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

(1.0.101.11	no report must be clear	and legible. It sno	uld be typed)		
	Report Filed By Cand ( Mark X)	idate	Committee	Löbbyist	==
amittee, Candidate or	FRIENDSTO 3612 REGI	CLECT	MICHAEL	CZX5	
NO TO THE RESERVE OF THE PARTY	3612 REEL	) STREE	$\mathcal{I}$		
FRIE	State	PA		504	
Type of Report (Place x under report type)					_
	4- 6 <sup>th</sup> Tuesday   5- 2 <sup>rd</sup> Frida Pre- Election   Pre- Election		7-Annual Special Pre-Elec	2 <sup>nd</sup> Friday Special 30 Dar- ction Post-Election	/ : - : - : - : - : - : - : - : - : - :
(MM/DD/YYYY) 5/2/	Year 2019	Amendment Report	Termina Report	ition	
Summary of Receipts and From Date Expenditures  3/12/19  A. Amount Brought Forward From Last Report	To Date 5/6/20/9	2	For Office Use	e Only	
B. Total Monetary Contributions and Receipts (From Schedule I) C. Total Funds Available (Sum of Lines A and B) D. Total Expenditures	\$ 3185				
(From Schedule III)  E. Ending Cash Balance (Subtract Line D from Line C)  F. Value of In-Kind Contributions Received (From Schedule II)	\$ 605				
G. Unpaid Debts and Obligations (From Schedule IV)	\$ 2500 Affidavit Se	ection	-		
Part 1- If this is a Committee report, treasurer sign here I swear (or affirm) that this report, including the attache Sworn to and subscribed before me this	. If this is a <b>Candidate</b> report, o	andidate sign here.			$\dashv$
My Commission expires H-3-23  MO. DAY YR.	alth of Pennsylvania - Notr Fernandez, Notary Publ Erie County nission expires April 3, 2 nission number 1288917 msylvania Association of N	Signature of Cypn a	O ONS Person Subpariting report	<u>ρ</u> 940	
Part II- If this is a report of a Candidate's Authorized Con I swear (or affirm) that to the best of my knowledge and	mittee, can dates hall sign he	ere.			$\dashv$
I swear (or affirm) that to the best of my knowledge and amended.  Sworn to and subscribed before me this day of 20 9  My Commission expires 4-3-33  MO. DAY YR.  Ommonwealth of Pennsylvania - Notary Seal Tonia Fernandez, Notary Public  Erio County	8 3	Muchala MICHAE	re of Candidate  Description of the Act of Jun  The of Candidate  Description of Candidate  Desc	202	5
My commission expires April 3, 2023 Commission number 1288912	-			<del></del>	

Member, Pennsylvania Association of Notaries

#### SCHEDULE !

## **Contributions and Receipts**

**Detailed Summary Page** 

Filer Identification Number >		
	٠	
1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor		
Total for the reporting period (1)	\$	245
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		
Contributions Received from Political Committees (Part A)	\$	00
All Other Contributions (Part B)	\$	275
Total for the reporting period (2)	\$	275
3. Contributions Over \$250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)	\$	00
All Other Contributions (Part D)	\$	25(1) b
Total for the reporting period (3)	\$	250 D
4. Other Receipts-Refunds, Interest Farned, Returned Checks, ETC. (From Part E)		
Total for the reporting period (4)	\$	3120 0000
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)	\$	3021)

#### 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] \$	
		ALC: THE RESIDENCE OF THE PARTY		<u> </u>
House # Street Address			Date [MM/DD/YYYY] \$	
City ::	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee			Date:[MM/DD/YYYY] \$	
House# Street Address	1000-00		Date [MM/DD/YYYY] S	
Gity.	State	Zip Code	Date [MM/DD/YYYY] 357	
Full Name of Contributing. Committee	processing of the processing of the control of the	A STATE OF THE STA	Pate [MM/DD/YYYY] \$	· · · · · · · · · · · · · · · · · · ·
House # Street Address			aDate [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] 55	
Full Name of Contributing Committee	1 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1		Pate [MM/DD/YYYY] \$	*****
House # Street Address		Paddinor III	Date [MM/DD/YYYY] 163	
Gity	State	Zip Code	Date [MM/DD/YYYY] SS	
Full Name of Contributing Committee	1 - comment and designations	The state and exercises, and the state of th	Date [MM/DD/YYYY] 35	
House # / Street Address			Date [MM/DD/YYYY] 5	
City	State	Zip Code	Date [MM/DD/YYYY] _ \$	<del> </del>
Full Name of Contributing Committee			Date [MM/DD/YYYY] = \$5	
House# Street Address			Date [MM/DD/YYYY] 5	
City	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 Numbers

	·	
Full Name of Contributor-	Date [MM/DD/YYYY] S	
BILL COLE	14/125/2019	101.00
House # Street Address	Date [MM/Db/YYYY]	100.00
Gity State Zip Code	Date [MM/DD/YYYY] 3 \$	7
FRIF	16503	
Full Name of Contributor	Date MM/DD/WYYI S	<u> </u>
	1/1 /00/6	10016
MARGARETT WATTS  [House #: Street Address	04/12/2019	100.60
	Date (MM/DD/YY/Y) S	
12663 FORREST DRIVE		
City State Zip Code	Date [MIM/DD/44Y4] / S	
EDWBIRD PA	26412	
Hauli Name of Contributors	Date (MM/DD/YYYY) \$	
House # Street Address	4/12/2019	75.00
House# strait Address	Data (MM/OD/XXXX)	* J. UU
Gitys State Zip Gode		
	Date MM/DD/YYYYY	
ERIF	16502 4/12/2019	
Full Name of Contributor	Date (MM/DD/YYYY) \$	
House# Street Address	iDate[MM/DD/AYYY)] § \$	
Gity State Zip Gode Z	Date [MM/DD/mm] S	
Full Name of Contributors	Date (MIM/DID/WAYA)	
House:#/ Street Address	Pate [MM/DD/M/M] \$	:
City State. Zip Code	Date MM/DD/MMM	
Fill Name of Contributor	Date [VIM/DD/AXXVI] S	
		·
House# Street Address	Date [MM/DD/MMM] 3	
City State Zip Cone	BatalMM/DibAvvX	
City State Zip Code	Date [MM/DD/YYYY] \$	
		i l

#### PART C

## **Contributions Received From Political Committees**

Over \$250.00

Filer Identification Numbers

Use this Part to itemize only contributions received from Political Committees with an aggregate value over \$250.00 in the reporting period.

		· .		
Full Nameo   Contributing Committee			Date:[MM/JDD///////)	
House# . Street-Address			Date [MM/DD/YYYY)]	
Giy	State	Zip Code	Date [MM/DD/AV/YY] S	
Full Name of Contributing Committee  House # Street Address			Date [MM/DD/AAAA)] S	
House # Street Address	State	Zip/Gode	Date [MM/DD/YMY]] S	
Talliyamelor	State :	ZIP CORE	Date [MM/DD/YYYY] S	
Contributing Committee	- Arthur		Date [MM/DD/YYYY] - S	
House# Street-Address			Date [MM//DD/AXXY]	
City	State	Zip'Code	Date [MM/DD/AWA] S	
(Full Name of (Contributing Committee			Date (MM/DD/AYAY) 5	
House# Street Address	1200-0200-12992		Date [MM/DD/XYW] S	
(Gity) Full Name of	State	-Zip Code	Date [MM/DD/YYYY] S	the Control of the Co
Contributing Committee			Date [MM/DD/YXXX] S	an en circonatorio
House'# Street-Address	Township (TOWN)		Date (MM/DD/X/Y/) S	The state of the s
Gity Full Name of	State	-Zip Code -	Date [MM/DD/YYW] S	and the second s
Contributing Committee			Date MM/DD/MM/	
House # Street/Address	1 Daniel Stemman		Date [MM/DD/YYYY] > 35	The state of the s
Gity	State	Zip Code :	Date (MM/DD/YYYY)	

#### 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)

JFIBE/(dentification/Number:		
Full Name of Contributor:	HAEL KEYS [CANDIDATA	Date [MIM/DD/YYYY] \$ 250 D
House # Street Address 3612 Gity	HAEL KEYS (CANDIDATE  REED STREET  State Zip Godes	Date (MIM/DD/YYYY) S  Date (MIM/DD/YYYY) S
Employer Name		
Employer/Mailing/Address// Principal/Place of Business  Full/Name of Contributor	WABTEC 2901 EAST LAKE RY	LAWRENCE PARK PA
House (#) Street Address		Date [MM/DD/MYY] \$
eitý	State Zip Code	[Date:[MM/DD/YYYY]] \$
Employer Name  Employer Mailing Address:/ Principal (Place of Business		Occupation:
FilliName of Contributor		Date (MM/DD)/YYYY)
House # Street Address  Gity.	State: Zip.code.	*Date [MM/DD/YYYY] \$ \$ \$ Date [MM/DD/YYYY] \$ \$ \$
Employer Name		«Occupation
Employer (Vailing Address / Principal Place of Business Fault Name of Contributor		Date (MIN)/DD/AYAY)
House# Street Address		Date [MM/DD/YYYY] \$\frac{1}{2}\$
Gity.	State Zip Code	Date [MIN/DD/WWY] \$5.
EmployerName EmployerMallingAddress/ 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.

Filaridannikation Number:				
Full Name  House #   Stri  City:  Recept / Description	eet/Address	State	Zip Code	Date [MM/DD/MY/Y]
House# Sm Gity Receipt Description	22;Address	State	Zîjî (Gode g	LDate (MW/DD/XXXX)
Foll: Name  House: Str  Gity  Receipt Description	et/Address	State	Zip Gode 33	(Date (MM/DD/)YXYY))
City Receipt Pesciption	-et-Address	State	Zip Code	Date[MM/DD/WWV] S
House:::  Gity  Receipt Description	eet Audress	State	Zip Code	¿Date(iMM)/iDD//YYYY) \$
auliName  Iffouse## Str  Glay  Receipt Description	ectsAtkitress	State	ZIP). Gode	Date MM/DD/YYYY)

#### **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

File; identification Number	
1x UNITEMIZED IN KIND GONERIBUTIONS: RECEIVE	EDEVARUUE OF \$50X007OR LESSEPER/GON/FRIBUTOR
TOTAL for the reporting period (1)	\$ 60
22. IN KIND CONTRIBUTIONS RECEIVED VALUE OF	CENTAL TO CHENON (EVOLUTION DISTRICT
ZAN INSKRIPCE CHRISTIAN CONTROL OF THE CONTROL OF T	South Cost Section (in Children in Section )
TOTAL for the reporting period (2)	\$ 00
3: IN-KIND CONTRIBUTION RECEIVED VALUE OVE	R'\$250'00'(EROMPART/G)
TOTAL for the reporting period (3)	\$ 66
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS	PEDORTING C
PERIOD (Add and enter amount totals from boxes 1, 2, ar on Page 1, Report Cover Page, Item F)	

## SCHEDULE II PART F

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

VALUE OF \$50.01 TO \$250

			77.1202 O. \$50.02 (C	, <del>42.0</del>	
Filer Identific	stion Number.				
			<u> </u>		·
Full Name of	(Contributors			Date [MM/DD/\\\\)	
House#	Street Address			Date [MM/DD/XYYY] 5	
City.	P organization and the second and th	State	Zip Code	spate[MM/DD//YYY/] \$	
Description	of Contribution				
Full Name of	(€ontálbutor			Date[MW/DD/MYYY] S	
(House##	Street Address			Date (MM/DD/YYYY) \$5	
(Gity)	######################################	State	Zip:Code	Date [MM/DD/YYYY] S	
Descriptions	of Contribution				
Full Name of	Contributor			Date [MIVI/DD/YYYY1] \$	
House#	Street Address			Date(MM/DD/AYYYY) 3	
Gity		State.	Zip Code	Date [MM/DD/WYY)] \$5	
antezzaklorilotiko	of Contribution				•
Full Name of	Contributor	•		(Date[MM/DD/XYYY)]	
House#	Street Address			Date (MM/DD/XYYY)	
City.		. State	74p Gode	Date [MIN/DD/YYYY]], \$	
(Description o	(Contribution				
teull/Nameor	Contributor.			SDate (MM/DD/AYYA)	
House#	Street-Address			Date [MM/DD/YYYY] S	
(Chty		State	Zip Gode.	Date [MM/DD/XYYY)] S	
резеприоно	ficontribution				

#### SCHEDULE II

#### Part G

## **In-Kind Contributions Received**

VALUE OVER \$250

Fileridentification Number:	
ERICH DELEMENTATION OF THE PROPERTY (AND PROPERTY OF THE PROPE	EN SERVICION CONTROL SOMETHINGS
Full Name of Contributor	* Date [MM/DD/YYYY] \$
Prouse # Street Address	Date [MM/DD/YYYY] \$
"Gity." "State Zip Code	Date[MM/DD/YYYY] S:
Employer Name	Occupation
Employer Mailing Address / Principal Place of Business	Description  of  contribution
Full Name of Contributor	Date [MM/DD/YYYY] \$
House # Street Address	Date [MM/DD/YYYYY] \$
City. State Zip.Gode	aDate [MM/DD/YYYY] 5.5.
Employer Name s	Occupation
Employer:Malling/Address/Principal Place of Business	Description of «Contribution:
Full Name of Contributor	Date [MM/DD/YYY4] \$
House# Street Address	SDate [MM/DD/XYXX) SS
City State Zip Code	spate/[MM//DD/AYYY/] SS
EmployerName	(Occupation,
EmployerMailing/Address / Principal Place of Business	Pescription of Contribution
Full Name of Contributor	:Date [MM/DD/XYYY] \$
(House # Street Address	Date [MM/DD/YYYY]
Gity " State Zip Gode :	Date MM/DD/YYYYI \$
lemployer.Name	Gecupation
Employer Mailing Address / Principal Place of Business	Description of Contribution

# Statement of Expenditures

Filer Identification Number		 

				Laborate processors and the second se	si = =====
Fo Whom Paid	BIRDS	CAK PRI	WTING	Date [MM/DD/YYYY) S	519.00
House# 1919	Street Address	IEACH SI		Description of Expenditure	
ER/	<u>C</u>	State PA	2ip. code 16502	FLYERS	
To:WhomPaid	DESAN-	T15 516N5		Date [MM/DD/YYYY] = 15	1000
House#	Street Address		1h 5T	Description of Expenditure	
ERIL		State PA	Zip Code /6502	SIKNS	
To Wnom Paid	DESANT	15 51ENS		Date [MM/pD/YYYY]	768:00
House # 540	Street Address	IEST 18th		Description of Expenditure	
City C-RJ	E	State PA	Zip Gode 16502		
To Whom Paids	CORNER	STONE BARG	GRILL	Date (MM/DD/XXXX) S	229-06
House # P09	Street Address	EAS) 38	K SI	Description of Expenditure	
City FR1	<u> </u>	State	zip code : 16504		
To Whom Paid				Date [MM/pD//YYM] S	
House#	Street Address			Description of Expenditure	
(Giý)		State	Zip Code		
To Whom Paid		·		Date (MM/DD/YYYY) S	
House #	Street Address			Description of Expenditure	
erty.		State	Zip Gode (		
To Whom Paid				Date MM/DD/YYYYI	
House #	Street Address			Description of Expenditure	
(enty)		State:	Zip Code		
Fo Whom Paid				Date-[MM/DD/YYYY] & Sy	
House#	Street Address			Description of Expenditure	
Gity		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.

Fileridentification/Number	
Name of Creditor	MICHAEL KEYS Outstanding Balance of DeBt
House# stre 36/2	MICHAEL KEYS  Pet Address  PATE DEBT/INCURRED  SIMM/OD/MYYYI  O4/10/2019
CITY	ERTE PA Code 16504 2506
Description of Debt	LOAN TO COMMITTEE
Name of Greditor  House # Stre	Outstanding Balance of Debi
Stre	[MM/pd//v/v/]
Gity 5	State Zíp Gode
Desarption of Debt.	
Namaokeration	Outstanding Balance of Deb!
House# Stre	er Address  [MM/pd/YYYY]  [MM/pd/YYYY]
Giv Single Single Singl	State / Zip
Description of Debt	
Vaine of Greditor	Outstanding Balance of Debt Standing Balance o
House##	SELAGORES J. DATE DEBT INCORRED S.
Gity	State Zip Code 14
Description of Debt	A consequence arranged 1 Security (2 Security)
Nameo/Geditor	Qutstanding Balance of Debt
House# Stre	idAte DEBT INCURRED. \$5 (MM/DD/YYYY)
Gity.	State Zip Gode
Description of Debt	
Name of Greditor	Outstanding Balance of Debt
House# Stre	et/Address , DATE/DEBT(INGURRED S\$   [MIN/DD/YYYY]
Gity	State Zip Code
Description of Debt	[2777]《京都·日本日本日本日本日本日本日本日本日本日本日本日本日本日本日本日本日本日本日本