<b>                                      </b>		100-17	Reset Form Print Form	n.

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

	Report Filed By	Candida	te de	Committee	المرابعة الم	Lobbyist
Filer Identification	( Mark X)	Calluida	Mar I	-		
Number  Name of Filing Committee, Candidate or			7.04			
Lobbyist				-13CT (	LAYTON S	CHW.ZE
Street Address	4509 V	114NE	5 51	Tin Codo		2 - 4 - 4
City FR.73		State	PA	Zip Code	16504-	4944
Type of Report (Place x under report type)					· · · · · · · · · · · · · · · · · · ·	
1-6 <sup>th</sup> Tuesday 2-2 <sup>nd</sup> Friday 3-30 Day Post Pre-Primary Pre-Primary Primary	, -	. 2 <sup>nd</sup> Friday re- 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) 05/31/00	Year 2019	2019	Amendment Report		Termination Report	
Summary of Receipts and From Date Expenditures	To Date			For	Office Use Only	
A. Amount Brought Forward From Last Repor	t \$	G				
B. Total Monetary Contributions and Receipts (From Schedule I)	6. <u>7.0</u> (	7.00			다. 	25
C. Total Funds Available (Sum of Lines A and B)	\$ (00	) · 💯	l '		## 201	The state of the s
D. Total Expenditures (From Schedule III)	\$ 1,9	54.35			98	C.5
E. Ending Cash Balance (Subtract Line D from Line C)	\$ -1,	(54.35	1		According to the second	Marie
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0	4.			<del>-</del>
G. Unpaid Debts and Obligations (From Schedule IV)	\$ .	0			******	
	3	Affidavit Se				
Part 1- If this is a Committee report, treasurer sign I i swear (or affirm) that this report, including the att	ere. If the sis a gandi	aber is to the	best of my kpowie	dge and belief t	rue correct and comple	ete.
Sworn to and subscribed before me this	7 0 3	3.81 18.62	. Ob	Non Service	3 horas	
124- 00011 -19		79	Sch	4 11/10	70.	
day di 20.1	- sylvaling	Tang -	Signature	of Person Subr	nitting report SCh U/2	2
Signature	And As a country of the Country of t	- 12.29	<i></i>	Printed Nan		
My Commission expires 4 - 3 - 23		San /	6401	8/	44906	760
MO. DAY YR	nty es April 3. ber 12889 sociation o	TY Pu	Area Code	Da	ytime Telephone Numb	er
Part II- If this is a report of a Candidate's Authorized I swear (or affirm) that to the best of my knowledge	Committee 52000	at sign h	nere. has not violated ar	ny provisions of	the Act of June 3, 1937	(P.L. 1333, NO.320) as
amended.  Sworn to and subscribed before me this	·				· ·	
day of20	- ']	·	Sig	ature of Cand	idate	<del>_</del>
Signature	- <b>j</b> '	. —	·	Printed Name		<del></del> .
<u> </u>	. ,					<u> </u>
My Commission expiresMO. DAY YR.	<del></del>	<del></del>	Area Code	Day	rtime Telephone Numbe	er

ag-15

# SCHEDULE I Contributions and Receipts

Detailed Summary Page

Filer Identification Number			
1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor	i algani Primari Primari		
Total for the reporting period	(1)	\$ .	0
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		258 (18 24 (1 <del>2</del> 43 (14	
Contributions Received from Political Committees (Part A)		\$	: 0
All Other Contributions (Part B)		\$	(00.00
Total for the reporting period	(2)	\$	100.00
3. Contributions Over \$250.00 (From Part C and Part D)		andr Bags	
Contributions Received from Political Committees (Part C)		\$	0
All Other Contributions (Part D)	-	\$	
Total for the reporting period	(3)	\$	0
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)	**************************************		
Total for the reporting period	(4)	\$	
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, Rep Cover Page, Item B)	oort	\$	0

#### PART A

## **Contributions Received From Political Committees**

 $$50.01\,\text{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.

and the second s	and the state of t				Amount
Full Name of Co	ntributing			Date [MM/DD/YYYY] \$	
Committee					
House #	Street Address			Date [MM/DD/YYYY] \$	
					O
City	The same are the state of the same of	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Cor	Tribution of	100 A 100 A	Carrie 1	Date [MM/DD/YYYY]	$\mathcal{O}$
Full Name of Cor Committee			·	Pare Timin DN LLTT. 3	<del>-</del>
House #	Street Address			Date [MM/DD/YYYY] \$	
				· · · · · · · · · · · · · · · · · · ·	$\sim$
City		State	Zip Code	Date [MM/DD/YYYY] \$	
	Walter and American Control			1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	0_
Full Name of Cor Committee	ntributing			Date [MM/DD/YYYY] \$	
House #	Street Address			/Date [MM/DD/YYYY]	
	Julies Audiess			Date [IWIM/DD/TTTT] \$ 3	
City	是一种 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	State	Zip Code	Date [MM/DD/YYYY] \$	
		1.243			
Full Name of Con Committee	ntributing			Date [MM/DD/YYYY] \$	
Committee House#	Street Address			Date [MM/DD/YYYY]   \$	<u> </u>
		•		consequences that is a single filtering stand, a first black that is all the	.0
City "	【公共1000年8月18日 1000年8月18日	State	Zip Code	Date [MM/DD/YYYY] \$	· <u>· · · · · · · · · · · · · · · · · · </u>
	·				
Full Name of Con Committee	ntributing			Date [MM/DD/YYYY] \$	
House#	Street Address			Date [MM/DD/YYYY] \$	$\mathcal{L}$
	Street Address			<u></u>	$\circ$
City	(1777)AS 1986 所召集中京 200年以下至155	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Con	tributing	13.00 (1.00	/蘇密蘇維養星	Date [MM/DD/YYYY] \$	
Committee	nribuung			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	_
House #	Street Address			Date [MM/DD/YYYY] \$	
The state of the s		102-200-200-	Simple Charles are not as a		
City	<del></del>	State	Zip Code	Date [MM/DD/YYYY] (\$	2
771700		in the first of th		l Mari	( )

4 of 15

#### 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.)

FULL Name of Contributor:  MR4 MRS JAMES THUMPSON	Date [MIM/DD/XXYY] \$	100,00
Höuse# 11670 Street Address ROUTE GN	Date [MM/DD/XXYY] S	0
State PA ZIPSGODE 1640-7	Date MM/DD/WYYI I SI	0
Füll Name of Contributor	Date [MM/DD/YYYY] * \$	0
House # Street Address	DateIMM/DD/AAAAI S	$\bigcirc$
Gity. State ZipiGode.	Date [MM//DD/AAA4] S	0
Full Name of Contributor	Date [MM/DD/AYY/] \$	0
House # Street Address	[pates[MM/DD/MYM]] [53]	0
Grity State Zip Code 1	Date (MM/DD/YYYY)	0
##Ulliname or contributor	Date [MIM/JDD//YYY] \$	0
URQUSE## Street:Address	;Date [MM/DD/MYYY] / 55	0
City State Zip Code	Date MM/DD/WYYY (	0
Fall Namesof Contributor	Date (MM/DD/AA/A/)	0
Street-Address	Date MIVI/DD/YYYY)	0
City State Zip(Code State)	Date MM/DD/AYAYA	0
Full Names of Contributors  Bouse # Street Address	Date [MM/DD/AYYY]	0
	Date [MM//DD//YYYY]	0
City Zip Code Zip Code	/Date [MM/DD/XY/Y)   \$	0

#### 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.

File Identification Number				
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	
House # Street Address			Date [MM/DD/YYYY] \$	
Giv	State	Zip Code	Date [MM/DD/YYYY]	0
EUI Name of Contributing Committee	Atticaccianasissers 2009	11700年の行の対象を作り、9 70mmであってまた。1	Date [MM/DD/YYY4] SS	0
House:## Street Address	<u> </u>		Date [MM/DD/YYYY] \$	0
(CIV)	State	Zip'Code	Date [MM/DD/AYYY] (5).	Ø
Full-Name of Contributing committee			Date IMM/DD/XYXXI # \$5	0
House# Street:Address	P UTMM - UCM	The server product for the or 1 finding in the large.	Date MM/DD/YYYM 5	0
Goty, Evillatement	State	Zip Code	**Date:[MM/DD/YYYY1	0
Gootributing Committee .  House # Street Address			Date IMM/DD/XXXXII TS	
Street Address	State	Zip.Gode:	Date [MM/DD//YYY]	<i>O</i>
ivii Nameloi	State		Date [MM/DD/YYYY] \$ 15	
Contributing Committee #			-Date [MM/DD//YYY] :	O
	State	Zip Code	Date MM/DD/YYYYN 35	
Gity: Full Name of Contributing Committee			Date I MM/DD/YYYYI	
House## Street Address			/Date [MM/DD/YYYY] & 5	_()
Giay	State	Zip Gode	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)

Full Name of Contributor		<del></del>	Date [MM/DD/YYYY] \$	
House# Street Address			Date [MM/DD/XXXVI] \$	0
City	State	Zip Code	Date [MM/DD/YYYY] \$	0
Employer Name  Employer Mailing/Address/ Principal Place of Business		· 	Occupation	
Full Name of Contributor			Date [MM/DD/WYY] \$	0
House ## Street Address			Date [MM/DD/XYYY] \$2	0
City,	State	Zip Code	Date [MM/DD/XYYY] \$	0
Employer/Verne Employer/Mailing Address// Oringgal Place of Business			•	<u></u>
Full Name of Contributors	·		#Date*[MM/DD/YYYYY] \$	0
House::: Street-Address			Date [MM/DD/XXXY] \$5	0
Giby. EmployerName	State	Zip Code	Date [MM/DD/YYYY] \$	0
Employer (Mailing Address / # Principal Place of Business # # # # # # # # # # # # # # # # # #				
Pull Name of Contributor			Date [MM/DD/YYYY]	0
House # Street Address			Date:[WIM/DD/\\\\\] \$	0_
GIAY	State	Zip Code	Date   MM/DD/YYYY)   \$	0
Employer Name Employer Malling Address /			AOccupation (	
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.

File Identification Number:	V				
Füll Name	tvAddress				
City Receipt Description		State :	Žip Code.	Date [MM/DD/YYYY]	<u>s</u>
city Receipt Description	t Address	State	Zip Code	Date [MM/DD/YYYY]	
House # Street	Address	State	Zip. Code	Date [MM/DD/Y/Y/]	\$\$ O
Hall Name	Address				
House# Street		State	Zip -Code ii	Date [MM//DD/YYYY]	
Fúll Name	Address				
House :: Sireet		State	Zip Code	Date MM/DD/XYYY	
House# Street	Address				
House# Street		State	Zip Code	Date   MM/DD/YYYY	

80615

#### **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:	/			
Material Parties of the Control of t				springers (1985年)
E 1/6 JUNITEMIZED IN-KIND CONTRIE	BUTIONS RECEIVED-VA	ALUE OF SSUUD OR LESS PER	CONTRIBUTOR	第166年 新世 1668年 第1
TOTAL for the reporting period	(1)	\$		
		,		
学元之 IN-KIND CONTRIBUTIONS REGE	IVED-VALUE OF \$50.L	LTO \$250:00 (FROM PART)		
TOTAL for the reporting period	(2)	\$	0	
* *				
3. Main Kind Gontribution Recei	VED-VALUE OVER \$25	0:00 (FROM PART G)		
TOTAL for the reporting period	(3)	\$		
TOTAL VALUE OF IN-KIND CONTRIBUTION PERIOD (Add and enter amount totals from page 1, Report Cover Page, Item F)		1 ' 1	0	

#### SCHEDULE II PART F

## **In-Kind Contributions Received**

VALUE OF \$50.01 TO \$250

Filer Identification Number:				
(1)			Date (MM/DD/AYAY)	
Full Name of Contributor			Dates (MIM/DD/A PATIS)	0
House # Street	Address		Date MM/DD/YYY) \$	0
City	State	. Zip Code	Date [MIM/DD/XXXX] \$	0
Description of Contribution	POWER PRO 3-244	[10] [10] [10] [10] [10] [10] [10] [10]		
Full Name of Contributor			Date [MM/DD/XYYY]	0
House# Street	Address		Date (MM/DD/YYYY)	0
Gity	State	Zip Code	Date [MM/DD/AYAA]) 5	0
Description of Contribution				
Eul Nameio Contilutor			-Date (MM/DD/XYXXI)	0
House: Street	Address	4	Date (MM/PD/AYAM)	0
GIV.	State	.Zip.Gode	spate (MM/DD/AMAM) 51	0
Description of Contribution				· ·
Fill Name of Contributors			Date [MM/DD/YYYY] 5	_0_
House:::: Street	Address	-	Date (MM/DD/YYM) \$5	0
GIV.	State	Zip code	Date   MM/DD/AWY1, 4\$	
Designion of Contribution			the property and the little of	
Edl Name of Contributors			#Date [MM/DD/W/Y/] \$	0
House ## Street	Address		Date MM/DD/MM41. \$	0
Giv.	State"	Zip Code	Date [MM/DD/XYAY]] \$5	0
Description of contribution			· · · · · · · · · · · · · · · · · · ·	

## SCHEDULE II Part G

## **In-Kind Contributions Received**

VALUE OVER \$250

	·		
Full Name of Contributor		Date [MM/DD/YYYY] \$ \$	$\overline{\mathcal{O}}$
House# Street Address		Date [MIM/DD/YYYY] \$	
50TV.	State Zip Code	Date [MM/DD/YYYY] \$	
Employer Name		Occupation.	
Employer Mailing Address / Principal Place of Business		Description of Gontribution	
Full Name of Contributor		Date IMM/DD/YYYYI \$	
House'# Street Address		Date [MIM/DD/XXXY] S	
(GirV).	State Zip.Code	Date (MM/DD/YYY) 5	0
Employer Name Employer Mailing Address / Principal		Occupation: Description	
Place of Edusiness  Full Name of Contributor		of Gontabution  Date [MM/DD/MYM]	
House# Street Address		Date MMI/DD/YYYY	0
Gity	State . Zip Code	Date [MM/DD/YYY)] 5.4	
Lippoyer Name		Occupation	$\mathcal{O}$
Employer Meilling Address //Principal/ Place of Business		Description	
FUI Name of Contributor		off Contribution Date [MM/DD/YYYY]	<u></u>
House# Street-Address		Date (MIV/DD/YYYY) \$	
Gity :	State Zip Code	Pate [MM/DD/YYYY] \$	$-\frac{O}{O}$
Employer Name		Occupation	
Employers(Wailing Address://Principal. Place of Business:		Description of Contribution	

# Statement of Expenditures

Filer Identific	ation Number:				;		
To Whom P	aid V				Date [MM/DD/YY	YY1© S	2
	ルエル	TING	· CONC	esPT5	01/31/20	219	847.00
House#	Street Address	495	()	IN AVE	Description of Exp	oenditure -	
City	GRIE	State	PA Code	16506	LOAN TO CANDIDA	CAMPA TO FE	TON BY N POSTCARDS
To Whom Pa	11d 115	P057 C	TET (IE	- 1411	0 <b>3</b> /30/30	YYI S	1,060
House#	Street Address	15	5 3 CM	57	Description of Exp	enditure	
Gity	GRIA	State.	PA Zip	16515	LOAN TO CAMPAJEN	9-4 <b>0-</b>	120470 TB
To Whom P	11 S-7101		(2015年1988年1988年1988年1988年1988年1988年1988年19		Date MM/DD/YY	YYJ S	
House #	STAPL Street Address		NO		04   IG AC Description of Exp		44.75
City	921	KEYST	ONB DIK PA Code	10000	LOAN TO	CAMPA	IEN BY
iio Whom Pa	CR78		アメ Code	16509	CANIZIA7	FERI	FLVERS)
		<del></del>				S.A.	
House#	Street Address		<del>                                    </del>		Description of Expo	enditure	
Gity		State	Zip Code = V	4			·
IIo Whom Pa	id a				(Date MIM/ADD/AAA)	<u>Y</u> ]	
House #	Street Address				Description of Exp	enditure . s.	
City/	The second secon	State	Zip Code				
To Whom Pa	<b>16</b>	\$ 297,0 E37,0 250,000 Annual and	\$ 100 country Account Management (		Date [MM/DD/XYY	Y	
House#	Street Address	_ :			Description of Expe	nditure.	
Gity/		State	Žip Code				
Tio Whom Pai	id.		Code		Date [MM/DD/YYY	YII S	<del>-</del> .
	Street Address	!			Description ouexpe		
lilouse:# Gity		State	<b>3710 3</b>				
	কালেইয়া বিশ্বাসায়	State	Zip Code	<u></u>	rown responsible that the property of the property	or I	
Io Whom Pai				· [4]	Date (MM/DD/MY)	M S	
House#	Street Address			77	Description of Expe	nditure /	
Gityi:		State	Zip Code		The state of the s		THE STATE OF THE S

## SCHEDULE IV

Filer Identification Number:

## **Statement of Unpaid Debts**

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Name of Greditor				Outstanding Balar	ice of Debt
2012年 14年16日本中国共2012年 1月1日 11年日 11日 11日 11日 11日 11日 11日 11日 11日	ect Address		E DEBTINCURRED MM/DD/YYYY) Zip Code		
Description of Debt		[7 Sandy (Market)   Market   M	Ben an Ben Kengenta T	[asotopiese]	
Name of Creditor  House #: Stre	eet Address		EDEBT INCURRED	Outstanding Balar	ice of Debt
City  Description of Debt		State	Zip * Code		
Name of Greditor			ı	Outstanding Balar	nce of Dene
House# Stre	et Address		≝DEBT INGURRED' MM/DD/YWYJ		0
City Description of Debt 1984		State 1	YZip Code		
Name of Cleditor	· · · · · · · · · · · · · ·	The second of th		Outstanding Balan	ce of Debi
House# Stre	et Address		EDEBIT INCURRED ( VIM/DD/AVAY) ZIP Code		0
Description of Debt					
Name of Creditor: Street House# Street	et Address		TDEBIJINGURRED	Outstanding Balan	ce of Debt
Giv		State	Zip Code:		0
Assummer Debt.					
Name of Greditor. House # Stre	et Address	ДАН	DEBTINGURRED	Outstanding Balan	ce of Debt
		i j	AIM/ADD/AYYYA		$\partial$
City Description of Debt	,	State	Zip Code	SCIE THE STATE OF THE STATE OF	