

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

Filer Identification		(IAOCE: 1)		ort Filed B		Candida		1	Commi			/ :		l tobb	yist	1
Number				ark X)	- y	Canal	1te	X	Commi	llieu			, <u>, </u>)Aisr	
Name of Filing Commi Lobbyist	ittee, Can	ididate or	Danie	el Oueliet										_		
Street Address			3224	`West 25th	n Street	t										
City E	Erie		·			State	PA		Zip Cod	ie	16506	6				
Type of Report (Place x	x under r	eport type)														
and the second of the second o	- 6 th Tuesday 2- 2 nd Friday 3- 30 Day Post re-Primary Pre-Primary Primary			Tuesday Election	2	5- 2 nd Friday Pre- Election		6- 30 Day Post Election		7- Annual		Special 2 nd Friday Pre-Election		1	iai 30 -Electi	
	Z							7								
Date Of Election (MM/DD/YYYY)		5/21/2019	Year		:	2019	Amen	and the second		1	Term Repo	100	on			
Summary of Receipts a	and	From Date		To Date	To Date		For Office Use Only									
Expenditures		1/15/2019		5	5/6/201	.9						<u> </u>				
A. Amount Brought Fo	rward Fr	om Last Report	t \$		0						······		L/ 	وس سورت		
B. Total Monetary Con (From Schedule I)		s and Receipts	\$	\$ 0												
C. Total Funds Availabl (Sum of Lines A and B)	さん はんしん		\$	\$ 0												
D. Total Expenditures (From Schedule III)			\$	\$ 2,000												
E. Ending Cash Balance (Subtract Line D from L	5 J. 51 J. S.		\$	\$ -2,000											37	1
F. Value of In-Kind Con (From Schedule II)	2 272	is Received	\$										₹ %		٦)
G. Unpaid Debts and O (From Schedule IV))bligation	15	\$		0											
		-t b	*6.	4		ffidavit Se										
Part 1- If this Is a Committ I swear (or affirm) that this	tee repoπ, is report, i	, treasurer sign me including the atta	are. If to	is a can	Idialar	report, co	ndidate s best of m	ign here. v knowled	loe and bel	lief tri	re. corri	ect ar	nd complet	· A.		
Sworn to and subscribed b	before me	this -	_	SKE SKE	는 있 IS		\supset	/	0,		1-		IM 50,			
Lymberly a	#	_20 <u>a/o/j</u>		SEAL SEAL	res May	d	Signature of Person Submitting report Daniel Ouellet									
1) (mbleder Co	ine L	viou	- !	14 3 m W .= (V)												
My Commission expires	5_	<i>သ 2</i> /	NWEALTH ON TOTARIA IN THE NOTARIA IN			81			_	823-5				_		
	MO.	DAY YR.				Α	Area Code Daytime Telephone Number									
Part II- If this is a report of															-	
I swear (or affirm) that to t amended.	the best of	f my knowledge a	nd beli	this doll	MEMBER	mmittee I	nas not vie	plated any	/ provisions	s of th	ne Act o	if June	3, 1937 (F	T. 133	3, NO.5	320) as
Sworn to and subscribed b	efore me	this		The second secon	Vett.											
day of		20	-	1.				Sign	ature of Ca	andid	ate					
Signature			•			<u>i</u>			Printed Na	me				~-		
My Commission expires	- 45	~··· VD	_	·			- Cada	_	_	~	· Tales	1 ma	*1·····alage			
	MO. I	DAY YR.				А	rea Code		L	Daytır	me lele	phone	e Number			

Statement of Expenditures

Company Color and the Color of the part of the part of the color of th		 	
Filer Identification Number:			
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[18] \$ \$ 1 \$ [1] \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$			
[274677] [441.40562] 1 2 16427 N. (24. N. 25. N. 18. N. N. 18. N. N. 18. N. N. 18. N.			

To Whom Paid	C	Cuallat		Date [MM/DD/YYYY]	\$
	Committee to Elect D	an Odellet		1/25/2019	2,000
House # 5213	Street Address De	erfield Drive		Description of Expendi	ture
City Fairview		State PA	Zip Code 16415	oan to fund start of campai	gn
To Whom Paid				Date [MM/DD/YYYY]	\$
House #	Street Address			Description of Expendit	ure
City		State	Zip		
			Code		
To Whom Paid				Date [MM/DD/YYYY]	\$
House #	Street Address			Description of Expendit	ure.
City .		State	Zip Code		
To Whom Paid	·			Date [MM/DD/YYYY]	\$
House #	Street Address			Description of Expendit	ur e
City		State	Zip		
			Code		
To Whom Pald				Date [MM/DD/YYYY]	\$
House #	Street Address			Description of Expendit	ure
City	The Authorities and Transaction (1)	State	Zip Code		<u> 1900-1904 - Propulleto de la Participa de la Co</u>
To Whom Paid				Date [MM/DD/YYYY]	
House #	Street Address			Description of Expendit	ure
		Towns and the second			
City		State	Zip Code		
To Whom Paid				Date [MM/DD/YYYY]	\$
House #	Street Address			Description of Expendit	ure
City	For the section of th	State	Zip Code		
To Whom Paid				Date [MM/DD/YYYY]	\$
House #	Street Address			Description of Expenditu	ire
City	graditation, and the last	State	Zip Code	The same of the sa	an e yang permakan kecanya, ang kelebih dan pela