

Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification Number	(Ma	ort Filed B ork X)	y Candida	ite X	Committee		Lobbyist
Name of Filing Committee, Candidate Lobbyist	Conni	e Cruz, Can	didate for Harbo	rcreek Supervisor		······································	
Street Address	4420	Dale Drive					
City Erie			State	PA	Zip Code	16511	
Type of Report (Place x under report to	ype)						
1-6 th Tuesday 2-2 nd Friday 3-30 C Pre-Primary Pre-Primary Prima	Day Post 4- 6 th ry Pre- i	Tuesday Election	5- 2 nd Friday Pre- Election	6-30 Day Post Election	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
Date Of Election (MM/DD/YYYY) 05/21	1/2019 Year		2019	Amendment Report		Termination Report	
Summary of Receipts and From Expenditures		To Date			For C	Office Use Only	
A. Amount Brought Forward From Las	/07/2019 st Report \$	<u> </u>	/10/2019 0				
B. Total Monetary Contributions and ((From Schedule I)	Receipts \$	5	0			S	Ps.3
C. Total Funds Available (Sum of Lines A and B)	\$		0				#
D. Total Expenditures (From Schedule III)	\$		26.87				The state of the s
E. Ending Cash Balance (Subtract Line D from Line C)	\$		0			f in the second	
F. Value of In-Kind Contributions Rece (From Schedule II)			0				*
G. Unpaid Debts and Obligations (From Schedule IV)	\$		0			1.1	€. •
Part 1- If this is a Committee report, treasur			Affidavit Sec				
I swear (or affirm) that this report, including Sworn to and subscribed before fine this day of 20		chedules on	paper, is to the	best of my knowled	ge and belief tru	tting report	
Signature) and	٠,	_		Printed Name	MICHELLE G	Pen nsylvania - Notary S ONDA - Notary Public
My Commission expires MO. DAY	YR.	-	81 A	4 irea Code	572-6 Dayt	My Commissio	rie County n Expires May 26, 2023 n Number 1290868
Part II- If this is a report of a Candidate's Au						L.	
I swear (or affirm) that to the best of my knownedd.	owledge and bel	ief this poli	tical committee l	has not violated any	provisions of th	e Act of June 3, 1937 (P.L. 1333, NO.320) as
Sworn to and subscribed before me this							
day of20		1	•	Sign	ature of Candida	ote	_
Signature		. j '	_		Printed Name		_
My Commission expires MO. DAY	YR.	•	A	rea Code	Daytir	ne Telephone Number	_

SCHEDULE I Contributions and Receipts

Detailed Summary Page

Filer Identification Number Connie Cruz, Candidate for Harborcreek Supervisor				
	Filer Identification Number			
confine cruz, candidate for narborcieek supervisor		Connie Cruz, Candidate for Harborerook Supervisor		
		Connie Cruz, Candidate for Harborcreek Supervisor		
Constitution of Constitution and Constitution of the Constitution				

1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor		
1. Contemized Contributions and Receipts-530,00 of Less per Contributor	7.33	
Total for the reporting period (1)	\$ 0
		<u> </u>
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		
Contributions Received from Political Committees (Part A)	ľ	\$ 0
All Other Contributions (Part B)		\$ 0
Total for the reporting period (2	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)	\top	\$ 0
Total for the reporting period (3	3)	\$ 0
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		
Total for the reporting period (4	4)	\$ o
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.

	aperated to the life				Amount
Full Name - F 2	Intribution			Phase Taxan Inch Services	Amount
Full Name of Co Committee	one maring			Date [MM/DD/YYYY]	- \$
- 1948 - 1944 - 1945 - 1945 - 1945 - 1945 - 1945 - 1945 - 1945 - 1945 - 1945 - 1945 - 1945 - 1945 - 1945 - 194 - 1948 - 1945 - 1945 - 1945 - 1945 - 1945 - 1945 - 1945 - 1945 - 1945 - 1945 - 1945 - 1945 - 1945 - 1945 - 1945					
House #	Street Address			Date [MM/DD/YYYY]	\$
					A. v.
City	<u> </u>	State	Zip Code	Date [MM/DD/YYYY]	\$
				<u> </u>	1-1
Full Name of Co	vntributing			Date [MM/DD/YYYY]	\$
Committee				<u>。 </u>	14
House #	Stroot Addroce			Plate francisco tomo tomo est	
vuat #	Street Address			Date [MM/DD/YYYY]	. \$
2 - 7 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5					
City		State	Zip Code	Date [MM/DD/YYYY]	\$
					1) +6 w. 3
Full Name of Co	ontributing			Date [MM/DD/YYYY]	\$
Committee					
House #	Street Address			Date [MM/DD/YYYY]	\$
				<u> </u>	12
City		State	7in Code	Date [MM/DD/YYYY]	
		State	Zip Code	Date [WW/DD/YYYY]	
Full:Alamas - 4 -	Maria in a company of the company of	10 : 3 - 1	Jackson Miller	Parks Take a force from the control of	1/ 3/ 1/e
Full Name of Co Committee	one ibuting			Date [MM/DD/YYYY]	\$
House #	Street Address		<u></u>	Date [MM/DD/YYYY]	\$
					784
City	LANGE COLLET	State	Zip Code	Date [MM/DD/YYYY]	
				Control of the second	
P-111 6-1		200			201 C
Full Name of Co Committee	ontributing			Date [MM/DD/YYYY]	\$
Bours 2	<u>-1, 10, 20, 20, 10, 10, 10, 10, 10, 10, 10, 10, 10, 1</u>				
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
1 d . 4					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Full Name of Co Committee	ntributing			Date [MM/DD/YYYY]	\$
					<u> </u>
House #	Street Address			Date [MM/DD/YYYY]	\$
					[414]
City		State	Zip Code	Date [MM/DD/YYYY]	\$
, : [ì				
	i e	1 I			

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: Connie Cruz, Candidate for Harborcreek Supervisor N/A	
--	--

Full Name of Co	ntributor			Date [MM/DD/YYYY]	.
House #	Street Address			Date [MM/DD/YYYY]	255/4 ***********************************
				200 - 200 -	
City	438 40 × 30 × 3	State	Zip Code	Date [MM/DD/YYYY]	S
City .		State	Zip code	Date [IMIM/DD/1111]	
Full Name of Co		S2-10-2007		Date [MM/DD/YYYY]	in each
ruii vaile oi Cu				Pare Hallary DD/11111]	\$
的最级 医水油 经					
House #	Street Address			Date [MM/DD/YYYY]	\$
33490 (4) 44.2494 (5)					
City	Committee of the Commit	State	Zip Code	Date [MM/DD/YYYY]	\$
		50.00			
Full Name of Co	ntributor.			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	5
	Street Audress				
6.4	7. 20. 646.4	presentation)		Description hounds	
City		State	Zip Code	Date [MM/DD/YYYY]	
Full Name of Co	ntributor			Date [MM/DD/YYYY]	\$
House #	Street Address		• • • • • • • • • • • • • • • • • • • •	Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	S .
Full Name of Co	ntributor	PLETER SECTION	[AN UNIV. UNIVERSITY]	Date [MM/DD/YYYY]	(\$
				i (i majirajina kandi Landaha da da majiran i da da ja da	
security Cars	Tarana a s			Conseque la sita (Immish tance) 20	
House#	Street Address			Date [MM/DD/YYYY]	\$
City	·	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Cor	ntributor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
				The state of the s	
City	\$15.55 kt 67.5	Ctata	Zip Code	Date [MM/DD/YYYY]	\$
		State	ZIP CODE	Date [MM/DD/1111]	
					(48)

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		, Candidate for Harl	oorcreek Supervisor	N/A	
Full Name of Contributing Co	ommittee			Date [MM/DD/YYYY] \$	
House#	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	_
Full Name of				Date [MM/DD/YYYY] \$	
Contributing Co					
House #	Street Address			Date [MM/DD/YYYY] \$	
City	and a control of a	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Co	mmittee			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Co	mmittee		•	Date [MM/DD/YYYY] \$	-
House #	Street Address			Date [MM/DD/YYYY] \$	<u>.</u>
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Co	mmittee			Date [MM/DD/YYYY] \$	
House#	Street Address	-		Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	<u> </u>
Full Name of Contributing Co	mmittee			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City	一个人的	State	Zin Code	Date [MM/DD/WVVI &	

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	n Number: Connie Cruz, Candid	ate for Harbo	orcreek Supervisor	N/A		
es unestra attenda a esta con esta Sist	anse e di Xillari					
Full Name of Co	ntributor			Date [MM/DD/YYYY] \$		
House #	Street Address			Date [MM/DD/YYYY] \$		
City		State	Zip Code	Date [MM/DD/YYYY] \$		
Employer Name				Occupation		
Employer Maili Principal Place						
Full Name of Co	7 - 0 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		<u> </u>	Date [MM/DD/YYYY] \$		
House #	Street Address			Date [MM/DD/YYYY] \$		
City		State	Zip Code	Date [MM/DD/YYYY] \$		
Employer Name				Occupation		
Employer Maili Principal Place				The second of speciment		
Full Name of Co	Total Anna Caracter and Artifacture from the Comment of the			Date [MM/DD/YYYY] \$		
House #	Street Address			Date [MM/DD/YYYY] \$		
City	ウ 現 ほ	State	Zip Code	Date [MM/DD/YYYY] \$		
Employer Name	1			Occupation		
Employer Maili Principal Place			-			
Full Name of Co	to the other wife median was well well and the transfer of the			Date [MM/DD/YYYY] \$		
House #	Street Address			Date [MM/DD/YYYY] \$		
City		State	Zip Code	Date [MM/DD/YYYY] \$		
Employer Name		Control of	E state a region of [Occupation		

Employer Mailing Address / Principal Place of 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.

Filer identification Num	ber:	Connie Cruz, Candidate for Harborcreek Supervisor	N/A
Full Name			
House #	Stre	et Address	
City		State Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		Enthermony 1 Photosylvath profit	
Füll Name	yar. Yari		
House #	Stre	et Address	
City		State Zip Code	Date [MM/DD/YYYY] \$
Receipt Description			
Full Name			
House #		et Address	
City (1)		State Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		[POSPERATOR POSPERATOR	
Full Name	Togaliji Marki		
House #	Stre	et Address	
City		State Zip Code	Date [MM/DD/YYYY] \$
Receipt Description			
Full Name			
House #	Stre	et Address	
City		State Zip Code	Date [MM/DD/YYYY] \$
Receipt Description			1:23.1
Full Name			_
House #	Stre	et Address	
City		State Zip Code	Date [MM/DD/YYYY] \$
Receipt Description			· ,

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: Connie Co	ruz, Candidate for Harborc	reek Supervisor	N/A
1. UNITEMIZED IN-KIND CONTRI	ROTIONS RECEIVED-VA	LUE OF \$50.00 OK LESS PER	CONTRIBUTOR
TOTAL for the reporting period	(1)	\$	
L			
2. IN-KIND CONTRIBUTIONS REC	EIVED-VALUE OF \$50.0	1 TO \$250.00 (FROM PART F	
TOTAL for the reporting period	(2)	\$	
NEW NO CONTRIDUCTION OF CO	nvinossi ir ili priosupos do pri	VOO/ED/ON/ED/ART/ON	
3. IN-KIND CONTRIBUTION RECE	IIVED-VALUE UVEK \$250	U.UU (FKUIVI PART G)	
TOTAL for the reporting period	(3)	\$	
		· · · · · · · · · · · · · · · · · · ·	
TOTAL VALUE OF IN-KIND CONTRIBUTION PERIOD (Add and enter amount totals from Page 1, Report Cover Page, Item F)			
on age 1, report cover rage, item ry			

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Number: Connie Cruz, Candidate for Harborcreek Supervisor	N/A	

.					
Full Name of Co	ntributor			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
and a	A 4 SA 2 S	brown toril	P = 0.00 + 0.00		
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Description of C	ontribution	7(9) 9 3			•
Full Name of Co	ntributor	AY 31		Date [MM/DD/YYYY] \$	
		<u>, </u>	10K		
House #	Street Address			Date [MM/DD/YYYY] \$	
City	PROGRAMMENT CONTRACTOR	State	Zip Code	Date [MM/DD/YYYY] \$	
			All The State of t		
Description of C		\$ 15 E-10 E-10 E-10 E-10 E-10 E-10 E-10 E-10			
Description of C	Untribution				
Full Name of Co	ntributor			Date [MM/DD/YYYY] \$	
	3.57				
House #				Date [MM/DD/YYYY] \$	
riouse #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
				785. Vigit	
Description of Co	ontribution	7.5			
Full Name of Co	atilkatar	3/40		Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City	1025022 PRINT RESIDENCE (1)	State	Zip Code	Date [MM/DD/YYYY] \$	
Description of C	ontribution	2007 KUN 200 M	260 (860 (80 kg)) , ca		
		estinati general general			
Full Name of Co	ntributór			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
	Julect Addiess				
					
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Description of Co	ontribution		The many section 1		
[数] 電視報報 [2] 中国影響	antoni Gregoria, Galake Galake Alake	4.53			

SCHEDULE II

Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer Identification Number: Co	onnie Cruz, Candidate for Harborcreek Supervisor	N/A	

Full Name of Contribut	or :			Date [MM/DD/YYYY]		
				The second secon		
Dave #				Date [MM/DD/YYYY] \$		
	House # Street Address			Space [MM/DD/ (171]		
City	engan-engas manga	State	Zip Code	Date [MM/DD/YYYY] \$		
Employer Name	Sen			Occupation		
Employer Mailing Addr Place of Business	ess / Principal			Description of Contribution		
Full Name of Contribut	or.			Date [MM/DD/YYYY] \$		
House#	Street Address			Date [MM/DD/YYYY] \$		
City	经营收额 经基本证券	State	Zip Code	Date [MM/DD/YYYY] \$		
Employer Name		6/08 v64 (18)	PARTONING STORE STO.	Occupation		
Employer Mailing Addr Place of Business	ess / Principal			Description of Contribution		
Full Name of Contribut	ór .			Date [MM/DD/YYYY] \$		
House #	treet Address			Date [MM/DD/YYYY] \$		
City		State	Zip Code	Date [MM/DD/YYYY] \$		
Employer Name				Occupation		
Employer Mailing Addr Place of Business	ess / Principal			Description of Contribution		
Full Name of Contribut	or			Date [MM/DD/YYYY] \$		
House # Street Address			Date [MM/DD/YYYY] \$			
City		State	Zip Code	Date [MM/DD/YYYY] \$		
Employer Name				Occupation		
Employer Mailing Addr Place of Business	ess / Principal			Description of Contribution		

SCHEDULE III Statement of Expenditures

Filer Identification Number:		
	Connie Cruz, Candidate for Harborcreek Supervisor	N/A
as all well the article are the sales in		

To Whom Paid	7.5 - Y			Date [MM/DD/YYYY]	\$	
	Value Home Center			05/08/2019		26.87
House # 255	Street Address E	ast 38th Street		Description of Expend	liture	
City Erie State PA Zip Code 16504				Yard Sign Posts		
To Whom Paid	97) 1971 A-			Date [MM/DD/YYYY]	\$ -	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		•			97.53 1883	
House #	Street Address			Description of Expendi	ture	
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To Whom Paid		<u> </u>		Date [MM/DD/YYYY]	\$	· · · · · · · · · · · · · · · · · · ·
					3.70	
House #	Street Address			Description of Expendi	ture	
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To Whom Paid	. H	OSECUARE N. S.	La describa en 1994	Date [MM/DD/YYYY]	\$	
					3.9	
House #	Street Address			Description of Expendi	ture	
City		State	Zip		经规则	
		3.3.5	Code			
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eriak s		•				
House #	Street Address			Description of Expendi	ture	
City		State	Zip			
			Code			
To Whom Paid				Date [MM/DD/YYYY]	\$	
House #	Street Address			Description of Expendi	ture	
		In = 1111 1 11	1722 0 0			
City		State	Zip Code			
To Whom Paid				Date [MM/DD/YYYY]	\$	
House #	Street Address			Description of Expendi	ture	
		line and li	france in a d			
City		State	Zip Code			
To Whom Paid				Date [MM/DD/YYYY]	\$	· · · · · · · · · · · · · · · · · · ·
House #	Street Address			Description of Expendi	l ture	
City		Ctata				
		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 Identificatio	n Number:			· · · · · · · · · · · · · · · · · · ·
	Connie Cruz, Candidate for H	arborcreek Supervisor		N/A
Name of Credit	or.			Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED	
		434	[MM/DD/YYYY]	5 PA (1)
City		State	Zip	# 2004 # 300 # 300 # 300
Description of I	Nobe .		Code	(2.2) (3.4)
Name of Credit	or .			Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED	3. (a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c
		hwilet -	[MM/DD/YYYY]	
City		State	Zip Code	
Description of [Debt	\$458886B	Coue	
e Kalandara (n. 1				
Name of Credit	or			Outstanding Balance of Debt
House #	Street Address	(i)	DATE DEBT INCURRED [MM/DD/YYYY]	
City		State	Zip	
Description of [Debt		Code	特別
Name of Credit				Outstanding Balance of Debt
House #	Street Address	8 AB	DATE DEBT INCURRED	S S
	Street Address		[MM/DD/YYYY]	
City		State	>7: ≅000€000	-37
TO SERVICE STORY		- State	Zip Code	
Description of D	Debt			
Name of Credit	or			Outstanding Balance of Debt
House #	Street Address	Material States	DATE DEBT INCURRED	\$
		9.6 d. fr. 2.7 d. fr. 2.7 d. fr.	[MM/DD/YYYY]	
City		State	Zip	
	N. 10-		Code	
Description of E	Jeot.			
Name of Credit	or			Outstanding Balance of Debt
House #	Street Address	Mark 1884 1884	DATE DEBT INCURRED	
		<u> </u>	[MM/DD/YYYY]	
City		State	Zip	
Description of D	SAN	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	Code	\$\$P