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

Filer Identification	Report Filed B		d legible. It sho			Location communication
Number	(Mark X)	SY Canulus	are X	Committee		Lobbyist
Name of Filing Committee, Candidate or Lobbyist Street Address	Mark 6	iennuso		The market of Color and Section 1	The street consequence of the street of the	Page 2 at an about 1
	5371 Be	zan Cree	k Road			·
City Fairview		State	PA	Zip Code	16415	
Type of Report (Place x under report type)				23121399		
1-6 th Tuesday 2-2 nd Friday 3-30 Day Post Pre-Primary Pre-Primary Primary	4-6 th Tuesday Pre-Election	5- 2 nd Friday Pre- Election	6-30 Day Post Election	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
	Sign branch and a service of the ser	TANK STREET, TO SHOULD SAN OF	See Self Consideration of the production of the	S CAMPATANES VI GARACTOR CONTROL		Fit block fileson ton see year
Date Of Election (MM/DD/YYYY) 05/21/2019	Year	2017	Amendment Report	September 1	Termination Report	
Summary of Receipts and From Date	To Date			For	Office Use Only	
Expenditures 04/12/2019	05/0	6/2019				
A. Amount Brought Forward From Last Report			The State St		<u>i e vija i izi e zerokeza ezerokeza</u>	
B. Total Monetary Contributions and Receipts	\$					
(From Schedule I) C. Total Funds Available	\$	· · · · · · · · · · · · · · · · · · ·			وا در در	٠ ٩ *
(Sum of Lines A and B)	ا ا					
D, Total Expenditures (From Schedule III)	\$ 1,7	192,73				A STATE OF THE STA
E. Ending Cash Balance	Ś				50131	5
(Subtract Line D from Line C) F. Value of In-Kind Contributions Received	\$ -1, 1	192,73			100 mm	· · · · · · · · · · · · · · · · · · ·
(From Schedule II)	i.				1 min	二
G. Unpaid Debts and Obligations (From Schedule IV)	\$				言	2
		Affidavit Sec			A viscos	an list.
Part 1- If this is a Committee report, treasurer sign he I swear (or affirm) that this report, including the attac	re. If this is a Cond	licate report, car	ndidate sign here.	lse and helief tr	is correct and comple	ata
I swear (or affirm) that this report, including the attac Sworn to and subscribed before me this	Public	50	Jest of my knowned	ge and bener ut	ie, correct and compr	ate.
day of May 20 19	April	T T T T T T T T T T T T T T T T T T T	Mark	Hennus		<u>-</u>
Somia Colemander	No.		Mark	of Person Submi らといっいく	tting report	 -
Signature	of Penni nandez Eria Co	ssion numb	100	Printed Name		_
My Commission expires 4-3-23	wealth of Pennsylvia Fernandez, N Erie Coqm		814	3	<u> </u>	
MO. DAY YR.	15.5	E a	rea Code	Dayt	ime Telephone Numb	er
Part II- If this is a report of a Candidate's Authorized C I swear (or affirm) that to the best of my knowledge an	ommitte candid	late mall sign he	re.			
amended.	3 Derie Euris porta	icalicominitées u	as not violated any	provisions of the	e Act of June 3, 1937	(P.L. 1333, NO.320) as
Sworn to and subscribed before me this	Line in the Book	A				
day of20	1			·		
		<u> </u>	Sign	ature of Candida	ite	
Signature	,		1	Printed Name		
My Commission expires		_				
MO. DAY YR.		Ąr	rea Code	Daytir	ne Telephone Numbe	r

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

Filer Identification 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)			
Contributions Received from Political Committees (Part A)		\$	
All Other Contributions (Part B)		\$	
Total for the reporting period	(2)	\$	
3. Contributions Over \$250.00 (From Part Cand Part D)			
		9 14 30 54	
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 E) /		
Total for the reporting period	(4)	\$	991
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	enort	\$	
, , and an array and array arra	7		

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.

			· 		•
					Amount
Full Name of Contrib Committee	uting			Date [MM/DD/YYYY]	\$
des 37					
House #	Street Address	:		Date [MM/DD/YYYY]	
City	Patrick Control of the Control of th	State	Zip Code	Date [MM/DD/YYYY]	Ś
Full Name of Contribi Committee	iting			Date [MM/DD/YYYY]	\$1
House #	Street Address			Date [MM/DD/YYYY]	\$
City	Transfer of American Action 2019 September 2019 Contraction	State /	Zip Code	Date [MM/DD/YYYY]	\$
					in the second
Full Name of Contribu Committee	rting			Date [MM/DD/YYYY]	\$
				Company of the Compan	
House #	Street Address			Date [MM/DD/YYYY]	\$
City	The state of the s	State	-Zip Code	Date [MM/DD/YYYY]	\$
				1000	
Full Name of Contribu Committee	ting			Date [MM/DD/YYYY]	\$
House#	Street Address		***		
	Street Address			Date [MM/DD/YYYY] &	(\$)
Citý			MEN PROPERTY CONTROL		
City		State	Zip Code	Date [MM/DD/YYYY]	\$* **
TOWNS AND COMME	**************************************			i i	
Eull Name of Contribu Committee	ung			Date [MM/DD/YYYY]	Š.
House #	Street Address	·		Date [MM/DD/YYYY]	\$ 1
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Eull Name of Contribut	1224080				Party Company
Committee	uus ***********************************			Date [VIM/DD/XYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$\tilde{\chi}\$

Gly :		State	Zip Code	Date [MM/DD/YYYY]	を記
				Pare [MIM/PD/1911]	

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 Contributors			Date [MM/DD/YYYY] \$	
House # Street	Address		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY1] \$	
Full Name of Contributor		, , , , , , , , , , , , , , , , , , , ,	Date [MM/DD/YYYYY] \$\$	
House # Street	Address		Date [MM/DD/YYYY] \$	
Giy V	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributor			¿Date (MM//DD/YYYY)	
	Address		*Date [MM/DD/YYYY] & \$\$	
City.	State	Zip Code	Date MM/DD/YYYY	
Full-Name of Contributor			Date [MM/DD/////] S	
	Address	* .	Date MM/DD/Y/Y/Y	
Give	State	Zip Code	*Date*[MM/DD/YYYY] \$	
Full Name of Contributor		-	Date [MM/DD/XXYY] \$	
House # Street A	Address		Date (MM/DD/AYAM)	
(Gity)	State	ZIP Code	Date-[MM/DD/AWW] \$5	
Full Name of Contributor	CONTRACTOR		Date [MM/DD/YYYY] S.	
House# Street A			《Date [MM/DD/YYYY)》	
Gity.*	State	Zip Gode	Date (MM/DD//YYY/) S	

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					
Full Name of Committee				Date [MM/DD/YYYY]	\$
House #	otreet Address			Date MM/DD/YYYY]	S
Gity.		State	·Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee) and	र्युक्तकोहरूक जुद: ES	ACTIVITY OF THE PROPERTY OF TH	Date [MM/DD/MYY]	5
House # Si	treet: Address			Date [MM/DD/YYYY]	5
City		State	Zip(Code	Date [MM//DD/YYYY]	\$ \$
Full Name of Contributing Committee		(33 Mary 19 Pages)	Color Microscopy (MELL Tipe receptors ALT)	Date [MM/DD/XYAY)	\$ 1
House ##	treet Address			Date [MM/DD/YYYY/]	5
City		State	Zip Gode	Date [MIM/DD/YYYY]	\$
ieuli Nameraf Contributing Committee				Date (MM/DD/YYYY)	
	reet/Address			Date [MM/DD/WW]	
City		State		Date (MM/DD/YY/YY)	
Full Name of Contributing Committee				Date [MM/DD/\\\\)	5
	reet Address			Date[MM/DD//YYYY]	
Gity	(S)	State		(Date MIVI/IDD//YYYY)	
Full Name of . Contributing Committee				Date (MM/JDD/XXXX) * S	
	reet, Address	The state of the s		Date MM/DD//YYYY	
GIV .	S	State	Zip Code	Date:[MM/db//yyxx/j] %	

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-

	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·
Full Name of Contributor			Date [MM/DD/YYYY] \$
House# Street Address	No. of the Control of	Share and the state of the stat	Date[MM/DD/YYYY] \$
Gity Employer Name	State	"Zip Code	Date [MM/DD/YYYY] \$
Employer Malling Address / Principal Place of Business			
Full Name of Contributor.			Pate [MW/DD/YYYY] \$
House ## Street-Address	_		Date [MM/DD/XYXY]
Gity Employer Name	State	Zip Code	Date (MM/DD/YYYY) \$
Employer Mailing Address / Principal Place of Business			
Full Name of Contributor			Date [MM/DD/YYYY]
House# Street Address		137	
(Gity EmployerName	States	Zip Code	Date[MM/DD/YYYY/] \$
Employer Mailing Address/ Principal Place of Business			
FulliName of Contributor			#Date*IMIM/OD/XYXX;1 % \$
House讲 Street Address			Date [MM/DD/YYYY] 5
Gity Gity Gity Gity Gity Gity Gity Gity	State	Zip Gode	Date [VIM/OD/XYXY)] \$
Employer Name Employer Walling Address / Principal Place of Business			Occupation

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:				
Füll-Name: Höuse# Stre				
	et Address	Forthware	In State Embels Control I	First of the law constraints and the law constraints are constraints and the law constraints and the l
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		<u>िक्षण क्रिया क्रिय</u>	Anticon Contraction of the Contr	
Füll Name				
	et Address			
GitV		State	Zip Gode	Date [MM/DD/YYYY]
Receipt Descriptions		PERSONAL PROPERTY AND A STATE OF THE STATE O		Magain
Hull Name	San Fall Mark of the A			
	et Address	Exercise Constitution (
City		Staté.	Zip ZGode	Date [MM/DD/YYYY] . \$
Receipt Description				
SFullsName				
	et Address			<u> </u>
Gity.	SSECTION OF THE PROPERTY OF TH	State #	Zip Code ≲	Date [MM/DD/YYYY] #\$
Receipt Description				
Full/Name			***	
House # Stree	et Address			
Gity .	SECURITY OF SECURITY	State	Zip Code	*Date [MM/DD/YYYY] \$
Receipt Description				
iBull/Name			·	
House # Stree	t Address	· · · · · · · · · · · · · · · · · · ·	<u>'</u>	·
Gity		State	Code	Date [MM/DD/XYXX]
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:		VIII.	
1,2 UNITEMIZED IN KIND CONTRIBUTIONS REC	SEIVED VAIUS OF \$50:000	PRUESS PER CONTRIBUTOR	
TOTAL for the reporting period (1)	\$		
2 :: IN-KIND CONTRIBUTIONS RECEIVED VALUE TOTAL for the reporting period (2)	OF \$50.01 TO \$250.00 (F	ROM PARTIF)	
32 INKIND CONTRIBUTION RECEIVED YALUEY		T/C/L	型数据等级的控制的现在分词变更多效的影响是类似的的现在分词
TOTAL for the reporting period (3)	\$		
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING T PERIOD (Add and enter amount totals from boxes 1, 2 on Page 1, Report Cover Page, Item F)			

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Num	iber:1				
Full Name of Contrib	utor			®Date [MM/DD/YYYY] \$	
House#	Street Address			Date [MM/DD/YYYY] S	
City	Physical	State	Zip Code	-Date:[MM/DD/YYYY] \$	
Description of Contri	bution				-
Füll Name of Contrib	utor.			Date [MM/DD/YYYY] \$	
Hõuse#	Street Address			Date[[MM/DD/YYYY]] S	
Gity		State	Zip code	Date [MM/DD/XYYY] \$	
Description of Contri		September 1			
Fill Name of Contribi				Date [MM/DD/YYYY]: \$	
House#.	Street/Address			Date [MM/DD/YYYY]	
(Gity) Descalption of Contain		State	Zip/Code	Date [MM/DD/YYYY] S	
					··· <u>-</u>
auliNameorContrib				Date [MM//DD//YYYY]	
House:#	Street/Address	×		Date [MIM/DD/XYXX]	
Giv Description of Contril		State	·Zip Code	Date [MIX/DD/YYYY] S	
		,			
Full Name of Convibu				Date [MM]/Db/AVVVII 5.	
House#	Street Address	W. Sanker		Date [MIVI/DD/YAYA)] §\$	
City		State	Žip Code.	Date (MM/DD/YMY)	
Description of Contrib	Uldon 2				

SCHEDULE II Part G

In-Kind Contributions Received VALUE OVER \$250

			VALUE OVER \$250	
Filer Identification N	úmber.			
Full Name of Conti				Date:[MIM/DD/YYYY] \$ [\$.]
House #	Street Address			Date [MM/DD/YYYY] \$
(Gitý	Sta	ite Z	Žip Code	Date[MM/DD/YYYY] \$
Employer Name	Address / Principal		26 2V 1973 R. WARLINGTON	Occupation 4
Place of Business				Description of Contribution
FullMame of Contr				Date [MM/DD/XYYY] \$
House:#	Street Address			Date [MM/DD/YYYY] \$
diy	Sta	te Z	ip Göde.	Date [MM/DD/XYYY]
Employer Names	Address//Principal	el Texasi	permentage	Occupation
Place of Business				Description of Contribution
Full Name of Contr				Date (MIM/DD/YYYY) \$
House#	Street Address	130		Date MM/DD/AYYY) 5.
City	Stat	e Zi	ip Code:	Date [MIM/DD/YYYY] \$ \$
Employer/Name Employer/Mailing	AND THE STATE OF T			Occupation Description
Place of Business	p p e e e e e e e e e e e e e e e e e e			Description off Gont/Bution
Full Name of Contr				Date [MM/DD/YYYY);
House#	Street Address	1000		Date (MM/DD/YYYY)
City Temployer Name	Stat	e 3	p Code	(Date [MM/DD/AYYY]
Employer Mailing A	Address://Brincipal			Occupation Description
Place of Business				ot : Contribution

SCHEDULE III

Statement of Expenditures

Filer Identification Number:

De Santis Signs and Graphics, Inc. S40 West 18th Street Erie PA 11503 Compaign signs and buttons De Santis Signs and Graphics, Inc. De Santis Signs and Graphics, Inc. Ovision 1907 West 18th Street Erie PA 11503 Compaign signs and buttons S44.84 Erie PA 11503 Compaign signs S44.84 Erie PA 11503 Compaign signs S44.84 Erie PA 11500 West 6th Street, Room 112 Erie PA 11501 Printed street list Crie Courty Courthouse Elections and Voter Registration Office S1501 2019 S700 140 S44.84 S45.87 S46.88 S46.88		
De Santis Signs and Graphics, Inc. Sto Series West 18th Street Erie PA Community Orland Bull Street Sto Besantis Signs and Graphics, Inc. De Santis Signs and Graphics, Inc. De Santis Signs and Graphics, Inc. De Santis Signs and Braphics, Inc. De Santis Signs and Braphics, Inc. De Santis Signs and buttons State Management of Street Erie PA 16501 printed street list Erie PA 16501 printed street list Erie PA 16501 street list on Cb De Santis Signs and buttons De Sa	aro Whom Paid	Section of the sectio
Erie PA SISON compaign signs and buttons DeSantis Signs and Grophics, Inc. S40 West 8th Street Erie PA SISON compaign signs and buttons S40 West 8th Street Erie PA SISON compaign signs S44.84 S40 Signs and Grophics, Inc. S40 Signs Street Erie County Courthouse Elections and Voter Registration Office S50 West 6th Street, Room 112 Erie PA SISON printed street list Erie County Courthouse Elections and Voter Registration Office S50 Signs Signs S50 Signs and buttons S50 Signs Signs S50 Signs	DeSantis Signs and Graphics, Inc.	04/12/2019 1,239.14
Desartis Signs and Graphics, Inc. Desartis Signs Desartis Desartis Signs	040 West 10 - 01reet	Description of Expenditure
DeSantis Signs and Graphics, Inc. Ovision of Standard West 18th Street Erie PA 16502 compaign signs County County Country of Street 140 Erie PA 16502 compaign signs County Country Registration Office Oslor 2019 3.75 140 Erie PA 16501 printed street list Cric County Country Country of Street Page 16501 Erie PA 16501 street Ist on Ch West 6th Street, Room 112 Erie PA 16501 street list on Ch Wast 6th Street, Room 112 Erie PA 16501 street list on Ch Wast 6th Street, Room 112 Erie PA 16501 street list on Ch Wast 6th Street Ist on Ch Desanting of Street Ist on Ch Desa	EFIE PH Gode 11509	
Erie PA County Courthouse Elections and Voter Registration Office Ostoladola 3.75 IVO Steel Bar PA County Counthouse Elections and Voter Registration Office Ostoladola 3.75 Erie PA County Counthouse Elections and Voter Registration Office Ostoladola 5treet list Erie PA County Counthouse Elections and Voter Registration Office Ostoladola 5treet list Erie PA County Counthouse Ostoladola 5treet list Erie PA County Counthouse Ostoladola 5treet list Erie PA County Counthouse Ostoladola 5treet list on Counthouse Elections and Voter Registration Office Ostoladola 5treet list on County Counthouse County Counthouse Street list on County Country Coun	DeSantis Signs and Graphics, Inc.	
Townships Townships The County Counthouse Elections and Voter Registration Office The State of the Street, Room 112 The State of the Street, Room 112 The State of the Street, Room 112 The State of the Street of the Stree	West West Street	Description of Expenditure
Elections and Voter Registration Office Oslor 2019 Brishadris West 6th Street, Room 112 Street PA Gode 16501 printed street list Disciplination Eric County Counthouse Elections and Voter Registration Office Disciplination Elections and Voter Registration Office Oslor James 16501 Frie County Counthouse Elections and Voter Registration Office Oslor James 16501 Street list on Cb	Code 1600 a	campaign signs
140 Street Address West 6th Street , Room 112 Description of Expenditure	Elections and Voter Registration Office	3 5 -
Erie County Courthouse Elections and Voter Registration Office Statistical Street Address Elections and Voter Registration Office Statistical Street Address PA County Street Room IIa Street Vist on Cb Ito Whom Paids Street Address State	House# 140 Street/Address West 6th Street, Room 112	1 (320023)
Elections and When Registration Office 140 State PA Code 1650) State Street list on Cb 150 Whom Paid Street Address State Zip City State Zip Code Zip C	City Erie PA Gode 16501	printed street list
House I 140 Street Address West 6th Street, Room II a Description of Expenditure State PA Code 16501 Street list on Cb Date [MM/DD/XXXV] S LOVION Paid Street Address Description of Expenditure City State Zip Code Date [MM/DD/XXXV] S LOVION Paid Date [MM/DD/XXXV] S LOVION Paid Date [MM/DD/XXXV] S LOVION Paid Description of Expenditure City State Zip Code Date [MM/DD/XXXV] S LOVION Paid		
Code Free State PA Code 16501 Street list on Cb	SHATECHE CONTRACTOR OF THE CON	
House # Street Address Description of Expenditure City Stare Code To Whom Paid Description of Expenditure House # Street Address Description of Expenditure City State, Zip Code To Whom Paid Description of Expenditure City State, Zip Code To Whom Paid Description of Expenditure City State, Zip Code To Whom Paid Description of Expenditure City State, Zip Code To Whom Paid Description of Expenditure City State Address Description of Expenditure City State Address Description of Expenditure City State Address Description of Expenditure		street list on CD
Gity State Zip Code Code Date MM/DD/YYYY State Zip Code To Whom Paid Date MM/DD/YYYY State Zip Code Zip Co	FlosWhom*Paid*	Pate [MM/DD/AYYM] SS
Code Date MM/DD/XYXY S.	House:# Street:Address	Description of Expenditure
House # Street Address Description of Expenditure Gity State Zip Code To Whom Paid Description of Expenditure State Zip Gode Floure # Street Address Description of Expenditure House # Street Address Description of Expenditure Date MM/DD/MYYY S House # Date MM/DD/MYYY S House # Description of Expenditure Description of Expenditure Description of Expenditure	■ ************************************	
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Gode Date MM/DD/YYYY		
House # Street Address Description of Expenditure City State Zip Code Town Paid Date [MIW/DD/MYY] S House # Street Address Description of Expenditure	Code	
City Zip Code	Fo Whom Paid	pate [MM/DD/YYYY] # 153
Gode Date MM/DD/M/Y/I Street Address Description of Expenditure		Description of Expenditure 3
Iffouse # Street Address	€ode.	
	To Whom Paid	Date [MM/DD//AXXI]
IGILY State Zip .		Description of Expenditure
	Code:	,

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.

Filer Identification Number					
Name of Greditor House # St Gity Description of Debt	treet Address	State	DATE DEBT INGURRED [MM/DD/YYYY] Zip "Code	Outstanding Ba	llance of Debt
City Description of Debt	reet Address	State	ATE DEBT INCURRED [MM/DD/YYYY] Zip Code	Outstanding Ba	lance of Debt
Gity. Description of Debt	reet Address	State	ATE DEBTINCURRED :: [MM/Db/YYYY] Zip Code	Outstanding Bal	
Gity Description of Debt	eet Address	State State	ATE DEBT/INGURRED (MM/DD/YYYY) Zip Gode	Outstånding Bal	
Crity Description of Debt	eet-Address		TE DEBT INGURRED [MIM/DD/YYYY] Zip Code	Outstanding Bala	ince of Debt
Name of Creditor. Flores # Stice City Description of Debt	eet Address		TE DEBT INGURRED (MIM/DD/A/A/) (Zip Göde	Qutstanding Bala	nce of Debt