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

Name of Films Committee. Candidate or Lobbiat Street Address Street Address	Filer Identification Number	Report Filed	By Candid	ate	Committe	9	Lobbyist
State Address LOTS PROVIDED LANC State PA Tap Code: Type of Report (Price vunder report type) 1, 6" Tuesday 2, 2" Friday 3-30 Day Post 4-6" Tuesday 5, 2" Friday 6-30 Day Post 3, 7- Annual Pre-Election Pre-Elec	Name of Filing Committee, Candidate or		1 A	<i>*</i>	J Ziennie,	176 (1866) (n.) 1876, 1876 (
Type of Report (Place x under report type) Type of Report (Place		Ši s	\sim	A '44 0'			
Type of Report (Place x under report type) 1. 6* Tuesday 2. 2* Friday 3-30 pay post 4-6 to Tuesday 5. 2* Friday 5-30 pay Post 7. Annual 5 pecial 2* Friday 6-30 pay Post 7. Pre-Flection 7. P	City	4073		Alley L	ANC_	35	
1.6" Tuesday 2.2" Friday 3: 30 Day Post 4:6" Tuesday 5:2" Friday Pre-Primary Primary Pre-Primary Primary Pre-Primary Primary Primary Pre-Primary Primary Pre-Primary Pre-Prima	Type of Report (Place x under report type)			PA	217 - 002	16415	
Date of Election [Amendment] Summary of Receipts and From Date Summary of Receipts and Expenditures A Amount Brought Forward From Last Report S B. Total Monetary Contributions and Receipts (From Schedule II) Summary of Receipts and Expenditures B. Total Monetary Contributions and Receipts (From Schedule III) Summary of Receipts and Expenditures Sum of Lines A and 8) D. Total Expenditures Sum of Lines A and 8) D. Total Expenditures Sum of Lines A and 8) D. Total Expenditures Summary of Receipts and Expenditures From Schedule III) And Expenditures Summary of Receipts and Expenditures From Schedule III) Summary of Receipts and Expenditures From Schedule III Summary of Receipts and Expenditures From Schedule III And Expenditures Affidavit Section Affida		A Eth Tuesday	e and cutalism	C 20 D v n	An No was a common	a variable of the	
Summary of Receipts and From Date So Date For Office Use Only	Pre-Primary Pre-Primary Primary				t /- Annual		
Summary of Receipts and From Date To Date For Office Use Only. A Amount Brought Forward From Last Report 5 B. Total Monetary Contributions and Receipts 5 C. Total Funds Available 6 Sum of Lines A and B) 7 C. Total Funds Receipts 7 E. Ending Cash Balance 7 Subtract Line 0 From Lines C 7 F. Value of In-kind Contributions Received 7 From Schedule II) 7 G. Unpaid Debts and Obligations 5 G. Unpaid Debts and Obligations 6 G. Unpaid Debts and Obligations 6 G. Unpaid Debts and Obligations 7 G. Unpaid Debts and Obligations 7 G. Unpaid Debts and Obligations 8 G. Unpaid Debts and Obligations 8 G. Unpaid Debts and Obligations 9 G. Unpaid Debts and Oblig	[1] · · · · · · · · · · · · · · · · · · ·	Year	2010	Language and the control of the cont			
B. Total Monetary Contributions and Receipts (From Schedule I) C. Total Funds Available (Sum of Lines A and B) D. Total Expenditures (From Schedule II) E. Total Expenditures (From Schedule II) G. Unpaid Debts and Obligations S. Tylubur of In-Kind Contributions Received From Schedule IV) Affidavit Section	Summary of Receipts and From Date	To Date			For		
B. Total Monetary Contributions and Receipts [From Schedule II] C. Total Funds Available (Sum of Lines A and B) D. Total Funds Available (Sum of Lines A and B) D. Total Funds Available (From Schedule III) E. Ending Cash Balance (Subtract Line D from Line C) E. Value of In-Kind Contributions Received Subtract Line D from Line C) E. Value of In-Kind Contributions Received Subtract Line D from Line C) E. Value of In-Kind Contributions Received Subtract Line D from Line C) E. Value of In-Kind Contributions Received Subtract Line III	A. Amount Brought Forward From Last Report	\$ 0	%			<u> </u>	
Subtract Line D from Line C	(From Schedule I)	4	3				, I
E. Ending Cash Balance (Subtract Line D from Line C) F. Value of In-Kind Contributions Received S. From Schedule II) 3. Unpaid Debts and Obligations From Schedule IV) Affidavit Section Affidavit Secti	(Sum of Lines A and B) D. Total Expenditures	\$ 9	5			Salar Sa Anni Salar Sala Anni Salar	
Affidavit Section Affidavit Sec	E: Ending Cash Balance (Subtract Line D from Line C)	\$ 0	64				*
Affidavit Section Affidavit Sec	(From Schedule II))			ert.lineaus	
And the second subscribed before me this And the second	(From Schedule IV)						
And the control of a candidate's Authorized Committee and belief true, correct and complete. Signature And Commission expires MO. DAY YR. Area Code Area Code Daytime Telephone Number Area Code Signature Area Code Signature Area Code Daytime Telephone Number Sometiment of a Candidate's Authorized Committee Committee Committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, NO.320) as mended. Signature Signature Signature Printed Name Signature Signature Printed Name Y Commission expires Along DAY Area Code Signature Printed Name Printed Name	Part 1- If this is a Committee report, treasurer sign her	e. If His is a Card	telata yanan	45.1-1-1			
And Commission expires MO. DAY YR. Area Code MO. DAY WR. Area Code	swear (of animit) that this report, including the attach sworn to and subscribed before me this day of May 20 19	Public Public Public Public S 2023 sequence	Paggr, is to the b	for My knowled	M Clus	ting report	e.
worn to and subscribed before me this day of	My Commission expires $4-3-3=$ MO. DAY YR.	5 a a a	212	<u>14</u> aa Code	Printed Name	ーク <i>は</i> ユ me Telephone Number	
day of	art II- If this is a report of a Candidate's Authorized Co swear (or affirm) that to the best of my knowledge and mended.	mm t e can de	hall sign here committee ha	e. s not violated any	provisions of the	e Act of June 3, 1937 (P	L. 1333, NO.320) as
Signature of Candidate Printed Name y Commission expires	vorn to and subscribed before me this	క	Ţ				
Signature Printed Name y Commission expires	day of	٠,					
y Commission expires				Sign	ature of Candida	e	•••
y Commission expires	Signature			ı	Printed Name		
MO. DAY YR. Area Code Daytime Telephone Number		• •		·			
	MO. DAY YR.		Area	Code	Daytim	e Telephone Number	-

SCHEDULE I

Contributions and Receipts Detailed Summary Page

Filer Identification Number	

1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor	P 4 - 4 1	製化的	Section 1 to 1885 to 1 to 25 to 1 to
		4	
· · · · · · · · · · · · · · · · · · ·		88	region and constructions are all the constructions and the construction of the constru
Total for the reporting period	/41	1 4	The state of the s
Total for the reporting period	(1)	\$	
		ĺ	
2. Contributions of \$50.01 to \$250,00 (From	OF BUILDING STREET	0.00 Co Vota i	
Part A and Part B)		(C)	
,我们就是一个时间,我们就是一个时间,我们就是一个时间,我们就是一个时间,我们就是一个时间,我们就是一个时间,我们就是一个时间,我们就是一个时间,我们就是一个时	100		
Contributions Received from Political Committees (Part A)	**************************************	Arrive Par	
(Part A)		\$	
] `	
All Other Contributions (Part B)		١.	
, , , , , , , , , , , , , , , , , , , ,		\$	
Total for the reporting period	(2)	<u> </u>	
, estat of the reporting period	(2)	\$	
English Carlo Carl			
3. Contributions Over \$250.00 (From Part C and Part D)	ristinatio Dates	Jakon Sar	Girls Delay 1997 Construents, Send the sense substances
Control of the Contro		V Val	
Contributions Received from Political Committees (Part C)			
- Indicate Sommittees (Fart C)		\$	
All Out - County is	ĺ		
All Other Contributions (Part D)		-	
	ſ	\$	
	ł		
Total for the reporting period	(3)	\$	
	19/	ا ۲	
ASS CONTROL OF THE PROPERTY OF		ł	
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)	海海南水	突性 源	STATE OF THE PROPERTY OF THE P
Total for the reporting period	(4)	4	
rotal for the reporting period	(4)	\$	
Total Mary Law Co. 1	ł	1	
Total Monetary Contributions and Receipts during this reporting period (Add and		S	
enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Rep	ſ	۱ ۶	
Cover Perce It and Provided L. 2, 3 and 4; also enter this amount on Page 1, Rep	port	ļ	
Cover Page, Item B)	ĺ		
	}	ł	

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.

rier identification Number				
				Amount
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	
Committee				
House # Street Address	: -		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
77.04 C				
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	
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			Date [MM/DD/YYYY] \$	
				-
City	State	Zip Code	Date [MM/DD/YYYY]	
Full Name of Contributing Committee			Date [MM/DD/YYYY] 5	
House # Street Address		<u>, , , , , , , , , , , , , , , , , , , </u>	Date [MM/DD/YYYY] 7 \$	
Gity	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing. Committee		<u> </u>	Date [MM/DD/XYYY] \$	
House # Street Address	· · · · · · · · · · · · · · · · · · ·		Date [MM/DD/YYYY] S	
Carlos Nas Carlos		·		
(Gity)	State.	Zip Code	Date [MM/DD/YYYYY]	
Eull Name of Contributing				
Committee			Date [MM/DD/YYYY]	
House # Street Address			Date [MM/DD/YYYY] SS	
			The second secon	
Gity	State	Zip Code	Date [MM/DD/YYYY] 8 S	

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

Eull Name of Contributor.	· · · · · · · · · · · · · · · · · · ·		Date [MM/DD/YYYY]	
			Date (MM/DD/11.11)	7.
House # Street Address			Date [MM/DD/YYYY]	
The Control of Control				
Gity:	State	Zip Code	Date [MM/DD/YYYY]	
Full Name of Contributor	N. H. W. C.	[2] [2] [2] [2] [2] [2] [2] [2] [2] [2]	Date [MM/DD/YYYY]	
	·			
House# Street Address			Date [MM/DD/YYYY]	
icity.	(State)	Zip Code	Date [MM/DD/YYYY]	
Full Name of Gontributor			Date (MM/DD/YYYY) S	
House# Street Address			(Date (MM/DD/YYYY) a S	
eity	State	z Z jo C ode	// Date [MM//DD//YYYY] & S	
Full Name of Contributor		Pathogram to the pathogram of the pathog	Date MM/DD/WW/	
House:#. Street Address		,	Date [MM/DD/YYYY] : \$5	
Gity	State	Zip Gode	Date [MM/DD/AAYY] : S	
(Full)Name of (contributo)			Date [MM/DD/XXXX]	
House:# Street Address			Date (MM/DD/MAM)	
(Giby)	State	Ζίρ Gode	Date (MM/DD/YYYYY)	
FUll Name of Contributor.			Date [MIM/DD/MMM] S	
House# Street Address			Date MIXIADD/AYYYAI (\$	
(Gity)	State	.zip.code	Date [MIM/DD/YYYY] S.	

PART C

Contributions Received From Political Committees

Over \$250.00

Filer identification Number

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

	ta a same a	and the second s		
Full Name of	The state of the s		Date MM/DD/YYYY)	
Contributing Committee House # Street Addre				
	ASS		Date [MM/DD/XYYY] \$	
Gity	State	Zip Code	Date [MM/DD/YYYY] 3\$	
Full Name of Contributing Committee	建模感染现象		Date [MM/DD/YYYY]	
House # Street Addre	ess		Date [MM/QD/YYYY] \$	
Gry	State	Zip'Code	Date: MM/DD/YYYY/ \$	
HullName of . Contributing Committee .			Date [MM/DD/VYYY] \$ \$	
House # Street Addre	:SS		Date [MM/DD/WYY] \$	
(Gity.)	State	Zip Code	Date (MW/DD/YYYY) \$ 5	
Full Name of				<u> </u>
Contributing Committee			Date [MM/DD/YYYYY] \$ \$	•
House:# . Street:Addres			-Date+MM//DD//YYYY1 *\$	
City	State	ZipCode	DateI(MM//DD//YYYY)	
Full Name of Contributing Committee			Date(MM)/DD/MY/M	
House # Street Addres	55		*Date(MM/DD/YYYY)	
Gity .	State	Zip.Code	(Date:[MM//DB/AYYAY]	
Full Name of Contributing Committee			Date [MM/DD/AYA/] 55	
House# Street Address	S		Date:(MM//DD/XYYY) \$	
Gitys:	State	Zip code	Date![VIM/DD/YVVY]] 35	
1				

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)

[File: Identification Number:

			
Full Name of Contributor			Date [MM/DD/XXXXX]
House # Street Addre			Date [MM/DD/YYYY] \$
City Employer Name	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Mailing Address / Principal Place of Business			Occupation
Full Name of Contributor	Strates		Date (MM/DD/YYYY)
House#			Date IMM/DD/YWYI
Gity Employeë Name	State	Zip.Code	Date [MM/DD/YYYY] S
Employer Mailing Address / Principal Riace of Business		· · · · · · · · · · · · · · · · · · ·	(Occupation)
(FullsName of Contributor	<u> </u>		Pare [MM/DD/YYXX]
House# Street Addre			Date/[MM/DD/X/Y/Y]
Gity EmployerName	.State .	Zip Code	Date:[MM/DD/XXYY] \$
Employer:Mailing/Address// Principal Place or Business			XGCUPATION STATE OF THE PROPERTY OF THE PROPER
FtlliName of Contributor			Date [MM/DD/AYYY)
(House # Street Addres			*Date [MM/DD/YYYY] \$
(Gity,) 	State)Zip)Code	Date [MM/DD/yy/yy]
Employer:Mailing 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:				
Full/Name	\$251			
过热的速度	reet Address	State	Zip	Date [MM/DD/YYYY] \$5
Receipt Description			Zip Code	
Füll Name House # Str Gity	eet-Address		[265] (1000) (1000)	
Receipt Description		State	Zip Gode	©Date [MM/DD/YYYY]
House# sm	eet Address			
Clity Récelot Description	NATIONAL PROPERTY IN THE PROPE	State	Zip. Code	Date IMM/DD/AYYY) \$
	eet Address			
Eity Receipt Description		State	i Zip Code	Date [MM/DD/YYYY]
ÆlliName #louss# Sae	et:Address		·	
city. Receipt Description		State	ZÍD Code	*Date (MM/DD/YYYY) \$
Full Name	estAddress			
Gity Receipt Description	ecadoress	State	žzij) (Code	Date (MM/DD/MM)

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- UNITEMIZEDIN-KIND CON	Tributions/received2vA	MUEIOFS50:00 OR LESS PER	CONTRIBUTOR	
TOTAL for the reporting period	(1)	\$		
2. IN-KIND CONTRIBUTIONS (RECEIVED:VALUE @F/\$50.0	1 TO \$250 00 (FROM PART F)	
TOTAL for the reporting period	(2)	\$		
3°5. Nikind Contribution Ri	egelved value over \$25	0.00 (FROM PART G)		
TOTAL for the reporting period	(3)	\$		
TOTAL VALUE OF IN-KIND CONTRIBU PERIOD (Add and enter amount total on Page 1, Report Cover Page, Item F	s from boxes 1, 2, and 3; a	1		

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer identification Number	****			
Full Name of Contributor			Date [MM/DD/YYYY] \$	THE STATE OF THE S
House # Street Address			Date [MM/DD/YYYY] \$	
Crty.	State	Zip Code	Date [MM/DD/YYYY] \$	
Description of Contribution		The second secon	(1996)	
Full Name of Contributor			Date [MM/DD/YYYY] s	
House # Street Address			Date [MM/DD/YYYY]] \$	1
City	State	Zip Code	Date [MM/DD/XYXY] S	
Description of Contribution				
Full Name of Contributor.		·	Date (MW/DD/YYYY) S.	
House # Street Address			Date:[M]M/,DD/,YYYYY] s	
(Gity	State	ZiplCode	- Date [MM/DD/YYYY] S	
Description of Contribution				
			Date (MM/IDD/XXXX)	
House## Street Address	1		SDate [MM/DD/XYYY] SS	
G ny	State	Zip Gode	Date MM/DD/YYYY) 5.	
Description of Contribution	XX.			
FullName of Contributor			Date (MM/DD/YYYY) s	
House## Street/Address			Date [MM/DD//YYY/]	
Gity	State	Zip:Code/	Date IMM/DD/YYYYI s	
Description of Contribution.	(A)		18939871	

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

The second of the second secon		er and the second			 	
Filer Identification Number:						
元的公司 (1995年) 1997年 1997						
*****	·					

	to the second of		
Full Name of Contributor			Date [MM/DD/YYYY] \$
House # Street Address			Date [MM/DD/YYYY] \$
Gitý 🕌	State	Zip Code	Date [MM//DD/YYYY] \$
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/Db/XYYK] 5
(Gity)	State	Zip Code - The State of the St	Date MM/DD/YYYA
Employer Name			@Ccupation
Employer Mailing Address / Principal Place of Business			Description of Contribution
Full Name of Contributor			Date ([MM/DD/XXYY] S
House# Street:Address			Date MM/DD/YYYY) \$
Gity (State.	Zip Code.	Date [MM/DD/XYYY] \$
Employer Name	T		Occupation
Employer Mailing Address // Principal Place of Business			Description of Gontribution
Full Name of Contributor			¿Đặte (MM/DB/YYYY); ⇒s
House # Street Address			Date [MM/DB/YYYY] s
. Gjiv	State	Zip Code	Date(MM/DD/YYYY) s
Employer Name			(Occupation)
Surployer/Mailing Address/Principal Place of Business			Description of Contribution

Statement of Expenditures

Filer Identification Number;	Tana	W.	McCloric		

To Whom Paid		Activities of the second second				Laveran
	Descents	siens and 6	mohus	1437.	Date [MM/DD/YYYY]	
House #	Street Address	Signs and low	St	110~	3)8 Jacob Description of Expendi	lure
Gity Enc	L-Orders reserved	State PA	Zip Gode	16502	Campaien s	ILNS
To Whom Paid		particular and a second	Project Squares described		Date [MM/DD/YYYY]	S
House #	Street Address				Description of Expendit	ure .
City.		State	Zip Code			
To Whom Paid		大学会会发展的120cl			Date [MM/DD//YYYY]	
House #	Street Address				Description of Expendit	ure
(City.		State -	Zip Code			
To Whom Paid		(PSSERRESHOZE)	STANDARD TUBE		Date [MM/DD/XXXX]	35 %
Höuse#	Street Address				Description of Expendit	ire
Glity		State	Zip Gode			
To Whom Paid					Date (MIN/DD/AAAA)	
House#	Street Address				Description of Expenditu	ire
(Gity		State	Zip Code			
To Whom Paid					Date [MM/DD/YYY]	\$3 8
House #	Street Address				Description of Expenditu	ire a
Gtty.		State	Z(p)			
No Whom Paid			SCOUCE SEE		Date [MM//DD///////]	
House#	Street Address				Description of Expenditu	ire
Clty		State	Zip Gode			
TroaWhom/Pards			Eone	· · · · · · · · · · · · · · · · · · ·	Date [MM/DD/MAM]	\$
House:#	Street Address			·	Description of Expenditu	ine i i i i i i i i i i i i i i i i i i
(City)		States	Zip Çode			,
			Code v	·-		

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	AT SE			end of the reporting period.
Name of Creditor House #	Street Address		ATE/DEBT INCURRED	Outstanding Balance of Debt
Description of Debt Name of Creditor		State	Zip Code	- Outstanding Balance of Debt
House # St Gity. Description of Debt	treet Address		ATE DEBTHINGURRED [MM/DD/YYYY] Zip Scode	\$
Name of Greditor House # Str Gity Description of Debt	rreet Address	2-3-3-3-10 (C-2-10-10-10-10-10-10-10-10-10-10-10-10-10-	ATE DEBTAINCURRED [MM/AD/AYAYA] Zip Code	Outstanding Balance of Debt
Gioy Description of Debt	reet Address		JIE DEBT INGURRED [MM/DD/YYYY] Zip Gode	Outstanding Balance of Debt.
	regraddress		TE DEBT INGURREDA [MM/DD/XYYY] Zip Code	Outstanding Balance of Debt (
Name of Creditor House ## Site City Description of Debt	eetAddress		EDEBIFINGURRED MM/ADD/AYAYAI Zipi Gode	Outstanding Balance of Debt