

Commonwealth of Pennsylvania - Campaign Finance Report

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

					7	<u>, </u>	
Filer Identification Number		Report Filed By Mark X)	Candida	ite	Committee	$\overline{\chi}$	Lobbyist
Name of Filing Committee, Ca			<u> </u>		<u> </u>		1
Lobbyist		TON	<u>у Қ.</u>	RATCL S AVEL	IFF, .	JR	
Street Address		420	HES	S AVEL			20,
City E	યદ		State	PA	Zip Code	16507	7
Type of Report (Place x under i	report type)						
	3- 30 Day Post 4-			6- 30 Day Post	7- Annual	Special 2 nd Friday	Special 30 Day
Pre-Primary Pre-Primary	Primary Pr	re- Election	Pre- Election	Election		Pre-Election	Post-Election
X							
Date Of Election		'ear	2 2	Amendment		Termination	
(MM/DD/YYYY)	05/21/2019	• .	2019	Report		Report	
Summary of Receipts and	From Date	To Date			For	Office Use Only	
Expenditures	104/12/1010	05/10/	2010				
A. Amount Brought Forward F	rom Last Report	\$ \$	<i>⊻017</i> `	4 - 45	<u> </u>	<u> </u>	<u> </u>
		<u>E</u>)				
B. Total Monetary Contributio (From Schedule I)	ns and Receipts	\$ 7.1/2.	49				
C. Total Funds Available		\$ 726.	T				•
(Sum of Lines A and B)		726.	49				
D. Total Expenditures		\$ (0)	10			Print 23	
(From Schedule III) E. Ending Cash Balance							SEP SE
(Subtract Line D from Line C)		120 0	00				
F. Value of In-Kind Contribution	ns Received	\$.				£(
(From Schedule II) G. Unpaid Debts and Obligation		<u> 0</u>					
(From Schedule IV)	ins was A Dayland	\$ O				돌국 및	
		89	Affi l e vit Se	ction		- -	.0
Part 1- If this is a Committee repor	t, treasurer sign here	. If this is a Candi	Cat e report, ca	andidate sign here.		an Id ∞oo	
I swear (or affirm) that this report, Sworn to and subscribed before m	including the attache	ed schedus Son p	SO DE LO	best of my knowled	ige and belief ti	rue, correct and complet	te.
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day of 1100	20 19		Ser 1	Signature	of Person Subar	nitting report	
Jama Chex	nandu			ONSTANCE	$M \sim R_{\rm c}$	dici; +1	_
Signature (2 20	of Period		9	Printed Nam	e	
My Commission expires 4	<u>565</u>	wealth of Peria Teria Eria		<i>]</i> 4	46	<u>,4,5535`</u>	
MO.	DAY YR.	wealth of Pe hia Fernand Erie	Pennsylvania	rea Code	Day	time Telephone Numbe	er
Part II- If this is a report of a Candid		mmit e / Candida	teshall sign h				
I swear (or affirm) that to the best amended.	of my knowledge and	d belief his polize	cal dommittee	has not violated an	y provisions of t	the Act of June 3, 1937 (P.L. 1333, NO.320) as
amenueu.		L <u>~</u>	J²	1	1.	1 ^	
Sworn to and subscribed before m	e this	Seal	8	\sim 1	III	1/1/	
day of 91 au	20 19		Starie -	YX/	ON!		
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Signature	· william		- 28 8 E	78~2	Printed Name	,,,,,	_
L/~ '	ス-J マ _	to de sa	Scient P	814	-	881-484	7
My Commission expires MO.	DAY YR.	Ser. 2	E S	rea Code	———— Dayt	ime Telephone Number	
		conwealth of Pennsylvania - Notary E fonia Fefnandez, Notary Public Erie County Commission expires April 2 2000	Commission number 1288912 Pennsylvania Association of Notarie		•		
		# Si Risi	is si				
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		55 8	812				

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

	**			
Filer Identification Number		_		
5.000 (COMMERCE OF THE COMMERCE OF THE COMMER				

1.Uniternized Contributions and Receipts-\$50.00 or Less per Contributor	e Lagr		
Total for the reporting period	(1)	\$	20.00
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		100 m	
Contributions Received from Political Committees (Part A)		\$	U
All Other Contributions (Part B)		\$	100.00
Total for the reporting period	(2)	\$	120.00
3. Contributions Over \$250.00 (From Part C and Part D)	42 PE	製品を	571, -129
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 Farned, Returned Checks, ETC. (From Part E)		A P	
Total for the reporting period	(4)	\$	606.49
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, Recover Page, Item B)	port	\$	126.49

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.

Full Name of Contributing Committee House # Street Address Date [MM/DD/YYYY] 5 City State Zip Code Date [MM/DD/YYYY] 5 Full Name of Contributing Date [MM/DD/YYYY] 5 Full Name of Contributing Date [MM/DD/YYYY] 5 City State Zip Code Date [MM/DD/YYYY] 5 Full Name of Contributing	Filer Identification	Number				
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	Committee					
	House #	Street Address			Date [MM/DD/YYYY] \$	
City State Zip Code Date [MM/DD/YYYY] 5						
Property of the state of the st	City	e an money would be a sign	State	Zip Code	Date [MM/DD/YYYY] \$	1 . • •

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

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Full Name of Contributor CHAL House:# 6:48	LES MOCK E. 43 M St. State PA Zipiccode 16502	Date [MM/DD/YYYY] \$ 5 05 03 23 9 Date [MM/DD/YYYY] \$5	100-00
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·@ty/	State: Zip,Gode	(Date (MIM/DD/AAAA) S	
(Authiveroideontalbutore		DETERIMINATION/AVAVAII	
House)# Street/Address		(Date[MMXIODXXXXXI) S	
(City)	Strate //lip.code	[Date [MIN//DD//MAM] 55	

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.

Fler Identification Number

Full Name of the second			¿Date [MM/DD/yyyyy]	
Contributing Committee			The state of the s	
House# Street Address			Date [MM/DD/YYYY] (S	
Gity	State	Zip Códe	Date [MM/DD/YYYY] # 357	
Full Name of Contributing Committee			[Date [MM/DD/YYYY]]	
House # Street Address			Date [MW/DD/AAYY4]	
(div)	State	ZID/Cödea	Date [MIXXDD/AAAAA] 3	
Ediktengot ContributingCommittee			Dates[MM/DD//WW/]) SE	
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fill Weme of Consibuting Committee:			[Date [MIV/DD//WWW]] St	
¥fouse(# Streetv∆ddfress			Dette [MIX/Dey/MAA/]	
(sity)	Sete	zijoenie	Detellinin/Devices	

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

moneyan (Carellegeserrentalion), no enga 123 til yezh eus franco (reserve)			
Full Name of Contributor	·		Date [MM/DD/YYYY] \$ 1\$
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(City)	State	a Zip Code	Date [MM/DD/YYYY]
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House# Street Address			Date [MM/DD/YYYY] ### \$5.
(etty)	State	Zip:(code.	Date MW/DD/AWAY
lEmployeal\aime			Occupation
Employer (Visilling/Address)/			

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.

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House# St	reet Address		東京学術会会を4	Because with a region of the r
Receips Description		State	Zip Code	Date [MM/DD/YYYY]
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Full Weine House::// City Receipt Description	eat/Addiess	Stere	Z(p Gode	// Date-(MIM//DD/////AAA)

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

Fileridentification Number (1)			
1. UniteMizedinekind:Gontributio	NNSPEGEIVERSVAINE MEGGE	O'GO'ADUTCO TERECANTRIDUTO DE LE SELECTION DE LA CONTRIBUTA DE LA CONTRIBU	446指挥证明:第55条编码顺过 55年至55年至55
TOTAL for the reporting period	(1)	\$	
2. INKIND CONTRIBUTIONS RECEIVED	Walli Zarzera a Uraszara		Re at the Control of
TOTAL for the reporting period	(2)	SOMEROWIPARINE)	
SEMBO SERVICIO DE CONTROL DE COMPENSA DE CONTROL DE CON	V		
IN KIND GONTRIBUTION RECEIVED. TOTAL for the reporting period	(3)	MPART(G)	
TOTAL VALUE OF THE WAY			
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DI PERIOD (Add and enter amount totals from b on Page 1, Report Cover Page, Item F)		\$	

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer dentification N	umber	_	171.02 01 930.01 10 9230		
Full Name of Gontr	ibutor			M42283 CHIUN - COLOR -	
				Date [MM/DD/YYYY]	S 1
House #	Street Address			Date [MM/DD/YYYY]	康 製
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		State	Zip Gode	Date [MM/DD/YYYY]	\$4
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House##	Street Address			Date [MM/DD/YYYY]	
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SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

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Full Name of Contributors	
	Date [MM/DD/YYYY]
House,# Street Address	Date [MM/DD/YYYY] S
State Zip Code	Date (MM/DD/YYYY)
Employer Name 2 144 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Date/MM/pd/yyyy) \$
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lice of Business	धिक्रवर्गर्गिकः । र्वाः
	e Gontalibution

Statement of Expenditures

Filer Identification	Number			- Indicates
To Whom Paid				Date [MM/DD/YYYY]
House #	Street Address			Description of Expenditure
City	2000年出出的10mm公司2000年代表现的10mm	State	Zip «Code	
To Whom Paid			建設外班 交換預論	Date:[MM/DD/XXXX] \$ \$
House#/	Street Address			Description of Expenditure
XGLY()		State	ZIP Code	
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/House #/	Street Address			
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www.managarah		State	Zip# Gode	
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ilo.WhomiPattie			(中国)	[Pete [MM/DDYAYAAN]]
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louse(#	Street Address			(Description of Expenditure)
ny,		State	(ZID) (Code)	
o Włom (Patti			@ode	(Date IMM/DD/MAM) 35
b)use(#)	treet Address			
liy		State	97. (A. C. S. C. S	Description of Expenditure
		Siete	Zip 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	
icity Description of Debt	Outstanding Balance of Debt # 20 Code Outstanding Balance Outstanding Balance Outstanding Balance Outstanding Balance Outstanding Balance Outstand
Gity Description of Debt	et Address DATE DEBT, INGURRED I[MIM/DD/YYYY] State Gode
(etisy Description of Debt	Outstanding (Balance of Debt. DATE DEBT (NOURRED) [IVIM//PD/AYAAA] State. Code
@ay Pasar)pilonරැවුවේ;	(cAddress DATE DEBIAINCURRED) [MM/DD/Yyyy] State Zip Godo
elfay. Description of Pelay.	vAddress DATE DEBTH NCURRED [MUV/DD/AAAA] State Zip Godg
Variation of Dahis	Address DATE DEBT-INCURRED [[VIVI/DD//YAYYI]] State Code