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

Street Address State PA	
Type of Report (Place x under report type) 1. 6th Tuesday 2. 2th Friday 3-30 Day Post 4-6th Tuesday 5-2th Friday Pre-Primary Pre-Primary Pre-Flection Pre-Election Pre-Electi	<u> </u>
Type of Report (Place x under report type) 1. cth Tuesday Pre-Primary Pre-Primary Pre-Primary Pre-Primary Pre-Primary Pre-Primary Pre-Primary Pre-Election Pre-E	
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Pre-Primary Pre-Primary Pre-Blection Pre-Election Pre-Ele	
Date Of Election (MM/DD/YYYY) Year Amendment Termination Report	
Summary of Receipts and Expenditures 5/7/2019 A. Amount Brought Forward From Last Report 5/7/2019 6/18/2019 A. Amount Brought Forward From Last Report 7/8/2019 A. Amount Brought Forward From Last Report 5/7/2019 6/18/2019 6/18/2019 1151.49 115	
Expenditures 5/7/2019 6/18/2019 A. Amount Brought Forward From Last Report 1151.49 B. Total Monetary Contributions and Receipts (From Schedule I) C. Total Funds Available (Sum of Lines A and B) D. Total Expenditures (From Schedule III) E. Ending Cash Balance (Subtract Line D from Line C) F. Value of In-Kind Contributions Received (From Schedule III) G. Unpaid Debts and Obligations (From Schedule IV) Part 1- If this is a Committee report, treasurer sign here. If this is Capital Gallace Sport, candidate sign here. I swear (or affirm) that this report, including the attached schedules so opposite to the best of my knowledge and belief true, correct and complete. Sworn to and subscribed before me this Amount Brought Forward From Last Report 5/10/10/10/10/10/10/10/10/10/10/10/10/10/	
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F. Value of In-Kind Contributions Received (From Schedule II) G. Unpaid Debts and Obligations (From Schedule IV) Part 1- If this is a Committee report, treasurer sign here. If this is Candidate Sport, candidate sign here. I swear (or affirm) that this report, including the attached schedules on pages, is to the best of my knowledge and belief true, correct and complete. Sworn to and subscribed before me this Aday of Tune 20 19 Signature Printed Name	
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(From Schedule II) G. Unpaid Debts and Obligations (From Schedule IV) Part 1- If this is a Committee report, treasurer sign here. If this is Candidate Sport, candidate sign here. I swear (or affirm) that this report, including the attached schedules on pass, is to the best of my knowledge and belief true, correct and complete. Sworn to and subscribed before me this day of June 20 19 Signature of Person Submitting report Signature Signature Printed Name	
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Part 1- If this is a Committee report, treasurer sign here. If this is Cambridate Sport, candidate sign here. I swear (or affirm) that this report, including the attached schedules on page 1, is to the best of my knowledge and belief true, correct and complete. Sworn to and subscribed before me this day of June 20 19 Signature of Person Submitting report Signature Signature Printed Name	
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Swarn to and subscribed before me this The day of June 20 19 Himhau Jaluxadu Signature of Person Submitting report Signature of Person Submitting report Printed Name	
Signature of Person Submitting report	
Signature Printed Name	
My Commission expires Octring J 2019 MO. DAY YR. MO. DA	
MO. DAY YR. OF BELL Area Code Daytime Telephone Number	
で) 室 (O Gi	
Part II- If this is a report of a Candidate's Authorized Committee candidate's pall sign here.	
I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, NO.32 amended.	0) as
Sworn to and subscribed before me this	
Mimball Dayadr Signature of Candidate Vane Sta Scient	
6-19 (2) (2.16)	
My Commission expires Octobro 31, 2019 MO. DAY YR. THE RESIDENT AT THE PROPERTY OF THE PROPE	
My Commission expires OCO NO 1, LO 19 MO. DAY YR. Area Code Daytime Telephone Number Area Code Daytime Telephone Number	
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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) \$	0
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)	\$	o
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)	\$	0
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		
Total for the reporting period (4)	\$	0
Total Monetary Contributions and Receipts during this reporting period (Add and	\$	

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 Identificatio	ın Number	·			
Full Name of Co				Tease (nn (MMV)	Amount
Full Name of Co Committee	Intributing			Date [MM/DD/YYYY]	·\$
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House #	Street Address			Date [MM/DD/YYYY]	\$
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Full Name of Co	ontributing	<u> </u>		Date [MM/DD/YYYY]	\$
Committee				Service Control of the Control of th	
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House #	Street Address			Date [MM/DD/YYYY] \$	\$
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City		State	Zip Code	Date [MM/DD/YYYY] \$	생활 \$:: \$::
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House #	Street Address			Date [MM/DD/YYYY] \$	\$
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City		State	Zip Code	Date [MM/DD/YYYY] \$	\$
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Full Name of Co	ntributing	<u></u>		Date [MM/DD/YYYY] \$	s
Committee					
House #	Street Address			Date [MM/DD/YYYY] \$	Š .
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Cityon a John Colon Cityon		State	Zip Code	Date [MM/DD/YYYY] \$	
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Full Name of Co	ntributing			Date [MM/DD/YYYY] \$	<i>\{</i>
Committee					A
House #	Street Address			Date [MM/DD/YYYY] \$	<u>: </u>
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City		State	Zip Code	Date [MM/DD/YYYY] \$	
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City		State	Zip Code	Date [MM/DD/YYYY] \$	<u> </u>
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(4) (4) (4) (4) (4) (4) (4) (4) (4) (4)	•				

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:	 		

Full Name of Contributor			Date [MM/DD/YYYY]	\$
House # Street Address		_	Date [MM/DD/YYYY]	Ş
City.	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributor			Date [MM/DD/YYYY]	\$
House # Street Address			Date [MM/DD/YYYY]	\$
Giy	State	Zip Code	Date [MM/DD/YYYY]	(\$
Full Name of Contributor			Date [MM/DD/MYY)	
House # Street Address			Date [MM/DD/YYYY]	\$
City	State	ZIp Code	Date [MM/DD/YYYY]	\$
Full Name of Contributor			Date [MM/DD/XXXX]	Ş
House # Street Address			Date [MM/DD/YYYY]	\$
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Full Name of Contributor			Date [MM/DD/YYYY)	(\$
House # Street Address			Date [MM/DD/YYYY]	\\$
(City)	State	Zip Code		\$
Full Name of Contributor			Date [MM/DD/YYYY]	(\$)
House # Street Address			Date [MM/DD/YYYY]	S
City .	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				
House# Street Address			Date [MM/DD/YYYY]	\$.
	Luberty (PANASSA)		- 110mm 200mm 200mm - 100mm 20mm 2 mm 2 2mm 2 mm 2 mm 2 mm 2	
City:	State	Zip Code	Date [MM/DD/YYYY]	\$
(Full Name of			Date [MM/DD/YYYY]	Ş
Contributing Committee				
House # Street Address			Date [MM/DD/YYYY]	
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City.	State	Zip Code	Date [MM/DD/YYYY]	\$.
Full Name of			Date [MM/DD/YYYY]	\$
Contributing Committee				
House# Street Address			Date [MM/DD/YYYY]	\$
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Full-Name of Contributing Committee			Date [MM/DD/YYYY]	. \$
House # Street Address	***		Date [MM/DD/YYYY]	\$
ZGIY	State	Zip Code	Date [MM/DD/YYYY]	3
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Full Name of	ALIMINE .		Date [MM/DD/YYYY]	\$
Contributing Committee				
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House# Street Address			Date [MM/DD/YYYY]	
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City	State	Zip Code	Date [MM/DD/YYYY]	\$
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Full Name of	5.1.41.2015/329236394944	下次从2015年2月1日日 年代 中国 1月1日日 1日日	Date [MM/DD/YYYY]	(8) (8) (8) (8) (8) (8) (8) (8) (8) (8)
Contributing Committee		!	AND STATE OF	
ZOEVILONI BEZ				1
House # Street Address		!	Date [MM/DD/YYYY],	\$
		ļ		
City	State	Zip Code	Date [MM/DD/YYYY]	\$
			M. M	

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:			·
	sovení kladinska			
Full Name of Co	ntributor:			Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
City	国际安全国际自己企业	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name				Occupation
Employer Mailin Principal Place o	f Business			
Full Name of Co	ntributor			Date [MM/DD/YYYY] \$
House#	Street Address			Date [MM/DD/YYYY] \$
City	and the first of the property of the second	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name Employer Mailin				Occupation
Principal Place o	f Business			
Full Name of Cor				Date [MM/DD/YYYY]
House #	Street Address			Date [MM/DD/YYYY] \$
City	NEW VOLUME OF A 100 PROPERTY AND THE STATE OF THE STATE O	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name Employer Mailin				Occupation
Principal Place of	Business			
Full Name of Con	lig.			Date [MM/DD/YYYY] \$
House #	Street Address		1	Date [MM/DD/YYYY] \$
City		State	Zip Code	Date [MM/DD/YYYY] .5
Employer Name			The second secon	Occupation
Employer Mailing Principal Place of	; Address / 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.

Full Name	15 A			
and the second second	eet Address			
Gity 30		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description			三國際與醫院院	· · · · · · · · · · · · · · · · · · ·
Full Name				
House # Str	eet Address	145 1 2 2 2 2 3	E STREET STATE	
4 (4) (4) (4) (4) (4) (4) (4) (4) (4) (4		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				
Full Name House # Stre	eet Address	·		
City		State	Zp	Date [MM/DD/YYYY] \$
MATERIAL PROPERTY.			Code	**************************************
Receipt Description Full Name				
CONTROL OF THE PARTY OF	et Address			
City		State	Zip	Date [MM/DD/YYYY] \$
Receipt Description			Code	Date [MM/DD/YYYY] \$
Full Name				
House# Stre	et Address		<u></u>	
Gity -		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				
Full Name	· · · · · · · · · · · · · · · · · · ·			·
	et Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		Trocerowatuti	[28849002489553]**[[15999E]

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 CONTR	DIDINTIANG DECEMENTALIN	IE AE CENANAME HECC DEDI	YOUTOIRUTTOD	
	ABUITONS RECEIVED. VALS	EUR SOULON LEGG FLING	UNITEDATE.	
TOTAL for the reporting period	(1)	\$		
2. IN-KIND CONTRIBUTIONS RE	CEIVED-VALUE OF \$50.01 T	© \$250.00 (FROM PART F)		
TOTAL for the reporting period	(2)	\$		
3: N-KIND CONTRIBUTION REC	EIVED-VALUE OVER \$250.0	(O (FROM PART G)		
TOTAL for the reporting period	(3)	\$	PERSIMENDEMNIKE PRETERINGER PRO	A THE STATE OF THE
		1		
TOTAL VALUE OF IN-KIND CONTRIBUTION PERIOD (Add and enter amount totals for Page 1, Report Cover Page, Item F)	from boxes 1, 2, and 3; also			

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

		VALUE OF \$30.01 TO	3230	
Filer Identification Number:				
Full Name of Contributor			Date [MM/DD/YYYY) \$	
House # Street A	ddress		Date [MM/DD/YYYY] \$	
City:	State	Zip Code	Date [MM/DD/YYYY] \$	
Description of Contribution		宣告的記憶維建機構經濟		
Full Name of Contributor			Date [MM/DD/YYYY] \$	
House:# Street Ad			Date [MM/DD/YYYY] \$	
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Full Name of Contributor			Date [MM/DD/YYYY] \$,
House # Street Ad			Date [MM/DD/YYYY] \$	
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Full Name of Contributor			Date [MM/DD/YYYY] \$	i
House # Street Ac	idress (%)		Date [MM/DD/YYYY] \$	

State

Zip Code

Date [MM/DD/YYYY] \$

City

Description of Contribution

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

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Filer Identif				
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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	Paging December in a con-		Occupation.
Employer Mailing Address / Principal Place of Business	を できない できない できない できない できない できない できない できない		Description of Contribution
Full Name of Contributor			Date [MM/DD/YYYY] \$
House # Street Address			Date [MM/DD/YYYY] \$
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Employer Name	d n E		Occupation
Employer Mailing Address / Principal Place of Business	Control of the state of the sta		Description of Contribution
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	William State Comment		Occupation
Employer Mailing Address / Principal Place of Business			Description of Contribution
Full Name of Contributor	-4		Date [MM/DD/YYYY] \$
House # Street Address	Loo La or spongey	Teachers and the second	Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Mailing Address / Principal			Occupation
Place of Business			Description of Contribution

Statement of Expenditures

Filer Identification Number:	-	
I mer identification number:		

To Whom Paid	NH.			I SALEST CONTRACTOR OF THE SALES	
I D WILDIN T AIG	FedEx			Date [MM/DD/YYYY] \$ 130.10	
House #	Street Address 5			Description of Expenditure	
City Erie		State PA	Zip Code 16509	Handbills (not reported on previous report)	- Andrews
To Whom Paid	FedEx	11. Promise	The state of the s	Date [MM/DD/YYYY] \$ 270.55	
House #		·		5/15/2019	on metrolife(X)
W.	Street Address 5	755 Peach Street		Description of Expenditure	
City Erie		State PA	Zip Code 16509	Post Cards	
To Whom Paid	Fed£x			Date [MM/DD/YYYY] \$	
	X			5/20/2019 158.61	
House #	Street Address 57	755 Peach Street		Description of Expenditure	
City Erie		State PA	Zip Code 16509	Election day flyers	Wegan
To Whom Paid	FadEv		The state of the s	Date [MM/DD///YYY] \$	
No de la companya de La companya de la co	FedEx			5/21/2019 158.61	
House#	Street Address 57	755 Peach Street		Description of Expenditure	
City Erie		State PA	Zip Code 16509	Election day flyers	
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House #	Street Address		\$425.400000000000000000000000000000000000	5/21/2019 400.00 Description of Expenditure Poll watchers fee Date [MM/DD/YYYY] \$	
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House # City To Whom Paid House # City City City City City City City	Street Address St. Jude Childrens hos Street Address Street Address	spital	Zip Code Zip	Description of Expenditure	
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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 Identificati	on Number:	
Name of Credi		Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED \$. [MM/DD/YYYY]
City		State Zip
Description of	Pebt	
Name of Credi		Outstanding Balance of Debt
House#	Street Address	DATE DEBT INCURRED \$ [MM/DD/YYYY]
City :		State Zip Code
Description of	Debt.	
Name of Gredit		Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED \$
City		State Zip
Description of J	Debt (1)	Code
Name of Credit		Outstanding Balance of Debt
Housen	Street Address	DATE DEBT INCURRED \$ [MM/pd/\txxx)
City		State Zip Code
Description of D		[差少等表別報報] [報酬表記話亦選称完全] (227次3)
Name of Credit	Street Address	Outstanding Balance of Debt
		DATE DEBT INCURRED S [MM/DD/YYYY]
City	Pareda Provide	State Zip Code
Description of D	S.H.	【花香枝椒属毒品 】 下至之少整型机造海绵相 「海海海中」
Name of Credito	Street Address	Outstanding Balance of Debt DATE DEBTINCURRED ***
	Street Audies	[MM/DD/YYYY]
City		State Zip
Description of D	ebt	[[][[][[]][[]][[]][[]][[]][[]][[]][[]]