

# Commonwealth of Pennsylvania - Campaign Finance Report

(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 Lobbyist	DAUID	Ċ (	FREGO	RY			
Street Address		LAKE 1	Rd				·
City FAIRVIEW		State	PA	Zip Code	16415		, · · · · · · · · · · · · · · · · · · ·
Type of Report (Place x under report type)							
1-6 <sup>th</sup> Tuesday 2- 2 <sup>nd</sup> Friday 3-30 Day Post Pre-Primary Pre-Primary Primary	1. 多数域的 Tribute 2. Thus \$5%的 School (1. 1) 1177	· 1868、李昭成865年,286年年,第186年前	O Day Post ction	7- Annual	Special 2 <sup>nd</sup> Frida Pre-Election	y Special 3 Post-Ele	
						. A.	
Date Of Election (MM/DD/YYYY)	Year	14.00\QQ	endment oort		Termination Report		
Summary of Receipts and From Date Expenditures 7/1/9	To Date /	/1925-		Fon	Office Use Only		
A. Amount Brought Forward From Last Repor							
B. Total Monetary Contributions and Receipts (From Schedule I) C. Total Funds Available	\$ \$				ar P <sub>1</sub> or beautiful for the second of the s	30	
(Sum of Lines A and B) D. Total Expenditures	C					enne Stare	ng k
(From Schedule III)	° 803.8	23	. *			් <b>්</b>	
E. Ending Cash Balance (Subtract Line D from Line C)							
F, Value of In-Kind Contributions Received (From Schedule II)	\$				F	13	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	a CC during Continue			- Second and the seco	eden Same	
Part 1- If this is a Committee report, treasurer sign	here. If this is a Candida	Affidavit Section te report, candid	ate sign here.				
I swear (or affirm) that this report, including the att Sworn to and subscribed before me this	acherischedules on pap	per, is to the best /	of my knowled	dge and belief t	rue, correct and con	npiete. س	
1th day of May 62015	L NOW THE		lavel	<u>C</u> /	Lugtry		
May of Ma	Mario Scient	<b>W</b>	JAUI A	of Person Sulph Printed Nam	RESORYU		
Signature  Oct 20 706	John From Fallico	SIL SIL	1		60-1788		
My Commission expires MO. DAY YR	The Color of Colors	Area	Code	Da	ytime Telephone Nu	ımber	
Part II- If this is a report of a Candidate's Authorized Committee, candidate's shall slight here.  I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, NO.320) as							
I swear (or affirm) that to the best of my knowledge amended.	e and belief this politica	committee has i	iot violated an	y provisions of	the ALC OF Julie 3, 13	225 (1.16.100d)	
Sworn to and subscribed before me this							
day of20	- 1	····	Sig	nature of Cand	ldate	<u></u>	
Signature	<b>]</b> '			Printed Name		<u>.</u>	
My Commission expiresMO. DAY YR.	- 	Area	Code	Day	rtime Telephone Nu	mber	·

### 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 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 E)	1000 P	1.126 (4.126)	
Total for the reporting period	(4)	\$	- Committee of the Comm
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, Rep Cover Page, Item B)	oort	\$	

#### 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				
S Should be approximately the	Albertije Statististica in Lines				Amount
Full Name of Con Committee	itributing			Date [MM/DD/YYYY] \$	
	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)				
House #	Street Address			Date [MM/DD/YYYY] \$	
City	Feel Sugary Start Consumption	State	Zip Code	Date [MM/DD/YYYY]	
Full Name of Con Committee		(Statistings)	The A.S. Charles	Date [MM/DD/YYYY] \$	
House#	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] S	
Full Name of Cont	itributing			Date [MM/DD/YYYY] \$	
Committee House #					
	Street Address			Date [MM/DD/YYYY] \$	
City	Local Control	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Cont Committee				Date [MM/DD/YYYY] . S	
House #	Street Address			Date [MM/DD/YYYY] \$	
City 1		State	Zip Cöde	Date [MM/DD/YYYY] 5	
Full Name of Cont Committee				Date [MM/DD/YYYYY] is	
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] 5	
Full Name of Cont 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:

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Giy	State	Zip Gode	*Date(MM/DD/XXXM) \$	
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City :	State	Zip Code	Data (VIM/JDD/AMAM)(	
Full-Nemerof Contributor			Date(IMM/DD/AFA)) \$	
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Full (Neimero) (Contributo) ;			; Date (MM/DD//MM) S.	
House#  Street/Address			Pate (MM/DD/MAM)	
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(House # Street Address			¿Date [MM/PD/AAAA] S	
Giv.	State	Zijpj(Godie)	/Date([MM//DD/XXXXII) 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.

Full Name of Contributing Committee			Datei[MM/DD/YYYY] \$	
	et Address		(Date [MM/DD/XXXY]) \$	
Gly	State	Zip Code	Date:[MW//DD//YYY/] \$5	
Full Name of Contributing Committee	TO COMPANY AND		@Date(IMM/DD//\\\)] (\$	
	et Address	The control of the co	<pre>¿Date [MM//DD//YYYY] . \$</pre>	
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Contributing Committees	anokegupanen,sicalos)		/DátejiMiM/JDD//WW/jjf/5.	
	et/Address	A SAN SAN SAN SAN SAN SAN SAN SAN SAN SA	¿Date[[MIN/, DD/, A, A, A, A] ] \$5.	
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Contilluting(Contalline)			(Pate [MIN//PD/MAM])   \$.	
	et/Address	Treversamental a customidade	Date (MM/DD/AAAA) \$	
(full Name of	State	Zip@ode	*Date(IMM/DD/AYAYA)**	
ContributingCommittee	www.www.complexedell.		Pate(MM/DD/MMM) S	
House(#) Stree	-b Address	1.659 milyani (2.579) jigi usakkiyyikiyi	Date([MIM/DD/AAAA)) SS	
(Clty)	\$State	Zip(Gode)	(Date [MIX/blov/XXXII] F3	

#### 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			Date [MM/DD/YYYY] \$
Gity	State	Zip Gode	Date MM/DD/XXXXI (5)
(EmployerMeling Employer(Melling/Address// Pilingpel(Placero/Bustingss			Occupation:
(Full (Name) of (Contribution)			*Date*[MM/DD/WYY/] \$
House## Street Address	16 C		@Date*[[MM/DD/AYAY]] \$
(STA)	State	Zipeode	Pate*(MM/DD//AYY)
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(GLSy.	State	Zip.Gotie	(Date MM/OD/AWAAA) (S)
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EmployedDefiling/Addicess// PrincipaliPlageof Business			
Hillinama oʻz Castrilli visor			Date (MM/QD/YYYY)
House(i) Street/Address			Dátel[MM/DD/AAAA4] S
(City)	State	Zip(Gode	Date [MM/DD/AYAYI]
langleyer(Yeinte Jangleyer(Yeilling/Addingss//			(Occupation)
Bilinglogger/Melling/Addicess/   Bilinglogger/Melling/Addicess			

#### 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.

alle due i (() (= (10)) NUME				
Full Namers 2	***			
	Street Address	·		
		State	BZ160	PDate:[MM//DD/YYYY]
Gity			Zip Code	Date [MM//DD/YYYY]
Kecelph Description		PARTICULAR CONTROL OF THE PARTICULAR CONTROL	李素和特別公司	
Full Name			<u> </u>	
(Florise(7)	street/Address			
<u>Givy</u>	The state of the s	State	Zip Gode	Date I MM/DD/XXXYXI SS
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fauli Vaine			· · · · · · · · · · · · · · · · · · ·	
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			ZIP. Godek	Date [MM//DD//W/WI]   \$
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Governo s	iteet Address	<u>.</u>		
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Receipt Description		Lasters consider November 1	(Constitution of Constitution)	[38R/8]
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Hiouse (II)	reer/Address			
(এট্যু	TO STATE OF THE ASSETS (	State	Zip Gode	Date MM/DD/AYAYA  \$
સિલ્લોમ મિન્ડનામાંમા				

#### 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

Fleridentification Number				
) - 1 Unitemized in kindigoni	RIBUTIONS REGELVEDSVA	IUEOES50 00 ORTESSP	R GONTRIBITION	
TOTAL for the reporting period	(1)	\$		<b>.</b>
2. HINEKIND CONTRIBUTIONS RE	GEIVED2VALUE:OF\$50:0			
TOTAL for the reporting period	(2)	\$		
3. INHKIND CONTRIBUTIONAREC	EIVED=VALUE OVER\$\$25(	0(00)(FRØMIPART(G))		
TOTAL for the reporting period	(3)	\$		
TOTAL VALUE OF IN-KIND CONTRIBUTI PERIOD (Add and enter amount totals on Page 1, Report Cover Page, Item F)				

#### SCHEDULE II PART F

# **In-Kind Contributions Received**

VALUE OF \$50.01 TO \$250

Allendentifietto	n.Number-1			
(FulliName of Go	ntributor,			*Date [MM/DD/YYYY]
House#:	Street Address	·		Date [MM/DD/YYYY)] \$5
Gity  Description of 6	-Antributian se	State	Zip Code	Date (MM/DD/YYYX)
		AGI		
Full Name of (Go				Date [MM/JDD/XXXM]
Housetta	Street/Address	T-430-Population-mediate:		¿Date (MM/DD/XXXXI)
Gity Desaffolioniol(G	ontabution	State	Zip Code	Date [MM/DD/XXXXI]
HUI Vaneroi Goi				[02] Limit (10) # 447 [2] 12 24 24 25 25 25 27 27 27 27 28 30 25 25 3
				(Date IMM/DD/AAAA)). S
House(#	Street/Address	The second secon		Date (IVIM/DD/AWAM)
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House#	Street/Address			Date (IMM/DD/MAA)
City Dassilpilonoise		State	)7dfp(còde	(Date (VIVV)/DD/MYYY)
Full Name of Con		•,		Date (MM/Jod/MM/) S.
House#	Street/Address	· · · · · · · · · · · · · · · · · · ·		Date  MM/ddy/mm/   S
(City)    Description of Co		State	Alb(cote	(Date (MINI/IDD/ANAYA)) S
D. S. Gally Monthly P. C.				

# SCHEDULE !I Part G

# **In-Kind Contributions Received**

VALUE OVER \$250

FilerIdentification Number:		
Full Name of Contributor		Date [MM/DD/YYYY]
House # Street Address	The control of the co	Date [MM/DD/YYYY] S
	State: Zip Gode:	Date [MM/DD/YYYY] \$
EmployedMailling/Addiress//Principal		Occupation: Description:
Place of Business  [Fill Name of Contributor]		of Contribution Data(MV//DD/AAAA)
(House## Street/Address		
	Emperolika   Emper	Date[MM/DD/MAX] \$
	State Zip Code :	*Pate [MM/DDY/M/Y] \$
Employer/Name  [Employer/Mailing/Address//Patholpa]		Occupation:
Place of Custness Et lla Vance of Contributor		of Confidention Date [[ViVI/DD/VVAVV]]
[illouse## Street/Additess		
and the		
	tate /Zip/code	Date  MM/DD/AXWV
imployarivenie (Imployarivenie)		Occupation
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Street/Additess		ipate/[MM//pd//yyyy]*
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Tampiloyer Name		@ecupation.
चित्तकोरुपुर-(Vhilling/Address://Palinelogii  Place of/Eustress		Description of Contribution

# Statement of Expenditures

filer Identification Number:			·

To Whom Paid		Date [MM/DD/YYYY] \$
BUILDA	SIGN!	3/26/2019 87.23
House # Street Address	11525A STONEHOLLOW DR, SUTTE 100	Description of Expenditure
AUSTEN	State TX Code 78758	2 BANNER STENS
To Whom Paid.	STORE #5271	Date [MM/DD/YYYY] \$
House # Street Address		3/27/2019 663,53 Description of Expenditure
City	707 W 38 <sup>TH</sup> ST	14.00
ERIE To:Whom Paid	PA Code 16508	VARO STGNS/BUSENESS CARDS / BUTTONS Date IMM/DD/MYYY S
THE U	AS STORE #527)	4/24/2019 53.07
House# Street Address	707 W 38THST	Description of Expenditure
City ERIE	State PA Zip Code 16508	BUTTONS
To Whom Paid		Date (MM//DD//YYYY) S
House # Street Address		Description of Expenditure
City	State Zip Code	
To Whom Paid		Date [MM/DD/WW] \$
House:# Street Address		Description of Expenditure
Glay	State Zip Code	
To Whom Paid		Date [MM/DD/YYYY] \$
House # Street Address		Description of Expenditure
GHY	State Zip Code	
To Whom Paid		Date [MM/DD/XXXV] 5
House:# Street Address		Description of Expenditure
GHy.	State Zip Code	·
To Whom Paid	<del></del>	Date [MM/DD/XXXX]
House # Street Address		Description of Expenditure
(City)	State Zip. 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.

Name of Creditors	reet-Address DATE DEBT/ING	
Gity	IMM/DD/yy	
Description of Debt	State Zio Code	
Name of Greditor		Outstanding Balance of Debt
	reet Address DATE/DEBT ING	
(etily) Description of the letter	State Zip Code	
Name of Gadigor		heroekon zonozona pyrondo seven propino zonobole, perm propino zonobole
(House## Stre	cet/Address DATE DEBT/INGL	Outstanding Balance of Debt URRED S (YVI)
(fily) Descalption of Debt	State SZip Codesia	
sir2	eevAddress DATE DEBTHING	Outstanding Balance of Debt
	IMM/did/ym	Will de la company de la compa
(effy)  Description of Debt	State Zip.	
Name of Gadiror		OutstandingBalanceOppent
Glous≄# Stre	eet/Address DATE DEBT/ (NGU	JRREDY S.
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(kmeof@adiior filouse#)	Gervatdiress Desamble Desamble Convariants Desamble Convariants Co	/ Outstanding/Balance/offedsts  Jitheo S W/I
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