

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

Filer Identification		Ronc	rt Filed I	av 1	Candida	to	N	Comm	ittee			r1	Lobb	viet	1,
Number			rk X)	y	Carrolle	ite	X	Comm	iitree				LUDU	yısı.	
Name of Filing Committee, Ca Lobbyist	ndidate or		RENCE BIG	GIE	··	·············	<u> </u>	<u> </u>			· · · · ·	[. l	d.===		
Street Address		6928	W LAKE F	RD.	<u>,, </u>	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·							
City FAIRVIE	N				State	PA		Zip Co	de	164	15				
Type of Report (Place x under	report type)	•						•							
1-6 th Tuesday 2- 2 nd Friday 3-30 Day Post 4-6 th Tuesday 5-2 nd Friday Pre-Primary Primary Pre-Election Pre-Election					^d Friday Election	6-30 Da		7- Ann	ual	•	ial 2" Electi	^d Friday on	1	ial 30 I Electio	
			7	Г			<u> </u>		<u>1</u>						
Date Of Election (MM/DD/YYYY)	5-21-2019	Year			2019	Amendr Report	nent		<u> </u>	Tern Repo	ninati	on		N.	
	·					керогс			· , · · , · ·					<u> </u>	
Summary of Receipts and	From Date		To Date	B					For '	Office	Use (Only	2 2 T		
Expenditures	5-9-2019		6	-18-201	19										
A. Amount Brought Forward F	rom Last Report	\$		-263.0	8								1		
B. Total Monetary Contributio (From Schedule I)	ns and Receipts	\$			1 \$151						6:50°	100			
C. Total Funds Available		\$. 1.44						F	3 5			
(Sum of Lines A and B)									·		eriote Teni	n viii			
D. Total Expenditures (From Schedule III)		\$		26.49											
E. Ending Cash Balance		\$		-289.5	7						(<u>)</u>				
(Subtract Line D from Line C) F. Value of In-Kind Contribution	ns Received	\$		94.60	· · · · · · · · · · · · · · · · · · ·							र्द क्			
(From Schedule II)				34.00								() (3.)	入		
G. Unpaid Debts and Obligatio (From Schedule IV)	ns	\$	F	0							- 10		X)		
		<u></u>	_	2 A	ffidavit Se	ction	······					· · · · · · · · · · · · · · · · · · ·			
Part 1- If this is a Committee repor	t, treasurer sign he	re. If 🖁	sis a Car	dida te	report, ca	ndidate sig	n here.								
I swear (or affirm) that this report,	including the attac	hed se	Buges or	雷雷	, is to the	best of my	knowled	ge and be	fief tr	ue, cor	rect a	nd complet	te.		
Sworn to and subscribed before me	10	lysni Ivani	niss nissi	P P	Γ2						- · ·		_		
8 day of June	20 101	nsylvania	Erie Q nmission ex nmission nu	ande	Ĺ			of Person	Subm	itting r	eport				
Signature	A	Asso	Gounty Xpires, umber	nnsyl		AWRENCE I	DIGGIE	Printed	Nami	 e					
My Commission expires 4	2-23	Association	by SApril 3, 1 12889	/vania	8	14			860	-1881					
MO.	DAY YR.	of No	April 3, 20 1288912	Nota Nota	A	rea Code	_	_	Day	time Te	elepho	ne Numbe	r	•	
Part II- If this is a report of a Candio		omin	cand	idate si											
I swear (or affirm) that to the best amended.	of my knowledge a	nd břeli	ef this pol	ition co	ommittee	has not viol	ated any	provision	is of t	he Act	of June	e 3, 1937 (P.L. 133	3, NO.3	120) as
Sworn to and subscribed before me	e this				,							· · · · · · · · · · · · · · · · · · ·	 -7		
day of	20	_	• 1												
							Sign	ature of C	andid	ate					
Signature		1	.1					Printed Na	ame		•				
My Commission expiresMO.	DAY YR.	_				rea Code		_	Darti	me Tel	enhor	e Number	_		
IVIQ,	PAI IA.				A	rea code			vayu	ine iei	shii0[]	e Hambel			

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

Filer Identification Number	
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)	\$
Total for the reporting period (2)	\$
3. Contributions Over \$250.00 (From Part C and Part D)	
Contributions Received from Political Committees (Part C)	\$ 0
All Other Contributions (Part D)	\$ 0
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 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.

riier identiiicatio	n Number				!
					Amount
Full Name of Co	ontributing	, , , , , , , , , , , , , , , , , , ,		Date [MM/DD/YYYY]	\$
Committee					
House #	Street Address	····	4-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	Date [MM/DD/YYYY]	\$
City	,	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co Committee	ontributing			Date [MM/DD/YYYY]	\$
		<u></u>			
House #	Street Address			Date [MM/DD/YYYY]	\$
City	- herm	State	Zip Code	Date [MM/DD/YYYY]	\$
		Verlage Verlage			
Full Name of Co Committee	ontributing			Date [MM/DD/YYYY]	\$
			·		
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co	and the self-transp		A Section 1997	Details Indian (DO)	
Committee	ntributing			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
				,	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co	entributing			Date [MM/DD/YYYY]	\$
Committee				And the state of t	7/2. 2. s
House #	Street Address			Date [MM/DD/YYYY]	\$
City	<u> </u>	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Cor Committee	ntributing			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
				1	
City		State	Zip Code	Date [MM/DD/YYYY]	\$.

PART B

Filer Identification Number:

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 Cor	ntributor				Date [MM/DD/YYYY]	\$	
			\$ 100 miles				
House #	Street Address				Date [MM/DD/YYYY]	\$	
			• :	***			
City	<u> </u>	C+++0	7:- Code		Data (MARA/DD MOOV)		
City		State	Zip Code	÷ .	Date [MM/DD/YYYY]	\$	
*= Mar	ra mezawa wali s						
Full Name of Cor	itributor				Date [MM/DD/YYYY]	_ \$	
House #	Street Address	;		-	Date [MM/DD/YYYY]	\$	
						1	l .
City	<u> </u>	State	Zip Code		Date [MM/DD/YYYY]	\$	
		State	Zip Code	ļ	Date [iviivi/DD/1111]	73	
Full Name of Con		[27 475]			It see Inn honor		
Full Name of Con	itributor		Y _a		Date [MM/DD/YYYY]	\$	ı
House #	Street Address	i			Date [MM/DD/YYYY]	\$	
				:		1 1	
City		State	Zip Code		Date [MM/DD/YYYY]	\$	
		Juic	Zip Code		Date figure 201 LLL 1		
				·			
Full Name of Con	itributor				Date [MM/DD/YYYY]	\$	
				:			
House #	Street Address				Date [MM/DD/YYYY]	\$	
						1	
		Pr-60	The state of the s	* + ± ±	n to the sea (p.p. honor)		
City		State	Zip Code	j	Date [MM/DD/YYYY]	\$	
	- A 12 1 14						
Full Name of Con	tributor				Date [MM/DD/YYYY]	\$	
House #	Street Address				Date [MM/DD/YYYY]	\$	
		! 		: :			
City		State	Zip Code		Date [MM/DD/YYYY]	\$	·
				[
Full Name of Con	tributor				Date [MM/DD/YYYY]	S	
						1	•
House #	Street Address		<u> </u>		Date [MM/DD/YYYY]	\$	<u> </u>
		•		<u> </u>	Separate Business Annual		
City		State	Zip Code	·	Date [MM/DD/YYYY]	\$	
				1		1	

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.

The lucium and	on Number:		· · · · · ·		
Full Name of Contributing C	ommittee			Date [MM/DD/YYYY] \$	
House #	Street Addre	2SS		Date [MM/DD/YYYY] \$	
			4 4		
City		State	Zip Code	Date [MM/DD/YYYY] \$	
				Pare Entry PD/ [111]	
Full Name of				Date 1919 (c) Viscos III	
Contributing Co	mmittee			Date [MM/DD/YYYY] \$	
House #	Street Addre	sal -		<u></u>	
	Street Addre	55		Date [MM/DD/YYYY] \$	
City		<u></u>			
	•	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Co				Date [MM/DD/YYYY] \$	
-cittingthig Col	imittee				
louse #	Street Addres	ss		Deta India/OD/source 5	
				Date [MM/DD/YYYY] \$	
ity		State			
		State	Zip Code	Date [MM/DD/YYYY] \$	-,
ull Name of	Section To 4		The state of the s		
ontributing Con	nmittee			Date [MM/DD/YYYY] \$	_
		·			
ouse #	Street Address	s	,	Date [MM/DD/YYYY] \$	<u>·</u>
ity	<u> </u>	State	Zip Code	Date [MM/DD/YYYY] \$	
				Date [MM/DD/YYYY] \$	
ull Name of				Date [MM/DD/YYYY] \$	
ontributing Com	mittee			Date [MM/DD/YYYY] \$	
ouse#	Street Address				
		,		Date [MM/DD/YYYY] \$	
ty			<u> </u>		
* Y		State	Zip Code	Date [MM/DD/YYYY] \$	
1122					
ll Name of ntributing Comr	mittee			Date [MM/DD/YYYY] \$	
	initee:				
use#	Street Address			Date [MM/DD/YYYY] \$	
				Date [MM/DD/YYYY] \$	
y		State	Latin Co. M. T		
		State	Zip Code	Date [MM/DD/YYYY] \$	
1					

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				Date [MM/DD/YYYY]	\$
		•	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	555 [,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
House # Street Address			1 - 1	Date [MM/DD/YYYY]	\$
			• •		
City :	State	Zip Code		Date [MM/DD/YYYY]	\$
Employer Name		· .]	· · · · · · · · · · · · · · · · · · ·	Occupation	
Employer Mailing Address / Principal Place of Business					<u> </u>
Full Name of Contributor				Date [MM/DD/YYYY]	\$
House # Street Address				Date [MM/DD/YYYY]	\$
			1 1 1 1 1 1		
City	State	Zip Code		Date [MM/DD/YYYY]	_ \$
Employer Name				Occupation	1 14
Employer Mailing Address / Principal Place of Business					
Full Name of Contributor				Date [MM/DD/YYYY]	\$
House # Street Address				Date [MM/DD/YYYY]	\$
	: 1		4 - 4 - 4		
City	State	Zip Code		Date [MM/DD/YYYY]	\$
Employer Name				Occupation	
cmployer warne				Occupation	,
Employer Mailing Address / Principal Place of Business				:	
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		3.5.6	<u> </u>	Occupation	
Employer Mailing Address / Principal Place of Business		<u></u>			

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 N	lumber:		÷			
us fixter participa				:		
Full Name					 :	
House #	Street	Address				
City			State	Zip		Date [MM/DD/YYYY] \$
		•		Code		
Receipt Descripti	on					
Full Name			· · · · · · · · · · · · · · · · · · ·			
				<u> </u>		
House #	Street	Address				
City		<u>'</u>	State	Zip		Date [MM/DD/YYYY] \$
<u> </u>				Code	* * :	
Receipt Description	ON	,				
Full Name						
House #	Street	Address				
City			State	Zip		Date [MM/DD/YYYY] \$
				Code		
Receipt Description	on	-				
Full Name			· · · · · · · · · · · · · · · · · · ·			
	enut brog to be	<u> </u>	·			<u> </u>
House #	Street	Address				
City			State	Zip		Date [MM/DD/YYYY] \$
				Code		
Receipt Description	on		· · · · · · · · · · · · · · · · · · ·	<u> </u>		
Full Name	-					
House #	Street	Address				
City			State	Zip		Date [MM/DD/YYYY] \$
		:		Code		
Receipt Description	on					
Full Name						
				: 		
House #	Street	Address				
City		L	State	Zip	<u> </u>	Date [MM/DD/YYYY] \$
		* .		Code	<u> </u>	
Receipt Description	on					
<u> </u>						

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Number:								
<u> </u>	<u> </u>		;	:		:		
Fill Name of Contributor					· · · · · ·	Data [MAN/DD/VVVV]	Te	T
Full Name of Contributor	PETER BURTON					Date [MM/DD/YYYY]	\$	94.60
	·		·		·	5-10-2019-5-20-2019		·
House # 602 Stre	eet Address W 1	10th STREE	T			Date [MM/DD/YYYY]	\$	
					`	:		
City ERIE	· · · · · · · · · · · · · · · · · · ·	State	PA	Zip Code	16502	Date [MM/DD/YYYY]	\$	-
			ļ					
Description of Contribution	o n					·		
Full Name of Contributor						Date [MM/DD/YYYY]	\$	
			•					
House # Stre	eet Address					Date [MM/DD/YYYY]	\$	
City		State		Zip Code	T	Date [MM/DD/YYYY]	\$	
Description of Contribution	on .		<u></u>	<u>[</u>			<u>] :-</u>	<u> </u>
gitte, fillioner of careful con								<u> </u>
Full Name of Contributor						Date [MM/DD/YYYY]	\$	
		,				·		
House # Stre	eet Address					Date [MM/DD/YYYY]	\$	
					. :	į.		
City	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	State		Zip Code		Date [MM/DD/YYYY]	\$	
Description of Contribution	n .						-	
Full Name of Contributor		-				Date [MM/DD/YYYY]	\$	
	,							
House # Stre	eet Address					Date [MM/DD/YYYY]	\$	• ,
City		State		Zip Code		Date [MM/DD/YYYY]	\$	
						San Bushakan ba		
Description of Contribution	on .	· · · · · · · · · · · · · · · · · · ·					1	
Full Name of Contributor	4					Date [MM/DD/YYYY]	\$	
	; ;							
House # Stre	eet Address					Date [MM/DD/YYYY]	\$	
	Fr. Carrier					= -		
City		State		Zip Code		Date [MM/DD/YYYY]	\$	
					<i>'</i>			
Description of Contributio	on .		<u> </u>		<u>. </u>			

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:		611	-		•••		٠		1.	
		for the first feet of the feet			· .	·		:	· :	i ,
1. UNITEMIŽED IN-KIND	CONTRIBUTIONS RECE	IVED-VALUE OF \$5	0.00 C	R LESS PER	CONTRIB	UTØR		N. Y	of Badres . 1	n en verske Versker
TOTAL for the reporting period	(1)	9.3	\$:	13 19-	111		भा संदर्भ	
2. N-KIND CONTRIBUTIO	ONS RECEIVED-VALUE (OF \$50.01 TO \$250	.00 (FF	(Ö M'PAR† F)."?	1	Rather Land	e e e e e e e e e e e e e e e e e e e	And the second	
TOTAL for the reporting period	(2)		\$	94.60	Milato.		the Also	Per all	ent of the second	
					, t _a) _{, }+}		THE SHIP S	
3. IN-KIND CONTRIBUTIO	ON RECEIVED-VALUE O	/ER \$250:00 (FRO)	M PAR	rg)	i i				न्युग्यस्थाः स	
TOTAL for the reporting period	(3)		\$		wpr					
TOTAL VALIDATION KIND CONT		UC DEDORTING	1 4 1							
TOTAL VALUE OF N-KIND CONT PERIOD (Add and enter amount on Page 1, Report Cover Page, It	totals from boxes 1, 2,		\$ - -	1 · 4			: ;	1 -		

SCHEDULE II Part G

raiti

Filer Identification Number:

In-Kind Contributions Received

VALUE OVER \$250

			·	
Full Name of Contributor			Date [MM/DD/YYYY]	\$
		•		
House # Street	t Address	+ + .	Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name			Occupation	
Employer Mailing Address / Place of Business	Principal		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			Occupation	
Employer Mailing Address / Place of Business	Principal		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	And the last	<u> </u>	Occupation	<u> </u>
Employer Mailing Address / I Place of Business	Principal		Description of	
	erica de la compansión de		Contribution	1894 T
Full Name of Contributor			Date [MM/DD/YYYY]	\$
1		· .	Detailed to book	
House # Street	Address		Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name			Occupation	
Employer Mailing Address / F Place of Business	?rincipal		Description of Contribution	· · · · · · · · · · · · · · · · · · ·

Statement of Expenditures

Filer Identification Number:			
7			

To Who	m Paid	BUTTON SMITH IN	С	1				Date [MM/DD/YYYY]	\$	26.49			
	+ S							5-14-2019					
House #	31722	Street Address	E EUGENE ST	#9				Description of Expend	iture				
City (CARNATION		State	WA	Zip Code	98014		BUTTONS					
To Who	m Paid		-					Date [MM/DD/YYYY]	\$				
Uausa #	1	 						Description of Expendi	l l				
House #		Street Address						Description of Expendi	ture				
City			State		Zip Code		:						
To Who	m Paid							Date [MM/DD/YYYY]	\$				
House #		Street Address	E PLANO PKW	Y SUITE A				Description of Expendi	ture				
City			State		Zip Code			· · · · · · · · · · · · · · · · · · ·		. :			
To Wher	m Paid			:	·		-	Date [MM/DD/YYYY]	\$				
House #		Street Address						Description of Expendit	ture				
City	.1	: :	State		Zip Code								
To Whor	n Paid							Date [MM/DD/YYYY]	\$				
House #		Street Address						Description of Expendit	ure				
City			State	. *	Zip Code				-				
To Whor	n Paid							Date [MM/DD/YYYY]	\$	<u>-</u> :			
House #		Street Address						Description of Expendit	ure				
City		. :	State		Zip Code			· .					
To Whon	n Paid						}	Date [MM/DD/YYYY]	\$				
House #		Street Address			, ,		ı	Description of Expendit	ure				
City			State		Zip Code		: -						
To Whon	n Paid							Date [MM/DD/YYYY]	\$				
House #		Street Address						Description of Expendit	ure				
City	: -		State		Zip Code		•						

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	Number:		•	
				
Name of Credito	. <u></u>		·	Outstanding Balance of Debt
		· ·	DATE DEBT INCURRED	\$
House #	Street Address		[MM/DD/YYYY]	3
			-	
City		State	Zip Code	
Description of D	ebt	· · · · · · · · · · · · · · · · · · ·		
Name of Credito)r		· · · · · · · · · · · · · · · · · · ·	Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED	\$
		· <u>·</u>	[MM/DD/YYYY]	
City		State	Zip Code	
Description of D	ebt			
Name of Creditor			Outstanding Balance of Debt	
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
			[mm,11	
City		State	Zip Code	
Description of De	ebte conse		[<u>'</u>
Name of Credito	2 4 7 7 7		<u> </u>	Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
		-	Initial Col 11111	
City		State	Zip Code	
Description of De	ebt	<u> </u>		
		·		
Name of Credito	r			Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED	\$
		<u> </u>	[MM/DD/YYYY]	
City		State	Zip	
City		Jidie	Code	·
Description of De	ebt		: :	
			. •	
Name of Credito	<u> </u>	<u>.</u>	·	Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
				i .
· ·				1.1
City		State	Zip Code	