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

| Filer Identification Number | Report Filed (Mark X) | By Candida | | Committee | | Lobbyist |
|---|--|--|--|-------------------|---|---------------------------------|
| Name of Filing Committee, Candidate or Lobbyist | Michael Pace | □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ | | en e comp. 1.5 | - India and the second | |
| Street Address | 770 W.Townha | all Rd. | Add A and American | | | |
| City Waterford | <u> </u> | State | Pa | Zip Code | 16441-4130 | |
| Type of Report (Place x under report type) | | | | | | |
| 1-6 th Tuesday 2- 2 nd Friday 3-30 Day Pos Pre-Primary Pre-Primary Primary | t 4-6 th Tuesda Pre-Election | y 5-2 nd Friday Pre-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 and From Date | То Да | te | | For | Office Use Only | |
| Expenditures 4/3/2019 | | 5/6/2019 | 200 M 100 H | - 18 TM | | |
| A. Amount Brought Forward From Last Repo | rt \$ | 0 | Control of the Contro | | دم | , |
| B. Total Monetary Contributions and Receipt (From Schedule I) | \$ \$ | 0 | | | YOTER YOTER |) ; ; |
| C. Total Funds Available (Sum of Lines A and B) | \$ | 0 | | | 25 (c.) | |
| D. Total Expenditures (From Schedule III) | \$ 798.95 | | | | | |
| E. Ending Cash Balance (Subtract Line D from Line C) | alance \$ -798.95 | | | (2) | | |
| F. Value of In-Kind Contributions Received (From Schedule II) | \$ | 0 | | | C Alvan | <u>م</u> |
| G. Unpaid Debts and Obligations (From Schedule IV) | \$ | 0 | | Wan a | | Vez |
| Part 1- If this is a Committee report, treasurer sign | hara If this 2.3 C | Affidavit Se | | | | |
| I swear (or affirm) that this report, including the att | ached schedules | on proper, 2 to the | best of my knowled | ige and belief tr | ue, correct and comple | ete. |
| Sworn to and subscribed before me this | 18 | | 2120 | ℓ | | |
| 7 day of May 2019 | | | Meldy | Year- | **** | |
| anna m. House | el 🖺 | ZSĘZ® | Signature Miccol A | of Person 800m | etting report | |
| Signature | 2 | | - | Printed Nam | e | |
| My Commission expires / 2 2 | <u>ځ</u> | | 814 | < | 160-585/ | , |
| MO, DAY YE | · . | | Area Code | Day | rtime Telephone Numb | er |
| Part II- If this is a report of a Candidate's Authorize | d Committee 🚭 | i at≥shaksign h | ere. | | | |
| I swear (or affirm) that to the best of my knowledge | | | | y provisions of t | he Act of June 3, 1937 | (P.L. 1333, NO.320) as |
| amended. Sworn to and subscribed before me this | 8 | ANIA PURE N | | | | |
| day of20 | ' <u>l</u> | | Class | nature of Candi | | |
| | _ | _ | | | | |
| Signature | | | | Printed Name | | |
| My Commission expires MO. DAY YR. | | | Area Code | Davt | ime Telephone Numbe | er |
| WO. DAT TR. | | , | | Duyt | | |

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

| Filer Identification Number Michael Pace | | |
|---|-------|---|
| | | 購入に繋がらし、1950年後の発表を表現されたでは、2008年度の1970年度。) |
| 1, Unitemized Contributions and Receipts-\$50,00 or Less per Contributor | | |
| Total for the reporting period (1 | 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 | 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 | 3) \$ | |
| 4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E) | | |
| Total for the reporting period (4 | 4) \$ | |
| Total Monetary Contributions and Receipts during this reporting period (Add and | S | 5 |

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 Identification Number

| | | | | | Amount |
|------------------------------|---|-------|----------|-------------------------|--------|
| Full Name of Co Committee | intributing | | | Date [MM/DD/YYYY] \$ | |
| House # | Street Address | -14 | <u></u> | Date [MM/DD/YYYY] \$ | |
| City | | State | Zip Code | Date [MM/DD/YYYY] \$ | |
| Full Name of Co Committee | ntributing | | | Date [MM/DD/YYYY] \$ | |
| House # | Street Address | | | Date [MM/DD/YYYY] \$ \$ | |
| City | | State | Zip Code | Date [MM/DD/YYYY] \$ | |
| Full Name of Co Committee | ntributing | | | Date [MM/DD/YYYY] \$ | |
| House# | Street Address | | | Date [MM/DD/YYYY] \$ | |
| City | 16 m 2 m 4000 m 4000 m 10 m 10 m 10 m 10 m 10 | State | Zip Code | Date [MM/DD/YYYY] \$ | |
| Full Name of Co Committee | | | | Date [MM/DD/YYYY] \$ | |
| House # | Street Address | | | Date [MM/DD/YYYY] \$ | |
| City | | State | Zip Code | Date [MM/DD/YYYY] \$ | |
| Full Name of Co Committee | ontributing | | | Date [MM/DD/YYYY] \$ | |
| House# | Street Address | | | Date [MM/DD/YYYY] \$: | |
| City . | | State | Zip Code | Date [MM/DD/YYYY] \$ | |
| Full Name of Co Committee | | | | Date [MM/DD/YYYY] \$ | |
| House # | Street Address | | | Date [MM/DD/YYYY] \$ | |
| City | Appendix of the second | State | Zip Code | Date [MM/DD/YYYY] \$ | |

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.)

| riter wertmeaston number | Michael Pace | | | |
|--|--|----------|----------------------|------------------|
| Full Name of Contributor | | | Date [MM/DD/YYYY] \$ | |
| House # Stree | et Address | | Date [MM/DD/YYYY] \$ | |
| Gity | State | Zip Code | Date [MM/DD/YYYY] \$ | |
| | | | | |
| Full Name of Contributor | | | Date [MM/DD/YYYY] \$ | |
| - The second section of the second section of the second section secti | et Address | | Date [MM/DD/YYYY] \$ | |
| City | State | Zip Code | Date [MM/DD/YYYY] \$ | |
| Full Name of Contributor | 15 min 1 min | | Date [MM/DD/YYYY] \$ | |
| House# Stre | et Address | | Date:[MM/DD/YYYY] \$ | |
| City. | State | Zip Code | Date [MM/DD/YYYY] \$ | |
| Full Name of Contributor | | | Date [MM/DD/YYYY] \$ | |
| | **** | | | |
| House # Stre | et Address | | Date [MM/DD/YYYY] \$ | |
| Gity | State | Zip Code | Date [MM/DD/YYYM] \$ | |
| Full Name of Contributor | | | Date [MM/DD/YYYY] \$ | |
| House # Stree | et Address | , | Date [MM/DD/YYYY] \$ | |
| Gity | State | Zip Code | Date [MM/DD/YYYY] \$ | |
| Full Name of Contributor | | | Date [MM/DD/YYYY] \$ | |
| House # Stre | et Address | - AVVIII | Date [MM/DD/YYYY] \$ | |
| City | State | Zip Code | Date [MM/DD/YYYY] \$ | . A. |

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.

| Michae | l Pace | | | |
|--|-----------------|---|-------------------------|---|
| | | | | |
| Full Name of Contributing Committee | | | Date [MM/DD/YYYY] \$ | |
| House # Street Add | vess | | Date [MM/DD/YYYY)] \$ | |
| City | State | Zip Code | Date [MM/DD/YYYY] \$ | |
| Full Name of Contributing Committee | | | Date [MM//DD/YYYY] \$ | • |
| House # Street Add | | | Date [MM/DD/YYYY] \$: | |
| City | State | Zip Code | Date [MM/DD/YYYY] \$ | |
| Full Name of Contributing Committee | * AMESINUSESSON | 1 to the second | Date [MM/DD/YYYY] \$ | |
| House # Street Add | ress | | Date [MM/DD/YYYY] \$ | |
| City | State | Zip Code | Date [MM/DD/YYYY] | |
| Full Name of Contributing Committee | | | [Date [MM/DD/YYYY] \$ | |
| House # Street Add | ress | | Date [MM/DD/YYYY] \$ | |
| City | State | Zip Code | *Date [MM//DD//YYYM] \$ | |
| Full Name of Contributing Committee | | | Date [MM/,DD/,YYYY] \$ | |
| House# Street Add | | | Date [MM/DD/YYYY] \$ | |
| City | State | Zip Code | Date [MM/DD/YYYY] \$ | |
| Full Name of Contributing Committee | | | Date [MM/DD/YYYY] \$ | |
| House# Street Add | | THE PROPERTY CONTRACTOR | Date [MM/DD/YYYY] \$1 | |
| City | State | Zip Code | Date [MM//DD/\\\\\] \$ | |

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:

| Michael Pace | |
|---|-------------------------|
| | DESCRIPTION DOCTORS AND |
| 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 | |
| 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 | |
| Full Name of Contributor | Date [MM/DD/YYYY] \$ |
| House # Street Address | Date [MM/DD/MYY] \$ |
| City State Zip Code | Date [MM/DD/YYYY] \$ |
| Employer Name | Occupation |
| Employer Mailing Address / Principal Place of Business | |
| 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 | |

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.

| Hier Identification Nur | Michael Pace | | | |
|-------------------------|----------------|---------------------------------------|--|----------------------|
| Full Name | | | | |
| House# | Street Address | | and the latest and th | |
| City | | State | Zip | Date [MM/DD/YYYY] \$ |
| | | | Code | |
| Receipt Description | 57 3 € 1 10 | | | |
| Full Name | | | | |
| House # | Street Address | | | |
| City | | State | Zip Code | Date [MM/DD/YYYY] \$ |
| Receipt Description | | | | |
| Full Name | | | | |
| House # | Street Address | | | |
| City | | State | Zip Code | Date [MM/DD/YYYY] \$ |
| Receipt Description | | | | |
| Full Name | | | | |
| House # | Street Address | | | |
| City - | | State | Zip Code | Date [MM/DD/YYYY] \$ |
| Receipt Description | | | | Legal |
| Full Name | | | | |
| House # | Street Address | | | |
| City | | State | Zip Code | Date [MM/DD/YYYY] \$ |
| Receipt Description | | | (2) (2) (2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4 | |
| Pull Name | | | | |
| House# | Street Address | | | |
| City | | State | Zip Code | Date [MM/DD/YYYY] \$ |
| Receipt Description | | · · · · · · · · · · · · · · · · · · · | | 186 25-4 |

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 Michael | Pace | | | |
|---|------------------------------|----------------------------|--|--|
| | general day of the second of | | | |
| 1, UNITEMIZED IN-KIND CONTR | BUTIONS RECEIVED-VA | LUE OF \$50.00 OR LESS PER | CONTRIBUTOR | |
| TOTAL for the reporting period | (1) | \$ | | |
| | | | | |
| 2. IN-KIND CONTRIBUTIONS REC | EIVED-VALUE OF \$50.0 | 1 TO \$250.00 (FROM PART F | | |
| TOTAL for the reporting period | (2) | \$ | | |
| | | | | |
| 3. IN-KIND CONTRIBUTION RECI | (IVED-VALUE OVER \$250 | 0.00 (FROM PART G) | | |
| TOTAL for the reporting period | (3) | \$ | The interest of the second sec | |
| | | | | |
| TOTAL VALUE OF IN-KIND CONTRIBUTION PERIOD (Add and enter amount totals f | | | | |
| on Page 1, Report Cover Page, Item F) | TOTAL DONES I, Z, and S, C | | | |
| | | . 1 1 | | |

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

| Filer Identification Number: Michael Pac | ce | | | |
|--|---------------|--|--|---------------------------------------|
| The second secon | | | Description of the Advision of State | |
| Full Name of Contributor | | | Date [MM/DD/YYYY] \$ | |
| House # Street Address | - | Mark of the Control o | Date [MM/DD/YYYY] \$ | · · · · · · · · · · · · · · · · · · · |
| City. | State | Zip Code | Date [MM/DD/YYYY] \$ | |
| Description of Contribution | | | | <u></u> |
| Full Name of Contributor | 32 St. SSENIO | | Date [MM/DD/YYYY] \$ | |
| House # Street Address | | | Date [MM/DD/YYYY] \$ | |
| City | State | Zip Code | Date [MM/DD/YYYY] \$ | |
| Description of Contribution | 10.000 | THE STATE OF THE S | | |
| Full Name of Contributor | | | Date [MM/DD/YYYY] | |
| House # Street Address | | | Date [MM/DD/YYYY] \$ | |
| city | State | Zip Code | Date [MM/DD/YYYY] S | |
| Description of Contribution | | | control of the second of the s | |
| Full Name of Contributor | | | Date [MM/DD/YYYY] \$ | |
| House # Street Address | | | Date [MM/DD/YYYY] | |
| City | State | Zip Code | Date [MM/DD/YYYY] \$ | |
| 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] \$ | |
| Description of Contribution | | | | |

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

| | | VALUE OVER \$250 | |
|---|----------------|-------------------|--|
| Filer Identification Number: | Michael Pace | | |
| | | | |
| Full Name of Contributor | | | Date [MM/DD/YYYY] \$ |
| House # Stre | et Address | | Date [MM/DD/YYYY] \$ |
| City 2 | State | Zip Code | Date [MM/DD/YYYY] \$ |
| Employer Name | | | Occupation Description |
| Employer Mailing Address Place of Business | / Principal | | of Contribution |
| Full Name of Contributor | | | Date [MM/DD/YYYY] \$. |
| House # Stre | set Address | | Date [MM/DD/YYYY] \$ |
| Gity | State | Zip Code | Date [MM/DD/YYYY] \$ |
| Employer Name | | | Occupation Description |
| Employer Mailing Addres Place of Business | s / Principal | | of Contribution |
| Full Name of Contributor | | | |
| House# Str | eet Address | | Date [MM/DD/YYYY] \$ |
| Gity | State. | Zip Code | Date [MM/DD/YYYY] \$ |
| Employer Name 1 | | (年代中央公司公司公司公司公司公司 | Occupation: Description |
| Employer Mailing Address Place of Business | ss / Atticipal | | of Contribution Date [MM/DD/YYYY] \$ |
| Füll Name of Contributor | | | |
| House # St | reet Address | | Date [MM/DD/YYYY] \$ |
| Gity., | State | Zip Gode | Date [MM/DD/YYYY] \$ |
| Employer Name Employer Mailing Addre | | | Occupation Description |
| Place of Business | | | of Contribution |

Statement of Expenditures

| Filer Identification Number | | |
|--|--|--|
| | | |
| | | |
| | | |
| | | |
| ■ Michael Pace | | |
| | | |
| I viictidei race | | |
| | | |
| | | |
| | | |
| ■ 45 T. 25 - 1 . 7 . 5 T. 5 T. 5 SERRES (2012) 17 C. 10 T. | | |

| To Whom Paid | Date [MM/DD/YYYY] \$ |
|---|--------------------------------------|
| Desantis Signs | 4/3/2019 729.81 |
| House # 540 Street Address West 18th Street | Description of Expenditure |
| City Erie State PA C | ode 16502 Signs |
| To Whom Paid Vista-Print | Date [MM/DD/YYYY] \$ 4/23/2019 69.14 |
| House # 275 Street Address Wyman Street | Description of Expenditure |
| | ode 02451 Post card hand-outs |
| To Whom Paid | Date [MM/DD/YYYYY] \$ |
| House # Street Address | Description of Expenditure |
| | ip ode |
| To Whom Paid | Date [MM/DD/YYYY] \$ |
| House # Street Address | Description of Expenditure |
| | ip ode |
| To Whom Paid | Date [MM/DD/YYYYY] \$ |
| House # Street Address | Description of Expenditure |
| [12] [12] [13] [13] [13] [13] [13] [13] [13] [13 | ip ode |
| To Whom Paid | Date [MM/,DD/YYYY] \$ |
| House # Street Address | Description of Expenditure |
| | ip ode |
| To Whom Paid | Date [MM//DD/YYYY] \$ |
| House # Street Address | Description of Expenditure |
| City State 2 | lip Code |
| To Whem Paid | Date [MM/DD/YYYY] \$ |
| House # Street Address | Description of Expenditure |
| | ip 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 Identification Number | efi: Michael Pace | | | |
|-----------------------------|---|--|--|-----------------------------|
| Name of Creditor | | | | Outstanding Balance of Debt |
| | Street Address | 1. Allegier, 2. (Aprilla Gale) | E DEBT INCURRED MM/DD/YYYY] | \$ |
| City (1) | | State | Zip Code | |
| Description of Debt | | | | |
| Name of Creditor | | | | Outstanding Balance of Debt |
| House # | Street Address | | DEBT INCURRED MM/DD/YYYY] | S |
| City | | State | Zip Gode | |
| Description of Debt | To an | | | |
| Name of Creditor | | I Sthere we remaind the | | Outstanding Balance of Debt |
| House # | Street Address | ָרָה <u>(</u> הַ | DEBT INCURRED | \$ |
| | | State | Zip Code | |
| Description of Debt | | | | |
| Name of Creditor | 9 (5) (82-5) | Louisew | | Outstanding Balance of Debt |
| House # | Street Address | <u> </u> | DEBT INCURRED MM/DD/YYYY] | \$5 |
| City | | State | Zip Code | |
| Description of Debt: | | | | |
| Name of Creditor | | | AND COMPANY OF THE PROPERTY OF | Outstanding Balance of Debt |
| House # | Street Address | 1127 T- 90 00 00 00 00 00 00 00 00 00 00 00 00 | DEBT INCURRED | \$ |
| City | | State | "Zip Code | |
| Description of Debt | | | | |
| Name of Creditor | | | TYPET MANUANCE AVERAGE | Outstanding Balance of Debt |
| House/# | Street Address | | E DEBT INCURRED MM/DD/YYYY] | \$ |
| Gity | | State | Zip Code | |
| Description of Debt | | | | |