

Commonwealth of Pennsylvania - Campaign Finance Report (Note: This report must be clear and legible. It should be typed)

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Filer Identification	Report Filed By	Candidate	Committee	Lobbyist
Number	(Mark X)		<u> </u>	
Name of Filing Committee, Candidate or	1 h	10-1-1	2 n /m / //	1 m 2 m 1 = 10 = T
Lobbyist	1 HOUCE	CI = FAI	ハベノス/ (*)	NINDAISN FU
Street Address	355 a	26th	51REE1	10
City JE		State PA	Zip Code	6508
Type of Report (Place x under report type)		* 1	•	
1-6 th Tuesday 2- 2 nd Friday 3-30 Day Post	4- 6th Tuesday 5- 2"	d Friday 6- 30 Day Pos	t 7- Annual Spe	cial 2 nd Friday Special 30 Day
Pre-Primary Pre-Primary Primary	i I	Election Election	Pre-	Election Post-Election
Date Of Election	Year	Amendment	1 1 1 1	mination
(MM/DD/YYYY) /7/3	120131	Report	Rep	ort
Summary of Receipts and France Bat-	To Dota	<u></u>	Fe 045	Uso Only
Summary of Receipts and From Date	To Date		For Uffice	Use Only
Expenditures /		1		
A. Amount Brought Forward From Last Repor	/ / / / / -	∠ ¬ ! ′)		
	1/100	.30		1 2
B. Total Monetary Contributions and Receipt	\$ 90	100 Bush	087101207	7 FEE'S 20
(From Schedule I)	<u> </u>	UUWANC	KUIUKNUS	,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,
C. Total Funds Available	\$ 175	<i></i> /	(
(Sum of Lines A and B)	/,/ 🗢 🔑	54	, 71	
D. Total Expenditures	\$			
(From Schedule III)	- 20.	UTO KANK	tčE 3 (~/)	
E. Ending Cash Balance	\$ 477			
(Subtract Line D from Line C)	1773/	51		
F. Value of In-Kind Contributions Received	\$ 1/00	\cup		The state of the s
	'			5 5
(From Schedule II)				ring in 🖳 🗸
G. Unpaid Debts and Obligations	\$ 172/	5/1		
(From Schedule (V)	1 1/100			A Part of the second of the se
	✓ A	ffidayi(Section		Mig ro
Part 1- If this is a Committee report, treasurer sign h	ere. If this is a Candidage	report candidate sign here		to gr
I swear (or affirm) that this report, including the atta	ched schedules 🔊 paper	r, is 😘 📴 e best of my knowl	edge and belief true, co	rect and complete
Sworn to and subscribed before me this	Z	व व व		, de la constantina della cons
6 1	tar IN	5 4 K N/ /	11111111 -	_
day of MOCU 20 19 Signature of Person Submitting report 7 Signature 0 Sign				
1/		Signatur	e of Person Submitting r	report 7. * IV
Signature			KISSA RO	HWINE -
Vin heren O alux	SE ALL TOPO	ត្ញក្	Printed Name	,
My Commission expires 10 31		1/8 到3日	471	4-1954
MO. DAY YR.	- 기 기 기 기 기 기 기 기 기 기 기 기 기 기 기 기 기 기 기	Area Code	Davtime T	elephone Number
em III	NWEAL BIO	N THE SECOND		,
Part II- If this is a report of a Candidate's Authorized		<i>1.5.1</i> 01		
I swear (or affirm) that to the best of my knowledge	· •= -	() (27	ny provisions of the Act	of June 3, 1937 (P.L. 1333, NO.320) as
amended.	있 조	S		, , , , , , , , , , , , , , , , , , , ,
•	·		1.1	
Sworn to and subscribed before me this		//	+J	
12. A~=1 19	. 4			
day of	Public Public	S S S S S S S S S S S S S S S S S S S		
King Kale A /1 /10	الله الماسية	~ [2 - 22 1_ Si	gnature of Candidate	
riviniais & well	/UUU \	5 5 TODON	THE MAD	12121
Signature	EAL Notary Count	हु। जिल्ला	Printed Name	
Mu Commission quaires 1031 201	S SEAL SEAL	· 0度 8/4	HIA	-6120
My Commission expires 10 31 301 Mo. DAY YR.	4 🛗 🖸 🚡 🗗	Area Code		
MO. DAY YR. U P D Area Code Daytime Telephone Number				
	ARIA O	Ŭ ₹		
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CANDIDATE AND PORT

COMMONWEALTH OF PENNSYLVANIA

CAMPAIGN FINANCE STATEMENT

File this in lieu of a full report *only if* aggregate receipts, expenditures, or liabilities incurred *each* <u>did not exceed \$250.00</u> during the reporting period.

FILER IDENTIFICATION NUMBER		REPORT FILED ON BEHALF OF	CANDIDATE	L. COMMITTEE	2. LOBBYIST 3.
ent-Person	EE, CANDIDATE OR LOBBYIST	7			<u></u>
STREET ADDRESS	6012 FOBRIAL	AMORIS	70	Tund	
35	5 WST 30TH ST	rest			
CITY		STATE		ZIP CODE	
Carline .	le-			16508	´
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE	DISTRICT NO.	PARTY		E OF ELECTION
6TH TUESDAY PRE-PRIMARY	THE CITY OGGED	ANT		// FOR 6	3 2015 DEFICE USE ONLY
2ND FRIDAY 2. PRE-PRIMARY	DATES OF REPORTING PERIOD / JULY TO	MO. DAY YEAR 12 31 20		A SECTION ASSESSMENT OF THE PROPERTY OF THE PR	5-3 CE3
30 day 3. Post-Primary	CASH BALANCE AT END	172			19 25 15 75 10 20
6TH TUESDAY PRE-ELECTION	OF REPORTING PERIOD: TOTAL AMOUNT OF FILER'S	\$ 7 70	(B) (1)		e S
2ND FRIDAY PRE-ELECTION	OUTSTANDING DEBTS OR LIABILITY AT THE END OF REPORTING PERIO	ES ノ/ ファッチ	463	Tagle of Carried Surgery Surgery Tagle of Surgery Surgery Surgery	ë &
30 DAY POST-ELECTION 7.	AMENDMENT YES REPORT?	NO /		Č S	N
ANNUAL REPORT	TERMINATION YES	NO			
	AFFID	AVIT SECTION			
PART I - f statement is filed	on behalf of a Political Committee or Ca	ndidates's Comn	nittee the T	Fregetter mue	t cian hore
f statement is filed	d on behalf of a <u>Candidate</u> , the Candidate on behalf of a <u>Contributing Lobbyist</u> the	must sign nere. Log wist must s	ign here.		
I SWEAR (OR AFFIRM) TI EXCEED TWO HUNDRED	HAT THE AGGREGATE RECEIPTS OR DISBURSEMENTS OR LATAND FIFTY DOLLARS (\$250.00) AND THIS REPORTED OF THE PROPERTY OF THE PROPERT	BILITIES NOURRED DURIN	NG THE REPORT	ING PERIOD INDICATI F, TRUE, CORRECT A	ED ABOVE DID NOT
SWORN TO AND S	SUBSCRIBED BEFORE ME THIS	S S S S S S S S S S S S S S S S S S S		ON SUBMITTING RE	
-Kmr	20 1 H S S	Trie Expires IN ASSOCIA	MIN.	TABL 12	
MY COMMISSION I	1/ 15 0 2 3 3 3 3 1 6 3	O SE SAREA CODE	DAY	TIME TELEPHONE	/ Z O
ART II - statement is filed	on behalf of a Candidate's Authorized &	Orandic Orandice, Candic	late must s	ign here.	
I SWEAR (OR AFFIF JUNE 3, 1937 (P	RM) THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THIS L. 1333, No. 320) AS AMENDED.	POLITICAL COMMITTEE I	HAS NOT VIOLAT	ED ANY PROVISIONS	OF THE ACT OF
SWORN TO AND S	ubscribed before me this				ĺ
DAY OF	20		SIGNATURE (OF CANDIDATE	
	SIGNATURE		PRINTE	D NAME	
MY COMMISSION E		ADEA AODE	 -		
	MO. DAY YR.	AREA CODE	DAY	TIME TELEPHONE N	UMBER



Commonwealth of Pennsylvania - Campaign Finance Report
(Note: This report must be clear and legible. It should be transit

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VC2CLEONIE	
CONTRACTOR AND THE STANSON	The Control of the Co

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

Filer identification Number	Report Filed By (Mark X)	Candidate	Committee	Lobbyist
Name of Filing Committee, Candidate or	(Walk A)			
Lobbyist Street Address	カルクカル	De - 012	1 CAMPAIS	N TUTAL
City C. (E)	033 W	State D	Zip Code	-18
Type of Report (Place x under report type)		78		508
1-6 th Tuesday 2- 2 nd Friday 3-30 Day Post	4- 6 th Tuesday 5- 2	nd Friday 6-30 Day Po		
Pre-Primary Primary	Pre-Election Pre	- Election Election	Pre-Electi	on Post-Election
Date Of Election (MM/DD/YYYY) ////3 /	Year 2015	Amendmen Report	t Terminat Report	on
Summary of Receipts and From Date Expenditures	To Date		For Office Use (Only
1/1/20		12017		
A. Amount Brought Forward From Last Report	1/196.	50		
B. Total Monetary Contributions and Receipts (From Schedule I)	\$.			7019 APA 707 ERRER 707 ERRER
C. Total Funds Available (Sum of Lines A and B)	\$ 1.796.	<i>50</i>		THE TAX
D. Total Expenditures (From Schedule III)	\$ /2/)	150	$\epsilon = \frac{1}{\epsilon_{\infty}} \epsilon_{\infty}$	
E: Ending Cash Balance	\$ 1000	En		
(Subtract Line D from Line C) F. Value of In-Kind Contributions Received	\$			
(From Schedule II) G. Unpaid Debts and Obligations	\$ 110-11	(5)		
(From Schedule IV)	47/1	63		
Part 1- If this is a Committee report, treasurer sign he	ere. If this is a andicate			
I swear (or affirm) that this report, including the attac Sworn to and subscribed before me this	nea schedules on pape	Fr. 45 Sethe best of my know	viedge and belief true, correct al	nd complete.
day of 101 20	Nota Nota	Align Care	unne	
Am hay & alle 9			Ire of Person Submitting report HILLS 19 Polym Brinted Name	<u>anski</u>
My Commission expires 10 3 1 3-0 4	TAR!	SAINE BING	57)U-19	ic-4
MO, DAY YR.	NWEALT NOTAR y S. Alexe	Area Code	Daytime Telepho	ne Number
Part II- If this is a report of a Candidate's Authorized (I swear (or affirm) that to the best of my knowledge a			and provisions of the Act of lun	3 1937 (D I 1222 NO 220) co
amended.	8 3	M H	and Michael and Control and	. 0, 1007 (F.L. 1000, NU.02U) dS
Sworn to and subscribed before me this	LVANGA	OTARIES	d) _	,
day of 101 (1 20)	1 >		Signature of Candidate	
Signature ()	SEAL. Notary	A POPE	Printed Name	-121
My Commission expires 10 31 3019	ALS P	Area Code	160-	6126
MO. DAY YR.	ALTH OF MEXANDER	ANNA A Area Code	Daytime Telephon	e Number
	MMONWEALTH NOTAR nberly S. Alexa	missign wws.xi.		
į	MMO	Comment of the series of the s		

SCHEDULE III Statement of Expenditures

riier jaenäilice	ation Number:	40BB	FABRIZI	(CAMPAIGN FUNK
To Whom Pa	ild TV			Date [MM/DD/YYYY] S
House #	/KAR	JUETTE	SAVINGS BA	Bescription of Expenditure
City	30 Street Addres	FERCH		
	L/L/E	State	RA Zip Code 163	508 MONTHY BANK FOR
To Whom Pa	id.			Date [MM/DD/YYYY] \$
House #	Street Address	5 5 7		Description of Expenditure
City		State	Zip Code	
To Whom Pa	id.	200 A 800 (120) 1	全型 原金数	Date[MM/DD/YYYY] \$
House #	Street Address	(Description of Expenditure
Clity	The state of the s	State	Zip Code	
To Whom Pai	3 2.4		[See the Association of]	Date (MM/DD/XXXX) S
House#	Street Address			Description of Expenditure
City	P.Ch. Mayor et al., 19	State	Zip Code	
To Whom Pai	d			Date [MM/DD/YYYY] \$
House #	Street Address			Description of Expenditure
City	, I - (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	State	Zip Code	
To Whom Paid				Date [MM/DD/YYYY] S
House #	Street Address			Description of Expenditure
City		State	Zip Code	
To Whom Paid				Date [MM/DD/YYYY] \$
House #	Street Address			Description of Expenditure
City		State	Zip Code	
To Whom Paid			100000000	Date [MM/DD/YYYY] \$
House #	Street Address			Description of Expenditure
City	Transfer (gr. 17 de de)	State	Zip Code	

2018

CAMPAIGN FINANCE STATEMENT

File this in lieu of a full report *only if* aggregate receipts, expenditures, or liabilities incurred *each* <u>did not exceed \$250.00</u> during the reporting period.

FILER IDENTIFICATION NUMBER	REPORT FILED CANDIDATE COMMITTEE 2. LOBBYIST 3.
NAME OF FILING COMMITTEE, CANDIDATE OR COBBYIST	10121 (AMONICA) Frind
STREET ADDRESS	IN THE PARTY OF TH
355 (2) 36	th ST
a)E	STATE PA ZIP CODE
TYPE OF REPORT (CHECK ONE)	MO. DAY YEAR
6TH TUESDAY 1. PRE-PRIMARY	FOR OFFICE USE ONLY
2ND FRIDAY 2. DATES OF REPORTING PERIOD / DAY	12018 to 12312018
POST-PRIMARY CASH BALANCE AT I	
6TH TUESDAY 4. OF REPORTING PERI	
2ND FRIDAY 6. OUTSTANDING DEBT AT THE END OF REP	S OR LIABILITIES // 47 / / 3 ================================
30 DAY POST-ELECTION AMENDMENT REPORT?	T YES NO SE E
ANNUAL TERMINATION REPORT?	ON YES NO O O
PART I - If statement is filed on behalf of a <u>Political Cor</u> If statement is filed on behalf of a <u>Candidate</u> , to the statement is filed on behalf of a <u>Candidate</u> , the statement is filed on behalf of a <u>Contributing</u>	nmittee or Candidates's Committee, the Treasurer must sign here. he Candidate must sign here. Lobbyist, கீe Lobbyவேள்யு sign here.
I SWEAR (OR AFFIRM) THAT THE AGGREGATE RECEIPTS OR DISE EXCEED TWO HUNDRED AND FIFTY DOLLARS (\$250.00) AND TH	URSEMENTS OF ABILTIES IN BRED DURING THE REPORTING PERIOD INDICATED ABOVE DID NOT HIS REPORT IS, THE BEST DIVINITY KNOWDENGE AND BELIEF, TRUE, CORRECT AND COMPLETE.
SWORN TO AND SUBSCRIBED BEFORE ME THIS	20 19 20 SIGNATURE OF PERSON SUBMITTING REPORT
Kmby Dale	Vand Har som a printed NAME
MY COMMISSION EXPIRES OF TO BE DAY	YR. DIG THE TELEPHONE NUMBER
PART II - f statement is filed on behalf of a <u>Candidate's</u>	Authorizad Commentee, Candidate must sign here.
I SWEAR (OR AFFIRM) THAT TO THE BEST OF MY KNOWLED JUNE 3, 1937 (P.L. 1333, No. 320) AS AMENDED.	OGE AND BELIEF THIS POLITICAL COMMITTEE HAS NOT VIOLATED ANY PROVISIONS OF THE ACT OF
SWORN TO AND SUBSCRIBED BEFORE ME THIS	SIGNATURE OF CANDIDATE
DAY OF	20
SIGNATURE	PRINTED NAME
MY COMMISSION EXPIRES MO. DAY	YR. AREA CODE DAYTIME TELEPHONE NUMBER