eset Form	Print Form



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

Filer Identification		Report Filed By	y Candida	ite 😾	Committee		Lobbyist	
Number		( Mark X)						
Name of Filing Committee, C	Cuv	- <del>-</del> -	C; 11	~		·		
Lobbyist Street Address		_		2MITI				
	)4 ]	Dynes	Hue	·				
City E Cie			State	PΑ	Zip Code	16510		
Type of Report (Place x under	report type)							
1-6 <sup>th</sup> Tuesday 2- 2 <sup>nd</sup> Friday Pre-Primary Pre-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	_ 1	Year		Amendment		Termination		
(MM/DD/YYYY)	05/21	2019		Report		Report		
Summary of Receipts and	From Date	To Date			For	Office Use Only 🗟		
Expenditures	<u> </u>							
	04/05/201		2019					
A. Amount Brought Forward	•	&	)					
B. Total Monetary Contributi	ons and Receipts	\$						
(From Schedule I) C. Total Funds Available		\$						
(Sum of Lines A and B)		٦					•	
D. Total Expenditures		\$ 261	econ h				. 🖈	
(From Schedule III)		391	.51			——————————————————————————————————————	· 4	
E. Ending Cash Balance		\$						
(Subtract Line D from Line C)								
F. Value of In-Kind Contributi (From Schedule II)	ons Received	\$						
G. Unpaid Debts and Obligati	ons	\$ .						
(From Schedule IV)	<b></b>							
Date 1 Malain and 1		8 8	Afgdavit Sec	tion				
Part 1- If this is a <b>Committee</b> report	irt, treasurer sign n	ere. If this is e Cand	ndare Peport, ca	ndidate sign here.	oe and helief tr	ue correct and complet	0	
I swear (or affirm) that this report Sworn to and subscribed before n	ne this	I⊊ 97 . <	E ` 1.32	Custon		ue, correct and complet	c.	
	220 20 0	2 1 E	number	Signature	of Person Subm	itting report	_	
Signatule	nande	י הישועו יידי	e cia	Curt 3	Printed Name	<u> </u>	····	
1.6.	2-12		S S S S	21.1	_			
My Commission expires	<u>5,700</u>	_ <del>_</del> = = = = = = = = = = = = = = = = = = =	mmission mmission Pennsylva	<u> </u>		82-7313	- <del></del>	
-MO.	DAY YR.	onwealth of P	Commission Commission ar, Pennsylve	rea Code	рау	time Telephone Numbe	r	
Part II- If this is a report of a Cand I swear (or affirm) that to the best		Committed candid	te shall sign he		provisions of th	ho Act of June 2 1027 (	1 1222 NO 220) ac	
amended.	or my knowledge t	and belief Ols point	car congrinttee i	ies not violated any	provisions or d	ne Act of June 3, 1937 (F	.E. 1333, NO.320) as	
Sworn to and subscribed before m	e this							
day of	20	٠,						
		- I	*****	Signa	ature of Candid	ate		
<u> </u>		- <b>j</b> '		· · · · · · · · · · · · · · · · · · ·			_	
Signature		, 1		. Б	Printed Name			
My Commission expires	DAY	_					_	
MO.	DAY YR.		Aı	rea Code	Dayti	me Telephone Number		

#### SCHEDULE I

## **Contributions and Receipts**

**Detailed Summary Page** 

Filer Identification Number	
1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor	
Total for the reporting period (1)	)   \$
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)	
Contributions Received from Political Committees (Part A)	\$
All Other Contributions (Part B)	\$
Total for the reporting period (2)	) \$
3. Contributions Over \$250.00 (From Part C and Part D)	
Contributions Received from Political Committees (Part C)	\$
All Other Contributions (Part D)	\$
Total for the reporting period (3)	) \$
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, Report Cover Page, Item B)	\$

#### 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 Ide	lentification Number						
							 Amount
Full Na Commi	ame of Contributing nittee					Date [MM/DD/YYYY]	\$ -000
House :	# Stree	et Address				Date [MM/DD/YYYY]	\$
City			State	Zip Code	1	Date [MM/DD/YYYY]	\$
Full Nar Commi	ame of Contributing	i				Date [MM/DD/YYYY]	\$
House #	# Stree	et Address				Date [MM/DD/YYYY]	\$
City			State	Zip Code		Date [MM/DD/YYYY]	\$
Full Nar Commit	me of Contributing littee					Date [MM/DD/YYYY]	\$
House #	# Stree	et Address				Date [MM/DD/YYYY]	\$ 
City		. !	State	Zip Code		Date [MM/DD/YYYY]	\$
Commit				<u> </u>		Date [MM/DD/YYYY]	\$ <u> </u>
House #	Street	et Address				Date [MM/DD/YYYY]	\$ J
City			State	Zip Code		Date [MM/DD/YYYY]	\$
Full Nam Commiti	me of Contributing ttee			<u> </u>		Date [MM/DD/YYYY]	\$
House #	Street	t Address				Date [MM/DD/YYYY]	\$
City		S	State	Zip Code		Date [MM/DD/YYYY]	\$
Committ							\$
House #	Street	t Address				Date [MM/DD/YYYY]	\$
City		S	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.)

Filer Ide	entification Number:							
				<u> </u>				
- 44 BJz	2.2						_	
Full Iva	ame of Contributor		_			Date [MM/DD/YYYY]	\$	
House	# Str	reet Address	***			Date [MM/DD/YYYY]	\$	
City			State	Zip Code		Date [MM/DD/YYYY]	\$	
Full Na	ame of Contributor			<u></u>		Date [MM/DD/YYYY]	\$	
House	# Str	reet Address				Date [MM/DD/YYYY]	\$	
City			State	Zip Code		Date [MM/DD/YYYY]	\$	
Full Na	me of Contributor		<u> </u>		<u></u>	Date [MM/DD/YYYY]	\$	
House #	# Str	reet Address	-		8.4	Date [MM/DD/YYYY]	\$	
City		1	State	Zip Code		Date [MM/DD/YYYY]	\$	
	me of Contributor		<u> </u>	····		Date [MM/DD/YYYY]	\$	
House #	Stre	eet Address				Date [MM/DD/YYYY]	\$	
City			State	Zip Code		Date [MM/DD/YYYY]	\$	
Full Nan	me of Contributor					Date [MM/DD/YYYY]	\$	
House #	Stre	eet Address				Date [MM/DD/YYYY]	\$	
City	<u></u>		State	Zip Code		Date [MM/DD/YYYY]	\$	
	ne of Contributor					Date [MM/DD/YYYY]	\$	
House #	Stre	eet Address				Date [MM/DD/YYYY]	\$	
City	<u> </u>		State	Zip Code		Date [MM/DD/YYYY]	\$	

#### 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.

Filer Iden	ntification Number:						· · · · · · · · · · · · · · · · · · ·
Full Nam					Date [MM/DD/YYYY]	\$	
Contribu	uting Committee					1	
House #	Str	reet Address			Date [MM/DD/YYYY]	\$	4-44
City			State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name Contribut	ne of Iting Committee				Date [MM/DD/YYYY]	\$	
House #	Stre	eet Address			Date [MM/DD/YYYY]	\$	
City		I	State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name Contribut	ne of Iting Committee		<del></del>	- 1	Date [MM/DD/YYYY]	\$	
House #	use # Street Address				Date [MM/DD/YYYY]	\$	
City			State	Zip Code	Date [MM/DD/YYYY]	\$	
	e of ting Committee				Date [MM/DD/YYYY]	\$	
House #	Stre	eet Address	٠,		Date [MM/DD/YYYY]	\$	
City			State	Zip Code	Date [MM/DD/YYYY]	\$	700
	ing Committee				Date [MM/DD/YYYY]	\$	
House #	Stree	eet Address			Date [MM/DD/YYYY]	\$	
City			State	Zip Code	Date [MM/DD/YYYY]	\$	
	of ing Committee				Date [MM/DD/YYYY]	\$	
House #	Stree	et Address		414	Date [MM/DD/YYYY]	\$	
City			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 Na	me of Contributor	r	·		Date [MM/DD/YYYY]	\$
House #	# St	treet Address			Date [MM/DD/YYYY]	\$
City			State	Zip Code	Date [MM/DD/YYYY]	\$
Employ	yer Name				Occupation	
	er Mailing Addres al Place of Busines					
	me of Contributor				Date [MM/DD/YYYY]	\$
House #	Str	reet Address			Date [MM/DD/YYYY]	\$
City			State	Zip Code	Date [MM/DD/YYYY]	\$
	er Name				Occupation	
Principa	er Mailing Address al Place of Business	ss				
Full Nam	ne of Contributor				Date [MM/DD/YYYY]	\$
House #	Stro	reet Address			Date [MM/DD/YYYY]	\$
City	<u> </u>		State	Zip Code	Date [MM/DD/YYYY]	\$
Employe			<del></del>		Occupation	
Principal	er Mailing Address I Place of Business	s				100
Full Nam	ne of Contributor				Date [MM/DD/YYYY]	\$
House #	Stre	eet Address			Date [MM/DD/YYYY]	\$
City			State	Zip Code	Date [MM/DD/YYYY]	\$
Employer	Name		<u> </u>		Occupation	
	r Mailing Address 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.

Filer Identification Number:				
Full Name				
ruii ivaille				
House # Str	reet Address	***************************************		***************************************
City	St	ate Zi <sub>l</sub>	p ode	Date [MM/DD/YYYY] \$
Receipt Description		······································		
Full Name		****	11 - 1111	
House # Str	eet Address	, 1980 m. n. 1981	***************************************	7 4 AV 11
City	St	ate Zip Co	p ode	Date [MM/DD/YYYY] \$
Receipt Description				
Full Name		<u></u>	1	
House # Str	eet Address			
City	Sta	ate Zip Co		Date [MM/DD/YYYY] \$
Receipt Description				
Full Name				· · · · · · · · · · · · · · · · · · ·
House # Stre	eet Address		**************************************	
City	Sta	ite Zip Co		Date [MM/DD/YYYY] \$
Receipt Description		V <sub>187-9</sub>	——	
Full Name				
	eet Address			
City	Sta	te Zip Cod	de	Date [MM/DD/YYYY] \$
Receipt Description				
Full Name				
House # Stre	et Address	-		
City	Sta	te Zip Cod	de l	Date [MM/DD/YYYY] \$
Receipt Description				

#### 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:	
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$5	0.00 OR LESS PER CONTRIBUTOR
TOTAL for the reporting period (1)	\$
2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.	.00 (FROM PART F)
TOTAL for the reporting period (2)	\$
3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM	и PART G)
TOTAL for the reporting period (3)	\$
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F)	\$

## SCHEDULE II PART F

## **In-Kind Contributions Received**

VALUE OF \$50.01 TO \$250

filer idei	entification Number:	er.					
Full Na	me of Contributor	r			Date [MM/DD/YYYY]	\$	
House #	# St	reet Address	-		Date [MM/DD/YYYY]	\$	
City			State	Zip Code			
			State	ZIP Code	Date [MM/DD/YYYY]	\$	
	otion of Contribution					_	
Full Nan	me of Contributor				Date [MM/DD/YYYY]	\$	
House #	Stre	reet Address			Date [MM/DD/YYYY]	\$	
City	<u> </u>	<u> </u>	State	Zip Code	Date [MM/DD/YYYY]	\$	
	tion of Contributio	·					<u> </u>
Full Nam	me of Contributor	į			Date [MM/DD/YYYY]	\$	
House #	Stre	eet Address			Date [MM/DD/YYYY]	\$	
City			State	Zip Code	Date [MM/DD/YYYY]	\$	
Descripti	tion of Contribution	n					
Full Nam	ne of Contributor				Date [MM/DD/YYYY]	\$	
House #	Stre	eet Address			Date [MM/DD/YYYY]	\$	
City			State	Zip Code	Date [MM/DD/YYYY]	\$	
	ion of Contribution	n					·
	e of Contributor				Date [MM/DD/YYYY]	\$	
House #	Stre	eet Address	Programme .		Date [MM/DD/YYYY]	\$	
City			State	Zip Code	Date [MM/DD/YYYY]	\$	
Descriptic	on of Contribution	a					

## SCHEDULE II Part G

## **In-Kind Contributions Received**

VALUE OVER \$250

Filer iqe	entification Number:								<del></del>
Full Na	ame of Contributor	•				Date [MM/DD/	/YYYY]	\$	
House #	# St	treet Address				Date [MM/DD/	<u>/YYYY]</u>	\$	
City			State	Zip Code		Date [MM/DD/	<u>/YYYY]</u>	\$	
Employ	yer Name		+			Occupation	T		
Place of	yer Mailing Addres of Business					Description of Contribution			
Full Nar	ime of Contributor					Date [MM/DD/	/YYYY]	\$	
House #	\$ Str	reet Address				Date [MM/DD/	/YYYY]	\$	
City			State	Zip Code		Date [MM/DD/	/YYYY]	\$	***
Employ	yer Name				<u></u>	Occupation	T	Щ	
Place of	yer Mailing Address f Business					Description of Contribution			
Full Nan	me of Contributor					Date [MM/DD/	<b>YYYY</b> ]	\$	
House #	Stre	reet Address				Date [MM/DD/	<b>YYYY</b> ]	\$	
City	1	<u>_</u>	State	Zip Code		Date [MM/DD/	YYYY]	\$	
	er Name					Occupation		<u>L</u>	
Place of	er Mailing Address f Business					Description of Contribution			
	me of Contributor			· · · · · · · · · · · · · · · · · · ·		Date [MM/DD/\	YYYY]	\$	
House #	Stre	eet Address	*****			Date [MM/DD/Y	<u> </u>	\$	
City			State	Zip Code		Date [MM/DD/V	YYYY]	\$	
Employe				L		Occupation	·	<del></del>	
	er Mailing Address Business	; / Principal				Description of Contribution	<del></del>		

#### **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.

riier lucili	imication Number.							
Name of	Creditor						Out	standing Balance of Debt
House #		et Address			E DEBT INC		\$	
City			State		Zip Code		1	
Descripti	on of Debt				'			
Name of	Creditor						Out	standing Balance of Debt
House #	Stre	et Address	,	1	E DEBT INC MM/DD/Y		\$	
City	<u>                                     </u>		State		Zip Code			
Descripti	on of Debt	- Chronish are strained	•					
Name of	Creditor			-			Out	standing Balance of Debt
House #	Stre	et Address		1	DEBT INC		\$	
City			State		Zip Code		-	
Descripti	on of Debt							
Name of	Creditor						Out	standing Balance of Debt
House #	Stre	et Address			DEBT INC		\$	
City	I		State		Zip Code			
Description	on of Debt							
Name of	Creditor						Out	standing Balance of Debt
House #	Stre	et Address			DEBT INC		\$	-
City	i <u>.                                    </u>		State		Zip Code			
Description	on of Debt		-		L.,.	,	1	
Name of	Creditor						Out	standing Balance of Debt
House #	Stre	et Address			DEBT INC		\$	
City	1		State		Zip Code			
Description	on of Debt			<u> </u>				

# Statement of Expenditures

Filer Identification Number:

To Whom	n Paid						Date [MM/DD/YYYY]	\$
	F	office	<u>^</u>	Va x		·	UH 105 J 2019	
House # Q05 Street Address		Milcroek Mall				Description of Expenditure		
City			State	3000	Zip		Icelal Car	<u>a</u> 5
	Eric	<u> </u>		PA	Code	16509		
To Whom	n Paid	010	9	ø" .	1		Date [MM/DD/YYYY]	\$
House #   C+		Erle County Court has e					O4 O2) 2019 Description of Expendi	35-63
	1-10		Mas	- Cem	Stree	+		List
City	Eric	2	State	PA	Zip Code	14501	į	
To Whom			e	"			Date [MM/DD/YYYY]	\$
		R. M.1	ler	Desi,	ns		Description of Expendit	16960
House #	8326	Street Address	Kno	yle (	Źd		Description of Expendit	i sy
City	Jath	shura	State	PA	Zip Code	16442	4×8	
To Whom	Paid	T .			<del></del>		Date [MM/DD/YYYY]	\$
			<u> </u>				04/3012019	35/33
House #	j	Street Address	Fac	ebook	لادر	<b>\</b>	Description of Experidit	
City	Nei	nlo Park	State	CA	Zip '	94025		
To Whom Paid					102			
To Whom				00	ooue	1 10 2	Date [MM/DD/YYYY]	\$ 0
		Office	2	Ma		1 102)	05/02/2019	92.32
House #				Ma	X			92.32
House #	905	Office			X	<u> </u>	OS JO2 J2019 Description-of Expendit	92.32
House #	Paid 905 とん	Of fice	W,		X Zip		OS JO2 J2019 Description-of Expendit	92.32
House # (City (To Whom I	Paid 905 とん	Office Street Address	W,		X Zip	<u> </u>	OS   OZ   2019 Description-of Expendit	92.32 ture
House # (City To Whom I	Paid 905 とん	Of fice	W,		X Zip	<u> </u>	05/02/2019 Description of Expendit	92.32 ture
House # (City (To Whom I	Paid 905 とん	Office Street Address	W,		X Zip	<u> </u>	OS   OZ   2019 Description-of Expendit	92.32 ture
House # (City To Whom I	Paid 905 Compaid	Office Street Address	State		Zip Code	<u> </u>	OS   OZ   2019 Description-of Expendit	92.32 ture
House # (City City City To Whom I	Paid 905 Compaid	Street Address  Street Address	State		Zip Code	<u> </u>	Date [MM/DD/YYYY]  Date [MM/DD/YYYY]	\$ ure
House # (City   City   City	Paid 905 Compaid	Office Street Address	State		Zip Code	<u> </u>	OS   O2   2019 Description of Expendit	\$ ure
House # (City City City To Whom I	Paid 905 Compaid	Street Address  Street Address	State		Zip Code	<u> </u>	Date [MM/DD/YYYY]  Date [MM/DD/YYYY]	\$ ure
To Whom I  City  City  To Whom I  City  To Whom I	Paid Paid Paid	Street Address  Street Address	State		Zip Code	<u> </u>	Date [MM/DD/YYYY]  Date [MM/DD/YYYY]	\$ ure
House # City To Whom I  City To Whom I  City To Whom I	Paid Paid Paid	Street Address  Street Address  Street Address	State		Zip Code	<u> </u>	Date [MM/DD/YYYY]  Date [MM/DD/YYYY]  Date [MM/DD/YYYY]  Date [MM/DD/YYYY]	\$ ure \$
House # City To Whom I House # City City	Paid Paid Paid	Street Address  Street Address	State		Zip Code	<u> </u>	Date [MM/DD/YYYY]  Date [MM/DD/YYYY]  Date [MM/DD/YYYY]  Description of Expendit	\$ ure \$
House # City To Whom I  City To Whom I  City To Whom I	Paid Paid Paid	Street Address  Street Address  Street Address	State		Zip Code	<u> </u>	Date [MM/DD/YYYY]  Date [MM/DD/YYYY]  Date [MM/DD/YYYY]  Date [MM/DD/YYYY]	\$ ure \$