

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

Filer Identification				port Filed E		idate	e. it shol	lla be typed Committee			Lobbyist	1
Number Name of Filing Comr		-3710783	(M	ark X)						X		
Lobbyist	nittee, Ca	nalaate or	The	Committee	to Elect Kin	Clear to E	Erie County	/ Council				
Street Address			6066	0 Briar Dr				-				
City	Erie				State	PA		Zip Code	16506			
Type of Report (Place	e x under i	report type)										
		3-30 Day Post	Same Land	ASSESSMENT FOR A CONTRACT OF THE PARTY OF TH	5- 2 nd Frida		Day Post	7- Annual	Special 2		Special 30 Da	1965年6月2日 B. 154
Pre-Primary Pre-	Primary	Primary	Pre-	Election	Pre- Electi	on Electi	on		Pre-Electi	on	Post-Election	
Date Of Election (MM/DD/YYYY)		05/21/2019	Yea		2019	Amen Repo	idment rt		Terminati Report	Off		
Summary of Receipts	s and	From Date		To Date		10.000	e po Otto e co	For	Office Use 0	Only .	The state of the s	
Expenditures		05/21/2019		06/	19/2019				an Parket Salah		ration (Sec.) References	ač, tuj Nasija
A. Amount Brought F	orward F	rom Last Repor	80	4	588.42							366 (1883)
B. Total Monetary Co (From Schedule I)	ontributio	ns and Receipts	Ş	\$	0							
C. Total Funds Availa (Sum of Lines A and I	一大学,从中国的工作。		\$	5	0	1			# 1 T	F-3 		
D. Total Expenditure: (From Schedule III)	·····································		Ş	2	,036.50							y .
E. Ending Cash Balanc		range of the second	\$	2	551.92					1 19		.
(Subtract Line D from F. Value of In-Kind Co		ns Received	\$\frac{\sigma}{\sigma} \			-			()			
(From Schedule II) G. Unpaid Debts and	Obligatio	ne di la companya di	\$		0	-				emogs	λ	
(From Schedule IV)			* * * * * * * * * * * * * * * * * * *		0					Ŋ	へ	
Part 1- If this is a Commi	ittee report	treasurer sign h	re Ift	h k a Can	Affidavit	Section candidate	sign here		e			
I swear (or affirm) that to	his report, i	including the atta	hed so	hidulecon	papes, s to ti	e best of π	y knowledg	ge and belief tri	ie, correct ar	d complet	te.	
Sworn topped subscribed	before me	this		Commission Commission Per, Pennsylvani	onwealth of P	18	N	NTh				
day of	ALCE	20 19		nission nission	ealth of Pe		Şignature o	f Person Submi	ttingueport	-		
Signat		randly	þ		' 🗅 a !	/) _	llann	Printed Name	<u> </u>	عر		
My Commission expires	-{-3	-93		expires number		814			82.4	951	ŧ.	
· -	м9.	DAY YR.	_	April: 1288	tary	Area Code	<u> </u>	Dayt	ime Telepho	ne Numbe	r	
Part II- If this is a report of	of a Candid	ate's Authorized	Comm	candic	dage Shall sign	here.						
I swear (or affirm) that to amended.	o tne best c	or my knowledge a	nd bel	ist this polit	ical committe	e has not vi	iolated any	provisions of th	e Act of June	: 3, 19 37 (i	P.L. 1333, NO.320	0) as
Sworn to and subscribed	before me	this		<i>φ</i>	₩.		,	, ,	\mathcal{A}			
OCHA day of	ine	20 19		Men .	Com	K	m bei	ULC	1/ ₁	_		
Imia (1	Down	andor	.	6 CO.	Toni	1/K	Signa	tue of Candida	la Leci e		_	
Signat	ure	22) .		ealth	mu.l	Р	risted Name			_	
My Commission expires_	<u>4-3</u>	<u> </u>		Erie Sion e Sion r	nonwealth of Penns Tonia Fernandez	814			81-92	70		
	MO.	DAY YR.				Area Code		Daytir	ne Telephon	e Number		
	· · · · · · · · · · · · · · · · · · ·				ylvania Notary							
			Ş		v Publi							
			3	12 2	달하							

SCHEDULE I

Contributions and Receipts Detailed Summary Page

Filer Identification Number 83-3710783	

1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor		9 10	
Total for the reporting period	(1)	\$	o
2: Contributions of \$50.01 to \$250.00 (From Part A and Part B)	engales en		
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)			
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, Rep Cover Page, Item B)	port	\$	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 identificatio	on Number 83-3710783	3			
A BOST PERMITTANE AND PROPERTY OF THE STATE	<u> </u>				Amount
Full Name of Co Committee	entributing			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Co Committee	antributing			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip.Code	Date [MM/DD/YYYY] \$	49 / 1992 - 10 · 10 · 10 · 10 · 10 · 10 · 10 · 10
Full Name of Co Committee	intributing	**************************************	<u>Pashadar arragan</u>	Date [MM/DD/YYYY] \$	
House#	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Co Committee	ntributing		to the same of the	Date [MM/DD/YYYY] \$,
House #	Street Address			Date [MM/DD/YYYY] S	
City .	Philips and Committee English Section (Section 1)	State	Zip Code	Date [MM/DD/YYYY] .\$	
Full Name of Cor Committee	ntributing	31671	A Company of the Comp	Date [MM/DD/YYYY] S	
House#	Street Address			Date [MM/DD/YYYY] \$	
City	· · · · · · · · · · · · · · · · · · ·	State	Zip Code	Date [MM/DD/YYYY] S	
Full Name of Cor Committee				Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] S	
City		State	Zip Code	Date [MM/DD/YYYY] 5	

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: 83-3710783	

Full Name of Contri					3 MY WA
ruii waine oi contri				Date [MM/DB/\yyyy]	
House #	Street Address			Date [MM/DD/WW]	
Gly	THE POPULATION OF A BENCHMARK OF THE PROPERTY AND A	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contri	butor			Date [MM/DD/YYYY]	. .
House #	Street Address			Date [MM/DD/YYYY]	.5
City		State	Zip Code	Date [MM/DD/YYYY]	
Full Name of Contri	outor	per constitution of	Proceedings of the Control of the Co	Date [MM/DD/YYYY]	•
House #	Street Address			Date [MM/DD/YYY]	5
Giv	Esch State Control of the Control of	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contril	putor			Pate (MM/DD/YWY)	S
House #	Street Address			Date (MM/bb//YYYY)	5
City	processing some some some some	State	Zip Code	Date [MM/DD/YYYY]	.\$.
Full Name of Contrib	Putor			Date (MIN/OD/WWY)	.
House #	Street Address		,	Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contrib	utor				
House #	Street Address			Date [MM/DD/YYYY]	\$
Cley	Page and a common	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:						
	83-3710783					
	100 01 101 00					

Full Name of Contributing Committee			Date (MM/DD/MM)	\$
House # Street Address			Date [MM/DD/YYYY]	\$.
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee			Date [MM/DD/YYYY]	\$
House # Street Address			Date [MM/DD/YYYY]	\$
Gity	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee			Date (MM/DD/YMYY)	\$
House# Street Address			Date [MM/DD/YYYY]	
City	State	Zip Code	Date [MM/DD/YYYY]	
Füll Name of Contributing Committee			Date [MM/DD/YYYY]	(\$
House # Street Address			Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date (MM/DD/AWW)	\$
Full Name of Contributing Committee			Date [MM/DD/YYYY]	\$
House # Street Address			Date [MM/DD/YYYY]	(\$
City	State	Zip Code		\$
Füll Name of Contributing Committee				•
House # Street Address			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:		
0.0740700		
83-3710783		
00 01 10 00		

ter to To standay day in head or t					
Full Name of Contrib				Date [MM/DD/YYYY]	5
House #	Street Address			Date [MM/DD/YYYY]	\$
City	Text deposits and deposits a super-	State .	Zip Code		§
Employer Name				Occupation	
Employer Mailing Ad Principal Place of Bus	siness				
Full Name of Contribu					5
House#	Street Address				\$
City	The second secon	State	Zip Code		\$
Employer Name				Occupation	.1
Employer Mailing Add Principal Place of Busi	siness				
Full Name of Contribu				Date [MM/DD/YYYY] S	
House #	Street Address			Date [MM/DD/YYYY] \$	
Gity	Formation where a service of the ser	State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Name Employer Mailing Add				Occupation	
Principal Place of Busi Full Name of Contribu	NAME OF THE PROPERTY OF THE PR	*************************************			
		_		Date [MM/DD/YYYY] \$	
and the second	Street Address		· · · · · · · · · · · · · · · · · · ·	Date [MM/DD/YYYY] \$	
City	e de la companya de l	State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Name		<u>Antigoring and an annual section of the section of</u>	CONTROL OF THE PROPERTY OF THE	Occupation	<u> </u>
Employer Mailing Addi Principal Place of Busir					

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 Num	iber:	83-3710783				
Full Name						
House #	Stre	eet Address		 	***************************************	
City			State	Zip Code	Date (MM/DD/YYYY)	\$
Receipt Description						
Full Name		For the continue accommons				
House #	Stre	et Address				
Gty	(d) (d)		State	Zip Code	Date [MM/DD/YYYY]	\$ 35.00
Receipt Description		Super Voter Lists for mai	ling			
Full Name	EES 1033-120	Erie County				
House # 140	Stree	et Address W. 6th Street				
City		Erie	State PA	Zip Code 16501	Date [MM/DD/YYYY] 05/10/2019	35.00
Receipt Description		·	7536-756 ZU3237	Described and Section 1971		****
Full Name						
House #	Stree	et Address				
City			State	Zip Code	Date [MM/DD/YYYY]	5
Receipt Description			With the second second	(基础传播·新文章)	J	
Full Name			· · · · · · · · · · · · · · · · · · ·			
House #	Stree	t Address				
City			State	Zip Code	Date [MM/DD/YYYY]	
Receipt Description			(Marie 1999)	2.200.000000000000000000000000000000000		
Füll Name	F		77.		7.774	
	Stree	t Address		V 10 - 10 10 10 10 10 10 10 10 10 10 10 10 10		
City:			State	Zip Gode	Date [MM/DD/YYYY]	\$
Receipt Description					۷	07/2

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: 83-371	0783		
UNITEMIZED IN KIND CONTR			
E DIVITEMBED INTRINE CONT.	IBUTIONS RECEIVED-VALUE OF	,550.00 C	R LESS PER CONTRIBUTOR
TOTAL for the reporting period	(1)	\$	0
2. IN-KIND CONTRIBUTIONS RE	CEIVED-VALUE OF \$50:01 TO \$	250.00 (FF	(OM PART F)
TOTAL for the reporting period	(2)	\$	0
3. IN-KIND CONTRIBUTION REC	eived-value over \$250.00 (Fi	ROM PAR	rg)
TOTAL for the reporting period	(3)	\$	0
TOTAL VALUE OF IN-KIND CONTRIBUTION (Add and enter amount totals		\$	
on Page 1, Report Cover Page, Item F)	1, 2, and 3, 8150 en	l l	0

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Number:	
II CHAY I AAMINGAANA ALAA ALAA KAN ALAA ALAA ALAA ALAA A	
akriickaskantawakindekwa	
UCONSTRUCCIONAL PROGRAMMA ADERENTANTA DE TRANSPORTA DE LA CONTRA DEL CONTRA DE LA CONTRA DELIGIA DE LA CONTRA DE LA CONTRA DE LA CONTRA DELIGIA DELIGIA DE LA CONTRA DELIGIA DEL	
83-3710783	
83-3710783	
SOUND PROPERTY IS NOT A STREET ASSOCIATION OF THE STREET ASSOCIATION O	
4.7.4	

Full Name of Contri	butor			Date (MM/DD/AAAA)	\$
House#	Street Address			Date [MM/DD/YYYY]	
City		State	Zip Code	Date [MM/DD/XXXX)	\$
Description of Contr	ribution				
Full Name of Contril	butor	_	W	Date (MM/OD/NYV)	*
House #	Street Address			Date (MM/DD/YYYY)	\$1
City	a la	State	Zip Code	Date [MM/DD/YYYY]	•
Description of Contr					
Full Name of Contrib				Date [MM/DD/YYYY]	(\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City Description of Contro		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contrib					\$
House #	Street Address	Market College			\$
City Description of Contri	bution	State	Zip Code	Date [MM/DD/XXXX]	\$
Full Name of Contrib					
					\$
House #	Street Address	In and the second	E TO TO THE TOTAL THE TOTAL TO THE TOTAL TOT		\$
City Description of Contri	hutlan	State	Zip Code	92	\$

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer identification Number: 83-3710783	 	
83-3710783		
00-01 t0100		

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		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	30	Occupation
Employer Mailing Address / Principal Place of Business		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 / Principal Place of Business		Description of Contribution
Full Name of Contributor		Date [MM/DD/YYYY] 5
House # Street Address		Date [MM/DD/YYY] \$
Gity .	State Zip Code	Date [MM/DD/YYYY] \$
Employer Name		Occupation
Employer Mailing Address / Principal Place of Business		Description of Contribution

Statement of Expenditures

Filer Identification Number: 83-3710783	

To Whom Paid	Desantis Printing			Date [MM/DD/YYYY] \$	1966.50
House #				05/21/2019	
540	Sueet Address	W. 18th Street		Description of Expenditure	
City Erie		State PA	Zip Code 16502	Mailing	
To Whom Paid	Erie County			Date [MM/DD/YYYY] \$	35.00
House#	Street Address			05/10/2019	
140	Su eat Audress	W. 6th Street		Description of Expenditure	
City Erie		State PA	Zip Code 16501	Super Voter Lists	
To Whom Paid	Erie County			Date [MM/DD/YYYY] \$ 05/20/2019	35.00
House # 140	Street Address	W. 6th Street		Description of Expenditure	l .
City Erie		State PA	Zip Code 16501	Super Voter Lists	
To Whom Paid				Date [MM/DD/YYYY] 5	
House#	Street Address			Description of Expenditure	
City		State	Zip Cade	a the control of the	en e
To Whom Paid				Date [MM/DD/YYYY] \$	
House #	Street Address			Description of Expenditure	
Gity		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 Gode	1997V	
To Whom Paid				Date [MM/DD/YYYY] \$	
House#	Street Address			Description of Expenditure	
City		State	Zip Code	200 Sept. 10	

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: \$3 - 37/	0783	

Name of Creditor			Outstanding Balance of Debt
House#	reet Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$
City	State	Zip Code	
Description of Debt.		Contract Advantages and Contract and Contrac	
Name of Creditor			Outstanding Balance of Debt
House # St	eet Address	DATE DEBT INCURRED [MM/DD/YVVY]	Š
City	State	Zip Code	
Description of Debt		Tringsports and desired 1	(Park)
Name of Creditor			Outstanding Balance of Debt
	eet Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$
City	State	Zip Code	
Description of Debt			
Name of Creditor			Outstanding Balance of Debt
	eet Address	DATE DEBT INCURRED [MM/DD/VYYY]	\$
Gity	State	Zip Code	
Description of Debt			
Name of Creditor	8		Outstanding Balance of Debt
	eet Aidress C	PATE DEBT INCURRED [MM/DD/YYYY]	\$
City	State	Zip Code	
Description of Debt			1934E
Name of Creditor			Outstanding Balance of Debt
House # Str	eet Address D	ATE DEBT INCURRED [MM/DD/YYYY]	•
aty Sections of the section	State	Zip Code	
Description of Debt	Tayong saccing 1	19.55 (19.55 (19.55 (19.55 (19.55 (19.55 (19.55 (19.55 (19.55 (19.55 (19.55 (19.55 (19.55 (19.55 (19.55 (19.55	