

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

(Note: This report must be clear and regions. It should be typed) Filer Identification Report Filed By Candidate 7/ Committee Lobbyist 1/ Lobbyist 1/									
Filer Identification Number	Report Filed By Co (Mark X)	ingidate X	Committee	LODDYIST					
Name of Filing Committee, Candidate or Lobbyist	Joseph E	= Sinno#		• •					
Street Address	650 Wes	1 1 / / /							
city EAR	St	ate PA	Zip Code 1650 9						
Type of Report (Place x under report type)				·					
1-6 th Tuesday 2-2 rd Friday 3-30 Day Pos	4-6th Tuesday 5-2 nd F	riday 6-30 Day Post							
Pre-Primary Pre-Primary Primary	Pre-Election Pre-Ele	ction Election	Pre-Election	Post-Election					
Date Of Election (MM/DD/YYYY) 5/21/19	Year 2019	Amendment Report	Termination Report						
Summary of Receipts and From Date Expenditures	To Date	Carlo Barbara (C.)	For Office Use Only						
4/2/19	5/6/19								
A. Amount Brought Forward From Last Repor	t s								
B. Total Monetary Contributions and Receipt (From Schedule I)	3000 ·	00	50 50 10						
C. Total Funds Available (Sum of Lines A and B)	\$ 3000.	<i>oo</i>	된 	363 962 gra					
D. Total Expenditures (From Schedule III)	\$ 3000;	00		7\ .					
E. Ending Cash Balance (Subtract Line D from Line C)	\$ 0		<u>.</u> (
F. Value of In-Kind Contributions Received (From Schedule II)	5 0								
G. Unpaid Debts and Obligations (From Schedule IV)	\$ 0		·	•					
312 (2) (2) (3) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4		avit Section							
Part 1- If this is a Committee report, treasurer sign I I swear (or affirm) that this report, including the atta	nere. If this is a Candidate re sched schedules on paper, is	port, candidate sign here to the best of my knowle	edge and belief true, correct and co	omplete					
Sworn to and subscribed before me this day of May 20 19	<u>.</u> .1								
Complement of Pennsylvania)	Signature Jos	e of Person Submitting report Printed Name						
My Commission every	Public	814	450 5	680					
My Commission Exploses February Commission No. 1186	ary 25, 2022 974	Area Code	Daytime Telephone N	lumber					
Part II- If this is a report of a Candidate's Authorized I swear (or affirm) that to the best of my knowledge amended.	Committee, candidate shal and belief this political com	sign here. mittee has not violated a	ny provisions of the Act of June 3,	1937 (P.L. 1333, NO.320) as					
Sworn to and subscribed before me this									
day of20	- 1	e:	gnature of Candidate						
	_	21		····					
Signature	, 1		Printed Name						
My Commission expires	_	Area Code	Daytime Telephone No	umber					

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

filer identification Number	Joseph	ESINNOH	

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1. Uniternized Contributions and Receipts \$50.00 or Less per Contributor		
Total for the reporting period (1)) \$	0
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		
Contributions Received from Political Committees (Part A)	\$	0
All Other Contributions (Part B)	\$	0
Total for the reporting period (2)	\$	0
3. Contributions Over \$250.00 (From Part C and Part D)	gliores Statio	
Contributions Received from Political Committees (Part C)	\$	0
All Other Contributions (Part D)	\$	3000.00
Total for the reporting period (3)	\$	3000-00
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		ligi. Marking propinsi da katalaga pengenalagan da da da Katalagan pengenalagan katalagan katalagan da
Total for the reporting period (4)	\$	0
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, Report Cover Page, Item B)	\$	3000.00

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)

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Filer Identification Number:		Josep	h		o#		•			
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Full Name of Contributor	Joseph E Sinnott		3000.00
House# Street	Joseph E Sinnott Address West 40th St	Date [MM/DD//YYYY] \$	
env ERIL	State PA Zin Code 165		
Employer Name	Marrentan Firm	Occupation Attorne	1
Employer Mailing Address / Principal Place of Business	Marnenlaw Firm 516 West 10th St	ERIC PA 16502	/
Full Name of Contributor		Date [MM/DD/YYYY] . \$	
House # Street	Address	Date [MM/DD/XXXX] 5	and the second s
City	State Zip Code	Date [MIM/DD/YYYY] 5	
Employer Name		Occupation	
Employer Mailing Address / Principal Place of Business			
Full Name of Contributor		Date (MM/DD/YYYY) \$	and the second provide a provide a provide a second provi
	Address	Date [MIM/DD/YYYV] \$	
City	State Zjp Gode	*Date [MM/DD/YYYY] \$	
Employer Name		Occupation	
Employer Mailing Address / Principal Place of Business			
Full Name of Contributor.		Date [MM/DD/XYYY] \$	
ener de la companya d	Address	Date [MM/DD/YYYY] \$	
City	State Zip Code	Date [MM/DD/YYYY] \$	
Employer Name		Occupation	·
Employer Mailing Address / Principal Place of Business			

Statement of Expenditures

Filer Identification Number: Joseph ESinnott					
Filer Identification Number: Joseph ESinnott				 	
Joseph Esinnot				 	
	Filer idemnikation Number	Joseph	- $ -$		

To Wh	om Paid	Committ	es to El	ect Jo	sent ES	innott	Date [MM/DD/		3000.00
House	# 650	Committ Street Address	West 4	1045	87		Description of		ra españolada Aparentaria
City	BRIC		State	PA	Zip Code	16509	Loan	to Com	mittee
To Wh	om Paid			·			Date (MM/DD)	<u> </u>	
House	#	Street Address				,	Description of	Expenditure	
City			State		Zip Code				
To Wh	om Pald						Date (MM/DD)	<u>(YYYYY)</u> \$	
House	#	Street Address					Description of	Expenditure	
City		Francisco Confederation (1999) of the first	State		Zip Code				
To Wh	om Paid	candinary as americane stein dollar root day.	en i stanisti vi sita i stranska poslava svoja — p				Date (MM/DD)	(YYYY) \$	
House	#	Street Address	·· — · ·			,	Description of	Expenditure	
City			State		Zip Code				
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House	#	Street Address					Description of	Expenditure	responsible des Alexandres de Canada
City			State		Zip Code				
To Wh	om Paid				•		Date (MM/DD)	2	
House	#	Street Address					Description of	Expenditure	
City			State		Zip Code	. ,			
	om Paid	·					⊪Date [MM/DD)		
House	#	Street Address					Description of	Expenditure	
City			State		Zip Code		Date (MM/Db)	www.s.	
	om Pald					<u></u>			
House	#	Street Address					Description of	Expenditure	
City	•		State		Zip Code		,		: