Î

Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

Filer Identification Report Filed By Canc (Mark X) Name of Filing Committee, Candidate or	didate X Committee Lobbyist
Lobbyist Gwendoly Street Address	n Cooley
639 E, 10° S	PA Zip Code 16503
Type of Report (Place x under report type)	PA (219 16503)
1- 6 th Tuesday 2- 2 nd Friday 3-30 Day Post 4-6 th Tuesday 5-2 nd Frida	
Pre-Primary Primary Primary Pre-Election Pre-Election	ion Election Pre-Election Post-Election
Date Of Election Year	
(MM/DD/YYYY) [US 2 b 9	Amendment Report Termination
Summary of Receipts and From Date To Date Expenditures	For Office Use Only
A. Amount Brought Forward From Last Report \$	
B. Total Monetary Contributions and Receipts \$ (From Schedule I)	
C. Total Funds Available \$ (Sum of Lines A and B)	Constitution of the consti
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 II)	
G. Unpaid Debts and Obligations \$ 100.00	
Affidavit Part 1- If this is a Committee report, treasurer sign here. If this is a Candidate report,	
I swear (or affirm) that this report, including the attached schedules on paper, is to the	he best of my knowledge and belief true, correct and complete.
Sworn to and subscribed before me this Compared to the comp	Lwerden Cools
Janua Chernandes	Gwendolyn boley
Signature Signat	Printed Name
My Commission expires 4.3 AND DAY YR. White Assign number 1.5 Course 1.5 Sign number 1.5 Sig	Area Code Baytime Telephone Number
Part II- If this is a report of a Candidate's Authorized Committee and idates all sign	n here.
I swear (or affirm) that to the best of my knowledge and belief the specific action witten amended.	ae has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, NO.320) as
Sworn to and subscribed before me this	
day of20	Signature of Candidate
Signature	Printed Name
My Commission expires	Tribod Natio
MO. DAY YR.	Area Code Daytime Telephone Number

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

N				
Filer Identification Number				
1.Uniternized 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)	m de la companya de l			
Contributions Received from Political Comm	ittees (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 Commi	ittees (Part C)		\$	
All Other Contributions (Part D)			\$	
The share within the state of t	Total for the reporting period	(3)	\$	
4. Other Receipts-Refunds, Interest Earned,	Returned Checks, ETC: (From Part E)	-SIS: 9	
The second secon	Total for the reporting period	(4)	\$	
Total Monetary Contributions and Receipts d enter amount totals from Boxes 1, 2, 3 and 4; 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.

Friet identification Number				
I re-more and the second secon				Amount
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$ 3	
House # Street Ac	ddress		Date [MM/DD/YYYY] S	
City	State	Zip Code	/Date [MM/DD/YYYY] & IS	
Full Name of Contributing Committee			Date [MM/DD/YYYY] S	
House # Street Ac			Date [MM/DD/YYYY] \$	
Gity	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee			Spate [MM/DD/YYYY] 5	
House # Street Ad			Date [MM/DD/YYYY] \$	
City	State 2	Zip Code	Date [MM/DD/YYYY] \$	
Füll Name of Contributing Committee House # Street Ad	dress		Date [MM/DD/YYYY] \$	
Citý	State	Zip Code		
Full Name of Contributing	3,4TE	ZIN COOP	Date [MM/DD/YYYY] \$	
Committee	항상으로(Pal		Date [MM/DD/YYYY] \$	
		Control of the Contro	Date [MM/DD/YYYY] S	
City Full Name of Contributing	State	Zip Code	Date [MM/DD/YYYY] S	
Full Name of Contributing Committee House # Street Ado	dress		Date [MM/DD/YYYY] S Date [MM/DD/YYYY] S	
Gity		7/0-0222		
(ATV)	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.)

File dentification Num	riber:				· · · · · · · · · · · · · · · · · · ·
Full Name of contrib	outers			Date [MM/DD/yyyy) 編	W-7334
				Pate/INIM/PD/Mari	
House#	Street Address			/Date [MM/DD/XYXY]	
Gity		State	Zip Gode	Date [MM/DD/YYYY]	
Full Name of Gontrib					5
House #	Street/Address			Date [MM/DD/YYYY]	
Gity,		State	Zip Code -	Date (MM/DD/YYYY)	
Full Name of Contrib		<u>·</u>		Date [MM/DD/xxxx]	5
(flouse##	Street Address			Date [MM/DD//////]	5.0
(Sity)		State	Zip Code	Date [MM/DD/WW]	\$
Full Name of Contribu				Date [MM/DD/AYYY]	\$
#House #	Street Address			Date MM/DD/AYAY	
City		State	Zip Code		5
Eul Name of Contribi		· ;		Date [MM/DD/YYYY]	
House##	Street Address			Date [MM/DD/XYXY)	
(GLV		State		Date [MM/DD/YYYY)]	
Full Name of Contribu				Date [MM/DD/YYYY) s	
House #	Street Address			Date [MM/DD/YYYY].	
City.		State	Zip Code	Date [MM/DD/YYYY] S	

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:			
		<u> </u>	
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$
House#. Street Addres	S		Date:[MM/DD/YYYYY]
(Grty.	State	Zip Code	Date [MM/DD/WYY)] \$
Full Name of Contributing Committee			Date (MM/DD/YYYY)
House#! Street Address	ALL PROPERTY OF THE PROPERTY O		Date [MM/DD/YYY)
Gry.	State	-Zip Gode	Date MM/DD/AGAY4]
Full Name of Contributing Committee			Date (MM//DD//YYYY)
House#: Street-Address	100 A 14 A		Date [MM/DD/YYYY] 25
City	State	Zip Code	Date [MM/pd/yyyyy] \$
Full Name of Contributing Committee			Date[MM/DD/XYYY] 55
House # Street Address			Date [MM/DD/YYYY] = 53
Gity 3	State	Zip Code	@Date:[MM/DD/MYYY] S
Full Name of Contributing Committee			Date [MM/,DD/,YYYY) S
House## Street Address			Date [MM/DD/YYYY] 35
(city)	State	Zip Code	Date[MM/DD/YYYY], S.
Füll Name of Gont (buting Committee			Date [MM/DD//YYYY/] \$
House # Street Address			Date [MM/DD/YYXX] \$
(Gity)	State	Zip.Code	Date [MM/DD/XXXX] S

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)

	Eller Identification N	umber.				
The property of the part of th						
Employable of the Address Employable of th					*Date [MIM/DD/YYYY]	
Employer traine State Address Entraine of contributor City State State Address Employer Atmo Emp		Street Address	half with Nobel Co.			
In Discrimination of Contributors Discrimination of Contributors States			State	Zip Codé		
Date MM/DD/YYYY State State MM/DD/YYYY State MM/DD/YYYYY State MM/DD/YYYY State MM/DD/YYYY State MM/DD/YYYY State MM/DD/YYYY State MM/DD/YYYYY State MM/DD/YYYY State MM/DD/YYYY State MM/DD/YYYY State MM/	Employer Mailing/	Address /			a Securation	
State State Address Full Minimum State Full Minimum S	The Property of the Party of th	は 1995年 日本日本の日本日本の日本日本の日本日本日本日本日本日本日本日本日本日本日本日本				
City State Zip Code Date (MM/DD/YYY) S Employer Malling Address / Place of dusiness Edit Varies of Contributor State Date (MM/DD/YYY) S Employer Name S Employer Malling Address / S						
Employer Martin: Employer Mailin: Address/ Principal Place of Business #Ulf-Name of Contributor: City State Zip Code Date [MM/pD/YYYY] State		StreetAddress		ANTERIOR MONTH OF THE SOLIS		
Employer Malling Address / British Address / Bri			. state	Ziptode	and of transfer and another arrows to the start of the st	
### Full Name of Contributor Four Four	Employer/Mailing A	Address /			Occupation	
House # Street Address Date [MM/DD/YYYY] \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	TO BE THE TANK OF THE PARTY OF	- C-A-D-2-A-M-2-A-				
City State Zip Code. Date [MM/DD/YYY] S Employer Mame Occupation Full Name of Contributor Date [MM/DD/YYYY] S House # State Zip Code Date [MM/DD/YYYY] S Employer Name Occupation Date [MM/DD/YYYY] S Employer Name Occupation Date [MM/DD/YYYY] S Employer Name Occupation Date [MM/DD/YYYY] S Employer Name Doccupation Date [MM/DD/YYYY] S Employer Name Doccupation Date [MM/DD/YYYY] S						
Employer Name Coccupation	House #	Street Address			Date [MM/DD/YYYY] \$	
Employer Malling Address / Principal Place of Business Full (Name of Contributors) House #: Street Address Date [MM/DD/YYYY] S City State Zip Code Date [MM/DD/YYYY] S Employer Name Cocupation's	Gitty					
House# Street Address Date [MM/DD/YYYY] S city State Zip Code Date [MM/DD/YYYY] S Employer Name Employer Mailing Address /			State	Zip Code		
House # Street Address Date [MM/DD/YYYY] S Gity State Zip code Date [MM/DD/YYYY] S Employer Name SOccupation S Employer Mailing Address /	Employer Name -Employer Mailing A	ddress/	State	Zip Code		
City Zip:Code Date:[MM/DD/YYYY] S Employer Name Occupation Employer Mailing Address /	Employer Name Employer Malling A Principal Place of B	ddress / Augustiness	State	· Zip Cöde	«Occupation	
Employer Name **Occupation** Employer Mailing Address /*	Employer Name Employer Malling A Principal Place of B Full Name of Contri	ddress /s usiness butor	State	Zip Code	Date [MM/DD/YYYY]	
Employer, Mailing Address /	Employer Name Employer Malling A Principal Place of Br Full Name of Contri House #	ddress /s usiness butor			Date [MM/DD/YYYY] S	
19. 19. 19. 19. 19. 19. 19. 19. 19. 19.	Employer Name Employer Malling A Principal Place of Bi Full Name of Contri House #	ddress /s usiness butor			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.

Filesidentification Num	oer.				
	(Name or V				
Full Name					
House #	Street Address	ı			
Gity		State	Zip Gode	Date [MM/DD/YYYY] \$	
Receipt Description	a se			`	
Full Name					-
House#	Street Address	I C. Line & SPERMER CHEEPEN	E DANISH SE SE SE	LONG SHARMARA, AND	
Gity Receipt Description		State	Zip* Gode	Date MM/DD/YYYY	·
				3	
Full Name				: 	
House#	Street Address				
City		State	Zip Gode	Date [MM/DD/YYYY] \$	1
Receipt Description			THE SHARE STATE OF THE SHARE STA		
Full Name			and the second s	· · · · · · · · · · · · · · · · · · ·	·
House##	Street Address		<u> </u>		
Clivy,		State	Zip Gode "	Date [MM/DD/YYYY] = 25	"
Receipt Description					
/Full:Name				 	
allouse #	Street Address	v			
Gity	7	State".	Zip Code	Date MM/DD/AYYY) \$	
Receipt Description					
####Wame					
House#	Street Address				
<u>Gity</u>		State	Zip * Gode	//Date [MM/DD//YY/Y/] \$	
Receipt Description			Gode		
A STANCE OF SHIPTION					

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

Elleraldentification Number:				
	:			
1 UNITEMIZED IN KIND CONTRIBU	JTIONS RECEIVED VALUE OF	\$50:00-0R-L	SSIPER CONTRIBUTOR	
TOTAL for the reporting period	(1)	\$		
2 IN-KIND CONTRIBUTIONS REGEL	VED VALUE OF \$50 01 ITO \$2	50.00 (FRON	(PART 6) GRADES (SEE SEE SEE SEE SEE SEE SEE SEE SEE	
TOTAL for the reporting period	(2)	\$		
3 IN-KIND CONTRIBUTION RECEIV	ED VALUE OVER \$250.00.(FR	OMPART G)		
TOTAL for the reporting period	(3)	\$		

TOTAL VALUE OF IN-KIND CONTRIBUTION. PERIOD (Add and enter amount totals from on Page 1, Report Cover Page, Item F)	i i	er \$		

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

rate attended tutte attor tulmoert	·		
Full Name of Contributor			:Date [MM/DD/YYYY] S
House'# Street Address	·-		Date:[MM/DD/YYYY]] -S.
Seriy .	State	Zip Code	Date [MM/DD/YYYY] \$.
Description of Contribution		The state of the s	Paver
Eull Name of Contributor		,	Date [MM/DD/YYYY] \$
House # Street Address			Date [MIM/DD/YYYY]] \$
(City)	State	Zip Gode	Date [MM/DD/YYYY/] \$
Description of Contribution	Consequence of the consequence o		[Section]
Full-Name of Contributor			Date [MM/DD/XXXX)] 38
House # Street Address			Date [MM/DD/XXXX] \$
Gity Description of Contribution	State	Zip Gode	Date:[MM/DD/YYYY] S
Full Name of Contributors			SAME SEASON AND ADMINISTRATION OF THE PARTY AND ADMINISTRATION
			Date:[MIM/Db/\YYYY]} \$
House# Street Address		··	Date [MM/DD/\YYY]
City Description of Contribution	State	Zip Code	Date [MM/DD/AYYM] 35%
Full Name of Contributor			• Date (MM/DD/XYXX) S
House# Street Address			Date [MM/DD/YYYYY]
Gity	State	Zip Gode	Date (MM/DD/YYYY)
Description of Contribution			

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

	and the same of th			
Filerildentificat	lon Number			
Full Name of	Contributor			Date [MM/DD/YYYY] \$
House#	Street Addres	15 Carting 18 Carting		Date [MM/DD/YYYY] \$
Gity.		State	Zip Code	Date [MM/DD/YYYY] \$ \$
Employer Nan				Occupation 1
EmployeriMai Place of Busin	ling Address // Principal ess			Description of Gentribution
Full Name of 0	Ontributor »			Date [MM/DD/YYYY]
House#	Street Address			Date [MM//DD/AYYYY] \$
Gity Employer Nam		State	Zip Gode	(Date [MM/DD/AYYYY] SS
4.00	Park a malayan k			Occupation
Place of Busin				Description of Contribution
Full Name of C				Date [MM/DD/YYYX] \$5
House#	Street Address	Provide International	TAPE OF COMMUNICATIVE BOOK	(Date (MM/DD/XYYX) \$
Giv	e - Language	State	Zip Code	Date [MM/DD/AYAY) \$
			7.4	Occupation .
Place of Busine			***	Description of a Contribution
Full Name of C				Date [MM/DD/XXYY] \$
House#	Street/Address	The PSSOCASCAR SEASON TO		Date [MM/DD/YYYY] S
City Employer Nam		State	Zip Code	Date [MM/DD/XYYY] \$
	Activities de la company d		· · · · · · · · · · · · · · · · · · ·	Occupation
Employer Mail Place of Busine	ing Address / Principal ss			Description (Official Contribution)

SCHEDULE III

Statement of Expenditures

Filer Identification Number					
			•		
Contract at Street and Contract	The second secon	EMALE .		 	
the state of the s				 	

				· · · · · · · · · · · · · · · · · · ·
To Whom Paid	STATE OF THE STATE			Date [MM/DD/XYYY] , \$
House #	Street Address			Description of Expenditure
City.		State	Zip Gode	
Jownhom Paid				¹ Date [MM/DD/YYYY]
House#	Street Address			Description of Expenditure
Gity		State.	Zip/ Code	
IFO Whom Paid		·		#Date [MM/DD/AYYY] \$
House #	Street Address			Description of Expenditure
Gity		State	Zip Gode	
i e Whom Paid				Date MM/DD/AXXAI
House#	Street Address			Description of Expenditure
Gity		State	Zip Gode	
To Whom Paid				Date (MM/DD/MXXX) 25.
House #	Street Address			Description of Expenditure
City		State	Zip Gode	
Lo Whom Paid				Date [MM/DD/XXXM] S.
House#	Street Address			Description of Expenditure
Gity		State	Zip Gode	
To:WhomPaid				Date:[MM/DD/XXYY]; \$
House #	Street Address			Description of Expenditure
Crity.		State	Zip Gode	
ToWhom Paid		-		@Date:[[MM/pd//xyyyx]];;;\$.;
House#	Street-Address			Description of Expenditure:
Gity.	The state of the s	State	Z(p) Code	description in makes the amount of the property of the propert

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.

Name of Greditor	<u> </u>		No.	Outsianding Balance of Debi
House# 546 Stree	eetAddress W.18 th ERIE	ַרַן בַּיּ	EDEBT INCURRED MM/DD/YYYY] 1 1 6/ 20 19 Zip. 3 ode 16502	160-00
Description of Debt	Balance	owed for 1	yard signs	
Name of Greditor				Outstanding Balance of Debt
	eet-Address	<u> </u>	E DEBT INGURRED MM/DD/YYYY]	
City			Zip Gode	
Description of Debt		Viamost Security and a	Economic Section (1.5)	2004
Name of Greditor House # Stro		West Date		Outstanding Balance of Debt 🤲
And the second s	eet Address	<u> </u>	E/DEBT/INGURRED	
City			Zip Code	
Description of Debt		[aranamanyusana]	新发生的产品的产品	- · · · · · · · · · · · · · · · · · · ·
Name of Geolog	No.	ţ		Outstanding Balance of Debi
	set Address		EDEBT INCURRED S	
(City)	Signature of the state of the s		Zip. Code.	
Description of Debt		[PREPARANCA_MARKET]	Date (No. 1992) Date (No. 1992)	
Name of Greditor House # Street	eet Address		DEBTINGURRED 65	Outstanding Balance of Debt
100 p. 1			/M//DD//YYYY)	
Gity.		State	Zip Gode	
Description of Debt				
Name of Greditor			C	Outstanding Balance of Debt
	etAddress .	i.e.	DEBT INGURRED \$	
City	Section International		Zip Gode	
Description of Debt		#**Daygopan property	Parameter and Income	-