		Of	

Print Form

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

Filer Identification	Report Filed I		te	Committee	•	Lobbyist
Number Name of Filing Committee, Candidate or	( Mark X)					
Lobbyist	trien	ds of 1	veronic	ia Kr	xford	
Street Address	P0	BOX	8743	) 		
City		State	PA	Zip Code	1650	7
Type of Report (Place x under report type)			. , 1			
1-6 <sup>th</sup> Tuesday 2-2 <sup>nd</sup> Friday 3-30 Day Post Pre-Primary Pre-Primary Primary	4- 6 <sup>th</sup> Tuesday Pre- Election	5- 2 <sup>nd</sup> Friday Pre- Election	6-30 Day Post Election	7- Annual	Special 2 <sup>nd</sup> Friday Pre-Election	Special 30 Day Post-Election
Date Of Election (MM/DD/YYYY)	Year		Amendment Report		Termination Report	
Summary of Receipts and From Date Expenditures  A. Amount Brought Forward From Last Report	To Date			For	Office Use Only	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$ 7 1	582				
C. Total Funds Available	\$ 2 1	581				
(Sum of Lines A and B)  D. Total Expenditures	シャ、 \$1つの	70C			guye <sup>qe</sup>	<u> </u>
(From Schedule III) E. Ending Cash Balance	\$ 70	58.29				
(Subtract Line D from Line C)	<u> </u>	5.71			77 JT 20 20	The second secon
F. Value of In-Kind Contributions Received (From Schedule II)	\$				;an [9:5	J \
G. Unpaid Debts and Obligations (From Schedule IV)	\$					
	<b></b>	Affi@avit Sect	tion		The state of the s	granding with
Part 1- If this is a <b>Committee</b> report, treasurer sign he I swear (or affirm) that this report, including the attac		didate report, can	ıdidate sign here.	e and holiof+-	ue correct and complet	ja ,
Sworn to and subscribed before me this  15 day of 120 19  Signature  My Commission expires 4-3-33	ennsylvania.	wealth of Penn nia Fernandez Erie Co	lusol	f Person Submi	dellitting report	- - -
MO. DAY YR.  Part II- If this is a report of a Candidate's Authorized		∞ <u>₽</u> 8	ea Code		time Telephone Numbe	~ ~
I swear (or affirm) that to the best of my knowledge a amended.	ind belief this pol	iscal committee ha	as not violated any	provisions of th	ne Act of June 3, 1937 (I	P.L. 1333, NO.320) as
Sworn to and subscribed before me this  day of 120 20 19  Signature 20 19	29		///on	ature of Sandid	and the forg	
My Commission expires H-3-3-3 MO. DAY YR.	-	Are	ea Code	Dayti	06 –09 7 me Telephone Number	9
ommonwealth of Pennsylvania - Notary Seal Tonia Fernandez, Notary Public Erie County					· · ·	

My commission expires April 3, 2023 Commission number 1288912

## SCHEDULE I Contributions and Receipts Detailed Summary Page

Filer Identification Number		
Effect Eff activities which the later he was the start		
그는 물리하는 물론을 받았는데 얼마를 하는데 물리를 가장을		
A PATRICIA NA PARTICIA PATRICIA DE PARTICIA DE PARTICIA DE PARTICIA DE PARTICIA DE PARTICIA DE PARTICIA DE PA		

1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor		
Total for the reporting period	(1)	\$ 1,396
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		
Contributions Received from Political Committees (Part A)		\$ Ø
All Other Contributions (Part B)		\$ 160860
Total for the reporting period	(2)	\$ 1000
3. Contributions Over \$250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)		\$
All Other Contributions (Part D)		\$ 500
Total for the reporting period	(3)	\$
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		
Total for the reporting period	(4)	\$ 3,582
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	\$

#### **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 (dentification	n Number				
					Amount
Full Name of Co	ontributing			Date [MM/DD/YYYY]	\$
Committee					
House #	Street Address	<del></del>		Date [MM/DD/YYYY]	8
City	· · · · · · · · · · · · · · · · · · ·	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co	ntributing			Date [MM/DD/YYYY]	\$
Committee					]*
House#	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
Full Name of Co Committee	ontributing			Date [MM/DD/YYYY]	\$
House #	Street Address	<del></del>	<del></del>	Date [MM/DD/YYYY]	\$
City	<del></del>	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co Committee	intributing			Date [MM/DD/YYYY]	\$
		***************************************	**************************************	Det Base Services	
House #	Street Address			Date [MM/DD/YYYY]	\$
City	<del></del>	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co	ntributina			Date MM/DD/YYYY	
Committee					
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co Committee	ntributing	1		Date [MM/DD/YYYY]	
House #	Street Address			Date [MM/DD/YYYY]	\$
	Street Address				
lity		State	Zip Code	Date [MM/DD/YYYY]	\$
				<b> </b>	t 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.)

rier Identification Number:		
Full Name of Contributor Bradley Postema	Date [MM/DD/WW] 3 20 2019	ి ఒకం ∸
House # Street Address (	Date [MM/DD/YYYY]	
City State Zip Code	Date [MM/DD/YYYY]	
Full Name of Contributor Mark Alaxa	03/19/2019	Z50°
House# 615 Street Address Poplar 5+	<u> </u>	
EVIC State PA Zip Code 16506		\$ 1
Full Name of Contributor  LPAC	905/50/50	100 ==
House # 120 Street Address WIOEN St City _ State _ Zip Code		\$ 
Erie PA 16501		5 (1) 10 (1) 10 (1) 10 (1)
Full Name of Contributor Rabacca	Date [MM/DD/YYY]  04   13   20   9	100 ==
House # 3005 Street Address Hasting a Rd		
City Erie State PA Zip Code 16506		<b>\$</b>
Full Name of Contributor Kathy Lutz	Date [MM/DD/YYY] ]*(12412019	100 ==
House # Street Address	Date [MM/DD/YYY] 05 01 2019	40 00
City State Zip Code	Date [MM/DD/YYYY]	
House #   Street Address	04/18/2019	\$86°C
1523 SE Stark St		
Portland State OR Zip Coode 97214	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.)

Ffler identification Number:				
	Filer Identification Number:			
The Control of the Co	Language and the second participation of the second		 	

Full Name of Contributor Chav	les E M	1ack	Date [MM/DD/YYYY] \$	100 00
House # Street Address	E4310	1 .81	Date [MM/DD/YYY] \$	
648				
Evie Evie	State PA	Zip Code 16504	Date [MM/DD/XYYY] \$	
Full Name of Contributor	ren Un	VC)CV	Date [MM/DD/YYYY] \$	72000
A TORRESON OF THE PROPERTY OF	***************************************		413012019	200 er
4832		ghbred Loop	Pate Initi/Pe/Arranga	
en Erie	State PA	7 ZID Code 16 20 6	Date [MM/DD/XYYY] \$	
Füll Name of Contributor			Date [MM/DD/NYYY] S	
House # Street Address			Date [MM/DD/YYYY] \$	
Chy	State	Zip Code	Date [MM/DD/YYYY] = \$	
Full Name of Contributor	学小MASSACEUT>	TO STATE A CONTRACT CONSIDER	Date (MM/DD/M/M) \$	
House# Street Address			Date [MM/DD/YYYY] \$	
House in			Date (MM/DD/YYYY) \$	
City	State	-Zip Code	Date [MM/DD/YYYY] 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	
Full Name of Contributor			Date [MM/DD/YYYY] \$	
House# Street Address			Date [MM/DD/YYYY] \$	
Chy	State	Zip Code	Date [MM/DD/YYYY] \$	

#### PART C

#### **Contributions Received From Political Committees**

Over \$250.00

Filer identification Number:

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			Date [MM/DD/YYYY] \$	
Contributing Committee		·=		٠
House # Street Address	5m	·	Date [MM/DD/YYYY] \$	
	SACONS AND		Date (MM/DD/MAM)	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee			Date (MM/DD/XXXX)	
House # Street Address	Ş		Date:[MM/DD/YYYY] \$	<del></del>
City.	State	Zip Code	Date [MM/DD/XXXY] 5\$	
Full Name of Contributing Committee		1 Per la vina de la companya de la c	Date [MM/DD/YYYY]	
House # Street Address	š		Date [MM/DD/YYYY] \$	
			The state of the Control of the Cont	
City 1	State	Zip Code	Date [MM/DD/YYYY] 35	****
Full Name of	124 5 7 7 7 124 9 0 1 1 1	10.30   15.00mm   16.00mm   16.00mm   17.00mm   17.0	Date [MM/DD/MMX] \$	
Contributing Committee				
House # Street Address			Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee	- International Control	Personality	Date [MM/DD/YYYY] \$	
House # Street Address	21		Date (MM/DD/YYYY) \$	
nia.	A			
eity	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	
Höuse # Street Address			Date [MM/DD/YYYY] \$	
Gly	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:			

Full Name of Contributor	~ Cu7	zolak	cen	Date [MM/DD/YYYY] \$	500 %
House # Street Address	Wolf	zola K		Date MM/DD/YYYYI \$	
5362 EVIE	State	Zip Code	\$29	Date [MM/DD/YYYY] \$	
EVIE	1999	4	16505		· - <u>-</u>
Employer Name	2.5. C.			Occupation	
Employer Mailing Address / Principal Place of Business					
Full Name of Contributor	<u> </u>	···		Date [MM/DD/YYYY] \$	
House # Street Address	· · · · · · · · · · · · · · · · · · ·			Date [MM/DD/YYYY] \$	
City	State	Zip Code		Date [MM/DD/YYYY] \$	
Employer Name	THE SECTION OF THE SE	Money street Systems Congress com	्रम	Occupation	
Employer Mailing Address /. Principal Place of Business				Back and State and Andrews Control I	
Füll Name of Contributor				Date [MM/DD/YYYY] \$	
House # Street Address				Date [MM/DD/YYYY] \$	
City.	State	Zip Code		Date [MM/DD/YYYY] \$2	
Employer Name	The state of the s			Occupation	
Employer Mailing Address / Principal Place of Business	X Asignoca				_
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				we program of groups drawn	

#### PARTE

## **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 Nur	nber:			
	<u> </u>			
Full Name			· · · · · · · · · · · · · · · · · · ·	Andrew Control of the
House#	Street Address		· · · · · · · · · · · · · · · · · · ·	
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				- It ''Il
Full Name			· · · · · · · · · · · · · · · · · · ·	
House #	Street Address	· · · · · · · · · · · · · · · · · · ·	**************************************	****
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description			<del></del>	
Full Name				**************************************
House #	Street Address		<del> </del>	
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description	1944	Programme Control		
Full Name				· · · · · · · · · · · · · · · · · · ·
House #	Street Address	<u></u>	<del></del>	
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description			1. 19.5927.4	
Full Name	19 (4 <b>%)</b> 19 (19)			
House #	Street Address			
Cly		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				
Full Name				
House#	Street Address		<del></del>	
(City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description	* 155 (4) 165 (4) 165 (4) 2. Fig. (4)	1.5 4 44 4		

#### SCHEDULE II PART F

### **In-Kind Contributions Received**

**VALUE OF \$50.01 TO \$250** 

Filer Identification Number:			

Full Name of Contribu	itor (Constitution of the Constitution of the			Date MM/DD/MMM	<b>\$</b>
House #	Street Address			Date [MM/DD/YYYY]	<b>** ** ** ** ** ** ** **</b>
City	The State St	State	Zip Code	Date [MM/DD/YYYY]	A CONTRACTOR OF THE CONTRACTOR
Description of Contrib	bution .	St. Farmer	Problem Engineering,		hg-adu. I
Full Name of Contribu	itor,			Date MM/DD/MMM	\$
House#	Street Address	<del></del>		Date [MM/DD/YYYY]	\$ F
Chy		State	Zip Code	Date [MM/DD/AYYY]	\$
Description of Contrib	bution :	Section 1			
Full Name of Contribu			·	Date [MM/DD/YYYY]	
House #	Street Address			Date [MM/DD/YYYY]	
City	On Park Contain processing	State	Zip Code	Date [MM/DD/YYY]	\$
Description of Contrib	sution	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Full Name of Contribu	itor.			Date (MM/DD/XXXX)	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State .	Zip Code	Date [MM/DD/YYYY]	
Description of Contrib	ution	SACTOR STATE	STATE SECTION STATES AND SECTION SECTI		<u> </u>
Full Name of Contribu	<b>ke</b>			Date [MM/DD/YYYY]	\$
House #	Street Address			// Date [MM/DD//////]	
City		State	Zip Code	Date [MM/DD/YYYY]	
Description of Contrib	jution			Iŝ	<u>(2886)</u>

#### 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

Filer identification Number,				
1 UNITEMIZED IN KIND CONTR	DRITEIONIS DE GENVED SVA	ignis or control of the control	PEDICANTOIDI ITAD	and the constraint will be a superior of the constraint of the con
TOTAL for the reporting period	(1)	\$		·
2. IN-KIND CONTRIBUTIONS REC	EIVEDAVALUE OF \$50.0	11(0)\$250(00)(FROM PA	RT F) 325 1	
TOTAL for the reporting period	(2)	\$		
3. IN-KIND CONTRIBUTION REG	IVED:VATUE OVER \$250	O/OO (EROM PART/G)		
				是一种自己的 医多种 医神经炎
TOTAL for the reporting period	(3)	\$		
TOTAL VALUE OF IN-KIND CONTRIBUTION PERIOD (Add and enter amount totals for Page 1, Report Cover Page, Item F)				

## SCHEDULE II Part G

### **In-Kind Contributions Received**

VALUE OVER \$250

Filer Identification Number:			
Full Name of Contributor			100 cm 19 2000 the lates of the months on applicability of products
to the state of th			Date [MM/DD/YYYY]
House # Stree	et Address		Date [MM/DD/YYYY] \$
			Spare Lianathan Visital
City	State	Zip Code	Date [MM/DD/YYYY] \$
			4.1
Employer Name		-	Occupation
Employer Malling Address / Place of Business	Principal		Description of
			Contribution
Full Name of Contributor			Date [MM/DD/YYYY] \$
	Address		Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name		[26] [26] [26] [26] [26] [26] [26] [26]	Occupation
Employer Mailing Address / I Place of Business	Principal		Description
			of
Full Name of Contributor			Date (MM/DD/xyyy) \$
(6) (6) (2) (8)	Address		Date [MM/DD/YYYY] \$
Gity	State.	Zip.Code	Date [MM/DD/YYYY] \$
Employer Name	HERMONE IN COLUMN TO SERVICE AND SERVICE A	(1966年)	Occupation
Employer Mailing Address / P Place of Business	(rincipal		Description
			. of
Full Name of Contributor			Date [MM/DD/XYYY] 5
House# Street A			Date [MM/DD/YYYY] 25
Chy	State	Zip Code	Date [MM/DD/YYYY]
Employer Name	1 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1		Occupation
Employer Malling Address / Pr Place of Business	Incipal.		Description of Contribution

# SCHEDULE III Statement of Expenditures

Filer Identification Number:	

To Whom Paid	E ala		Date [MM/DD/YYYY] \$	25 77
Giant d	zagir		03-29-2019	25.77
House #   Street Address	Intersate 1	24	Description of Expenditure	
2067	<del> </del>			
City Eriq	State PA	Zip Code 16509	funraiser	<b>′</b>
To Whom Pald	Caala		Date [MM/DD/YYYY] \$	17.97
Giant	cagie		03/29/2019	(1,-(1
House # 2067 Street Address	Interstate	Rd	Description of Expenditure	
City Erie	State PA	Zip Code 16509	funvaiser	· · · · · · · · · · · · · · · · · · ·
To Whom Paid			Date [MM/DD/YYYY]   \$	
Dollar	river		03/29/2019	7.42
House # 3768 Street Address (	liberty 3	t	Description of Expenditure	
City Erie	State PA	Zip Code	funraiser	
To Whom Paid 1 1	A	······································	Date [MM/DD/YYYY] \$	
10 Wolma	عا تعلا		०३१व्य व्याव	9.84
House # Street Address			Description of Expenditure	
City	State	Zip   Code	funraiser	<u> </u>
Malada (Malada Malada M	- <b>I</b> (5.8 × √ 1 − 1	1	1 (2.000)	
To Whom Paid			Date MAN/DDAWVI   &	¢
To Whom Paid Squo	we Spac	e	Date [MM/DD/YYY] \$	144 05
To Whom Paid  To Whom Paid  Street Address	ive Spac	e	Date [MM/DD/YYYY] \$  D任しいしついり Description of Expenditure	144 6
Jano	ive Spac	Zip Code	Description of Expenditure	144 65
House # Street Address City	State	Zip Code	Description of Expenditure	144
House # Street Address City	State	Zip Code	Description of Expenditure  いいのではれた  Date [MM/DD/YYYY] \$	144 <sup>65</sup> 262-24
House # Street Address City	State	Zip Code	Description of Expenditure	144
House # Street Address City To Whom Paid Makay	State	Zip Code	Description of Expenditure  LUCO 71 to  Date [MM/DD/YYYY] \$  OU 03 12019	144
House # Street Address  City  To Whom Paid  House # Street Address  City	State   A \ic	Zip Code	Description of Expenditure  LUCO 71 to  Date [MM/DD/YYYY] \$  OU 03 [ZOL9]  Description of Expenditure	762574
House # Street Address  City  To Whom Paid  House # Street Address  City	state	Zip Code	Description of Expenditure  LUCO 71 to  Date [MM/DD/YYYY] \$  OULO3[ZOL9]  Description of Expenditure	144
House # Street Address  City  To Whom Paid  House # Street Address  City	State   A \ic	Zip Code	Description of Expenditure  LUCO 71 to  Date [MM/DD/YYYY] \$  OU 03 [ZOL9]  Description of Expenditure	762574
House # Street Address  City  To Whom Paid Makay  House # Street Address  City  To Whom Paid Utyonic Co	State   A \ic	Zip Code  Zip Code	Description of Expenditure  LUCO 71 to  Date [MM/DD/YYYY] \$  OULO3[ZOL9]  Description of Expenditure	762574
House # Street Address  City  To Whom Paid Makay  House # Street Address  City  To Whom Paid Vevovice  House # Street Address  City  City	State  State  State  State  State	Zip Code	Description of Expenditure  Date [MM/DD/YYYY] \$  Date [MM/DD/YYYY] \$  Date [MM/DD/YYYY] \$  CALO3   ZOLO4    Description of Expenditure	262-24 155-47
House # Street Address  City  To Whom Paid Makay  House # Street Address  City  To Whom Paid Vevovice  House # Street Address  City  City	State  State  State  Ca Rexford	Zip Code	Description of Expenditure  Date [MM/DD/YYYY] \$  Date [MM/DD/YYYY] \$  Date [MM/DD/YYYY] \$  CHO3 [ZOL9]  Description of Expenditure	762574
House # Street Address  City  To Whom Paid Makay  House # Street Address  City  To Whom Paid Vevovice  House # Street Address  City  City	State  State  State  State  State	Zip Code	Description of Expenditure  Date [MM/DD/YYYY] \$  Date [MM/DD/YYYY] \$  Date [MM/DD/YYYY] \$  CALO3   ZOLO4    Description of Expenditure	262-24 155-47
House # Street Address  City  To Whom Paid	State  State  State  State  State	Zip Code	Description of Expenditure  Date [MM/DD/YYYY] \$  Date [MM/DD/YYYY] \$  Date [MM/DD/YYYY] \$  CHO3 [ZOL9]  Description of Expenditure  Date [MM/DD/YYYY] \$  OHO3 [ZOL9]  Description of Expenditure	262-24 155-47

# SCHEDULE III Statement of Expenditures

			<del></del>	
Filer Identification Number:		• • • • • • • • • • • • • • • • • • • •		
	[			ļ
Hade from the action of the second process o	.1			

To Whom Paid			Date [MM/DD/YYYY] \$
l-	tarland Clark	(C	02.81 19150140
House#  str	reet Address	<del></del>	Description of Expenditure
	CCC AMUICOS		
City	State	Zlp Code	checks
To Whom Paid			Date MM/DD/VYYYI   \$
	Pick 6 Publi	c House	4/12/2019 100 05
House# Str	reet Address		Description of Expenditure
City	State	Zip Code	
To Whom Paid	Amazon		Date [MM/DD/YYYY] \$
	TWWWWWV		4112/2019 108.12
House # Str	eet Address		Description of Expenditure
City	State	Zip Code	
To Whom Paid			Date [MM/DD/YYYY]   \$
ν	valmart		04/12/2019 9.69
House # Str	eet Address		Description of Expenditure
City	State	Zip Code	
To Whom Paid	Office Max		Date [MM/DD/YYYY] \$
	JAFICE MUX		4/15/2019 20.19
House # Str	eet Address	<del></del>	Description of Expenditure
City	State	Zip Code	
To Whom Paid	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		Date [MM/DD/YYYY]   \$
	)ffice Max		04/18/2019 29.52
House # Str	eet Address	······································	Description of Expenditure
City	State	Zlp Code	
To Whom Paid	2 . 1 1		Date [MM/DD/YYYY] \$ 5
	Cat tu Erie		04/19/2019 50.
House # Str	eet Address		Description of Expenditure
City	State	Zip	
	m (Charle A) Charles A	Code	
To Whom Paid	ountry Fair		Date [MM/DD/YYY] \$ 23.99
	eet Address		Description of Expenditure
Su	ee caddi ess		Meanitain i mheanime
City	State	Zip	
		Code	

# Statement of Expenditures

Filer Identification Number:	

To Whom Paid		l		Date [MM/DD/YYYY] \$
(V stillmin and	Pes	eitne		04/23/2019 591.48
House #	Street Address			Description of Expenditure
			· · · · <u> · · · · · · · · · · · · · ·</u>	
City		State	Zip Code	
To Whom Paid				Date [MM/DD/YYYY] \$ 05
	Eric	Civic (	enter	04/24/2019 25
House#	Street Address			Description of Expenditure
City	L	State	Zip Code	
To Whom Paid			Code	
10 Whom Palu	Fre	Dayou	cratic Part	Date [MM/DD/WW] \$ 330 °C
House#	Street Address	F-C-V	-varior -	Description of Expenditure
City	1	State	1.74_	
	- · <u></u>	Olaic	Zip Code	Democratic Dinner
To Whom Paid	1 EU. 2 C	- 1. A. 12	. ^ ^ - / - /	Date [MM/DD/YYYY] \$
		OUNTY 12	av Associate	2 05/01/2019 40 25
House #	Street Address	<del></del>		Description of Expenditure
City		State	Zip Code	Lawday Lunch
To Whom Paid	1 10		Wue	```
10 Wilder and	Act BI	lue		Date [MM/DD/YYYY] \$ 1.88
House#	Street Address			Description of Expenditure
		1.000		
City		State	Zip Code	Fee 5
To Whom Paid	Evicle	Linale	adership Ass	
		THING GE	JUENDAIL 11-	05/03/2019 30
House #	Street Address	······································		Description of Expenditure
City	Manufacture and	State	Zip	<u> </u>
			Code	
To Whom Paid	Presque	e lole P	rintina	Date [MM/DD/YYYY] \$ 670.98
House #	Street Address		<del></del>	05(11/2019 610.98) Description of Expenditure
	100000000000000000000000000000000000000	···		The state of the s
City	—· ··	State	Zip Code	Post cards
To Whom Paid	11000	- 100	18	Date [MM/DD/YYY] \$ 9/6 13
	Mura	yla A	liceu	05/08/2019 86.13
House #	Street Address		<del></del>	Description of Expenditure
City	<u></u>	State	Zip	refund misc campain
. 1			Code	LELONCY WILL COMPOSINI

#### **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 Num	ber		
Name of Creditor	(大学人) (24) (24) (24) (24) (24) (24) (24) (24		Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED	
City  Description of Debt	St	zip Code	
Name of Creditor			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED	\$
City  Description of Debt	Ste		
Name of Creditor			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	
City  Description of Debt	Sta	zip Zip Code	
Name of Creditor		·	Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	3
City  Description of Debt	Sta	rte Zip Code	
Name of Creditor			Outstanding Balance of Debt
House #	Street: Address	DATE DEBT INCURRED [IMM/DD/YYYY]	**************************************
City	Sta	ite Zip Code	
Description of Debt			
Name of Creditor			Outstanding Balance of Debt
	Street Address	DATE DEBT: INCURRED. [MM/DD/YYYY]	
City	Sta	te Zip Code	
Description of Debt			