

# Commonwealth of Pennsylvania - Campaign Finance Report

Filer Identification (Note: 17	ns report must be clear and legible. It should be typed)
Number	Report Filed By Candidate Committee Lopbyist (Mark X)
Name of Filing Committee, Candidate or Lobbyist	Charles Foht
Street Address	423 Oakmont
an Euc	State DA Zip Code (150)
Type of Report (Place x under report type)	processes and control and cont
	4- 6 <sup>th</sup> Tuesday 5- 2 <sup>of</sup> Priday 6- 30 Day Post 7- Annual Special 2 <sup>nd</sup> Friday Special 30 Day Pre-Election Pre-Election Pre-Election Post-Election
Date Of Election (MM/DD/YYYY)	Year Amendment Fermination Report Report
Summary of Receipts and From Date Expenditures  I-I-19	For Office Use Only
A. Amount Brought Forward From Last Report  B. Total Monetary Contributions and Receipts (From Schedule I) C. Total Funds Available (Sum of Lines A and B) D. Total Expenditures	\$
(From Schedule III) E. Ending Cash Balance (Subtract Line D from Line C)	\$ 574.00
F. Value of In-Kind Contributions Received (From Schedule II) G. Unpaid Debts and Obligations (From Schedule IV)	\$
Part 1 If this is a Commission of the Commission	Affidavit Section
Part 1- If this is a <b>Committee</b> report, treasurer sign her I swear (or affirm) that this report, including the attach	e. If this is a Candidate is port, candidate sign here ned schedules on sape. Is to the best of my knowledge and belief true, correct and complete.
Sworn to and subscribed before me this  day of May 20 19  Signature	Signature of Person Submitting report
My Commission expires 4-3-23 MO. DAY YR.	Printed Name  Premarkania A Press Code  Area Code  Area Code  Daytime Telephone Number
Part II- If this is a report of a <b>Candidate's Authorized Co</b> I swear (or affirm) that to the best of my knowledge an amended.  Sworn to and subscribed before me this	ommittal: Eandigsts Hell sign here. d beliefers political committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, NO.320) as
•	
day of20	Signature of Candidate
Signature	Printed Name
My Commission expires	
MO. DAY YR.	Area Code Daytime Telephone Number

### SCHEDULE I

## **Contributions and Receipts**

**Detailed Summary Page** 

Filer (dentification Number		
1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor		
Total for the reporting period	(1)	\$
2. Contributions of \$50,01 to \$250,00 (From Part A and Part B)		I specific to the second secon
Contributions Received from Political Committees (Part A)		\$
All Other Contributions (Part B)	<del></del>	\$
Total for the reporting period	(2)	\$
3. Contributions Over \$250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)		\$
All Other Contributions (Part D)		\$
Total for the reporting period	(3)	\$
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC (From Part F		

Total for the reporting period

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

Cover Page, Item B)

### 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 Committee			Date [MM/DD/YYYY] S	
House # Street Address			Date [MM/DD/YYYY] 5	
Civ	State	Zip Code	Date [MM/DD/YYYY] 5	
Full Name of Contributing Committee	Philipping age and	Extraordinary of the March Till, and E	Date [MM/DD/YYYY] S.	
House # Street Address			Date [MM/DD/YYYY] \$	
Gty	State	Zip Code	Date [MM/DD/YYYY] 5	
Full Name of Contributing Committee	Fall Control of College on common and	150/00/00/00/00/00/00/00/01/15/64.1	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	Security Security Security	Instance of a second distribution of the second sec	Date (MM/DD/XYYY) S	
House# Street Address			Date [MIM/DD/YYYY] .5	
EGGy	State	Zip Code	Date [MM/OD/YYYY]   \$	
Full Name of Contributing Committee		PERSONAL PROPERTY AND ADMINISTRATION OF THE PROPERT	Date MM/DD/WWY] \$	
House# Street Address			Date [MM/DD/YYYY] \$	
Giv .	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	

### 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.)

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	State	-Zip Code (1)	Date (MM/DD/XXX)	
AND			seaksidallyje kraljese per in	
Hittise # Street Address			Date MM/DD/4YYY] S	
And the second s	State	. Zip Cod∈	Date MM/DD/YFM 5	
Full-Name of Contributor			Dates (viM/DEXXXVVIII + 5	
House # Street Address			Date HMM/DD/YEYFL 5	
	State	Ap Cote		
Full Name of Contributor			Date (MM/DB/XXXV)	
House#: Street Address			Date:[MM/OD/1839]	
GIC		An Costs		
Full Name of Concribation			PP-12-14-14-15-2-15-9-15-15-15-15-15-15-15-15-15-15-15-15-15-	
Heusett Address			Date (MM/DD/XYM) S	
	Stare!	Zip Cone	Date HAN/Eld/YMY(	

### 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.

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Full Came of				
House # . Street Address			. Date (VIN) (DV/YYY)	
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Full Name of Contributing Committee				
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	Siaté	Zio-Code su	date Mis//als/seess	
Full Name of Contributing Committee				
House H. Street Address			Date (MA/AD/MAX)	**************************************
	State:	Z.Ipi Code		<b>6</b> 4
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Clouse # Street Artires			Bate(BAN) (DE/COYE)	
	Since Since	ale code		**
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House # Street Address			Date (MM/DD/AYA)	
	States Large States Medical Des	ZII oste	Date (AMM/DEVAM A)	
Füll köne of Controvene Committee	-		Date (MM/DD)/(172)	
Houself. Street Address			Date (VIM/QDAXYYX)	
	State	All Constants	Date (VIN/JOD/1974)	

# 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)

Eul Name of Consibutor	pate minjerejanjag (* ) 15.
House ft Street Address	Date BMM/JBD//WYW
City State LipCede	. Page (MM/CD/mm) 5
Employer Mähing Address / 1.	Ccopation
Principal Place of Business	
Full Name of Contributes	Date (MN/JDD/M/M)
House ff Street Againsts	Pare [MINI/DDV/473] 5
	SPate May 2007 (C.S.)
Employer Name  Employer Mailing Address /	Occupation .
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FULINAME OF CONTRIBUTION	Space Morana Associated S
Rouse   Street Address	-Date (MMXDD/CYCA) 30
	Pare MM/AP/ W/VE 5
mpoyer Maling 2006	Companion
Principal Plaining Address ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (	
All Name 20 Court 100 for	Marginal Marginal St.
House # Sixeer Address	Date MM/ob/ANYA
State Xip Code  Employer Name	Date (MM/DD/Y/Y) \$
Employer Making Address / 1985	ecupation
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.

Filer identification Number				
Full Name  Flouse# Str  CID:  Receipt :Description	eet Address	State	· Lip	Date (MM/CD/AYX)
City  Repert Description	eet Address	Sinte	Zip Code	a Date: I NIM/DD/ TITE - S
City  Secent Description	ent Address	Sate	Pip Code	Date [MW/4012780686]
House # Street S	net Address	SGE:	Zip	Daze-liniw/,DD/YYYY) \$
House # Str.	e Address	State	P.Sp. 9	EDANG BANGJUDJEC EE
Receipt Description	Addex	State		Pare flag(DD)/(CE) 2

### 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

FireAdemilication Number				
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TOTAL for the reporting period	(1)	\$		
A IN KIND CONSTRUCTIONS R	GENTER EXAMBIE OF SSORE (Partie of a partie of the same (2)	4 F5 S250 00 (FROM PARI)   \$		
Section for the conference of				
TOTAL for the reporting period	(3)	\$		
TOTAL VALUE OF IN-KIND CONTRIBUT PERIOD (Add and enter amount totals on Page 1, Report Cover Page, Item F)	from boxes 1, 2, and 3; a			

## SCHEDULE II PART F

## **In-Kind Contributions Received**

VALUE OF \$50.01 TO \$250

File Identification Number	[		
Full Name of Contributor			acacounizada e en 15.4
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City  Description of Contribution	Saw.	Zig Code	Date (MN/bb//YYY) S
	Pareloga.		
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gelandere Le State (S)	t Address	Section Sections	Date (MM/DD/APA) 5
Description of Cuntribution	State	Zip Code	Date (MM/OD/(MAN): \$
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Hill Hanner of a contribute of			Data MM/DD/MTD) \$
three of the state	t Address		Date MMV/ED7/85/24
City  Description of Contribution	State	Zipi Coge	Heatel Manage Display and the light
Full Name of Contributor			Date Daly/aps/angad
names and Belginah sam	t Address	TO A MANAGEMENT AND A STATE OF THE STATE OF	Date: (MM/DD/AYYS)
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	erat a la l		
Full Hame of Contabutor			Date: (New YOR) (NAME)
Singularita Katharina	t Afichess	EMPERIOR STATE OF THE STATE OF	Date (MM/Db/YYY)) S
One de Contribution	State Spirit	Zip Code.	Date (West/Dis/AACC)
	a lunghiration e		

## SCHEDULE II Part G

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

**VALUE OVER \$250** 

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SEPARATION AND ADMINISTRATION ADMINISTRATION ADMINISTRATION AND ADMINISTRATION AND ADMINI	
Full Name of Contributor	ADADS I MIN / DDD/ANY (MEDIC)
House # Street Address	EPate (MM/DD/YYYY)
City State Zip, Code	Date (MM/DD/AYY)   5
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Emptover Mailing Address / Principal Place of Eusiness	Description  Of Contribution
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House # Street Agress	Bate (MNO/DE/AYA)
State Zie Core	O. FE NAM/DD/YYYY) \$
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Employer Maring Address / Principal Placeipt Business	Description of Contribution is
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State Apsode Aps	Date MileVolo//**YYI
	Occupation:
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Tull Marie of Cortributor	
House # Sider Address	bate MM/DD/YSY()
State. Zip Code.	Date NAM/DD/MWW
Employer Maring Address / Principal	<b>Occupation</b>
Place of Business	Description : pt Contribution :

# Statement of Expenditures

File forminication Number	
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House # 540	Street Address	W/84		Description of Expenditure	
chi 2	The	State On	Code 16502	Signs	
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Harso # City	Street Address			Description of Expenditure	
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liares Lastra di Elia	Street Address	Sinte 1		Descriptional Expensions	
)ka s			Eagle -		

### 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.

Name of Creditor  Flouse # Stree  Gry  Description of Debt	eet Address	DATE DEBT INCURRED FINIVIO DATE DE L'INCURRED FINIVIO DATE DE L'INCURRED FINITION DE L'INCU	19 standing Salance of Pebr
Name of Creditor  Rouse #  City  Description of Bebt	Siate	DATE DEST INCURRED  MIS/CO/TYPE  7/p  Gode	Ourstanding Balance of Deht 9.9
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Cry Bestimon of Debt	et FAtigress	DATE DEST INCURRED  IMM/DD/YNYY  IF	Shistanding, Ralance of Deb
City Description of Debt	Sinte	DATE DISET INCURRED (MID/DD/YYYY) Zip Leade	Overaging Balance of Debt
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