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

	no report must be clear at	na legible, it silo	ula be typeu)	·	
Filer Identification Number	Report Filed By Candid (Mark X)	late.	Committee		Lobbyist
Name of Filing Committee, Candidate or Lobbyist	MICHAEL	' KEY'	<u></u>		
Street Address	3610 P;	ZEO <	TO1.6T		
City FRIF	State	DA	Zip Code	16504	\overline{J}
Type of Report (Place x under report type)	(1007) State (4006)		A Company of the Comp	165V-	<u></u>
1-6 th Tuesday 2-2 nd Friday 3-30 Day Post	在本理。但我们是我们是我们是我们是我们的对象的。 (1)是是人名英格兰人名英格兰人名英格兰人	的。因为"是不是不是一个"。	The second secon	pecial 2 nd Friday	Special 30 Day
Pre-Primary Pre-Primary Primary	Pre-Election Pre-Election	n Election	P	re-Election	Post-Election
Date Of Election (MM/DD/YYYY). 5/2/	Year 2019	Amendment Report	11 1.500 B	ermination eport	
Summary of Receipts and From Date Expenditures	To Date *		For Off	ice Use Only	
3/17/19	405/06/19	7			
A. Amount Brought Forward From Last/Report	\$ 00			at the same of the	S Rend S of the Assistant Security of the Assistance Security Secu
B. Total Monetary Contributions and Receipts (From Schedule I)	\$ 00	1			
C. Total Funds Available (Sum of Lines A and B)	\$ 00	1			•
D. Total Expenditures	\$ 0.545	<u>. </u> 			
(From Schedule III) E. Ending Cash Balance	\$ 2500	<u></u>			
(Subtract Line D from Line C) F. Value of In-Kind Contributions Received	8 0				. <u>.</u>
(From Schedule (I)	\$ 00			c) c	. A
G. Unpaid Debts and Obligations (From Schedule IV)	\$ 0-6				
Dart 1 If this is a Committee report transport transport	Affidavit Se	ection			
Part 1- If this is a Committee report, treasurer sign her I swear (or affirm) that this report, including the attack	e. If िर्भाऽ IS व एक्षावादान्नुं r eport, c ned sci ggifules ्रिन्धुं ह ा, is to the	andidate sign here. best of my knowled	ge and belief true,	correct and complete	<u>.</u> a.
I swear (or affirm) that this report, including the attack Sworn to and subscribed before me this	Pril 3, 2889	-M	1. 1 h.	/ ,	
day of 1 20 20	Notan Notan Res A Res A Social	Signature c	of Person Submittin	g report	<u> </u>
Signatura	wealth of Pennsy nia Fernandez, Namission explication number Pennsylvania Ass.	MICHAE	Printed Name	<u>75 </u>	_
My Commission expires 4-3-23	wealth of Penns nia Fernandez, Ente Op ommission exp ommission nun	814	87	3.12/12	
MO. DAY YR.		Area Code	Daytime	Telephone Number	-
Part II- If this is a report of a Candidate's Authorized Co I swear (or affirm) that to the best of my knowledge an	ommittee, can idates hall sign h	ere.	provisions of the A	st of lune 2 1037 /P	1 1222 M/2 220\ 20
amended.	<u> </u> 3 2	Tidd free Floraces arry	provisions of the	CCOr Julie J, 1997 (1)	.1. 1333, 3(0,320) 63
Sworn to and subscribed before me this			10	VAT	· · · · · · · · · · · · · · · · · · ·
day of20	_	Mutto			- _.
Signature	_	MICHAEL	Mire on a foundate	<u> </u>	-
My Commission expires	.	- 2111	Tinted Name	2.170	
MO. DAY YR.		rea Code	Daytime 1	Telephone Number	

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

Filer Identification Number		
1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor	- U = 1	
Total for the reporting period (1) \$	70
2. Contributions of \$50.01(to \$250.00 (From Part A and Part B)		
Contributions Received from Political Committees (Part A)	\$	06
All Other Contributions (Part B)	\$	
Total for the reporting period (2	2) \$;
3. Contributions Over \$250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)	\$	00
All Other Contributions (Part D) Total for the reporting period (3	\$	·
) \$	
4. Other Receipts Refunds, Interest Farned, Returned Checks, ETC. (From Part E)		
Total for the reporting period (4		
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, Repor Cover Page, Item B)	t \$	

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.

mer definitation number				
				Amount
Full Name of Contributing Committee			Date [MM/DD/YYYY]	
House # Street Address	the value of the state of the s		-	(\$?
City Full Name of Contributing	State	Zip Code	Date [MM/DD/YYYY]	\$
Committee House# Street Address		-	Date [MM/DD/YYYY]	S
	্যাল <u>ন্ত্</u> ৰ প্ৰত্যুক্ত হৈছিল	10年上海電子工作資本等所提出的	STATE OF THE STATE	\$
City [Full Name of Contributing	State (Zip'Code	Date [MM/DD/YYYY]	52
Committee House# Street Address				5.
	Towns of the last	1476ELLowers 2700Net substitutes 11 feet	Date [MM/DD/YYYY]	
City Full Name of Contributing	State	Zip Code	Date [MM/DD/YYYY]	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Committee House # Street Address			Date [MM/DD/YYYY] S	5
Gity	State	-Zip Code	Date [MM/DD/YYYY] S	\$\frac{1}{2}
Full Name of Contributing			Date [MM/DD/YYYY] 2 S	
Committee House # Street Address			Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] 5	
Full Name of Contributing			Date [MM/DD/YYYY] # \$	
Committee House # Street Address			Date [MM/DD/YYYY] \$	
Gity	State (Zip Code	Date [MM/DD/YYYY] S	
			25 77 77 77 77 77 77 77 77 77 77 77 77 77	5990 I

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.)

faller Identification Numberta

Pull Name of Contributor			Date [MM/DD/XXXX] \$5	
	reet:Address		Date [MM/DD/XXXX]	
Gity	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributor			Pate [MIVI/DD/AYYY] S	
	eet/Address		Date (MM/Bb/YYYY) 35	
City	/State /	Zip Code	Date(MM/DD//yyyy) \$	
Full Name of Contributor			Date (MM/DD/WW)	
	eet Address		SPate [MM/DD/YYYYY] S	***
City	State	Zip Gode	Date (MM/DD//YYYM)	 !
Full Name of Contributor			Date (MM/DD/MW) \$	
	eet Address		Date [MM/DD/AYYY)] S	
Gity	State	.Zip Code	Date [MM/DD/YAAA]	
Full-Name of Contributor		· · · · · · · · · · · · · · · · · · ·	Date [MM/DD/XXXX)]	
	et Addréss		Date (MM/DD/MYY) 35	
City	State 3	Zip Code	Date [MM/DD/MAM] 3	
			Date [MM/DD/YYYY]	
	et:Address		Date [MM/DD/XXXX)	
(Gity	State .	Zip Code	Date (MIN/DD/YYYY) 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.

File / Identification Numbers :			
Full Name of Contributing Committee			Date[MM/DD/AYYY]
House# Street Address			Date [MM/DD/YYYY]
City	State	Zip Gode	Date [MM/DD/YYYY] \$
Full Name of Contributing Committee			Date [MM//DD/AYYY/] \$
House# Street-Address	V 45.4		Date [MM/DD/YYYY] \$
G[V	State	Zip Gode	Date [MM/DD/YYYY] 5
Full Name of x. Contributing Committee			Pate [MM/DD/AYTM] S
House #- Street Address	***************************************		Date [MM/DD/WWI] \$
(Gity)	State.	Zíp:Code	Date (MM/DD/YWW) S
Full Name of Contributing Committee			Date (MM/Db/XXXX)
House# Street Address	-		Date [MM/DD/YYYY]
Gity,	State	Zip Code	Date [MM/DD/AYYY] S
(Full Name of Committee			»Date[MM/DB//YYYY] S
House # Street Address			Date [MM/DD/Y/YY] (\$
Gity	State	2p.code	(Date [MM/DD/YYYY)], 35
Full Name of Contributing Committee			Date[MM/DD/XYXX] & SS
House ## Street Address			Date [MM/DD/XXXX] 55
Gity	State	Zip Gode : .	Date (MM/DD/YYYY) S

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)

Eller/Identification	Number:		<u> </u>		,	
(Full Name of Con						
	Aloxofe				Date [MM/DD/YXXX) S.	
House#	Street Address			<u></u>	Date [MIV/DD/XYYY] 25.	
Gity		State 7	·Zip Gode		Date [MM/DD/XYYY] \$	
Employer Name Employer Mailing	Address://				Occupation	
Principal Place of Full IN Terme of Romi	Business					
				•	Date [MM/DD/YYYY] S	
House#	Street/Address				Date[MM/DD/YYYY] == \$	
Gity	Photosophysical in Control 12 of Spring	State	Zip Code		Date [MM/DD/YYYY]	
laniployerName IanployerMalling	Address://				Occupation	
Bunggal/Blaceon Bull/NameofCont	Brisiness					
					Date [MM/DD/YYYY] \$	
.House:#>	Street Address				Date [MM/DD/YYYY) 5	
(Gity)		State	Zip Code		Date[MM/DD/YYYY] S.	
EmployerName EmployerMailing	Addrace / Self				Occupation	
Ridinal pal Riace of E	USINESS	·				
Full Name of Contr				ĺ	Date [MM/DD/YYYY] \$	
House#	Street Address				Date [MM/DD/YYYY) \$	
Gity.	- The state of the	State	Zip Code 🗆		Date [MM/DD/XYYY] 35.	
Employer Name: Employer Mailing A			1000		Occupation	4
Principal Place of B	usiness					

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 aldentification Number				
Full Name				· · · · · · · · · · · · · · · · · · ·
	eet/Address	j		
Gity E		State	Ζĺβ	Date (MM/DD/YYYY) \$
Receipt Description-			Code	·
Full (Name				
	eet Address			·
(Gitý		State	Zip	Date [MM//DD/XYYY] \$\ \\$\
Receipt Description			(Côde)	
Eull Name				
	eet/Address		· · · · · · · · · · · · · · · · · · ·)
elty (1)	ee@Autress	State	Zip	adate (MW/DD/YYYY) # \$\$
(2007) (2) (2) (2) (2) (2) (2) (2) (2) (2) (2)	-		(Code X	
Receipt Description			The second secon	Restrict 7
Full Verne				
	et-Address			
-(City)		State	Zip Gode	Date [MM/DD/YYYY] \$
Receipt Description				
FülliVrine			· ·	
House # Str	et Address	•		
Gity.		State	Zip Code	Date[MM/DD/YYYY] \$
Receipt Description				
Trill Vance				·
# House## Stre	et Address			
Gify		State	Zip Göde	Date (MIX/DD/XXXX) \$
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

Fileridentification/Number				
1. UNDERNIZEDINHRIND CONFI	(ButtonsReceived)	VALUE (OF \$50,000 OR I	LESS PERCONTRIBUTOR	
TOTAL for the reporting period	(1)	\$	00	-
2 INSKIND CONTRIBUTIONS RE	GEIVED-VALUE OF \$50	1014TO \$250.00 (FRO)	VEPARPE)	
TOTAL for the reporting period	(2)	\$	00	
32 INHAIND CONTRIBUTIONIREC	EIVED VALUE OVERSZ	25,0100 (EROJVERARJEG		
TOTAL for the reporting period	(3)	\$	00	
TOTAL VALUE OF IN-KIND CONTRIBUTI PERIOD (Add and enter amount totals on Page 1, Report Cover Page, Item F)		, , ,	06	

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

allegidentification Number 3

Eull Name of Contributor			date (MIM/DD/AYYY) \$	
House'# Street'Ad	dress	, , , , , , , , , , , , , , , , , , , ,	-Date([MM/DB/YYYY]) \$	
¿Ġity »	(State	Zip Code	Date [MIM/DD/YYYY] \$2	
Description of Contribution				
FUIL Name of Contributor			Date (MM/JDD/XXXX))	
House# StreetAil	dress		Date [MM/DD/YYYY] [\$ \$	
i Groy	State	Zip Code	Date (MIM/DD/YYYY) i \$	
Description of Contribution				
Full Name of Contributor.			Date MM/DD/WWI	
House# Street Add	lress		Date (MM/DD/XXXX) \$3	
Sity:	#State	Zip.Code	Pate [MM/DD/YYYY] 85	
Description of Contribution W	7			
Full Name of Contributor			Date (MW/DD/WYY)	
House# Street Add	Iress		Date (MM/DD/WYY); \$	
Gity :	State	Zip Gode	*Date IMM/DD/YYYYI	
Description of Contribution			The state of the s	
Full Name of Contributor			<pre># Date [MM/DD/AYYY]</pre>	
House # Street Add	ress		Date (MM/DD/XYYY) i S	
Gity	State	Zip Gode	Datel(MM/DD/YYYY/) 35	
Pescription of Contribution.				·

SCHEDULE (I Part G

In-Kind Contributions Received

			VALUE OVER \$250	
File aldentification Num	iber:			
Full Name of Contrib	utor			/Date [MM/DD/YY/Y] \$
House #	Street Address			Date [MM/DD/YYYY]
eelity	Exercise production agreement about decided and account of the	State	Zip Code	*Date MM/DD/AXXX/ \$5
Employer Name				-Qecupation
Employer Malling Ad Place of Business	dress./Principal			Description of a contribution
Full Verme of Contrib	u(o)ê		·	Dates[MM/DD/YYYY] \$
House	Street Address			Date [MM/DD/WWY] \$
(City:		State	Zip Côdê	Date [MM/DD/(YYYY)] \$5.
Employer Name				Occupation
Employer/Malling Add Place of Business	dress / Principal			Description of Contribution
Full Name of Contrib	for.			Date[MM/DD/AYAYI] \$
House#	Street Address			Date (MM/DD/YYYY), \$
Gty		State	Zip Gode	Date [MM/DD/YYYY] \$
Employer Name				Occupation
Employer Mailing Add Place of Business	dress/Principal			Description of Contribution
Full Name of Contabu	Itor:			Date [MM/DD/YYYY] 35
House #	StreetAddress			Date [MM/Db/Yyyy)
City In 18		State	Zip Gode	Date [MM/DD/YYYY] \$
Employer Name			· -	(Page upation)
Employer Mailine Add Place of Business	ress/Runcipal			Description :: of s.: Contribution ::

Statement of Expenditures

File: Identification Numbers:	 		
ther identification Number:			
THE RESIDENCE OF THE PROPERTY			
	The state of the s	 	

NAME OF THE OWNER OWNER OF THE OWNER				<u> </u>
To Whom Paid	FRIENY	STO GOLLE	TMICHAED KEKS	Date [MM/DD/YYYY] \$ 2500 Description of Expenditure
House #	Street Address			Description of Expenditure
(City)		State	Zip «Code	LUANTO COMMITTIE
To Whom Paid				Date (MM/DD/XYYY)
House#	Street-Address			*Description of Expenditure
Gity		State	Zip Code	
ToWhom Paid		•		Date [MM/DD/YYYY]
House#	Street Address			Description of Expenditure
Gliv		State	Zip Gode	
I to Whom Paid		-		Date (MM/DD/XYYY)
House#A	Street Address			Description of Expenditure
(City)	·	State	Zip Code	
To Whom Paid				NDate (MIN/DD/YYYY) SS
House#	Street Address			Description of Expenditure
City.		State	ZIP Code	GENERAL ENGINEERING AND
To Whom Paid			· · · · · · · · · · · · · · · · · · ·	Date [MM/DD/XXYX] \$
House#	Street Address			Description of Expenditure
eny.		State	Zĺp Gode	
To Whom Pard				*Date*[I/IM/DD//YYY/] \$
House #	Street Address			Description of Expenditure
Gity/		State.	Zip Code	
To Whom Paid				Date [MM/DD/YYYY] \$
(House)#	Street Address			Description of Expenditure
(EHI)		State	Zip Gode	

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.

all the short the state of the	ee		
Eller Identification: Number:			
Name of Creditor.			Outstanding Balance of Debt
House:#	eet Address	DATE DEBT INGURRED [MM//DD/YYYY]	
Gítý.	State		-
Description of Debt :		Code	
Name of Greditor			Outstanding Balance of Debt
House#	eet Address	DATE DEBT INCURRED .[MM/DD/YYYY]	S
City	States		
Description of Debt		Code	
Name of Creditor		:	Outstanding Balance of Debt
	eet Address	DATE DEBT INCURRED	
(city) Description of Debt	State	Zip Code	
Name of Greditor			Outstanding Balance of Debt
Action Control Control	eet/Address	DATE DEBT INCURRED	S.
		[MM/DD/(YYY)]	
(Gity Description of Debt	/State :	Zip Code	
Name of Creditor House# Stre	et:Address	DATE DEBT INGURRED	Outstanding Balance of Debt
		[ММ/ФБ/үүүү]	
(City)	State	Zíp gode:	
Description of Debt			
Name of Greditor House#	et Address ,	DATEDESTINGURRED	Outstanding Balarice of Debt
	ret-Address ,	DATE DEBINGORRED	
Gity	State	Zip., Code	
Description of Debt	P. (/// C.	Sepples fineses supplementation	Region