City Harborcreek		State PA	Zip Code 16421	Harborcreek Magazine Advertisement - full page		
To Whom Paid	Jackpot Bingo Supplies			Date [MM/DD/YYYY] \$ 70.27		
House # 1400	Street Address Eas	st Avis Drive Suite B		Description of Expenditure		
City Madison Heig	hts	State MI	Zip Code 48071	Bingo Event - Bingo Game		
To Whom Paid	Signs on the Cheap			Date [MM/DD/YYYY] \$ 5 03/12/2019 664.08		
House # 11525	Street Address Sto	nehollow Drive Suite		Description of Expenditure		
City Austin		State TX	Zip Code 78758	8' x 4' Campaign Signs		
To Whom Paid	McCarty Printing			Date [MM/DD/YYYY] \$ 03/28/2019 203.52		
House # 246	Street Address Eas	t 7th Street		Description of Expenditure		
City Erie		State PA	Zip Code 16503	Campaign Stickers/Labels		
	McCarty Printing			Date [MM/DD/YYYY]		
House # 246 Street Address East 7th Street			Description of Expenditure			
City Erie State PA Zip Code 16503				Campaign Handout Flyers		
To Whom Paid McCarty Printing			Date [MM/DD/YYYY] \$ 03/30/2019 474.88			
House # 246 Street Address East 7th Street			Description of Expenditure			
City Erie		State PA	Zip Code 16503	Campaign Note Pads		

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.

Triellus of Colline Cluz			
Filer Identification Number: 83-3083064 Friends of Connie Cruz			
	83-3083064	Friends of Connie Cruz	į.

Name of Creditor	McCarty Printing	Outstanding Balance of Debt
House # 246	### Address DATE DEBT INCURRED [MM/DD/YYYY]	
THE RESERVE OF THE PARTY OF THE	Erie State PA Zip Code 16503	328.6
Description of Debt	Campaign Post It's - Sorry I missed you	
Name of Creditor	McCarty Printing	Outstanding Balance of Debt
House # 246	et Address East 7th Street DATE DEBT INCURRED [MM/DD/YYYY] 04/05/2019	S
AND STREET OF STREET, STREET	Erie State PA Zip 16503	1,484
Description of Debt	Yard Signs - 250	
Name of Creditor		Outstanding Balance of Debt
House # Stree	et Address DATE DEBT INCURRED [MM/DD/YYYY]	\$ \$
City	State Zip Code	
Description of Debt		
Name of Greditor		Outstanding Balance of Debt
House # Stree	et Address DATE DEBT (NCURRED) [MM/DD/YYYY]	S
Gity	State Zip Gode	
Description of Debt		
Name of Creditor		Outstanding Balance of Debt
House# Stree	t Address DATE DEBT INCURRED [MM/DD/YYYY]	\$
City	State Zip Code	
Description of Debt		
Name of Creditor		Outstanding Balance of Debt
House# Stree	t Address DATE DEBT INCURRED [MM/DD/YYYY]	
Gity	State Zip Code	
Description of Debt	Provided ME Property Andrews Andr	[47: cf]