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

	nis report must				•	
Filer identification Number	Report Filed By (Mark X)	y Candida	te \	Committee		Lobbyist
Name of Filing Committee, Candidate or Lobbyist	Comm	nittee -	to Elec	t Chi	ristal L	efa K
Street Address		(Poplar	ST		
city EriE	263	State	PA	Zip Code	16508	
Type of Report (Place x under report type)			•		•	<u> </u>
1- 6 th Tuesday 2- 2 nd Friday 3- 30 Day Post	4- 6th Tuesday	5- 2 nd Friday	6-30 Day Post	7- Annual	Special 2 nd Friday	Special 30 Day
Pre-Primary Pre-Primary Primary	1 1	Pre- Election	Election		Pre-Election	Post-Election
Date Of Election (MM/DD/YYYY)	Year 2014		Amendment Report		Termination Report	
Summary of Receipts and From Date	To Date	·		For	Office Use Only	
Expenditures	3 - 10	6/2019		t v		
A. Amount Brought Forward From Last Report		0 -		•		· · · · · · · · · · · · · · · · · · ·
B. Total Monetary Contributions and Receipts (From Schedule I)	\$ -0	<u> </u>			igija V com	2818 157
C. Total Funds Available	\$;		Section of the sectio	
(Sum of Lines A and B)	- 0	, —			532	* 4 - 2 - 14 - 1 - 14 - 1 - 14 - 1 - 14
D. Total Expenditures (From Schedule III)	\$ 4	7000				CD CD
E. Ending Cash Balance	\$	7				- J.
(Subtract Line D from Line C) F. Value of In-Kind Contributions Received					ما دائيد. معاديد المسلم المعاديد المسلم	75
(From Schedule II)	-	0 —				15 2
G. Unpaid Debts and Obligations	\$				2	or ·
(From Schedule IV)		17000				
Part 1- If this is a Committee report, treasurer sign he	ere. If this is/න ිCand	Afficayit Sec			****	
I swear (or affirm) that this report, including the atta				ge and belief tr	ue, correct and comple	ete.
Sworn to and subscribed before me this	ita-i. V Pu	or 12841 Nation of	\mathcal{O}	(
	ywania etary p nty	# P # = -	Signature of	of Borcon Submi	itting round	
llyphin		\$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Rébel	of Person Submi		
#igHature	Abbas Erie C	alua'		Printed Name	2	
My Commission expires OQ 11 2022	======================================		क्षाप		506-7445	
MO. DAY YR.	nonweath of Pennsyl Qussay Abbas Ne ommission expires	Pennsylvania Associa	rea Code	Day	time Telephone Numb	er
Part II- If this is a report of a Candidate's Authorized	Committee, candid	軸 shall sign he			-	
I swear (or affirm) that to the best of my knowledge amended.	1.	<i>≅ o</i> r	as not violated any	provisions of the	ne Act of June 3, 1937	(P.L. 1333, NO.320) as
Sworn to and subscribed before me this	,	Public 11, 2022		10	0.0	1
10TH day of MAY 20 19	· • //	77 P. 19 14 14 14 14 14 14 14 14 14 14 14 14 14	HUST		Least	
arll-	- //ws//	Ser 1	Christa	ature of Candid	LepaK	
Signature	. /#	1 0 0 E		Printed Name	7	
My Commission expires OC 11 2022	alth of Ale	slon slon slon slon	814		22-7189	
MO. DAY YR.	Ommonwealth of Penn	Moommiss Eries Novania- Commission expires June 11	ea Code	Dayti	me Telephone Numbe	r
	/ § 5	<u> </u>				

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)	\$ 10.00
4. Other Receipts-Refunds, Interest Earned, 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, 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 Identificatio	n Number				
14					
					Amount
Full Name of Co Committee	ontributing			Date [MM/DD/YYYY]	\$
Committee					
House #	Street Address			Date [MM/DD/YYYY]	\$
	<u> </u>				7
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co	ontributing			Date [MM/DD/YYYY]	\$
Committee					
House #	Street Address			Date [MM/DD/YYYY]	\$
nouse #	Su eet Address			Date [WINDO/1111]	7
					<u> </u>
City		State	Zip Code	Date [MM/DD/YYYY]	\$
		A STATE OF THE STA			
Full Name of Co	ontributing			Date [MM/DD/YYYY]	\$
Committee					
House #	Street Address			Date [MM/DD/YYYY]	\$
	· .				
Cine		Cana	7 in Codo	Date [MM/DD/YYYY]	<u>- </u>
City		State	Zip Code	Date [MM/DD/1111]	\$
Full Name of Co Committee	entributing			Date [MM/DD/YYYY]	\$
House #	Street Address		 	Date [MM/DD/YYYY]	\$.
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co	ntributing			Date [MM/DD/YYYY]	\$
Committee					· A
House #	Street Address			Date [MM/DD/YYYY]	\$
					•
City	' '	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co	ntributing			Date [MM/DD/YYYY]	\$
Committee					
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
U.C.		State	Zip Code	Pare flausil pol 11111	.

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.)

	Property of the second of the				
Full Name of C	ontributor			Date [MM/DD/YYYY] \$	
House #	Street Address	-		Date [MM/DD/YYYY] \$	
City	黎·蒙蒙·李瑟 ·	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Co	http://www.			Date [MM/DD/YYYY] \$	
House#	Street Address		, 1000 Ju	Date [MM/DD/YYYY] \$	
City	Postorio e de la companya de la comp	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Co	ontributor			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Co				Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City. Full Name of Co	SECTION SECTIO	State	Zip Code	Date [MM/DD/YYYY] \$	
espingaritis i i Magazina				Date [MM/DD/YYYY] \$	
House #	Street Address	Tennana kanan	Particle and Disposal	Date [MM/DD/YYYY] \$	
City Full Name of Co		State	Zip Code	Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$	
House #					
	Street Address	Toronto (Marie Control	. Depresentation	Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	

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	n Number:				
	Production of the state of the				
Full Name of Contributing Co	ر mmittee ا			Date [MM/DD/YYYY] \$	
House #	Street Address		44-44-	Date [MM/DD/YYYY] \$	·
				(2) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	
City	Spilling service in the first of the	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Co	ımmittee			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City	Pet Spectamon	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of		海洋社 公司1960年	图式程序(100 mm) 200 mm	Date [MM/DD/YYYY] \$	
Contributing Cor	mmittee				ı
House #	Street Address		· ·	Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Con	mmittee			Date [MM/DD/YYYY] \$	
House #	Street Address		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Con	mmittee	Marie, a com	to the state of th	Date [MM/DD/YYYY] \$	-
House #	Street Address			Date [MM/DD/YYYY] \$	
		· · · · · · · · · · · · · · · · · · ·	2-25 to 12-1		
City	·	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Com	mmittee	Show in a	To a second	Date [MM/DD/YYYY] \$."
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
	l		P COUE	Date IMM/DD/11111	

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:

	945 955 		
Full Name of Contributor			Date [MM/DD/YYYY] \$
House # St	reet Address		Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYYY] \$
Employer Name			Occupation
Principal Place of Busines			
Full Name of Contributor			Date [MM/DD/YYYY] \$
House # Sti	eet Address		Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Occupation
Employer Mailing Addres Principal Place of Busines		A, ~vavu- <u>-</u> ≟	Entergraphy of the Landson of the La
Full Name of Contributor	120 B. L. B. M. S. C. C. C. S. S. C. W.		Date [MM/DD/YYYY] \$
House #	eet Address		Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name		[34.784]41 (24.154.781) (8.	Occupation
Employer Mailing Address Principal Place of Busines			
Full Name of Contributor			Date [MM/DD/YYYY] \$
	eet Address		Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name		100 - 100 -	Occupation
Employer Mailing Address Principal Place of Business			Folia Shared consultativity

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 Num	per:		,	
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		1900/01/2	Anthygo a st	N8984
Full Name				
House #	Street Address	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
		State	Zip Code	Date [MM/DD/YYYY] \$.
Receipt Description				
Full Name				
House #	Street Address		1-12-11	
City (i) is as when plants and is the city of the city and the city of the city and the city of the city		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		To the second se		1223
Full Name				
House #	Street Address			
City:		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description			•	
Full Name				
Flouse #	Street Address			·
City.		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				
in district of the	Buar Holes			
	Street Address		196-0-	
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description			, , , , , , , , , , , , , , , , , , , 	1

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:			
1. UNITEMIZED IN-KIND CONTRI	IBUTIONS RECEIVED-VALL	E OF \$50,00 OR LESS PER CONTRIBU	ITOR
TOTAL for the reporting period	(1)	\$	
2: IN-KIND CONTRIBUTIONS REC	EIVED-VALUE OF \$50:01	O \$250.00 (FROM PART F)	
TOTAL for the reporting period	(2)	\$	
3. IN-KIND CONTRIBUTION RECE	IVED-VALUE OVER \$250.0	0 (FROM PART G)	
TOTAL for the reporting period	(3)	\$	
TOTAL VALUE OF IN-KIND CONTRIBUTION		1 1	
PERIOD (Add and enter amount totals fi on Page 1, Report Cover Page, Item F)	rom boxes 1, 2, and 3; als	enter	

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Nu	nber:				
Full Name of Contril	outor			Date [MM/DD/YYYY]	S
					1
House#	Street Address			Date [MM/DD/YYYY]	
					[왕호] 영화
City	_ Barrens Variation and	State	Zip Code	Date [MM/DD/YYYY]	<u>.</u>
			ACT AND ACT AN		
Description of Contr	ibution				
Full Name of Contrib	outor	<u>'</u>		Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	S
City	Hittory Systems agents of section	State	Zip Code	Date [MM/DD/YYYY]	
					(A) (B) (A) (B) (A) (B) (B) (B) (B) (B) (B)
Description of Contr	ibution		La circumstantia de la constantia del constantia de la constantia de la constantia della constantia della co		
Full Name of Contrib	utor	1		Date [MM/DD/YYYY]	
	16.00 M				所から 第一章 開発 第二章
House #	Street Address			Date [MM/DD/YYYY]	# 500 h San
City	EU Supulse de Carte de la Francia de	State	Zip Code	Date [MM/DD/YYYY]	\$
	Company of the control of the control of the				
Description of Contr	bution				
Full Name of Contrib	utor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
Log Control				,	
City	TO SERVICE OF THE SER	State	Zip Code	Date [MM/DD/YYYY]	\$ 6
Description of Contri	bution				•
Full Name of Contrib	utor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	
City		State	Zip Code	Date [MM/DD/YYYY]	\$
	(m. A. 1900 Maged 1 m/10 types 12 m/21 (2000) F. B. 2000 (2010)			,	TANG Series Tang
Description of Contri	bution				

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer Identification Number:	

Full Name of Contrib				Date [MM/DD/YYYY] \$
ruii valle ui courii				Date [MIN/DD/111]
propries construction				
House #	Street Address			Date [MM/DD/YYYY] \$
) (1) (2) (2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4
City	Process & said a college of the last	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name		la As	Leave a system of the stand	Occupation
Employer Mailing Ad	ldress / Principal)		Description
Place of Business				
				Contribution
Full Name of Contrib	utor			Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
City	The sections of these 221 or Security	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name		26.124.01.24.01.1	21 d Tur (All'Astrony 95	Occupation
Employer Mailing Ad	dress / Principal	5 5		Description
Place of Business				of
				Contribution
Full Name of Contrib	utor			Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
	Succi Addiess			800 2000 4 2
C.A.		Ti Canana i	. zia cada 🗀	DAN TRANSIDO (VOVO)
City		State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name	ay it bear to be a		•	Occupation
Employer Mailing Ad	dress / Principal	9 1		Description
Place of Business		수 중		of
panalogo estados.				Contribution Supplemental Contribution Supplemental Suppl
Full Name of Contrib	utor			Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
City	The second secon	State	Zip Code	Date [MM/DD/YYYY] \$
		es de la		
Employer Name	(ayla (a) a a sa			Occupation
Employer Mailing Ad	dress / Principal	**************************************		Description
Place of Business		A		of Contribution
A的特別表示是2000年的2000年100日的				

Statement of Expenditures

Filer Identification Number:	· · · · · · · · · · · · · · · · · · ·	

To Whom Paid	al Lepak		Date [MM/DD/YYYY] \$
Unist	03/22/20/9 60.00		
House # Street Address	Description of Expenditure		
Erie Erie	State PA	Zip Code 16508	DePosit To start acct.
To Whom Paid	Date [MM/DD/YYYY] \$		
Unist	04/10/2019 350.00		
House # 2657 Street Address	Puplar S		Description of Expenditure
eity Erie	State PA	Zip Code 6508	Defosit for Depica Signs
To Whom Paid	11000		Date [MM/DD/YYYY] \$
House # Street Address	1 LEPAK		04) 8/2019 Sill (0 0 · 0 0) Description of Expenditure
D657	Puplar	L-waterithed	Description of Expenditure
ERIF .	Staté PA	Zip Code (6508	Deposit for Signs
To Whom Paid			Date [MM/DD/YYYY] \$
House # Street Address			Description of Expenditure
City	State	Zip Code	
To Whom Paid			Date [MM/DD/YYYY] \$
House # Street Address			Description of Expenditure
City	State	Zip Code	
To Whom Paid			Date [MM/DD/YYYY] \$
House # Street Address		i	Description of Expenditure
City	State	Zip Code	Sant Million (1994), The Late of the Sant Sant Sant Sant Sant Sant Sant Sant
To Whom Paid		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Date [MM/DD/YYYY] \$
House:# Street Address			Description of Expenditure
City	State	Zip Code	on space, and an inventor of the president material and the property of the street of
To Whom Paid			Date [MM/DD/YYYY] \$
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.

Filer Identificatio	n Number:			
Name of Credit	o,			Outstanding Balance of Debt
House#	Street Address	() () () ()	DATE DEBT INCURRED [MM/DD/YYYY]	
City		State	Zip Code	
Description of D	Debt	t i viiga va in minima	han bu ana dan bisah	18 2 3
Name of Credit	91			Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	
City		State	Zip Code	
Description of D				
Name of Credito	on a			Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	 \$
City Description of D		State	Zip Code	
Name of Credito				
House #	Street Address		DATE DEBT/INCURRED	Outstanding Balance of Debt
	Silver Audies	137 	[MM/DD/YYYY]	
City Description of D	ebt	State	Zip Code	
netter fire as net e				
Name of Credito	S. Cherry	12		Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	
City: Description of D	5H*	State	Zip Code	
				·
Name of Credito				Outstanding Balance of Debt
House#	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	
City,		State	Zip. Code	
Description of De				