Commonwealth of Pennsylvania Campaign Finance Report (Note: This report must be clear and legible. It should be typed) Report Filed By <u>-4364339</u> Candidate (Mark X) Lobbyist Committee, Candidate or dress COR Type of Report (Place x under report type) 1-6th Tuesday 2 2nd Friday 3-30 Day Post 4-6th Tuesday 5- 2nd Friday 6- 30 Day Post 7- Annual Pre-Primary Pre-Primary Primary Special 2nd Friday Pre-Election Special 30 Day Pre-Election Election Pre-Election Post-Election Date Of Election Year (MM/DD/YYYY) Amendment Termination Report Summary of Receipts and Report From Date To Date Expenditures For Office Use Only A. Amount Brought Forward From Last Report 0.00B. Total Monetary Contributions and Receipts (From Schedule I) C. Total Funds Available (Sum of Lines A and B) D. Total Expenditures (From Schedule III) E. Ending Cash Balance (Subtract Line D from Line C) F. Value of In-Kind Contributions Received (From Schedule II) G. Unpaid Debts and Obligations (From Schedule IV) Part 1- If this is a Committee report, treasurer sign here. If this is a Committee report, treasurer sign here. If this is a Committee report, candidate sign here. I swear (or affirm) that this report, including the attached states on the part of the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

On the part of the best of my knowledge and belief true, correct and complete. My Commission expires Daytime Telephone Number Part II- If this is a report of a Candidate's Authorized Committee, candidate shall sign here. I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, NO.320) as Sworn to and subscribed before me this Printed Nam My Commission expires Commonwealth of Pennsylvania - Notary Seal Tonia Fernandez, Notary Public **Erie County** My commission expires April 3, 2023 Commission number 1288912

Member, Pennsylvania Association of Notaries

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

Filer Identification Number			 	·	
	02 1121 1	1020			
	32 ~ 40W4	339			•

· · · · · · · · · · · · · · · · · · ·				
1:Unitemized Contributions and Receipts-\$50.	00 or Less per Contributor			
	Total for the reporting period	(1)	\$ 295	Marie Programme Anna American Marie Programme Anna American Marie Programme Anna American Marie Programme Anna
2. Contributions of \$50.01 to \$250:00 (From Part A and Part B)				
Contributions Received from Political Committe	es (Part A)		\$	1 - Joseph Common State (Maryland College
All Other Contributions (Part B)			\$	
	Total for the reporting period	(2)	\$	·
3: Contributions Over \$250.00 (From Part C an	d Part D)			
Contributions Received from Political Committee	es (Part C)		\$ The second secon	20,744,745,265,454,
All Other Contributions (Part D)			\$	
	Total for the reporting period	(3)	\$	
4. Other Receipts Refunds, Interest Earned, Re	turned Checks; ETC: (From Part E)			
	Total for the reporting period	(4)	\$ 295	Constitution of the second
Total Monetary Contributions and Receipts during enter amount totals from Boxes 1, 2, 3 and 4; als Cover Page, Item B)	ng this reporting period (Add and oo enter this amount on Page 1, Re	port	\$ <i>\(\begin{align*} \text{V.} \text{V.} \end{align*}</i>	

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 Contributing Committee			Date [MM/DD/YYYY] \$	
House# Street	Address		Date [MM/DD/YYYY] \$	-21
City	State	Zip Code	Date [MM/DD/YYYY] \$	<u></u>
	21			
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	
House # Street	Address		Date [MM/DD/YYYY] S	
Gity	:State :	Zip Code	Date [MM/DD/YYYY] 35	
Full Name of Contributing Committee			Date [MM/DD/YYYY] 55	
House # . Street	Address		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	
	Address		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee			Date [MM/DD/YYYY] S	
House# Street	Address		*Date [MM/DD/YYYY] \$	
G(ty)	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee			Date [MM/DD/YYYY] S	
	Address		Date [MM/DD/YYYY] \$	
Gity.	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.)

Alealdentification Numb	ier				
	·				
Æull (Name of Contribu	tor		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Date [MM/DD/YYYY]	
House#	Street Address	,		/Date [MM/DD/YYYYY] S	
Glty	CONTRACT	State	Zip Code	-Date [MM/DD//Y/Y4] \$	
Full Vainte of Contribu				Date MM/DD/YYYY)	
	Street Address			Date (MM//DD/WWY)	No. of the second secon
City,		State	Zip Code	Date [MIXYDD/MAYY)	THE STATE OF THE S
				Date [MM/DD/MM/]	
	Street Address			Date (MM/DD/XXXX) S	-
(CTA)		State :	Zip Gode.	Date [MIM/DD/A444)] S	
rul Name of Contribut				Date (MM/DD/AYYY) S	
	Street Address	DVCC c strengerster	Separation of the separation o	Date [MM//DD/AXAA] S	
Gity Foll Name of Contribut		State	Zip:Gode.	Bate [MM/DD/YXW] S	
	Street Address			Date [MM/,DD/,YXAYA]	
	Street Address	konstruised		Date [MM/DD/YYYY] S	
Full Name of Contribut		State	Zip.Códe	Date [MM/DD/YYYY] S	
				Date [MM/DD/M/W)	
	street/Address		The Carlo Control of C	Date [MM/DD/YYYY) (\$	
Gity.		State	Zip Code	Date (MM/DD/YYYW) Sy	

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.

Full Name of Contributing Committee	:		Date:[MM/DD/YYYY)] S	
House# Street Address			Date[MM/DD/XXXX] \$5	
Scity	State.	Zip Gode.	Date [MM/DD/YYYY] 5	. 118
Full Name of Contributing Committee		and the second s	Date [MM/DD/YYYY] 5	
Flouseria Street Address		, production , pro	Date [MM/DD/YYYY] SS	
Giy	State	Zip Code	(Date (MM/DD/AAAA) 5:	
Full-Name of Contributing Committee	Solid State Soliday Salar	(\$250 N. or 1000 N. S.	Date[MW/DD/AAYY) 35	
House ## Street-Address	- Minoritaly - V.		Date [MM/DD/WWY] S	
Gity.	State	Zip Code	Date MM/DD/AVAYI \$	
Eull Name of . Contributing Committee	(C)	(Caregorian Controlled (Code) ()	Date [MM/DD/XXXX]: \$	
House # Street Address			Date [MM/DD/YYYY] S	
Gry	State	Zip Code	Date[IMM/DD/AYYYI]	
Full Name of Confributing Committee			Date IMM/DD/MYM] :5	
House # Street Address	**************************************		Date [MM/DD/AYYY] > S	
(Gt/)	State	Zip Code	(Pate [MW/DD/YYYM) S	
Full Name of Contributing Committee.			Date(MM/DD/yyyy) (S)	
House # Street/Address			Date (MM/DD/YYYY)	
Gity	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)

Fileraldenuffication Numbers			
Full Name of Contributor		<i>:</i>	Date [MIM/DD/XXXXI]
House # Street Address City 23			(Date:[MM/DD/MM]) \$
Employe: Name	State	Zip Gode	Date (MM/DD/YYYY) Occupation
Employer/Mailing/Address// Principal/Place of/Business [Rt]U/Name of Cantill Union			
House # Street Address	, , , , , , , , , , , , , , , , , , ,		Date [MM/DD/YYYY] \$
edity 1	«State»	Zip Code	Date [MM/DD/XYYY] \$
EniployerName			Occupation
simployer(Weilfing/Address)/ (Principal/Place of Brishess (Bull/Neimeoffcontributor)			Date (MIM/DD/YYYY)
House# Street/Address			*Date [MIM/DD/YYYY] 35
is (Gity)	State	Zip Code	Date [MM/DD/YYYY] \$
Employer/Name			Occupation
EmployedMaillingAddress./ PrincipalPlaceoi/Business Full'Name of Contributor			*Date [MM/DD/YYW)
House#! Street:Address			Date [MM/DD/YYYM] \$
Gity!	State	Zip Code	Date [MM/DD//YYY] \$
Employer:Name			Occupation 2
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.

Files (dentification: Number)				
FullName	Wedstar.			
House# Sin	eet Address			
City	CONTRACTOR OF THE PROPERTY OF	State	Zip Code	Date [MM/DD//WYY] 5
Receipt Description				·
FülliName		· ·	· .	
	et/Address	Nager of the decision of the	have an or signifying a county	No. 1000 Page (Printing Agency)
Gliy		*State	Zip Code	-Date [MM/DD/WWI] \$
Receips Description		(HENTLYWELENIEW G)	[WARDON CONTROL OF TAX	N9-9-001
JuliName)
House # Stre	eet Address	State	Zip	Date (MM/DD/WW)
			ZiP Gode	
Receipt Description				
Gull Name				
House if Sine (City)	et Address	State	Zip	Date[MM/DD/XXXX]
			Gode	
Receipt Description				
	et Address			
(Gity)		State	Zip	₹Date(MM/DD/MYYY) (\$
Receipts Description :			Code	
Jauli Namo	:			
	et Address			<u> </u>
Gfty.		State	Zip Göde	Date (MM/DD/YYYY)
Receipt Description				

SCHEDULE !!

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

Aller Identification Number:				
		· · · · · · · · · · · · · · · · · · ·		
1. UNITEMIZEDINIKIND GONTRIBUT	ONS RECEIVED-VALUE OR \$5	0/00 OR UESS PERCONT	RIBUTOR	
TOTAL for the reporting period	(1)	\$		
		2200		
2. INEKIND CONTRIBUTIONS RECEIVE	D-VALUE OF \$50.01410.\$250	AOO ((PROMPARTIF))		
TOTAL for the reporting period	(2)	\$		
3. VIN KIND CONTRIBUTION RECEIVED	VALUE/OVER \$250.00 (FRO)	M PAREG)		
TOTAL for the reporting period	(3)	\$		
TOTAL VALUE OF IN-KIND CONTRIBUTIONS I PERIOD (Add and enter amount totals from on Page 1, Report Cover Page, Item F)		\$		

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer denti	ication Number	***			
	and the second second				
	of Contributor.			*Date [MM/DD/AYYY]] -\$	
House #	Street/Address			Date [MM/DD/YYYYY] 5	144-000
City	and the same of th	State	Zip Code.	Date [MM/DD/YYYY]	
Descriptio	n of Contribution				
	ol/Gontributor			Date (MM//DD/XYYYY)	
House#	Street Address			Date [MM/DD/YYYY)	
(Gity		State	Zip.Code	Date [MM/DD/\YYYY) S	
4.4	rof Contribution				
	of Contributor			#Date [MIV/DD/YYYY)]	
House#	Street Address			Date [MIV/DB/XYXY] S	
(City)	Vol Contabution	State	Zip Code	Date (MIM/DB/AYAY)	
	of Contributor			Date [MM/DD/XYXY] \$	
House #	Street Address	\$7/5°2°4'275/s-44445		Date [MM/Db/XYXY] \$	
Chy.	of/Contribution	State	vZip Gode	Date (MIM/DD/XYXY)) S	
			·		_
	of contributo.			Date [MM/DD//YYY4]	
#inase	Street Address	53-79 ¹ -12-19 Augustus	LOS MAN MANY	Date [MM/DD/XYXX] 5	
Griv	of Contribution	State	Zip Code	*Pate [MM/DD/XXYYY]	
	oneson (Totalon)				:

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

File (Identification Numb)				
				-
Full Name of Contribut	Q()		Date [MM/DD/YYYY] 53.	
	Street Address		Date [MIM/DD/AYYYY]	
City	State	Zip, Code	Date [MIM/DD/YYYY] S	
EmployerName EmployerMailingAddr Place of Business	ess / Principal		Occupation Description of Contribution	
Full Name of Contribut			Date [MM/DD/YYYY] \$	
	treet-Address	Nation Control of the Associated Associated Inc.	Date [MM/DD/XXXVI]	
(City)	State	Zip Code	Date [MM/DD/YYYY]	
EmployerName EmployerMalling Addr	CONTRACTOR		Occupation Description	
Place of Business			Gontaloution:	_
Hull Name of Contribut			Date (MM/DD/\\\\\)	
	treet Address	(1700年1872年1886年1798年17日)	Date [MM/DD/\\\\]	
City	State	Zip Code	Date [MM/DD/YYYY] 5	
Employer Name			Occupation Description	
Finiployer Mailing Addi Place of Business			of Contribution	
Hull Name of Contabut			Date [MM/Db/YYYY] 5	
	treet/Address	International Conference of the Conference of th	Date [MM/DD/YYYY] \$	_
(Gry Employer Name	State	Zip Code	Date [MM/Db/WW/] \$	
remployer Mailing Addr	ess//Principal	·	*Description**	
Place of Business			ot Gontabution	

SCHEDULE III

Statement of Expenditures

File: Identification Number? 83-4364339

ToAWhom Paid * **	
The UPS Store	Date (MM/DD/YYYY) \$ \$ 31.54
House # Street Address	Description of Expenditure 7
2501 W 12th St.	
ERIE PA code 16505	Flyers
To Whom Paid The LLC Class	Date [MM/DD/XYXY] S
House # 250 Street Address	104/27/2019 6.68 **Description of Expenditure***
2501 W 12th St	
FRIE 14505	
Townsmipaid. The UPS Store	05/02/2019 18.19
Fouse # OCO Street Address	Description of Expenditure
Gity CO State Zip	
ERIE DA Ecode 16505	Printed Materials
Townsom Paid The LLDS Stars	Date MM/DD/YYYYI S.
House # Street Address Store	05/08 2019 15,44 Description of Expenditure
$\frac{2501}{500} = \frac{2501}{500} = \frac{210}{500} $	
UPLE PA 6086 16565	Printed Materials
To Whom Paid Duce Two:	Date IMM/DD/YYM] \$
House # Street Address	05 10 2019 202 Description of Expenditure
icity Street	
ERIE PA Godes 14508	Campaign T-Shirts
To Whom Paid	Date [MM/DD/WYYI] (\$)
House'# Street'Address	Description of Expenditure.
Gity State Zip Gode	
Fownism Paid Gode	Pate (MM/DD/MYY) \$
House# Street Address	Description of Expenditure
(City. State: Zip. Code)	
TrokVicimeRand as	*Date:[MM/DD/YYYY]
House:# Street Address	Description of Expenditure
City, State Zip. Gode	
(2) (2) (2) (2) (2) (2) (2) (2) (2) (2)	

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.

File (dentification Number			
Name of Greditor: House #	reet Address \$	DATE DEBT INCURRED [MM/DD/YYYY] State Zip Code	Outstanding Balance of Debt
Name of Greditor House # Site Gity Description of Debt	reet:Address	DATE DEBT INGURRED [MM/DD/YYYY] . State Zip Gode	Outstanding Balance of Debt
Name of Creditor House### Sire City Description of Debt	£ei Address	DATE DEBT INGURRED [MIN/DD//Y/Y/] State Zip "Code	Outstanding Balance of Debt
Name of Greditor If ouse # Sire City Description of Debt	eet Address St	tate Zip	Outstanding Balance of Debt
Name: of Greditor. House # Stre Gity Description of IDebt	eet Address St	IDATE DEBT INGURRED *[MM/DD/YYYY] tate Zip Gode	Outstanding Balance of Debt
Name of Greditor House # Stree Gity Description of Debt.	et'Address	DATE/DEBT/INGURRED [[MM//DD//YYY]] ate Zip Gode	Outstanding Balance of Debt