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

	it must be clear an	a legible, it slibtlit	i ne typed)	
Filer Identification Number 87-43 (50) Report	Filed By Candida	ate (Committee	Lobbyist
Name of Filing Committee, Candidate or Lobbyist	1 1 -	100+ T.		
Street Address	nds to b Oreann	lect Jas	ornine +	10YES
City	State	PA 1	Zip Code	F 0 C
Type of Report (Place x under report type)		911	1 10	505
1.6 th Tuesday 2.2 nd Friday 3.30 Day Post 4-6 th Tu	(2) 以中华的内容 (2) A A A A A A A A A A A A A A A A A A A	THE SHOP THE REPORT OF THE PROPERTY OF THE PRO	THE STATE OF THE PARTY OF THE STATE OF THE S	2 nd Friday Special 30 Day
Pre-Primary Primary Pre-Elec	tion Pre-Election	Election	Pre-Elec	tion Post-Election
Date Of Election Year	200000000000000000000000000000000000000			
Date Of Election Year	19	Amendment Report	Termina Report	tion
Summary of Receipts and From Date T Expenditures	o Date		For Office Use	Only
	en de la region de la companya de l La companya de la co			
A. Amount Brought Forward From Last Report \$	0.00		A Section and the section of the sec	
B. Total Monetary Contributions and Receipts \$ (From Schedule I)	1262		,	
C. Total Funds Available \$ (Sum of Lines A and B)	1262			
D. Total Expenditures \$	1021			
(From Schedule III) E. Ending Cash Balance \$	1231			0/CM -0 1C4
(Subtract Line D from Line C) F: Value of In-Kind Contributions Received \$	31			
(From Schedule II) G. Unpaid Debts and Obligations \$	140	· · · · · · · · · · · · · · · · · · ·		<u> </u>
(From Schedule IV)	Ø			
Part 1- If this is a Committee report, treasurer sign here. If this	Affidavit Sec	tion		
I swear (or affirm) that this report, including the attached scher	les in panel is to the b	est of my knowledge a	and belief true, correct	and complete.
Sworn to and subscribed before me this	P 2 5 0	,	^	
10M day of Max 20 19 2	y Sixera Sixeny Sixery	Luna La	ester	
Dimbal Paliverde &	N S S S S S S S S S S S S S S S S S S S	Signature of Pe	erson Submitting report	
Signature 5	RHAL SE (ander, N ie, Erie (Expires (A ASSOCIA		rinted Name	
		21	1100 701	·
My Commission expires D 31 3019 H	SYLVAN	ea Code	498 101 Daytime Teleph	<u>8</u>
	こを直接		Daytime Telepti	one Number
Part II- If this is a report of a Candidate's Authorized Committee	camidate mall sign her	·e.		
I swear (or affirm) that to the best of my knowledge and belief amended.	is pelitical dimmittee h	as not violated any pro	ovisions of the Act of Jui	ne 3, 1937 (P.L. 1333, NO.320) as
Sworn to and subscribed before me this				
1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	1, 2019 NOTARIE	Jasmine	us don	<u> </u>
My Commission expires 10 31 2019	√ ≥ ∞ 0	ringer		<u>3 </u>
My Commission expires 10 31 2019	S Coun	Print -1 Li	ted Name 463-346	~~
MO. DAY YR. 성본	ASSO ASSO	ea Code	Daytime Telepho	ne Number
	Alexand Frie, E Con Exp VANIA AS			
NWEA	City of mmissipenniss	•		_

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

Filer Identification Number	
	82-4365689

1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor		
Total for the reporting period	(1)	\$ \$1,262.00
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		
Contributions Received from Political Committees (Part A)		\$ \$0.00
All Other Contributions (Part B)		\$ \$1,262.00
Total for the reporting period	(2)	\$ \$1,262.00
3. Contributions Over \$250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)	·	\$ \$0.00
All Other Contributions (Part D)		\$ \$0.00
Total for the reporting period	(3)	\$ \$0.00
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		
Total for the reporting period	(4)	\$ \$0.00
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, Report Page, Item B)	port	\$ \$1,262.00

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 87	2 - 436589	9		
				Amount
Full Name of Contributing Committee			Date [MM/DD/YYYY] 55	
House # Street Address		M	Date [MM/DD/YYYY] 5	
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	
Gity	State	Zip Gode	Date [MM/DD/YYYY] \$	74
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	·
House# Street Address			Date [MM/DD/YYYY]	
Gity Gity	State	Zip Code:	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee			Date [MM/DD/YYYY] > 5	
House # Street Address			Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] S	
Full Name of Contributing Committee			Date [MM/DD/YYYY]	
House # Street Address			Date [MM/DD/YYYY] \$5	
City	State	Zip Code	Date [MM/DD/YYYY] \$ 35	
Full Name of Contributing Committee	·		Date [MM/DD/YYYY] \$	
House # Street Address			Date [MM/DD/YYYY] \$	
Gity	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:

Full Name of	Contributor					Date [MM/DD/YYYY]	\$	f
35 min 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		largaret Ann V	Vatts		r	04/12/2019		\$100.00
House #	Street	Address	· , ,				\$	
12	663		rest Drive	}				
City	165 jan 18		State		Zip Code	Date [MM/DD/YYYY]	\$	
Edinb	oro		135 440 37	PA	16412	Self the state of the second state of the second se		
Full Name of	Contributor		· · · · · · · · · · · · · · · · · · ·		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Date [MM/DD/YYYY]	S	
Deb Gilber				04/21/2019		\$100.00		
House #	Ouse # Street Address			Date [MM/DD/YYYY]	\$			
724		Per	ry Highwa	у		A Miles		
City	<u> </u>	giri egasti de p	State	l	Zip Code	Date [MM/DD/YYYY]	\$	
Pittsb	urgh			PA	15229			
Full Name of	Contributor					Date [MM/DD/YYYY]	\$*	
OF STATE OF	Sc	ott Olbert				04/21/2019		\$100.00
House #		Address				Date [MM/DD/YYYY]	\$	
724		Per	ry Highwa	ıy				
City	Paparaga and page	25.0.3 6.76 Stu-2. 40.	State		Zip Code	Date [MM/DD/YYYY]	\$	
Pittsburgh PA 15229								
Full Name of	Contributor		trans es si		Interest errorement of each	Date [MM/DD/YYYY]	\$	
	no e	OT APPLICABLE						
House #	Street	Address				Date [MM/DD/YYYY]	\$	
	13445000 1346000							
City	1 67 We 250		State		Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of (· 图 · 图 · 图 · 图 · 图 · 图 · 图 · 图 · 图 · 图					Date [MM/DD/YYYY]	\$	
and Arthur Co.	NC NC	OT APPLICABLE						
House #	Street	Address				Date [MM/DD/YYYY]	s	
City	1 - 1 - 200 / 2 mg / 2 mg	alika make shipe	State		Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of C						Date [MM/DD/YYYY]	\$	
(Addisor Andrewson) Addisor (Addisor Andrewson)	NC NC	T APPLICABLE						
House #	Street	Address				Date [MM/DD/YYYY]	\$	
City		*** (*********************************	State		Zip Code	Date [MM/DD/YYYY]	\$	
e state of the								

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	82.	436548	9		
Eull Name of				Date [MM/DD/YYYY]	
Contributing Committee					
House#	Street Address			Date [MM/DD/YYYY]	S
(CitÝ		State	Zip Code = -	Date [MM/DD/XYXX]	
Füll Name of				Date MM/DD/AAAA	
Contributing/Committee					
House#	treet Address			Date MM/DD/YYYY	\$
City		State	.Zip.Code	Pate V M/DD/AYAYA S	3
Full-Name of Contributing Committee			Top (Schiol Lamberg) region and region	Date (MM/DD/AYAY)	
House# S	treet Address	***************************************		Date [MM/DD/WYY)	3
Cliv		State	Zip Gode	Date (MM/DD/XXXX)	
Hell Name of Contributing Committee				spate (MM/DD/AVAY)	
	treet/Address			Date [MM/DD/YYYY] S	Š.
Griyy		State	ZÍp Code	Date MM/DD/WWW S	
Full Name of Contributing Committee	- 1		-	Date [MM/DD/YYYY] S	
	treet Address			Date [MM/DD/YYYY] S	
City 1		State	Zip Code	Date [MM/JDD/AAAA] 3	
Full Name of Contributing Committee				Date[MM/DD/YYYY] & S	
	reet Address			Date(MM/DD/YYYY)	
(Gity)		State	Zip Gode 1	Date MM/DD/YYYY) 3	

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:		
	00 101 100	
	11/2/25/14/01	•
	<u>86 : 4505 (187</u>	
····································		

DESCRIPTION AND DESCRIPTION OF THE PROPERTY OF			
Full Name of Contributor.		: · · · ·	Date [MM/DD/YYYY] \$.
House # Street Address	4 Maraka		Date [MM/DD/YYYY] 53
City. -Employer Name	State	≱Zip €ode.	Date [MM/DD/YYYY] 55
Employer/Walling/Address/			Occupation
Principal Prince of Business			
Full Name of Contributor			Date MM/DD/YYYY
House ## Street Address			-Date [MM/Db/XXXXI] \$
<u>Gliy</u>	State 2	Zip Code	Date [MM/DD//YMM] \$
Employer Name			Occupation
Employer/Mailing/Address// Principal/Place of Business			
Full Names of Contributor			Date (MM/DD/YYYY)
House# Street Address	(60.2003)	POLITOCOLE NAMES N	Date (MIM/DD/AYYY) S
(Gity	State (Zip Code #	Date [MM//DD/XYYY] \$
Employer Name			Occupation.
(Employer Mailing Address / Principal Place of Business			
Full-Name of Contributor			Date [MM/DD/YYYY]
House讲 Street Address			Date IMM/DD/YYYYI 1 5
Gity	State	Zip Code	@Date[MIM/DD/MYM] \$
Employer Name			0 Occupation
Employer Mailing Address / Principal Place of Business	··		

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.

File (dentitie alon Number

Filer identification Number	82-43a	5689		
RullName House# Su	reet/Address			
City	GET/AUGUESS	State	Zip Gode	*Date [MM/DD/YYYY] } s
Receipt Description				
Full Name House #2 Str	eet Address	<u> </u>	· ·	
City	eet*Address	State	Zip Gode	Date [MM/DD/YYYY]
Receips Descriptions		**Distribution and	Figure 1990 Anna Carlotte	[Fastigated]
Fell Name House#f	eaeAddress			;
Ghy Str	eevAddress 20	State	Zip	Date (MM/DD/YYYY) *\$:
			(Code)	The state of the s
Receipt Description				
Full Name				
	eet Address	高水で変変機		
(GitY)	The second secon	State	Zip Gode	Date IMM/DD/AYYYI \$5.
Receipt Description			· · · · · · · · · · · · · · · · · · ·	
RULName				
	eet Address	TO THE PARTY OF TH	机冷化性等等	Date MM/DD/XXXXI
	A STATE OF THE STA	State	∠ip. , code.	Date [MM/DD/YYYY] \$
Receipt Description	National Parket			·
Hulli Name	The state of the s			
	eet Address	To the second of	• and the state of	(A)
(City		State 2	Zip Godek	Date [MM/DD/YYYY] \$
Reseipt Description		[Managed Liver and the state of	[Bith/Edmon engagement of]	

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Aller den dication (lumber		
	On Milain	
	X 1 ~ 10/10/20 10(10/1	
	OF WULLEY	

Eull Name of Contributor				
	yana Gallagi	er	Date [MM/DD/XYYY]	70.00
#House# Street Addre	jana Gallage Poplar S	treef	-Daté [MM/DD/YYYY] S	
Enie	State //	Zip Code. / <i>U507</i>	Date [MM/DD/YYYY]	
Description of Contribution	2 tickets	to Delta Siama Th	cha Lunchean	
Full Name of Contributor	·		∞Date [MM/DD/YYYY] S	
House# Street Addres		EU EU ANYWERS FREEZONSKI	Date (MM/DD/YYYY)	
Description of Contribution	State //	Zip Code:	Date [MM/DD/XYYY] \$	
Full Name of Contributor.	1001		-Date [MM/DD/AYXM] S	
House # Street Address			Date [MINI/DD/MM]	
Oescription of Contribution	State	Zip Göde	Date [MM/DD/WAM), SS	
Tull Name of Contributor	3		Date[MM/DD/YYYY]] S	
			Date (MM/Db/AAAA) 55	
Gity Description of Gontribution	State	Zip Code	Date [MM/DD/XYYY] \$5	
FUIL Name of Contributor			Pate [MM/DD/YYYY] \$	
House## Street/Address			Date MM/DD/MYYY)	
eity Description of Contribution	State	Zip.Code.	iDate [MM/DD/XYYY] s	

SCHEDULE II

Part G

In-Kind Contributions Received

VALUE OVER \$250

COLUMN COMPANY OF THE STATE OF				
Eleridentification:Number	82	4365689		

Compression of the application of the Control of th		
Eull Name of Contributor		Date:[MM/DD/YYYY] \$
House ## Street Address		Date (MM/DD/YYYY) \$
(Gity)	State Zip Gode	Date [MM/DD/YYYY] \$
Employer Name		Occupation
Lamplover Mailing Address / Principal - Place of Business		Description of a contribution of a contribution
#Full Name of Contributor		Date(MM/DD/YYYY) \$-
House # Street Address		,Date (MM/DD/YYYY) 5:
Gity 3	Sfate Zip:Gode .	Date (MM/DD/YYYY) S
Employer Name		Occupation
Employer Mailing Address / Principal (Place of Business)		Description: or Contribution
Full Name of Contributor		Date [MM/DD/YYYY] - \$.
House# Street Address		*Date [MM//DD/XXXX) SS
City	.StateZip'Code	Date (MM/DD/YYYY) 55
Employer Name		Occupation .
Employer Mailing Address, / Principal Place of Business		Pesaription of Contilibution
Full-Name of Contributor		Date (MM/DD/MM)
House# Street;Address	The state of the s	Date [MIM/DD/YYYY] \$55
Gity.	State Zip Codes	Date [MIM/DD/XYYY] SS
Employer Name		Occupation
Employer Mailing Address /Principal Place of Business		Description of Gontabution

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

i File : Identification (Number	82 4365	5489	
	HRIBUHIONSTREGANED V/	ALUE OF \$50/00 OR LESS PER CONTRIBUTOR	
TOTAL for the reporting period	(1)	\$ 70.00	
	RECEIVED VALUE OF \$5010	01 TO \$250 001(FROM PARTIE)	
TOTAL for the reporting period	(2)	\$ 70.00	
3: IN-KINDICONIERIBUTIONER	EGEIVEDEVALUE OWER \$25	50100 (FROIVEPARTES)	
TOTAL for the reporting period	(3)	\$ 0.00	
TOTAL VALUE OF IN-KIND CONTRIBUTERIOD (Add and enter amount total on Page 1, Report Cover Page, Item	ls from boxes 1, 2, and 3; a	1 1	

SCHEDULE III Statement of Expenditures

Filer Identification Number:	82-4365689	

City Erie		State PA	Zip Code 16501	Purchased access to Vote B	Builder	
House # 1305	Street Address	State Street	[: -1 [-2]:250:00:00:1	Description of Expendi	ture	
To Whom Paid	Erie County Democr	atic Party		Date [MM/DD/YYYY]	\$200.00	
City Erie State PA Zip Code 16506			Fundraiser with Local Brew	ery		
House # 4124	Street Address	West Ridge Road		Description of Expendi	ture	
To Whom Paid	Veronica Rexford			04/26/2019	\$ \$25.00	
Erie	(2)	PA	Code 16505	Canvas Handouts/Window Date [MM/DD/YYYY]		
2501 City		West 12 Street, Yorktow	Zio			
House #	Street Address			04/27/2019 Description of Expendi		
To Whom Paid	The UPS Store #515	5		Date [MM/DD/YYYY]	\$ \$17.00	
City Erie		State PA	Zip Code 16507	Second Half of Deposit for	Campaign Fundraiser	
House # 333	Street Address	State Street		Description of Expendi	ture	
Special Second	El Amigo Mexican G	rill 		04/23/2019	\$167.00	
To Whom Paid	\$ 100 100 100	1 (Apr. 1972) Apr. 1972	Cour	Date [MM/DD/YYYY]	\$	
City Erie	Proceedings of the Park	State PA	Zip Code 16507	Deposit for Campaign Fund	draiser	
House # 333	Street Address	State Street		Description of Expendi	iture .	
A STATE OF THE STA	El Amigo Mexican G	irill		04/22/2019	\$ \$ \$169.60	
Erie To Whom Paid		PA	Code 16510	Date [MM/DD/YYYY]		
City		State	Zip	Cash Donation		
House # 2622	Street Address	Buffalo Road		Description of Expendi	 ture	
To Whom Paid	Erie Alumnae Chapt	er of Delta Sigma Theta	Sorority, Inc.	Date [MM/DD/YYYY] 04/27/2019	\$ \$10.00	
City Erie		State PA	Zip Code 16506	Button making		
4124	Street Address	West Ridge Road		Description of Expend	QW E	
House #	**************************************			04/04/2019 Description of Expendi	\$75.00	
To Whom Paid	Veronica Wexford	(magaziyya mina S	Experimental Petro and Color	Date [MM/DD/YYYY]		
City Erie		State PA	Zip Code 16507	Petitions		
House # 140	Street Address	West 6th Street		Description of Expend	litur e	
en e	Erie County Court H	louse		03/11/2019	\$26.00	
To:Whom Paid			Date [MM/DD/YYYY]	\$		

Statement of Expenditures

PRICE IN COLUMN TO A STATE OF THE STATE OF T	, , , , , , , , , , , , , , , , , , ,
Filer Identification Number:	,
	,
82-4365689	,
6 189 5 5 5 189 5 5 5 5 5 5 5 6 6 7 10 8 1 0Z*4303003	,
74 10 10. 10. 10. 10. 10. 10. 10. 10. 10. 10.	,
	,

To Whom Paid						Date [MM/DD/YYYY] \$	/ 5
	Davona Pacley					04/04/2019	\$10.00
House # 1416	Street Address	West 11th Street	t, Apartment	#2		Description of Expenditure	
City Erie	Program special and section in August	State P/	A	Zip Code	16502	Gas Money to Pick Up Campaign	Materials from
To Whom Paid	Polish Falcons Nest					Date [MM/DD/YYYY] \$	
e de la companya de La companya de la co	POISH PAICONS NEST	•				04/22/2019	\$3.00
House # 431	Street Address	East 3rd Street				Description of Expenditure	eta ostanio sutta de la comunicación de la comunica
City Erie		State P/	A	Zip Code	16507	Admission Fee	
To Whom Paid	Desantis Signs and	Granhics				Date [MM/DD/YYYY] \$	\$518.34
7,000,000,000,000,000		Grapines				05/09/2019	5316.54
House # 540	Street Address	West 18th Street	1			Description of Expenditure	
City Erie		State PA	4	Zip Code	16502	Purchase Yard Signs	
To Whom Paid	NOT APPLICABLE					Date [MM/DD/YYYY] \$	
House #	Street Address			,	·	Description of Expenditure	
City		State		Zip Code			
To Whom Paid	NOT APPLICABLE					Date [MM/DD/YYYY] \$	
House #	Street Address					Description of Expenditure	
City		State.		Zip Code			
To Whom Paid	NOT APPLICABLE					Date [MM/DD/YYYY] \$	
House #	Street Address	 				Description of Expenditure	
City		State		Zip Code			
To Whom Paid	NOT APPLICABLE					Date [MM/DD/YYYY] \$	
House #	Street Address					Description of Expenditure	
City		State		Zip Code			
To Whom Paid	NOT APPLICABLE					Date [MM/DD/YYYY] \$	
House #	Street Address					Description of Expenditure	l .
City	Jake (Mility 1. Steely fellow 1869)	State		Zip Code		paragente intercente cere nell'antica, categorit i signi il cerebici e	en konstituen eri 1 ger (1 <u>99 40 k</u> . 1 94 0 <u>Andre</u>

SCHEDULE IV

Statement of Unpaid Debts
Use this Section to itemize all unpaid debts and obligations which are outstanding at the

Ose this section to itemize an unp	Said depre and opligations witch	are outstanding at the end of	the reporting period.
Filer Identification Number:	4565689		
		· · · · · · · · · · · · · · · · · · ·	
Name:of:Greditor		Onits	standing Balance of Debt
House # Street Address		DATE DEBT INCURRED	

Name of Greditor	Outstanding Balance of Debt
House # Stre	PATE DEBT INCURRED: \$ [MM/DD/XYYY] State: Zip
Description of Debt	Code;
EVEURO (Esceltos	
	Outstanding Balance of Debt et Address DATE DEBT INCURRED 35
	[MINI/PD/YYYY]
City	State Zip Godes II
Description of Debt	
Nameoicreditor	Outstanding Balance of Debt
House#. Stre	Et/Address DATE DEBTINGURRED ST [MIM/DD/AYXYX]
Gity	State Zip Code
Description of Debt	
Name of Creditor House # Stre	Outstanding Balance of Debt : DATE DEBT INCURRED : \$
	[MM/pp/xyxya]
Gity Gity Gity Gity Gity Gity Gity Gity	State Zip Gode
Description of Debt	
Name of Creditor	Outstanding Balance of Debt
House# Stree	PATE DEBT INGURRED \$ \$ [MM/DD//YYYY]
Gity	State Zípz Code
Description of Debt	AUGGE STATE OF THE PARTY OF THE
Name of Greditor	Outstanding Balance of Debt
House## Stree	DATE DEBT-INCURRED S. [MM/pd/y-y-y-j]
City	State Zip A Code 4 ii
Description of Debt	TOTAL AND STATES AND POSSIBILITY (SALES)