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

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Filer Identification	Report Filed i	3y Candida	ite 🔽	Committee		Lobbyist
Number	(Mark X)					
Name of Filing Committee, Candidate or		<u> </u>			<u></u>	
Lobbyist	l JUNI	VA M	EUER			
Street Address	700	J1 1 0	-7		2.1	
	, 53	(a) Ll	LN GER	K ð	$A\Lambda$	
City		State	//0	Zip Code		······································
CUE		, , , ,	φ_H	-ip code	16510	")
Type of Report (Place x under report type)						
	·					
	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	Pre- Election	Pre- Election	Election		Pre-Election	Post-Election
			•			
Date Of Election / /	Year	_	Amendment		Termination	
(MM/DD/YYYY) ASSIN	6	2019	Report]	Report	
30/3/20/			*			In-
Summary of Receipts and From Date	To Date			For (Office Use Only	
Expenditures		/				
1-1-20/9	7 2 -	6-2019				
A. Amount Brought Forward From Last Report	\$					<u></u>
	.	-0 -	•			
B. Total Monetary Contributions and Receipts	S	6 ×4 × 4				
(From Schedule I)	27	45 00				
C. Total Funds Available	\$	/ 3 !			-4E, C	⇒
(Sum of Lines A and B)	17					
D. Total Expenditures						의
(From Schedule III)	\$ 39	12 12			100 marsh	(2) 제 사람
		05,				1
E. Ending Cash Balance	\$,,	C8 12				
(Subtract Line D from Line C)		700			<i>ਹ</i> ਿੱਛੋਂ …	77 X
F. Value of In-Kind Contributions Received	\$				American control of the control of t	ž 🕽
(From Schedule II)	1 1				*****	³ 20
G. Unpaid Debts and Obligations	\$	<u>۸</u>				
(From Schedule IV)	: (0 -				バ ふ
		Affidavit Sec	tion		eg. pont	
Part 1- If this is a Committee report, treasurer sign her	re libithis is a Can					
I swear (or affirm) that this report, including the attack	ned acheduis on	Money is to the h	est of my knowledg	ze and holiof tru	a correct and complet	
I swear (or affirm) that this report, including the attached cheduse on the best of my knowledge and belief true, correct and complete.						
Sworn to and subscribed before me this						
day of May 20 19	ania ania stapi srapi	[윤·	Tumpa	こもノ・//	leyer	
about 1 Who at	도 함호 중 등 등 등	<u> </u>	Signature o	f Person Submit	tting report	
Lynda D. Meyer			<u> </u>			
Signature Printed Name						
113-23	2 2 2 2 2	Įą .	oul	88	71-9889	
My Commission expires 43	Z E W XX	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	<u> </u>			
MO. DAY YR.	書名 岩岩	Ar Ar	ea Code	Dayti	ime Telephone Numbe	r .
Destrict (CALIC)	1 2 . S E E	<u>a</u>	4 4 4		· · · · · · · · · · · · · · · · · · ·	
Part II- If this is a report of a Candidate's Authorized C	ommittee, candi	pe shall sign her	e. 😁 🗎		354 JH 1	
I swear (or affirm) that to the best of my knowledge an	no pere ef this olit	it ∉ committee ha	as not violated any	provisions of th	e Act of June 3, 1937 (F	P.L. 1333, NO.320) as
amended.	8	j≱	4.	***		
Sworn to and subscribed before me this		7]
Amount of and annachined befole the this				•		ĺ
day of20	٠.					
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;	! .		oigna	ture of Candida	re	
. Signature	ļ		ń	rinted Name		
	, 1		·	INKEU NUME		
My Commission expires						
MO. DAY YR.		Are	ea Code	Davtin	ne Telephone Number	
				24,411	p	

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)	\$ 875.00
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)	
Contributions Received from Political Committees (Part A)	\$ -0-
All Other Contributions (Part B)	\$ 1870,00
Total for the reporting period (2)	\$ 2745.00
3. Contributions Over \$250.00 (From Part C and Part D)	
Contributions Received from Political Committees (Part C)	\$ -0 -
All Other Contributions (Part D)	\$ -0-
Total for the reporting period (3)	\$ -0 -
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)	
Total for the reporting period (4)	\$ -0-
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 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.)

alegioentricator vulmeer	
BRENDA NELLUN 02/03	12019 100,00
House # 6889 Street Address STA-770 V ROAD Date MM/C	
CITY EME State PA Zip.Code 1650 Date IMM/C	THE COLUMN TWO COLUMN TO THE COLUMN TWO
Full Name of Contributor KERRY CUTE 02/33	100.00
House # Street Address OAK THEE COURT City State O Zip Code Date [MM/C	
the 4A 1651	STATE OF THE PROPERTY OF THE P
Full Name of Contributor OPU GIBBONS Date [MM/L] House #	12019 100.00
225 FOREST DRIVE	
City GuE State A Zip Code 1/6505 Date [MM/D	
	2019 100.10
3263 DEPOT ROAS	DD/(YY)YY)
City HALBULGER State PA Zip.Code 1644 Date [MM/D	
PATRICIA GRAFF 02/23	12019 100,00
House # 5333 Street Address WINTERBERRY DR. Date MM/D	
City EACE State PA Zip.code 16570 Date MM/D	243 <u>2</u> 4
Full Name of Contributor SEANNA HEASTEY 02/23	12019 100.1
House # 5367 Street Address CLASER STREET	DD/ACCOM Time is sufficient to the control of the c
Giry State PA Zip Code 16510 Date [MM/D	DD/AYAY)

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:	
Full Name of Contributor Date [MM/DD/MWV]	1000
House # 975 Street Address BUNNE BLAE	\$
City Euc State PA ZID Gode 16571 Date [MM/DD/XYYYI]	5 5
Full Name of Contributor DAVID DENNISON Ox (23/2019)	100,00
3027 W. 24TL STREET	\\$
City Code PA Zip.Code /6 Ob Date MM/DD/YYYY)	
Full Name of Contributor WAKE SIMMODS Date [MM/DD/WW] House # Second Address Date [MM/DD/WW]	100.00
SSIS MEDERUL DIVE	
City Gue State PA Zip Code & 16510 Date [MM/DD/MYM]	
MIKE HOUELN 02/23/2019	250. P
House # 5576 Street Address PAEDELICL DLUE Date [MM/DD/MYYY]	5
Gity Gue State PA Zip Code: 1650 Date MM/DD/MMMI	5
Full Name of Contributor. MALLEUA RUTKOSKY OYSIONG	100.00
House # Street Address Street Address JONES ROAL Date IMM/DO/MM/I	
CAC THE TOUR TOUR	\$ ************************************
P.J. MONELLA 04/18/2019	100.00
House# 7/5 Street Address CONNECTICUT MUE **IDA Date IMM/DD/MMM CONNECTICUT MUE	
City Date MM/DD/MYYY]	

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:					
Full Name of Contributor B House # Street Address	ERTHA HAM	Ame	3	Date MM/DD/WWWI ss 04/29/20/9 Date MM/DD/WWI ss	100.00
Gity Euc. Full Name of Contributor	HAM. State PA	/C70D Zip Code	1650	Date (MM/DD/MYY)	
House # Street Address	State	Zip Code		Date [MM/DD/AYYY] S	
Füll Name of Contributor				*Date:[MM/DD/YYYY]* \$	
(a)(y)	State	Zip Code		Date [MM/DD/YYYY] \$	
Full Name of Contributor House # Street Address				Date [MM/DD/YYYY] . \$	
Till Name of Contributor.	State	Zip Code		Date [MM/DD/YYYY] (\$	
House # Street Address	State	Zip Code		Date [MM/DD/MYY) S	
Full Name of Contributor			.,	Date [MM/DD/MM] S Date [MM/DD/MM] s	
GIV	State	Zip Code		Date [MM/DD/YYYM]	

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

	Delimited do	MINANTIAGE	·
Filer Identification Number:			
		ar a san as a san as a san	
14 11 UNITEMIZED IN-KIND CONTRIBUTION		DOD OR LESS PER CO	NURIBUTOR AREA
TOTAL for the reporting period	(1)	\$	
\$2.3 #IN-KIND CONTRIBUTIONS RECEIVED	/ALUE OF \$50.01 TO \$250.0	00 (FROM PARTIE)	
TOTAL for the reporting period 01/2019	(2) 0 \$ 06 DO	\$5	150.00
3. IN KIND CONTRIBUTION RECEIVED-VA	ALUE OVER \$250.00 (FROM	PART.G)	
TOTAL for the reporting period	(3)	\$	
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DUE PERIOD (Add and enter amount totals from box on Page 1, Report Cover Page, Item F)		\$	150.60

SCHEDULE II

Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer Identification Number:		
Programmy design and the second secon		
Full Name of Contributor	LOTT PETERMAN	Date [MM/DD/XYYY] \$ 150.00
House # Street Address	UARRWOUD DRIVE	Date [MM/DD/XYYY] \$
City Ent	State PA Zip Code /6570	Date [MM/DD/XYYY] \$
Employer Name Employer Mailing Address / Principal	PETERMAN PHOTUGRAPH SWS MANKWUDDR	Description of ANTWOLA FOR
Place of Business	ENÉ PA 16570	Contribution HATWOLL FOR
Full Name of Contributor		Date [MM/DD/YYYY] \$\$
House # Street Address		Date [MM/DD/YYYY] \$
City	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/DD/YYYY]
City	State Zip Code	Date [MM/DD/YYYY]
Employer Name		Occupation (
Employer Mailing Address / Principal Place of Business		Description ** of :
Full Name of Contributor		Date [MM/DD/AYYM]
House # Street Address		Date [MM/DD/YYYY] 22 \$
GIV	State Zip Code 4	Date [MM/DD/YYYY] \$
Employer Name	IN THE PROPERTY OF THE PROPERT	Occupation
Employer Malling Address / Principal Place of Business		Description of Contribution

schedule III

	Statement of	Expenditures
iler Identification Number		

光学等等 一个光彩的影响的特殊的《新文学·光彩》(2015年)	
To Whom Paid	
WALMANT	0/123/2019 178,50
ST4 But FALO ROAD	O//23/20/4 / 18. 20 Description of Expenditure
14ALBULLETA State PA Code 16481	
VISTA PLINTS	01/23/2019 2/8 98
House # SSS Street Address NOLTH RIO ROCA ROAL A	Description of Expenditure
KEND State NV Zip Code 89508	MAGNETS & CALLS
To Whom Paid MICHAFLS	(C) 17 /2015 74.45
House'# SOW Street Address SENT BY PART HOUSE	Description of Expenditure
TRUNG State TX Code 25063	CHIPTS:
TO Whom Paid CHUSTUAS THEE SHAPS	Date [MM/DD/YYYY] \$
House # 2088 Street Address INTERCHANCE, RA	Description of Expenditure
City Erre State PA Zip. Code /6525	THANK YOU NOTES
TO Whom Paid HEAT PRESS NATION	Date [MM/DD/YYYY] \$ 73 83
House # 300 Street Address EAST WALNUT AVE	Description of Expenditure
City Cuchtun State CA Zip Code 9.2831	Ulaka Car Shints
DESANTIS SIGNS GRAPHICS	Date [MM/DD/YYYY] \$ // // 73
SUSTREE Address W 18th TAGE	Description of Expenditure
Gity Euc State PA Zip /65W	UAN SINS
To Whom Paid U/STA PLANTS	Date [MM/DD/YYYY] \$ 203 66
House # (257) Street Address NULTHRU ROCK RKA	Description of Expenditure
REND State NV Code 8508	STICKERS
CHEKS RESTULAT	Date [MM/DD/YYYY] \$
House # 4635 Street Address FAST (ALE ROAN)	Description of Expenditure
ity Euc State PA Zip 16511	FOUX FOR GUADARAKED

Statement of Expenditures

Filer Identification Number:

To Whom Paid	ht m. All up and the Control of the Control
DESANTIS SIENS GLAPHIC	Date [MM/DD/YYYY] \$ 237. 44
The street Address!	Description of Expenditure
City State On Zin	
Che PA code / (LSU)	GALD SIENS
To Whom Paid	Date [MIVI/DD/YYYY]
House # / Street Address	04/14/2019 333, 20
KEYSTINE DUVE	Description of Expenditure
City CuE State PA Zip Code 160	PRINTING SERVICES
(I o Whom Paid	Date [MM/Dp/XYYY] 5
House # 16 Street Address 1/5	04/24/2019 49,26
1930 KEYSTONE DAUG	Description of Expenditure
City CALE State PA Zip Code 1/6 775	SUPPLIES
To Whom Paid	Date [MM/DD/YYYY]
House # 7, /— Street Address 0.00	04/27/2019 73.61
1951 PEACH STREET	Description of Expenditure
City Crie State DA Zip 16509	SURPORTS
To Whom Paid	Date [MM/DD/YYYY] \$ \$
House # 10 / Street Address	04/29/2015 54.04
1840 E. 10Th STREET	Description of Expenditure
City Cut State AA Zip Code 16511	Supplifs
To Whom Pald STNO	Date [MM/DD/MYY] 5
House # / Street Address	OS/03/20/99 /30, 1
KEYSTONE NOVE	Description of Expenditure
City Care State PA Zip /605	PMNTING SOLVICE
To Whom Paid	Date [MM/DD/YXYY] \$1
House # Street Address	
	Description of Expenditure
State Zip Code	
To. Whom Paid	Date [MM/DD/YYYY] \$
House # Street Address	
	Description of Expenditure
City Zip Code	The state of the s