

## Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification Number	83-3284846	- " " " " " " " " " " " " " " " " " " "	ort Filed I ark X)	Ву	Candida	ité		Committee		Lab	byist
Name of Filing Committee, Lobbyist	Candidate or	сом	MITTEE TO	ELECT	JASON DE	AN			· · · · · · · · · · · · · · · · · · ·		
Street Address		5454	PEPPERWO	DOD CI	RCLE						
City	<u> 200 (n. 1200), jed</u> jak (h.) 11. i	State		PA		Zip Code	16506				
Type of Report (Place x unde	r report type)						•				
1-6 <sup>th</sup> Tuesday 2-2 <sup>nd</sup> Frida Pre-Primary Pre-Primar		Control of the	Tuesday Election	A 20 5 50 5 50 5	<sup>nd</sup> Friday Election	6-30 C Electio	ay Post n	7- Annual	Special 2 <sup>nd</sup> Friday Pre-Election		cial 30 Day -Election
Date Of Election (MM/DD/YYYY)	05/21/2019	Yea		_	2019	Ameno Report			Termination Report		
Summary of Receipts and	From Date		To Date	<b>e</b> .				For	Office Use Only		
Expenditures	02/10/2019		05	/06/20	019						
A. Amount Brought Forward	. = =		5	0		<u> </u>	16 74 Jan 19 850			_0	k tillweil sijdist
B. Total Monetary Contribut (From Schedule I)	ions and Receipts		\$	3,350	)					AND SERVICES	
C. Total Funds Available (Sum of Lines A and B)		\$		3,350	)						7. 2. 3.
D. Total Expenditures (From Schedule III)		\$	\$	3,040.5	58				عد بنا آم این آم ایناد (ایناد آمامه (آماز) آمامه (آماز) آمام ایناد (ایناد	<b></b>	
E. Ending Cash Balance (Subtract Line D from Line C		ş		309.4	2						
F. Value of In-Kind Contribut (From Schedule II)		ç		4,437.	5				er Time		
G. Unpaid Debts and Obligat (From Schedule IV)	ions	\$		0							
Part 1- If this is a Committee rep	ort, treasurer sign h	ere, If i	this is a Car		ffidavit Sec e report, ca		ign here.				
I swear (or affirm) that this repo	t, including the atta							e and belief t	ue correct and comple	ete.	
Sworn to and subscribed before	me this						( -		X		
10th day of Mary	20_/7	_	1		_	•	ignature	of Person Subm	hitting report		
Signature	Quited	_	<b>†</b>		_	CHR	5100	Printed Nam	EWELL		
NOTARIAL SEAL MMARGIE ANHLISTED	30 a	<u>0</u> 20	. 1			914			72-4646		
Notary Public MO.	DAY YR.	_~~				rea Code			rtime Telephone Numb	er	
CREEK TWP. ERIE COL	NTY	_									
I swear (or affirm) that to the be amended.	t of my knowledge	and be	ittee, cand lief this pol	itical co	nall sign he ommittee i	re. ias not vid	olated any	provisions of t	he Act of June 3, 1937	(P.L. 13	33, NO.320) as
Sworn to and subscribed before	me this					(	\ 1	\			
10th day of May	20 19		• • •				$\lambda$ '	سلما			
Margi a. No	usted	_			_	(	<u> </u>	ature of Candio	date & <b>C</b>		
iviy commission expires	30 202	<u>0</u>	, 1		8	14	_	8_	33 4762		
MO. Notarial seal Margie A. Husted	DAY YR.				A	rea Code		Dayt	ime Telephone Numbe	r	_

Notary Public
MILLCREEK TWP. ERIE COUNTY
My Commission Expires Oct 30,2020

### 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	on Number 83-3284846		***		
Department of the second					Amount
Full Name of Co Committee	ıntributing			Date [MM/DD/YYYY]	<b>\$</b>
House #	Street Address			Date [MM/DD/YYYY]	**************************************
City	Prov	State	Zip Code	Date [MM/DD/YYYY]	
		est and			A CONTRACTOR OF THE CONTRACTOR
Full Name of Co Committee	ntributing		Date [MM/DD/YYYY]	<b>.\$.</b> 	
House #	Street Address			_Date [MM/DD/YYYY]	<b>(\$</b> )
City	- <u>Ingrises a naua .</u>	State	Zip Code	Date [MM/DD/YYYY]	
Full Name of Co Committee	intributing	Artiness	1 - 11	Date [MM/DD/YYYY]	\$
House#	Street Address			Date [MM/DD/YYYY]	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
City		State	Zip Code	Date [MM/DD/YYYY]	<b>\$</b>
Full Name of Co Committee	ntributing		<u> </u>	Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$. \$.
Gity	-   Man + Man +	State	Zip Code	Date [MM/DD/YYYY]	52 \$7 5. 5. 5.
Full Name of Co Committee	ntributing		<u> </u>	Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$7 \$7 \$4
City	[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Cor	ntributing		Professional Profe	Date [MM/DD/YYYY] \$	\$
Committee					4.0 4.0 4.0
House #	Street Address			Date [MM/DD/YYYY] \$	\$
City		State	Zip Code	Date [MM/DD/YYYY] \$	
		(4) + al		<u>.</u>	. 🗇

# 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.)

Clar Manetication Number	
Willer lacitum catron (animer)	
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3. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	
A DESCRIPTION OF THE PROPERTY	
File Identification Number: 83-3284846	

Full Name of Contributor	ARON Gornall	Date [MM/DD/XYXY]	100
House # Street /	Address	3	<b></b>
17	NIAGARA PIER		
CITY ERIE	State PA Zip Code 1650	Date [MM/DD/xyyy)	
Full Name of Contributor		Date [MM/DD/XYXY]	\$.
KAI	TYLYN HRDLI©KA 👀	03/06/2019	100
	Address	Date [MM/DD/YYYYY]	\$
306	SHENLEY DRIVE		
(City) ERIE	State PA Zip Code 16505	Date [MM/DD/YYYY]	5
Full Name of Contributor		Date [MM/DD/YYYY]	
HEL	EN GITMEZ	03/06/2019	100
House'# Street/	Address SOLAR DRIVE	Date [MM//DD/XXXX]	\$
GiV	State Zip Code	Date [MM/DD/YYYY]	<b>\$</b>
ERIE	PA   16506		
WARREST WARRANT			
Full Name of Contributor	(2.44.20元) <b>建安全</b> 公司统治[13]	Date [MM/DD/YYYY]	
MIK	E SMILEY	03/06/2019	<b>\$</b>   100
House # Street A	Address	03/06/2019	\$ 100 * 100
House # Street A		03/06/2019	22   100 22
House # Street A	Address	03/06/2019  Date [MM/DD///YYY]	22   100 22
House # Street /	Address SOUTH SHORE DRIVE # 207 State Zip Code	03/06/2019  Date [MM/DD/YYYY]  Date [MM/DD/YYYY]	\$ 100 \$ 100 \$ 2
House # 1324 Street # 1324  City ERIE  Full Name of Contributor	Address SOUTH SHORE DRIVE # 207 State Zip Code	03/06/2019  Date [MM/DD/YYYY]  Date [MM/DD/YYYY]	* 100 *
House # 1324 Street # 1324  City ERIE  Full Name of Contributor	SOUTH SHORE DRIVE # 207    State   PA   Zip Code   16505	03/06/2019  Date [MM/DD/YYYY]  Date [MM/DD/YYYY]  03/06/2019	\$ 100 \$ 100 \$ 2
House # 1324  Street # 1324  City ERIE  Full Name of Contributor.  LAU  House # 5631	State PA Zip Code 16505  RA GORNALL  Address  CULPEPPER DRIVE	03/06/2019  Date [MM/DD/YYYY]  Date [MM/DD/YYYY]  03/06/2019  Date [MM/DD/YYYY]	100 \$ 100 \$ 100
House # 1324  City ERIE  Full Name of Contributor  LAU  House # Street A	State PA Zip Code 16505  RA GORNALL  Address	03/06/2019  Date [MM/DD/YYYY]  Date [MM/DD/YYYY]  03/06/2019  Date [MM/DD/YYYY]	100 \$ \$ \$ 100
House # 1324  City ERIE  Full Name of Contributor.  LAU  House # 5631  Street A	SOUTH SHORE DRIVE # 207    State   PA   Zip Code   16505     RA GORNALL	03/06/2019  Date [MM/DD/YYYY]  Date [MM/DD/YYYY]  03/06/2019  Date [MM/DD/YYYY]	\$ 100 \$ 100 \$ 100 \$ 1
House # 1324  City ERIE  Full Name of Contributor  LAU  City ERIE  Full Name of Contributor  Full Name of Contributor  Full Name of Contributor	SOUTH SHORE DRIVE # 207    State   PA   Zip Code   16505     RA GORNALL	03/06/2019  Date [MM/DD/YYYY]  Date [MM/DD/YYYY]  03/06/2019  Date [MM/DD/YYYY]  Date [MM/DD/YYYY]	\$ 100 \$ 100 \$ 100 \$ 1
House # 1324  City ERIE  Full Name of Contributor.  City ERIE  Full Name of Contributor  Full Name of Contributor  RICH  House # Street A	State PA  Zip Code 16505  RA GORNALL  Address CULPEPPER DRIVE  State PA  Zip Code 16506  16506	Date [MM/DD/YYYY]  Date [MM/DD/YYYY]  Date [MM/DD/YYYY]  O3/06/2019  Date [MM/DD/YYYY]  Date [MM/DD/YYYY]  Date [MM/DD/YYYY]  O3/06/2019	100 \$ \$ \$ 100
House # 1324 Street / 1324  City   ERIE    Full Name of Contributor   LAU!  City   ERIE    Full Name of Contributor   RICH  House #   Street A	State PA Zip Code 16506  RA GORNALL  Address  CULPEPPER DRIVE  State PA Zip Code 16506  ARD VANTASSEL  Address  LUCKY LANE	Date [MM/DD/YYYY]  Date [MM/DD/YYYY]  Date [MM/DD/YYYY]  O3/06/2019  Date [MM/DD/YYYY]  Date [MM/DD/YYYY]  Date [MM/DD/YYYY]  O3/06/2019	100 \$ 100 \$ 100
House # 1324  City ERIE  Full Name of Contributor.  City ERIE  Full Name of Contributor  Full Name of Contributor  RICH  House # Street A	State PA Zip Code 16506  RA GORNALL  Address  CULPEPPER DRIVE  State PA Zip Code 16506  ARD VANTASSEL  Address  LUCKY LANE	Date [MM/DD/YYYY]  Date [MM/DD/YYYY]  Date [MM/DD/YYYY]  03/06/2019  Date [MM/DD/YYYY]  Date [MM/DD/YYYY]  Date [MM/DD/YYYY]  Date [MM/DD/YYYY]  Date [MM/DD/YYYY]	100 \$ 100 \$ 100

### 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 dentification Number: 83-3284846	

Full Name of Contributor/ MIKE FETZNER			Date [MM/DD/YYYY] 05/03/2019	S	250
House# Street Address	RBORVIEW DRIVE		Date [MM/DD/YYYY]	:\$	
<b>Giý</b> ERIE	<b>State</b> PA	<b>2ip Code</b> 16508	Date [MM/DD/YYYY]	S	
Full Name of Contributor			Date [MM/DD/YYYY]	5	
JOE WEUNSKI			05/12/2019		100
House# 6012 Street Address	SCANY LANE		Date (MM/DD/MM)	5	
<b>Gty</b> FAIRVIEW	State PA	<b>Zip Code</b> 16415	Date [MM/DD/YYYY]	\$	
(EulliName of Contributor)	T 600000		Date [MM/DD/YYYY]		···
				S	
Höuse# Street Address			Date [MM/DD/YYYY]	\$	
(Giv.)	-State	Zip Code	Date (MM/DD/AYAY)	.5	
afull/Name of Contributor			Date [MM/DD/YYYY]	5	
			03/06/2019		
House'# Street Address			Date (MM/DD/AYYY)	5	
City	State	Zip Code	Date [MM/DD/YYYY]	\$	
Eulla Namero a Contibutora	(1) · 水源((1) · (1	TO SHARING MANAGEMENT	Date [MM/DD/YYYY]	5.	
4			03/06/2019		
House # Street Address			Date [MM/DD/YYYY]	\$	
	65 - Line decords	STANDARD OF AUTOMO			
Giy :	State	Zip Code	Date [MM/DD/YYYY]	S	
Full Name of Contributor			Date [MM/DD/YYYY]	S.	
			03/06/2019		
House #* Street Address			Date [MM/DD/XXXX]	\$	
<u>any</u>	State	Zip Code	Date [MM/DD/YYYY]	\$	<del></del>
	JIALE		Total And And Andrews Commenced to Advisor		

### 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:	83-3284846			
				,
Full Name of	**		Date [MM/DD/YYYY] S	
Contributing Committee				
House# Stree	et Address		Date [MM/DD/YYYY] \$	
		F/Amagida (2) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4		
Gity	State	Zip Code	:Date [MM/DD/YYYY] // \$	
Füll!Name of	<del></del>		Date [MM/DD/YYYY] \$	<u>"</u>
Contributing Committee				
	(1002/101/101/101/101/101/101/101/101/101			
House # Stree	et Address		Date [MM/DD/MYY] \$	
	a er			
icity.	State	Zip Code	Date [MM/DD/YYYY]	
			Date [MM/DD/YYYY] \$	
	March C.			
Füll Name of	•		Date [MM/DD/YYYY)] S	
Contributing Committee				
House #: Stree	et/Address	7.000	Date [MM/DD/YYYY]   \$	
Gity =	State	Zip Code	Date [MM/DD/YYYY] \$.	
Full Name of	an to subject of the second	A DESCRIPTION OF CONTRACT CONTRACT	Date (MM/DD//YYYY) \$	
Contributing Committee				
House # Stree	t Address		Date [MM/DD/YYYY] \$	
City	State	6-710-7-100-1000		
	State.	Zip Code	Date [MM/DD/XYYY] \$	
	7.50			
Full Name of		*****	Date [MM/DD/XYXY]	
Contributing Committee				
House# Stree	t Address		Date [MM/DD/YYYY] \$	
	Address		Pate Iwiw/pp/rray	
(ety)	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of	数据数据6500 mm	to be experit clause the graph periods in	Date [MM/DD/\\\\]	
Contributing Committee				
			· · · · · · · · · · · · · · · · · · ·	
House # Stree	t Address		Date [MM/DD/YYYY] \$	
	***			
		法事務的實際的		
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)

PEIIAr Mantification Musikasi		
Filer Identification Number: 83-3284846		
445-900-900-90-90-90-90-90-90-90-90-90-90-9		
The state of the s		
· 不是是一个人的,我们就是一个人的,我们就是一个人的,我们就是一个人的,我们就是一个人的,我们就是一个人的,我们就是一个人的,我们就是一个人的,我们就是一个人		

Full Name of Contrib	JASON DEAN		···		Date [MM/DD/4444)]	\$	100
House #	Street Address					\$	
5454		PERWOOD CIRCLE			02/15/2019		900
Gliy ERIE		<b>State</b> PA	Zip Code 16506		Date (MM/DD/YYYY)	\$	
Employer/Name	GEN	ERAL ELECTRIC TRANS	PORTATION		Occupation ENGINEER	and the same of	
Employer/Mailing/Ac Principal Place of Bu		1 EAST LAKE ROAD ERI	E, PA 16531				
Full Name of Contrib	utor	<del>V.</del>	· · · · · · · · · · · · · · · · · · ·		Pate (MM/DD/MAN)	S	
	JACK GORNALL				03/22/2019		1,000
House #	Street Address	GARA PIER	, <u> </u>	1	Date [MM/DD/YYYY]	\$	
<b>Gity</b> ERIE	No Society and Annual Control	State PA	Zip Code 16507		Date (MM/DD/YYYY)	\$	
Employer Name		APPLICABLE			Occupation RETIRED		
Employer/Mailling/Ad Principal Place of Bu		APPLICABLE					
Full Name/of Contrib					Date [MM/DD/YYYY]	\$	
House#	Street Address				Date [MM/DD/YYYY]	5	
Giy		State	Zip Code		Date [MM/DD/AYXY]	*\$	
Employer Name		WASSYLVE TAR	(22. Marilla Art Sandard Sanda		Occupation	\$14.00000	
Employer:Malling Ad Principal Place of Bus				•		•	
Full Name of Contrib					Date [MM/DD/YYYY]	\$	
House #	Street Address				Date [MM/DD/YYYY]		
Giy		State	Zip:Code			\$	
Employer Name	<u>(8</u> )			×	Occupation		
Employer Mailing Add Principal Place of Bus							

### 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 dentinication Num	83-3284846			
Full Name				
House #	Street Address			
City.		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				
Full Name				
(House #	Street Address			
Gliv		State	Zip Code	Date [MM/DD/XYYY] S
Receipt Description				以等
Füll Name				
(flouse #	Street Address	[86-22-23-3]	Samuel Angel Strategy (1996)	Nave (Control of the Arthur (Control of Control of Cont
Gity.		-State	Zip Code	Date [MM/DD/YYYY] \$
Receipt (Description)				1668
Full Name	V.			
House #	Street Address			
eny a salah salah a salah salah salah		State	Zip Code	Date [MM/DD/YYYY]
Receipt Description			1. Todayar-agerrane I	, jones, j
Füll Name				
House # City	Street Address	State	<b>Zip</b>	Date [MM/DD/YYYY] :: \$
		10.	Code	
Receipt Description				
Full Name House #	#P\$7			
City City	Street Address	State	Zip	Date [MM/DD/YYYY] \$
Receipt Description			Code	Date [MM/DD/YYYY] 5
neceipt Description				

### SCHEDULE I

# **Contributions and Receipts**

**Detailed Summary Page** 

a digenti di processi stato dell'esta di Salament Sar	3-3284846

1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor		
Total for the reporting period	(1)	\$ 400
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		
Contributions Received from Political Committees (Part A)		\$ o
All Other Contributions (Part B)		\$ 950
Total for the reporting period	(2)	\$ 950
3. Contributions Over \$250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)		\$ o
All Other Contributions (Part D)		\$ 2,000
Total for the reporting period	(3)	\$ 2,000
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		
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, Re Cover Page, Item B)	port	\$ 3,350

### 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 83-32848	346		
EXERCISE SELVE ADVIATOR AND ADV	( fact V		
A. SUNITEMIZEDIN-KIND CONTRI	BUTIONS RECEIVED VALU	E OF \$50.00 O	PRILESSIPER CONTRIBUTOR
TOTAL for the reporting period	(1)	\$	· ***
2 IN-KIND CONTRIBUTIONS REC	EIVED-VALUE OF \$50.01.T	O \$250:00 (FR	ROM PARTIF)
TOTAL for the reporting period	(2)	\$	250
			1 p 1 p
3. IN-KIND CONTRIBUTION RECE	IVED VALUE OVER \$250:00	O (FROM PART	
TOTAL for the reporting period	(3)	\$	4,187.5
TOTAL VALUE OF IN-KIND CONTRIBUTION PERIOD (Add and enter amount totals from			
on Page 1, Report Cover Page, Item F)			4,437.5

### SCHEDULE II PART F

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

VALUE OF \$50.01 TO \$250

· () · · · · · · · · · · · · · · · · · ·	
RELECTOR PROTOCOLOR NUMBER (2014)	1
the first state of the same of the same state of	
83-3284846	
**************************************	
AND MICHIEL TO AND THE AND	
File Identification Number: 83-3284846	

Haulh Names (A Contributor		Date [MM/DD/AYYY]   5
JOYFUL E	XPRESSIONS PHOTOGRAPHY	02/10/2019
House # 9870 Street Addre	SS DONATION ROAD	Date [MM/DD/YYYY] \$
City. WATERFORD	State PA Zip Code	441 Date [MM/DD/YYYY] \$
Description of Contribution	PROMOTIONAL PHOTOGRAPHY	[ [ [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
(Full Name of Contributor)		Date [MM/DD/YYYY)]
House # Street Addre	55	Date [MM/DD/YYYY)] \$
Gity	State Zip Code	Date  MM/ DD/YYYY
Description of Contribution		l ps/ms)
Full Name of Contributor,		Date [MM/DD/XYXX)]
House # Street Addres	SS	Date (MM/DD/AYYY) 75.
GIV)	State Zip Code	Date [MM/DD/XYYY] 25
Description of Contribution		
Full Name of Contributor		Date [MM/DD/xxxxx] *5
House # Street Addre	\$\$ \$	Date [MM/DD/\\\\\\]
(Gity)	State Zip Code	Date [MM/DD/YYYY]
Description of Contribution		
Füll Name of Contributor		Date [MM/DD/WYY] \$
House'# Street Addres	<b>SS</b>	Date [MM/DD/YYYY] \$
City	State Zip Code	Date [MM/DD/YYYY]
Description of Contribution		<u> </u>

### SCHEDULE II

### Part G

## **In-Kind Contributions Received**

VALUE OVER \$250

Filer Identification Number: 83-3284846
--

Rull Name of Contributor		Date [MM//DD//YYYY] \$
TUNGSTEN CREA	TIVE GROUP	04/29/2019 4,187.5
House # Street Address	ST 7TH STREET	Date [MM/DD/YYYY] \$
ERIE	State PA Zip Code 16502	Date [MM/DD/YYYY] \$:
Employer Name	NOT APPLICABLE	Occupation NOT APPLICABLE
Employer Mailing Address / Principal Place of Business	NOT APPLICABLE	Description  of CREATIVE SERVICES  Contribution
Füll Name of Contributor		Pate (MM/pd/mm)
Mouse # Street Address		SDate (MM/DD/YYYY) S
Gity.	State Zip Còde	Date [MM/DD/YYYY] \$
Employer Name	AMENDALISM CONTROL CON	Occupation
Employer Mailing Address / Principal Place of Business		Description: Of: Contribution
Full Name of Contributors		Date [MM/DD/AYWY]
House # Street Address		Date [MM/DD/YYYY] \$
Gty	State Zip Code	Date [MM/DD/YYYY] \$
Employer Name	Trees with the second s	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] \$
Giy.	State Zip Code	Date [MM/DD/YYYY] \$
Employer Name		Occupation
Employer Mailing Address / Principal Place of Business		Description of Contribution

# SCHEDULE III Statement of Expenditures

Filer Identification Number: 83-3284846		

To Whom Said W.			// Date [MM/DD/YYYY] (\$)	<u>—</u>
# EMERALD PRINTING			02/14/2019	104.26
House # 3212 Street Address CHE	ERRY STREET		Description of Expenditure	
CITY ERIE	State PA	Zip. Code 16508	POLITICAL FOLD OVER CARD	
To Whom Paid EMERALD PRINTING			Date [MM/DD/MYV)] S	158.28
House # 2212 Street Address Cul			02/20/2019  Description of Expenditure	
3212 CHI	ERRY STREET	(% <del>=</del> • ≥0660006 % d		
ERIE	<b>State</b> PA	<b>Žip</b> 16508	DOOR HANGER	
To Whom Paid CREATIVE IMPRINT SYT	EMS		Date [MM/DD/XYM] S 02/22/2019	144.45
House # 2670 Street Address WES	ST 11TH STREET		Description of Expenditure	
letv.	State	Zip	CLOTHING	
LINE	PA PA	<b>Code</b> 16505		
To Whom Paid FACEBOOK			Date [MM/DD/YYYY] S 02/26/2019	194.53
House # 1601 Street Address WIL	LOW ROAD		Description of Expenditure	The state of the s
CITY MENLO PARK	<b>State</b> CA	<b>Zip</b> <b>Code</b> 94025	SOCIAL MEDIA	STATEMENT AND THE STATEMENT OF THE STATE
To Whom Paid: CREATIVE IMPRINT SYS	TEMS		Date [MM//DD/YYYY]	53
House # 2670 Street Address WES	ST 11TH STREET		Description of Expenditure	
ERIE	State PA	Zip Code 16505	CLOTHING	
To: Whom: Paid::: U PICK 6 PUBLIC HOUSI	E		Date [MM/DD/YYYY] \$ 03/05/2019	315.67
House# 4575 Street Address WES	ST 26TH STREET		Description of Expenditure	
Giv. ERIE	State PA	Zip Code 16506	KICK OFF EVENT CATERING	r manganan ang mangan
To Whom Paid EMERALD PRINTING			Date [MM/DD/YYYY] \$	500.39
House # 3212 Street Address CH	ERRY STREET		Description of Expenditure	
Clfy ERIE	State	<b>Zip</b> <b>Code</b> 16502	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	是中国的企业的企业。 1997年(1997年)
To Whom Paid MCDOWELL MEN'S VOL	LEYBALL BOOSTERS		Date [MM/DD/YYYY] \$ \$	100
House # 2553 Street Address GOI	.F CLUB ROAD		Description of Expenditure	
		i	PROPERTY OF THE PARTY OF THE TRANSPORT	

# SCHEDULE III Statement of Expenditures

Filer Identification Number:	

West of the same o	Section 1			The state of the s
To Whom Paid	DESANTIS SIGNS			Date [MM/DD//X/X/]   5 03/22/2019   1,470
House:#/ 540	Street/Address W	VEST 18 TH STREET		Description of Expenditure
<b>City</b> ERIE	HET PERSONNEL PROMITE VINCEN	<b>State</b> PA	Zip Code 16504	YARD SIGNS
To Whom Paid				Date:(MM//DD/XXXXI) = \$7
(Louse)	Street Address			Description of Expenditure
tol ()		State	Zip Code	
To Wiom Paid				gDate (MM/OD/M/M)
House#	Street Address			Description of Expenditure:
CIV	Patternet, new	State	∠ip) Code	poor that every death or one is a money past, in
ToWhom Paid				#Date:[MIM/OD/AYYW]## \$5
House #	Street Address			Description of Expenditure
(efty)	(337)	State	Zip Gode	A 170 ft 1900 of 1900 on the contract of the c
ro Whom Paid				Date [MM/DD/YYYY] S
House #	Street Address			Description of Expenditure
(ने ( <b>ए</b> )	Table	State	Zip Code	A WEST TO SELVINGS A DAY SEASON DEVICES WITHOUT A DAY OF THE SELVINGS A DAY OF THE SELVI
To Whom Paid				*Date*[MM/DD/AYYA] \$3
House #	Street Address			Description of Expenditure
(giv.		State	Zip Code	
Tổ Whom Paid	No.			Date (MM)/DD/YYYYY)
House #	Street Address			Description of Expenditure
Gly		State	Zip Code	
To Whom Paid				Date [MM/DD/YYYY] \$
House #	Street Address			Description of Expenditure
City ,	Figure Content of the same to a second second second	State	Zip Code	13 Tables and the product of the control of the con

### 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.

File A Dentinication (NUM	83-3284846		
Namerok Greditor			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	<b></b>
Ghy Tong Constitution		State Zip. Code	
Description of Debt			72 III - 10 III
Name of Creditor	(All and the second of the sec	Processes and the second secon	Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED	\$
City and sure		State, Zip & Code	
Description of Debt			
Name of Creditor. House #	National Control	Louise NATE NED TIME HOLD TO SAME	Outstanding Balance of Debt
	Street Address	DATE DEBT INCURRED	
GIV		State Zip Code	
Description of Debt =		226/3917434/051	
Nameon Geditor			Outstanding Balance of Debt
House#	Street Address	DATE DEBT INCURRED [IMM/DD/YYYY]	\$
Gly		State Zip Code	
Description of Debt		CERTIFICATION OF 1	20/161
Name of Creditor			Outstanding Balance of Debt
	Street Address	[MM/DD/YYYY]	*\$
Gity .		State Zip Code	
Description of Debt		(Paddingova)	25/51
Name of Creditor		PX S	Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED: [MM/DD/YYYY]	
City	34 T	State Zip Code	
Description of Debt		[6800] [2000] [2000]	<u> </u>