

Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

Filer Identification Number		3-3126011	Report (Mark	t Filed By X)	Candida	ite	Committee	X	Lobbyist	
Name of Filing Committee, Candidate or Lobbyist		Committ	Committee to Elect Dan Ouellet							
Street Address			5213 De	erfield Drive						
City	Fairview				State	PA	Zip Code	16415	· · · · · · · · · · · · · · · · · · ·	
Type of Report (Place	x under	report type)								
	nd Friday Primary	3- 30 Day Post Primary	4-6 th To	7 x 7 4 9 x 2 1 7 7	end Friday Election	6- 30 Day Post Election	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election	
Date Of Election (MM/DD/YYYY)		5/21/2019	Year		2019	Amendment Report		Termination Report		
Summary of Receipts Expenditures	and	From Date 1/15/2019		To Date 5/6/20	19		For	Office Use Only	2	
A. Amount Brought F	orward F	• •	t \$	0					\$.4.J	
B. Total Monetary Co (From Schedule I)	ntributio	ns and Receipts	\$	13,746	.07			55		
C. Total Funds Availal (Sum of Lines A and B			\$	13,746	.07					
D. Total Expenditures (From Schedule III)	D. Total Expenditures \$				97					
E. Ending Cash Balance (Subtract Line D from Line C)				William Control of the Control of th					\mathbb{S}_{λ}	
F. Value of In-Kind Co (From Schedule II)			\$	7,768.	04					
G. Unpaid Debts and (From Schedule IV)	Obligatio	ns	\$	2,00	0 ,60					
Dort 1 (5 this is a Commit		(has a second of the second o	<u> </u>		idavít Sec					
Part 1- If this is a Commit I swear (or affirm) that the	is report,	including the attac	ched sche	ulestor pare	हार्टि is to the i	naidate sign nere. Sest of my knowled	ge and belief tr	ue, correct and comple	te.	
Sworn to and subscribed	before me	e this	, S	L ary F ount ay 2	ONO	d	16,			
8 day of M	ay	e this 20 <u>20 2 (2)</u> nn Wib	19 E	RIAL SEAL /eber, Notary I vp., Erie Coun Expires May 2	CIATI	- Any	Acid_			
Kimbeil	is a	nn Web	الم المريعي	IIAL Seber, ober, p. Er	OSS Gai	Signatyfe o ry Seib	f Person Submi	tting report	-	
Signat	yle				ANIA		Printed Name			
My Commission expires_	_5	22 2/	Q	NO An viev Ssi	814	1	833-3	176		
	MO.	DAY YR.	- ONWE	NOTA Iberly Ann V Fairview Tv ommission	E A	rea Code	Day	time Telephone Numbe	r	
Part II- If this is a report of				a, caradidate	all sign he					
swear (or affirm) that to amended.	the best o	of my knowledge a	Y.		5 00	as not violated any	provisions of th	ne Act of June 3, 1937 (P.L. 1333, NO.320) as	
Sworn to and subscribed	before me	this	· .	ary Public ounty				11.		
8th day of M	94	20 2019	<u>}</u>	otary Pu County May 22		Jan 1	/w/	let		
Kimbul ann Willy					Dar Dar	Signa niel Ouellet	ature of Candid	ate		
Signatu	ire	A Section of the Sect	- * 5		IAASSOCIATION OF		rinted Name			
My Commission expires_	5	20 21	a	K W C	1 dd 8 8/4 823-5395					
	MO. DAY YR.				AI AI	ea Code	Daytii	me Telephone Number	····	
		<i>r</i> .		NOT erly Ann airview nmissio	ENNS					
	m jr.		OMMO	Kimb My Co	NAER P					

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

Filer Identification Number		
	83-3126011	
[1] : 이 사용없다는 경우를 보고 생활하는		
and the second s		

1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor		
Total for the reporting period (1) \$	1,445.91
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)	. 155 V 17 3 4 15 17 3 4 15	
Contributions Received from Political Committees (Part A)	\$	o
All Other Contributions (Part B)	\$	800
Total for the reporting period (2)) \$	800
3. Contributions Over \$250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)	\$	o
All Other Contributions (Part D)	\$	11,500
Total for the reporting period (3)) \$	11,500
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		
Total for the reporting period (4)) \$	0.16
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)	\$	13,746.07

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		11 - No contribution	ons received from Political Comm	littees	
					Amount
Full Name of Co	ontributing			Date [MM/DD/YYYY]	\$
Committee		•			
House #	Street Address			Date [MM/DD/YYYY]	\$
nouse #	Street Address			Date (ming DD) 11111	
City	Litting in time	State	Zip Code	Date [MM/DD/YYYY]	\$
				Space Inned polici i Lili	
Full Name of Co	ontributing	F - 25 = 1		Date [MM/DD/YYYY]	\$
Committee					
33	Chunch Addisonal			Date (Batte/DD Agond	
House #	Street Address			Date [MM/DD/YYYY]	Š
) VC (# VC (# VC (#
City		State	Zip Code	Date [MM/DD/YYYY]	\$
		57 y . 5			filed en w
Full Name of Co Committee	ontributing			Date [MM/DD/YYYY]	\$
Committee					N 13 8 1 3
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	ş
Full Name of Co	ontributing			Date [MM/DD/YYYY]	\$
Committee					
House #	Street Address		,	Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co				Date [MM/DD/YYYY]	[
Committee	manualing			Dare [lanal/DD/1111]	
					
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					HAN Non-
House #	Street Address			Date [MM/DD/YYYY]	\$
City	1 1 No. 1 No. 1 10 No. 1	State	Zip Code	Date [MM/DD/YYYY]	\$
					ty in the first of the second

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:			
是如何的表现,其类似的人类性的是实现的	33-3126011		
Salah da ay			

Full Name of Contributor			Date [MM/DD/YYYY]	\$	·*
	nn Strong	2/1/2019		100	
1.50 AC A 41.70 TO 10.00 TO A 41.70 A 41.70 A 41.70 A 41.70 A 41.70 A	Address	Date [MM/DD/YYYY]	\$		
34	Lowry Lane				
City North East	State	Zip Code 16428	Date [MM/DD/YYYY]	\$	-
MA MATERIAL AND			on extract from honord		
Full Name of Contributor	ene Williamson		Date [MM/DD/YYYY]	\$	250
			2/6/2019		
House # Street	Address East 41st Street		Date [MM/DD/YYYY]	\$	
City Erie	State	Zip Code 16510	Date [MM/DD/YYYY]	\$	
crie	PA	19910			
Full Name of Contributor			Date [MM/DD/YYYY]	\$	
Kel	lee Heidt		2/6/2019		100
House # Street	Address		Date [MM/DD/YYYY]	\$	
5222	Deerfield Drive				
City	State	Zip Code	Date [MM/DD/YYYY]	\$	
Fairview	PA	16415			
Full Name of Contributor			Date [MM/DD/YYYY]	\$	
Date	niel Barricklow		2/6/2019		100
House # Street	Address		Date [MM/DD/YYYY]	\$	
3102	West 53rd Street				
City	State	Zip Code	Date [MM/DD/YYYY]	\$	
Erle	PA	16506			
Full Name of Contributor			Date [MM/DD/YYYY]	\$	
Gai	ry Walters		3/8/2019		100
Bode V alváta aki Locaii	Address		Date [MM/DD/YYYY]	\$	
3536	Meadow Drive				
City	State	Zip Code	Date [MM/DD/YYYY]	\$	
Erie	PA	16506			
Full Name of Contributor	For National Control of		Date [MM/DD/YYYY]	\$	
Gar	y Seib	·	4/19/2019	Cress Albert Wells	150
House # Street	Address		Date [MM/DD/YYYY]	\$	
5213	Deerfield Drive				
City	State	Zip Code	Date [MM/DD/YYYY]	\$	
Fairview	PA	16415			

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 Number: 83-3126011 - No contributions received from Political Committee	tees
Full Name of Contributing Committee	Date [MM/DD/YYYY] \$

Full Name of Contributing Committee				Date [MM/DD/YYYY]	*
House #	Street Address			Date [MM/DD/YYYY]	5
City		State	Zip Code	Date [MM/DD/YYYY]	5
Full Name of Contributing Comm	ilittee			Date [MM/DD/YYYY]	\$
House #	Street Address		The state of the s	Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Comm	iltee	for the second	#21.60.1 (Co.1115) # 1	Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City	Page of Control of the Control	State	Zip Code	Date [MM/DD/YYYY]	.\$
Full Name of Contributing Comm	littee			Date [MM/DD/YYYY]	\$
House #	Street Address	1		Date [MM/DD/YYYY]	5
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Comm	ittee			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	
Full Name of Contributing Commi	ittee			Date [MM/DD/YYYY]	`\$
House #	Street Address			Date [MM/DD/YYYY]	
City		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)

Filer Identification Number: 83-3126011	

Full Name of Contributor				Date [MM/DD/YYYY]	\$	
	Daniel Ouellet	(loan)		11/25/2019		2,000
新聞 新聞 新聞 新聞 新聞 新聞 新聞 新聞	et Address			Date [MM/DD/YYYY]	\$	
3224	We	est 25th Street				
City Erie		State PA	Zip Code 16506	Date [MM/DD/YYYY]	\$	
Employer Name				Occupation	2.000	
		Ilcreek Township		Inspector		
Employer Mailing Address Principal Place of Business	/ 36	08 West 26th Street,	Erie, PA 16506			
Full Name of Contributor				Date [MM/DD/YYYY]	\$	
and the second of the second o	Kimberly Greer)		2/6/2019		500
\$660 9 to \$600 at \$600 at \$1.00 at \$1.0	et Address		100 100 100 100 100 100 100 100 100 100	Date [MM/DD/YYYY]	\$	
7401	An	tolik Road				
City	<u>/1837323574 </u>	State	Zip Code	Date [MM/DD/YYYY]	\$	
Girard		PA	16417			
Employer Name			Occupation Retired			
Employer Mailing Address , Principal Place of Business	/					,
Full Name of Contributor	english to be edited.			Date [MM/DD/YYYY]	\$	
	Paul Ouellet			2/22/2019		1,000
Established to a control of the Court of the	et Address			Date [MM/DD/YYYY]	\$	
3223	We	st 24th Street				
City	dilitatis kat kat kiloji eseda	State	Zip Code	Date [MM/DD/YYYY]	\$	
Erie		PA PA	16506		50 / 54/ 50 / 54/ 50 / 54/	
Employer Name				Occupation Retired		
Employer Mailing Address / Principal Place of Business						
Full Name of Contributor	*1: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			Date [MM/DD/YYYY]	\$	
The state of the s	Paul Nelson			2/25/2019		1,000
	et Address			Date [MM/DD/YYYY]	\$	
6900	Pin	egate Road				
City	- 20 - 25 to [24 - 14]	State	Zip Code	Date [MM/DD/YYYY]	\$	
Fairview	•	PA	16415			
Employer Name	Wa	ildameer Park	To the separation of the first	Occupation Owner	669 CS	
Employer Mailing Address /	62080090000 64.008828869					
Principal Place of Business	220) Peninsula Drive, Eri	e, PA 16505			

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: 83-3126011					
Full Name of Con	tributor			Date [MM/DD/YYYY]	\$	
Angeria	Michael Visn	osky		3/11/2019		1,000
House #	Street Address			Date [MM/DD/YYYY]	\$	
5848	I	Forest Crossing				
City	Section in Action 1880.	State	Zip Code	Date [MM/DD/YYYY]	\$	
Erie		PA	16506			
mployer Name		LECOM Health		Occupation Attorney		
mployer Mailing		5515 Peach Street, Ei	ie, PA 16509			
rincipal Place of ull Name of Con	the state of the s			Date [MM/DD/YYYY]	\$	
	Alan Schaal			3/3/2019		2,800
louse#	Street Address	· · · · · · · · · · · · · · · · · · ·		Date [MM/DD/YYYY]	\$	
4242	The second second	Commodore Drive				
ity		State	Zip Code	Date [MM/DD/YYYY]	\$	
Erie		PA	16505			
Employer Name Amerail Systems, Inc.			Occupation Owner			
mployer Mailing		2301-A West 12th Str	eet, Erie, PA 16505	A 1996 GAN DE WINE (CAN DE		
rincipal Place of ull Name of Con	Business		, , , , , , , , , , , , , , , , , , ,	Date [MM/DD/YYYY]	\$	
	Craig Schaal	*		3/22/2019		2,800
ouse #	Street Address			Date [MM/DD/YYYY]	35 35	
402		Rondeau Drive		Sandayang Parkasan Angara Angarang Parkang Parkasan	40.Tm	
ity		State	Zip Code	Date [MM/DD/YYYY]	\$	_ .
Erie		PA	16505			
Employer Name Amerail Systems, Inc.			Occupation Owner			
mployer Mailing		2301-A West 12th Str	not Erio DA 16505			
rincipal Place of	Business	2501-A West 120150	eet, the, FA 10303	10 h // 1888 /DD /8889/	31 3 33	
ull Name of Cont	tributor Chris Carlin			Date [MM/DD/YYYY]	S	400
American Section (Section)				4/15/2019	0.745 4.45	
louse # 2259	Street Address	Brooksboro Drive		Date [MM/DD/YYYY]	\$	
92. 30. 30.			Parada de Seneral			
ity		State	Zip Code	Date [MM/DD/YYYY]	\$	

Employer Name

Employer Mailing Address /

Principal Place of Business

C. Carlin Plumbing

2420 East 38th Street, Erie, PA 16510

Occupation

Owner

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	ber:	83-3126011			
Full Name	V. Santaja	Northwest Savings Ban			
House # 2863	Stre	eet Address West 26th	ı Street		
City		Erie	State PA	Zip Code 16506	Date [MM/DD/YYYY] \$ 0.16
Receipt Description		Interest Income	Lata situa a	The tree passages	<u></u>
Full Name	VA TABLE			- · ·	
House #	Stre	eet Address			
City	19/15		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description			<u> Essa vale </u>	Page and page 1	na de antiga de la companya de la c
Full Name		: 5			,
House #	Stre	eet Address			
City	<u>]</u>		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description	7.0 % 1.5 %				tion i
Full Name					
House #	Stre	et Address			
City		with the Post of the Control of the	State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description	142.40		[* * *		<u> </u>
Full Name					
House #	Stre	et Address		· · · · · · · · · · · · · · · · · · ·	
City		30 40 50 A	State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description					[fat]
Full Name					denomination of the state of th
House#	Stre	et Address			
City			State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				H68.82:324\$1	Pa st esi

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: 83-31260	011		
1. UNITEMIZED IN-KIND CONTR	IRLITIONS RECEIVED. VALUE	IF OF \$50.00 C	OR LESS PER CONTRIBUTOR
TOTAL for the reporting period	(1)	\$	0
2. IN-KIND CONTRIBUTIONS REC	EIVED-VALUE OF \$50.01 T	FO \$250.00 (FI	ROM PART F)
TOTAL for the reporting period	(2)	\$	225
3. IN-KIND CONTRIBUTION RECE	IVED-VALUE OVER \$250.0	00 (FROM PAR	TT G),
TOTAL for the reporting period	(3)	\$	7,543.04
TOTAL VALUE OF IN-KIND CONTRIBUTION PERIOD (Add and enter amount totals for Page 1, Report Cover Page, item F)			7,768.04

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Number: 83-3126011		
Frei lydiunouveriumor:		
83-3126011		
05-5120011		
는 및 하다 전하기는 보고 역사자들이 가고 있는 것 같다. 이 전하기를 하는 것 같다.		
 A. S. C. Constitution of the property of the prop		

Full Nam	e of Contribut	or				•	Date [MM/DD/YYYY]	\$	
Mushada san Palakakan		Bryan Lechner					2/6/2019		225
House #		Street Address					Date [MM/DD/YYYY]	\$	3
	1010	Sill A	venue						
City	rie		State	PA	Zip Code	16505	Date [MM/DD/YYYY]	\$	
1 8 m				ra .		16363		27 - 544 2 1 - 2 2 1 - 2	
Descripti	on of Contribu	ution	DJ - Music	c and micro	phone services (3 hours)	,		
Full Nam	e of Contribut	or					Date [MM/DD/YYYY]	S	
	and and the second	Marian Haran							
House #	2	Street Address					Date [MM/DD/YYYY]	\$	
City	l <u></u> 15	delle a delle e esteration delle e	State		Zip Code		Date [MM/DD/YYYY]	\$	
VILLE OF CA									
Descripti	on of Contribu	ıtion					 		
Full Name	e of Contribut	or					Date [MM/DD/YYYY]	\$	
House #	Š	Street Address					Date [MM/DD/YYYY]	\$	
City	f.:		State		Zip Code	,	Date [MM/DD/YYYY]	\$	
Description	on of Contribu	ition			1 × × 4 × × 4 × × 1 × 4 × 4 × 4 × 4 × 4		 	<u>Jagoro</u>	
Full Name	e of Contribut	or					Date [MM/DD/YYYY]	\$	
II) aggraphice às. Ferras est									
House #		Street Address	•				Date [MM/DD/YYYY]	S	
estana di naziona del Per el Servicione di									
City	<u> </u>		State		Zip Code		Date [MM/DD/YYYY]	\$	
Description	on of Contribu	ition		,·					
Full Name	e of Contribut	or					Date [MM/DD/YYYY]	\$	
		X23 586							
House #	S S	Street Address			•		Date [MM/DD/YYYY]	\$	
	1.1						- Agricon Control Cont		
City	10	<u> </u>	State		Zip Code		Date [MM/DD/YYYY]	\$	
							i na managan na managan na managan na managan managan na managan managan na managan na managan na managan na m Managan na managan na m		
Description	on of Contribu	tion			<u> </u>			P11001	

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

Principal Landence 31 34 32 Land		·	
■ Filer Identification Number:	.1		
THE COUNTY OF THE PROPERTY OF	0.0000000		
나는 얼마 나는 이 사는 가장이 나는 얼마 그는 사이 있는 수건없다.	183-3176(1)		
[1] 整理研究的 [1] 等级,例如:"如果","自己"的一种,"我们是否的",从此的"严"。	100 0150011		
Filer Identification Number:	4		
(1) 1. (20) 1. (20) 2. (20) 1. (23) 2. (23	· I		
appearance of the second of th			

Full Name of Con	rtributor :			Date [MM/DD/YYYY] \$
	Dr. Karen Tyler			2/6/2019 1,168.04
House #	Street Address			Date [MM/DD/YYYY] \$
1032		opper Drive		
City	1.00 (\$1.0	State	Zip Code	Date [MM/DD/YYYY] \$
Erle		PA	16509	
Employer Name		Erie Day School	<u></u>	Occupation Head of School
Employer Mailing Place of Business	g Address / Principal s	1372 West 6th	Street, Erie, PA 16505	Of Food & beverages - campaign kick-off Contribution
Full Name of Con	itributor	<u></u>		Date [MM/DD/YYYY] \$
	Joseph Weunsk	đ ,		4/17/2019 6,375.00
House #	Street Address			Date [MM/DD/YYYY] \$
6012	■1 State (*1976) ** 1 ** 1 ** 1 ** 1 ** 1 ** 1 ** 1 **	scany Lane		
City	27/2/2014/19/2015	State	Zip Code	Date [MM/DD/YYYY] \$
Fairview		PA	16415	
Employer Name		Tungsten Creati	ive Group	Occupation Owner
and the series of the control of the	g Address / Principal	(i) (i) (i)		Description
Place of Business		510 West 7th S	Street, Erie, PA 16502	of Consulting services Contribution
Full Name of Con	tributor			Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
City	等基本的表示。 1945年第二日	State	Zip Code	Date [MM/DD/YYYY] \$
		A STATE OF THE STA		
Employer Name		ENER DE		Occupation
\$4.4 EV. 0.1X ()	g Address / Principal			Description
Place of Business				of
		# &		Contribution
Full Name of Con	tributor			Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
City	<u> 17947981 34735 44</u>	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name		17. 14.		Occupation
	g Address / Principal	Ž.		Description
Place of Business				of Contribution

SCHEDULE III Statement of Expenditures

Filer Identification Numbers

83-3126011

ito Whom Paid			Date: MINV/DD/YYYYY \$	
MegaGrafix			2/5/2019	243.91
House # 216 Street Address Eas	t 8th Street		Description, of Expenditure	
City/L Erie	State PA	//////////////////////////////////////	Display Board with Campaign Log	go
To Whom Paid Summit Printing	January Stands for any 4th Organisa		Date[[MM]/DD//YYYY] \$ 3/12/2019	397.58
House # 800 Street Address E 1			Description of Expenditure	
海里克斯克·斯克·斯克·				
City Kansas City	State	Zip Code 64131	Door Hangers	
To Whom Paid Custom Poly Packaging	;		Date [MM/DD/YYYY] \$ \$ 3/12/2019	1,821.48
House # 3216 Street Address Cor	ngressional Parkway	, ,	Description of Expenditure	
Cify Fort Wayne	State IN	/46808 Code 46808	Yard Signs	
To Whom Paid Northwest Savings Bar	ık		Date [MM//DD/YYYY]	3,00
House # 2863 Street Address We	st 26th Street		Description of Expenditure	
City Erie	State PA	Zip (eqd e 16506	Service Charge	9
To Whom Paid			Dare(MIXI/DD/AXA)	
House # Street Address			Description of Expenditure	
City	State	(doda		
To Whom Raid			Date (MM/DD/YYYY) \$	
House# Street/Addicess	Miles Arres to complete arrest and a	Tanasan managan makan I	Description of Expenditure	
iolay -	State	Zip Code		
To Whom Paid			Dare[MIN/DE/YYYY] \$	
House# Street Address	Francisco Colonia de Carlo	- Maria (1908)	Description of Expenditure	
City.	State	Zip		
To Whom Paid			Date [MM/DD/YYYX]: \$	
House # Street Address			Description of Expenditure	有
GIV)	State	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.

		•	_	 v i - · · ·
		The state of the s		
Filer Identification Number:				
83-31260	11			

Name of Creditor	Daniel Quellet			Outstanding Balance of Debt
House # 3224	Street Address We	est 25th Street	DATE DEBT INCURRED [MM/DD/YYYY] 1/25/2019	\$
City	Erie	State	PA Zip 16506	2,000
Description of Deb	t Loan to fund sta	art of campaign	Proseguation 1	
Name of Creditor		, , , , , , , , , , , , , , , , , , , ,		Outstanding Balance of Debt
House #	Street Address	2	DATE DEBT INCURRED [MM/DD/YYYY]	5
City		State	Zip Code	
Description of Deb				
Name of Creditor				Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State	Zip Code	
Description of Debt				
Name of Creditor	5/3:3			Outstanding Balance of Debt
				kaju provincija in representata proprincija se dividenta in se distribita in 1900. Program in 1900. Program in
House #	Street Address	Ã.	DATE DEBT INCURRED [MM/DD/YYYY]	
Clty		State	 In the street of A B and the SMACTOR CONTROL of CONTROL CONTROL (INC.) 	
		State	[MM/DD/YYYY]	
Clty		State	[MM/DD/YYYY]	S Outstanding Balance of Debt
City Description of Debt		State	[MM/DD/YYYY]	
City Description of Debt Name of Creditor House #	Street Address	State	[MM/DD/YYYY] Zip Code DATE DEBT INCURRED	Outstanding Balance of Debt
City Description of Debt Name of Creditor House #	Street Address		Zip Code DATE DEBT INCURRED [MM/DD/YYYY]	Outstanding Balance of Debt
City Description of Debt Name of Creditor House #	Street Address		Zip Code DATE DEBT INCURRED [MM/DD/YYYY]	Outstanding Balance of Debt
City Description of Debt Name of Creditor House # City Description of Debt	Street Address		Zip Code DATE DEBT INCURRED [MM/DD/YYYY]	Outstanding Balance of Debt
City Name of Creditor House # City Description of Debt Name of Creditor	Street Address Street Address		Zip Code DATE DEBT INCURRED [MM/DD/YYYY] Zip Code DATE DEBT INCURRED	Outstanding Balance of Debt S Outstanding Balance of Debt