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

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Filer Identification 83 437 612 4	Report Filed By Candid (Mark X)	ate Committ	tee Lo	bbyist
Name of Filing Committee, Candidate or		L. Elect	-1/-1/ Carles	
Lobbyist Street Address	Committee	, to Elect	Holly Bowe	2
City F - 1 -	State	<i>lotte St</i>		· · · · · · · · · · · · · · · · · · ·
CR/E		PA Ezip Code	16508	
Type of Report (Place x under report type)	പക്ഷേധിലെ (കൂട്ടാ പ്രത്യാരത്ത് (സ്വാസി) ഇത് പ്രവാധമായി വെന്നും എ സ്വാസ്ക	erii onzarini ar sarina erii erii erii erii erii erii erii eri	re week open answered in \$25 km or make a discount or make	and the property of the second section of the second
1-6 th Tuesday 2-2 nd Friday 3-30 Day Post Pre-Primary Pre-Primary Primary	4- 6 th Tuesday 5- 2 nd Friday Pre- Election Pre- Election		[4504] \$21 406.84	ecial 30 Day ost-Election
Date Of Election	Year Year	Amendment	Termination 3	
(MM/DD/YYYY) 05/21/2019	2019	Report September 1	Report	
Summary of Receipts and From Date	To Date	F	or Office Use Only	
Expenditures 05/07/2015	06/10/2019	and the state of the		
A. Amount Brought Forward From Last Report	\$ 1032.01			
B. Total Monetary Contributions and Receipts	\$ 3		· .	
(From Schedule I) C. Total Funds Available	\$			
(Sum of Lines A and B)	1032.01		The state of the s	· · · · · · · · · · · · · · · · · · ·
D. Total Expenditures (From Schedule III)	\$ 491.81			
E. Ending Cash Balance (Subtract Line D from Line C)	\$ 540.20			
F. Value of In-Kind Contributions Received	\$ \$			
(From Schedule II) G. Unpaid Debts and Obligations	\$ 2		Silver Si	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
(From Schedule IV)			- 4	3
Part 1- If this is a Committee report, treasurer sign her	Affidavit Se			
I swear (or affirm) that this report, including the attack			f true, correct and complete.	
Sworn to and subscribed before me this		Caral SA	V	
20 day of June 20 19	. <u>X</u>	Signature of Person Sul	hmittingare-nort	
Signature Signature	<u>-</u>	CA rolyn M	atters	
مرد العرام	. l 2	2) <i>U</i>	392-5019	
My Commission expires MO. PAY YR.	·-	rea Code D	Paytime Telephone Number	
Part II- If the togother of a Candidate Authorized C	ommittee, candidate shall sign h	ere.		
My Communicate តែ ប្រាក់ ខែមានក្រុម ខេត្ត ប្រាក់ ខេត្ត ប្រាក់ ខេត្ត ប្រាក់ ខេត្ត ប្រាក់ ខេត្ត ខេត ខេត្ត ខេត			of the Act of June 3, 1937 (P.L. 1	1333, NO.320) as
Sworn to and subscribed before me this		IM P		
20 day of June 20 19	$\frac{\chi}{1}$	HOULY VI	ruers	
Lawi a Williams		Holly Brature of Can	didate) と	
Signature		Printed Nam	e /02 - 211011	
My Commission expires (1 21 2023	_	rea Code Da	402 3994 Lytime Telephone Number	
ommonwealth of Pennsylvania - Notary Seal LAURIE A WILLIAMS - Notary Public Erie County		Da Couc	Amus reichions namber	
My Commission Expires Jan 21, 2023 Commission Number 1344105				

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

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Filer Identification Number &	83-43	76124	

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)	and the second s
Contributions Received from Political Committees (Part C)	\$ 4
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, Report Cover Page, Item B)	\$ -0-

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 Identification Numbe	er Q =	3 437 0	6124		
	ر ن ا	, , , , , (· /		Amount .
Full Name of Contribut	ine			Date [MM/DD/Y/YY]	
Committee					
House #	Street Address			Date (MM/DD/YYYY)	\$
			NOTE OF TRANSPORT		
CIV		State	Zip Code	Date [MM/DD/YYYY]	
Full Name of Contribut	ing	(Annual Control of Con	The second secon	Date [MM/DD/YYYY]	
Committee					
House #	Street Address			Date [MM/DD/XYYY]	
			2716 Prod 2000	Date la state de la constante de	
City		State	Zip Code	Date [MM/DD/YYYY]	
Full Name of Contributi	ing a li	e de la companya de l	3333 (2001)	Date [MM/DD/YYYY]	
Committee					
House #	Street Address			Date [MM/DD/YYYY]	\$
Chy		State	Zip Code	Date [MM/DD/YYYY]	\$
			andiaparan ganggaran		
Full Name of Contributi Committee	ios (1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1			Date [MM/DD/YYYY]	\$ 1
	Street Address			Date [MM/DD/YYYY]	3
Cftv.	zenaszunan etalik	State	Zip Code	Date [MM/DD/YYYY]	
Full Name of Contributi Committee	ing			Date [MM/DD/YYYY]	5 .5.5.5.5.5.5.5.5.5.5.5.5.5.5.5.5.5.5.
	CONTROL VIEW			Date [MM/DD/YYYY]	S
House #	Street Address	•		Secretarial and (1914)	
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributi Committee	ing			Date [MM/DD/YYYY]	
	Street Address			Date [MM/DD/YYYY]	\$
City		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.)

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Filer Identification Number:	α	1121	110	1/			
	メラ	プンノ	10/0	.7			
	2	,	192	/	 	 	

Full Name of Contributor			Date [MM/DD/YYYY]	
House # Street Address			Date [MM/DD/YYYY]	•
City	State	Zip Code	Date [WW/DD/YYYY]	\$
Full Name of Contributor			Date [MM/DD/YYYY]	*
House # Street Address			Date [MM/DD/YYYY]	
City	State	Zip Chde	/Date MM/DID/YYYY //	Ž
Full Name of Contributor			Date [MM/DD/YYYY]	
House # Street Address		-	Date IMM/DD/YYYY]	\$
City	State	Zip Code	Date [MW/DD/YYYY]	
Full Name of Contributor	- Valoritati valorita		Date [MM/DD/YYYY]	\$
House # Street Address	<u>, , , , , , , , , , , , , , , , , , , </u>		Date [MAY/DD/YYYY]//	**
City	State	Zip Code	Date WW/DD/YYYY	
Full Name of Contributor	`		Date [MM/DD/YYYY]	\$
House # Street Address			Date [MM/DD/YYYY]	
City	State	Zip Code	Date (MNV/DID/XXXX)	
Full Name of Contributor			Date [MW/DD/YYYY]	*
House # Street Address			Date (MM/DD/YYYY)	\$.
City	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 Identification Number: 83	439 6124		
Full Name of Contributing Committee		Date [MM/DD/YYYY] \$	
House # Street Address		Date [MM/DD/YYYY] \$	
City	State Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee		Date [MM/DD/YYXY] 5	
House # Street Address		Date [MM/DD/YYYY] 5	
City	State Zip Code	Date [MM/DD/YYYY] 5	
Full Name of Contributing Committee		Date [MM/DD/YYYY] \$	
House # Street Address		Date [MM/DD/YYYY] \$	
City	State Zip Code	Date [MM/DD/YYYY] 5	
Full Name of Contributing Committee		Date [MM/DD/YYYY] \$	
House # Street Address		Date [MM/DD/YYYY] (
City	State Zip Code	Date [MM/DD/YYYY] S	
Full Name of Contributing Committee		Date [MM/DD/YYYY] \$	
House # Street Address		Date [MIM/DD/YYYY] S	
City	State Zip Code	Date [MM/DD/YYYY] 5	
Full Name of Contributing Committee		Date [MM/DD/YYYY] \$	
Hause # Street Address		Date [MM/DD/YYYY] S	
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)

All the district of the first of the second				ikan ing magamangan pakabang kangkapagawan at biga	Para Paga Paga Para Pang Pilipan Paga Paga Paga Pananan Paga Pang Pang	No I continue
Eller Identification Number						4
ruci lucinintation number.			/ 1/0//			3
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	R 44 -4		10/(3.7)			12
	1 /))	-7. <i>)</i> /	Ψ' /			i i
		,	- /			16
	in the extension of the contract of the contra		(Annual Control of the Control of th	a a trigonologico o gaste gaste est semana a consecutar e su activa e a a con-	THE REPORT OF THE PARTY OF THE P	

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 / 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	Occupation
Employer Mailing Address / Principal Place of Business	
	THE CONTROL OF THE CO
Full Name of Contributor	Date [MM/DD/YYYY] 5
House # Street Address	Date [MM/DD/YYYY] \$
House # Street Address City State Zip Code	Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$
House # Street Address City State Zip Code Employer Name	Date [MM/DD/YYYY] \$
House # Street Address City State Zip Code Employer Name Employer Mailing Address / Principal Place of Business	Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$
House # Street Address City State Zip Code Employer Name Employer Mailing Address / Principal Place of Business Full Name of Contributor	Date [MM/DD/YYYY] \$ Occupation Date [VIM/DD/YYYY] \$
Flouse # Street Address City State Zip Code Employer Name Employer Mailing Address / Principal Place of Business Full Name of Contributor House # Street Address	Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$
House # Street Address City State Zip Code Employer Name Employer Mailing Address / Principal Place of Business Full Name of Contributor	Date [MM/DD/YYYY] \$ Occupation Date [VIM/DD/YYYY] \$
Flouse # Street Address City State Zip Code Employer Name Employer Mailing Address / Principal Place of Business Full Name of Contributor House # Street Address	Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$

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 Numb	83	437 6124			at 1 m manuaga (1 m m m m m m m m m m m m m m m m m m
Fuli Name					ann an tro-Spanjare extree se enfemblie
House #	Street Address				
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Receipt Description					
Full Name					
	Street Address				
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Receipt Destription					.,
Full Name					
House # City	Street Address		2 /0	Date (MM/DD/YYYY) \$	
		State	Code	Date (MM/DD/YYYY) S	
Receipt Description			iddill di didillida	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Full Name					
	Street Address			Date (MM/DD/YYYY) \$	
City		State	Zip Code	Date [MM/DD/YYYY] S	
Receipt Description		Williammonood.	Vicinitalianiminaria	J05/3/11.	
Full Name					
574/50/1/07/07/09	Street Address	State	Zić	Date [MIM/DD/YYYY] \$	· · · · · · · · · · · · · · · · · · ·
n deleterensk film (* 1996) 1931 fan Stop (* 1997)			Code		
Receipt Description					o en el Eliste Reikologia en
Full Name House#		****			
City	Street Address	State/	/2 16	Date [MM/DD/YYYY] \$	······································
Receipt Description		All Marie Ma	Code	Date [MM/DD/YYYY] \$	

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: 83 437	6124
1 UNITEMIZED IN KIND CONTRIBUTIONS RECEIVE	
TOTAL for the reporting period (1)	\$
2: IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF S	\$50.01 TO \$250.00 (FROM PART#)
TOTAL for the reporting period (2)	\$
3 IN-KIND CONTRIBUTION RECEIVED VALUE OVER	3 \$250.00 (FROM-PART G)
TOTAL for the reporting period (3)	\$
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS I PERIOD (Add and enter amount totals from boxes 1, 2, and on Page 1, Report Cover Page, Item F)	

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer identification Number: 83 437 6124
Filer identification Number: 93 437 6121
Filer Identification Number: 83 437 6121
Filer Identification Number: 83 437 6121

Full Name of Contribu		A Section of the sect		Date [MM/DD/YYYY] 3	
House #	Street Address	s United Management Control		Date [MM/DD/YYYY] \$	
Eity		State	Zip Cade	Date [MM/DD/YYYY] \$	
Description of Contrib	ution			w	
Full Name of Contribu	and the			Date [MM/DD/YYYY] \$	
	Street Address			Date [IVIIV/DD/YYYY] S	
City		State	Zip Code	Date [MM/DD/YYYY] S	
Description of Contrib	ution				
Full Name of Contribu				Date [MIM/DD/YYYY] \$	
	Street Address	W 400 M 2 L - 100 M 2 M 2 M 2 M 2 M 2 M 2 M 2 M 2 M 2 M		Date [MM/DD/YYYY] S	
City Description of Contrib		State	Zip Code	Date [MM/DD/YYYY] \$	
		s			
Full Name of Contribu				Date [IVIM/DD/YYYY] \$	
House #	Street Address	unikin uu san oo		Date [MIM/DD/YYYY] S	
City Description of Contrib		State	Zip Cotie	Date [MIM/DD/YYYY] S	
					77.
Full Name of Contribu				Date [WW/DD/YYYY] \$	
	Street Address			Date [MW/DD/YYYY] \$	
City		State	žip Code	Date [MM/DD/YYYY] \$	
Description of Contrib	uuon				

SCHEDULE II

Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer Identification Number 83 437 6/24

Full Name of Contributor		<i>2000/10000</i>	e [MM/DD/YYYY] \$
House # Street Address		/Oat	<u>• [MM/DD/YYYY]</u> \$
City	State Zip C	ode Dat	e (MM/DD/YYYY) S
Employer Name			upation /
Employer Mailing Address / Principal Place of Business		of Con	cription tribution
Full Name of Contributor			± [MM/DD/YYYY]
House # Street Address	·	, Dat	> [MM/DD/YYYY]
City .	State Zip C	ode Date	- [MM/DD/YYYY] \$
Employer Name			ipation
Employer Mailing Address / Principal Place of Business		óf	cription cribution
		Gettinitia.	
Full Name of Contributor		2Dati	(MM/DD/YYYY) \$
House # Street Address		2054)	* [MM/DD/YYYY] \$
House # Street Address City	State Zip Ci	Data Data ode Bata	\$ [MM/DD/YYYY] \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
House # Street Address City Employer Name	State Zip C	Data Data Data Octo	[MM/DD/YYYY] \$ [MM/DD/YYYY] \$ [MM/DD/YYYY] \$
House # Street Address City Employer Name Employer Mailing Address / Principal Place of Business	State Zip C	Data Data Data Data Occi Desi of Gen	E [MM/DD/YYYY] \$ E [MM/DD/YYYY] \$ E [MM/DD/YYYY] \$ Epation Ciption
City Employer Name Employer Mailing Address / Principal Place of Business Full Name of Contributor	State Zip C	Date Date Date Date Occi Des af Con Date	[MM/DD/YYY] \$ [MM/DD/YYYY] \$ (pation ripation ripation ripation ripation ripation ripation ripation
City Employer Name Employer Mailing Address / Principal Place of Business Full Name of Contributor House # Street Address		Date Date Date Date Date	imm/pp/yyy) \$ imm/pp/yyy) \$ ipation ribution i[mm/pp/yyyy] \$
City Emgloyer Name Employer Mailing Address / Principal Place of Business Full Name of Contributor House # Street Address	State Zip Co	Date Date Date Date Date Date Date Date Date	IMM/DD/YYYY] \$ IMM/DD/YYYY] \$ Ipation Inpution Imm/DD/YYYY] \$ IMM/DD/YYYY] \$
House # Street Address City Employer Name Employer Mailing Address / Principal Place of Business Full Name of Contributor House # Street Address		Date Date Date Date Date Date Date Occio Date Date Occio Date Date Occio Date Occio Date Occio Date Occio Date Occio Date Occio Date	EMM/DD/YYYY] \$ [MM/DD/YYYY] \$ upation uiption [MM/DD/YYYY] \$ [MM/DD/YYYY] \$

SCHEDULE III

Statement of Expenditures

			· · · · · · · · · · · · · · · · · · ·
Filer identification Number:	83 437	6124	

TAWNY Kania	Date [MM/DD/YYYY] \$ /05.00
House # 8836 Street Address Kirsch Rd	Description of Expenditure Com Parish TSKINS FOR TENNS
City ETIE State PA Code 165	70
To Whom Paid VISta Print	Date [MM/DD/YYYY] \$ 167.76
House# Street Address Internet	Description of Expenditure Fost cands S.S.X.6.5
City State Zip Code	
Vista Print	Date [MM/DD/YYYY] \$ 191.58
House # Street Address Internat	Description of Expenditure POST cased & STAN dard Matt
City State Zip Code	
Little Caesars	Date [MM/DD/YYYY] \$ 27.77
House # Street Address	Description of Expenditure before Lunch for Team going door
City State Zip Code	1000 door
To Whom Paid	Date [MM/DD/YYYY] \$
House # Street Address	Description of Expenditure
City State Zip Code	
To Whom Paid	Date [MM/DD/YYYY] \$
House # Street Address	Description of Expenditure
City State Zip Code	
To Whom Paid	Date [MM/DD/YYYY] \$
House # Street Address	Description of Expenditure
City State Zip Code	
To Whom Paid	Date [MM/DD/YYYY] \$
House # Street Address	Description of Expenditure
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 Numbers				
Name of Creditor				Outstanding Balance of Debt
House # Stree	et Address		e debt incurred MM/DD/YYYY]	\$
City		State	Zip Code	
Description of Debt				
Name of Creditor House # Street	et Address		6 DEBT INCURRED	Outstanding Balance of Debt
City		State	MM/DD/YYYY] Zip	
Description of Debt			Code	
Name of Creditor		and the second section of the second second	e gyaran kilanda kilonen kakasan kilonen kilonen asalah kilonen kilonen kilonen kilonen kilonen kilonen kilone	Outstanding Balance of Debt
House # Stree	et Address		E DEBT INCURRED MM/DD/YYYY]	\$
Gity		State	Zip	
Description of Debt			Code	
Name of Creditor House # Street	ot Address	(%) (%) (%) (%) (%) (%) (%) (%) (%) (%)	E DEBT INCURRED	Outstanding Balance of Debt
nyee	t Address		MM/DD/YYYYJ	
City	Na Carlo Car	State	Zlp Code	
Description of Debt Name of Creditor			as an an arwipa neguga raa alee mojen	Outstanding Balance of Debt
	t Address		E DEBTINCURRED MM/DD/YYYY]	\$
City		State State	Zip	
Description of Debt			Code	
Name of Creditor		guarda e e estido de e	ornalisati (i el anaro el el el estado	Outstanding Balance of Debt
House # Stree	t Address		E DEBT INCURRED VIM/DD/YYYY]	\$
City		State	žia –	
Description of Debt			Code	