Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification 8	3-3083064	1	port F lark X	iled B	y	Ca	ndida	ite		Com	mitt	ee		X		Lobbyi	st
Name of Filing Committee, Ca Lobbyist		Frier	nds of	Connie	: Cruz	z			<u> </u>	 				1 1 1 1			·
Street Address		4420) Dale	Drive					•								
City Erie	ter e generale <u></u>					Sta	ate	PA		Zip (Code	16	511		_		
Type of Report (Place x under	report type)																
1-6 th Tuesday 2- 2 nd Friday Pre-Primary Pre-Primary	3-30 Day Post Primary	100 00 1	th Tue Elect	1.1	 (1) 	nd Fr - Ele	iday ction	6-30 D Electio	ay Post n	7- A	nnua	- 1 -	ecial e-Elec	2 ^{na} Friday tion		Special Post-El	30 Day ection
	X								<u> </u>		1 - 1	. 1, 4.		<u> </u>		Γ	<u> </u>
Date Of Election (MM/DD/YYYY)	05/21/2019	Yea	ar			2019		Amend Report	A . A				rmina port	ition	A.		
Summary of Receipts and Expenditures	From Date		To	Date	, X	194				i 1980, 199 1981, 199	F	or Offi	ce Use	Only			
	05/07/2019			06/	10/2	019					alla Ma						
A. Amount Brought Forward I			\$		8.6								· · · · · ·				
B. Total Monetary Contribution (From Schedule I)	ons and Receipts	44.	\$		0												
C. Total Funds Available (Sum of Lines A and B)			\$		8.6							٠	*, ()	\$150.3 6.0 90			
D. Total Expenditures (From Schedule III)			\$		468.6	6											
E. Ending Cash Balance (Subtract Line D from Line C)		:/	\$		-460)											
F. Value of In-Kind Contribution (From Schedule II)			\$		0								and the second		۲	_	
G. Unpaid Debts and Obligation (From Schedule IV)	ons in the second		\$	3,	,533.									2 market		<u> </u>	
Part 1- If this is a Committee report	rt, treasurer sign he	ere. If	this is	a Cano	didat	e ren	vit Sec ort, ca	ndidate si	gn here.				-	<u> </u>	<u> </u>		
I swear (or affirm) that this report,	including the atta	ched s	schede	ules on	pape	er, is t	o the	best of my	knowled	ge and	belie	ft ue of	nkerkt	ende-bund	Fitey	rlvania -	Notary Seal
Sworn to and subscribed before m	e this			1		(\bigcap	\ _	2				MICI	HELLE GON	DA - Cou	Notary nty	Public
///while	(pond)	£		-			Jos	L. Cruz	ignature			bn ittin	g repo	mmission M	iumt	er 1290	868
Signature 5	0, 1	4	•	ı			81.	4		Print	ed Na 32	ame 23-2466					
My Commission expires MO.	DAY YR.	_1_						rea Code						hone Numi	ber	-	
Part II- If this is a report of a Candi	date's Authorized	Comn	nittee,	, candid	late :	shalis	ign he	ere.									
I swear (or affirm) that to the best amended.	of my knowledge a	nd be	elief th	nis polit	ical o	comm	ittee I	nas not vic	lated any	provis	ions o	of the A					
Sworn to and subscribed before m	e this							\cap	. هـ			Λ.	Com		GO		ania - Notary otary Public y
Jayof Jun	20/19	- /::	•	1.			_		Sign	ature o	of Can	didate		Ay/Commiss Commis	sion sion	Expires Number	May 26, 2023 1290868
Signature	Dond	9					Cor	nnie Cruz		Printed	l Nam	e					
My Commission expires 5 MO.	26 2 DAY YR.	3					814 A	4 rea Code	_		_	-6169 sytime 1	Ге l eph	one Numbe	er	-	
													•				

SCHEDULE I Contributions and Receipts

Detailed Summary Page

1.Unitemized 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)	\$ 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)	\$ <u>0</u>
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 8	\$

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 83-308306	4	Friends of Connie Cruz	<u> </u>	N/A
					Amount
Full Name of Co	ontributing			Date [MM/DD/YYYY]	\$
Committee	n translation and translation				
House #	Street Address			Date [MM/DD/YYYY]	\$
City		Cenen	7in Codo	Data Issa Inn house	
		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co	antributing.	1000		Date Itale Inchange	[15] [16]
Full Name of Co Committee	end maring.			Date [MM/DD/YYYY]	\$
House #	Street Address		<u></u>	Date [MM/DD/YYYY]	\$
City	<u> </u>	State	Zip Code	Date [MM/DD/YYYY]	\$
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Full Name of Co	ontributing			Date [MM/DD/YYYY]	\$
Committee					
House #	Street Address			Date [MM/DD/YYYY]	<u> </u>
				Imited and (1 (1))	1
City I		T Charter	7in Code	Date Fanacione burn	
City		State	Zip Code	Date [MM/DD/YYYY]	- \$
Collination	mfrihadine (C.)	[10 A. 10 A.	POSSESSI A	ingui takak kematan	T.e.
Full Name of Co Committee	one inating			Date [MM/DD/YYYY]	.
House #	Street Address			Date [MM/DD/YYYY]	
	S. Cat Audi ess			- ace familion [11]	13
		- C	71 4	Boar Francisco	14.1 m
City		State	Zip Code	Date [MM/DD/YYYY]	_ \$
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Full Name of Co	ontributing			Date [MM/DD/YYYY]	\$
Committee					
House #	Street Address			Date [MM/DD/YYYY]	\$
				<u> </u>	
City		State	Zip Code	Date [MM/DD/YYYY]	\$
		June	prootic	Pare [MIM/DD/1111]	4.5
Full Name of Co	ntributing			Date [MM/DD/YYYY]	
Committee				Date [WINN DD/TTTT]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
	Ju cet Audress			Sacr [min/DD/1111]	1 ~1
Clar	94 L 1.3	T			-
City	_	State	Zip Code	Date [MM/DD/YYYY]	\$
				1	ha.

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.)

Self-ref State of Endowed India A Real Learning Constitution (Constitution Con-	83-3083064	Friends of Connie Cruz	N/A	
			·	

Full Name of Cont	ibutor			Date [MM/DD/YYYY]	(SX)
terate all official states.				Date:[MAI/DD] : 111]	
和某一起,这个一只是					
House #	Street Address		1 2 112	Date [MM/DD/YYYY]	\$
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City 🕝		State	Zip Code	Date [MM/DD/YYYY]	S
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Full Name of Cont	-ihnear		Processing and constitution	Date [MM/DD/YYYY]	\$
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igita ya ya mada ka					
House #	Street Address			Date [MM/DD/YYYY]	(\$ - 5)
				The Control of the Co	
City		State	Zip Code	Date [MM/DD/YYYY]	S
		1495.0 m			
Full Name of Conti	ibutor	P(88) (49, 199, 111)	・・ に関するとの数据でのするではあった。	Date [MM/DD/YYYY]	\$
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House#	Street Address			Date [MM/DD/YYYY]	
	Street Address				
	7 (A) 12 (A) (A) (A)				
City	7	State	Zip Code	Date [MM/DD/YYYY]	S
			200	The state of the s	
Full Name of Contr	ibutor			Date [MM/DD/YYYY]	(\$
House #	Street Address				
nouse #	Street Address			Date [MM/DD/YYYY]	\$
City	\$1500 HOVER, 6,457 GAS	State	Zip Code	Date [MM/DD/YYYY]	8 9 9 6 9 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8
		1 TO			M35 (1) 48 (2)
			· 英国的基础的基础的		
Full Name of Contr	ibutor			Date [MM/DD/YYYY]	\$
Bright March 1995					
House #	Street Address			Date [MM/DD/YYYY]	
nouse #	Street Audress			Date:[WIW/DD/1111]	\$
					[43] 13 13 13 13 13 13 13 13
City	September 1875 and 1875	State	Zip Code	Date [MM/DD/YYYY]	
52.973.59	AA1				[868]
Full Name of Contr	ibutor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$ 25.
συς π	Succi Address			Date [inital/DD/1111]	
City	1.11 Style (1779) 53.	State	Zip Code	Date [MM/DD/YYYY]	
15 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
\$2 E C		1977	[6] 20 元 [6		ÿ\$.

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.

Full Name of Contributing Committee House # Street Address Date [MM/DD/YYYY] \$ Full Name of Contributing Committee House # Street Address Date [MM/DD/YYYY] \$ Full Name of Contributing Committee House # Street Address Date [MM/DD/YYYY] \$ Full Name of Contributing Committee House # Street Address Date [MM/DD/YYYY] \$ City State Zip Code Date [MM/DD/YYYY] \$ Full Name of Contributing Committee House # Street Address Date [MM/DD/YYYY] \$ City State Zip Code Date [MM/DD/YYYY] \$ Full Name of Contributing Committee House # Street Address Date [MM/DD/YYYY] \$ City State Zip Code Date [MM/DD/YYYY] \$ Full Name of Contributing Committee House # Street Address Date [MM/DD/YYYY] \$ City State Zip Code Date [MM/DD/YYYY] \$ Full Name of Contributing Committee House # Street Address Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ City State Zip Code Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Full Name of Contributing Committee House # Street Address Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ City State Zip Code Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ City State Zip Code Date [MM/DD/YYYY] \$	riiei identiiicatii	83-3083064		Friends of Connie Cruz		N/A
City State Zip Code Date [MM/DD/YYYY] \$ Full Name of Contributing Committee Date [MM/DD/YYYY] \$ City State Zip Code Date [MM/DD/YYYY] \$ Full Name of Contributing Committee Date [MM/DD/YYYY] \$ City State Zip Code Date [MM/DD/YYYY] \$ Full Name of Contributing Committee Date [MM/DD/YYYY] \$ City State Zip Code Date [MM/DD/YYYY] \$ City State Zip Code Date [MM/DD/YYYY] \$ Full Name of Contributing Committee Date [MM/DD/YYYY] \$ City State Zip Code Date [MM/DD/YYYY] \$ City State		omnittee			Date [MM/DD/YYYY]	
Full Name of Contributing Committee Full Name of Contributing Committee Cont	House #	Street Address			Date [MM/DD/YYYY]	\$
Contributing Committee City State Zip Code Date [MM/DD/YYYY] S	City		State	Zip Code	Date [MM/DD/YYYY]	\$.
State Zip Code Date IMM/DD/YYYY \$		ommittee	in nearly and	[2.55/Wei 2017-10/95]	Date [MM/DD/YYYY]	5
Full Name of Contributing Committee House # Street Address Date [MM/DD/YYYY] \$ City State Zip Code Date [MM/DD/YYYY] \$ Full Name of Contributing Committee House # Street Address Date [MM/DD/YYYY] \$ City State Zip Code Date [MM/DD/YYYY] \$ Full Name of Contributing Committee House # Street Address Date [MM/DD/YYYY] \$ Full Name of Contributing Committee House # Street Address Date [MM/DD/YYYY] \$ Full Name of Contributing Committee Full Name of Contributing Committee Full Name of Contributing Committee Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$	House #	Street Address			Date [MM/DD/YYYY]	5
Contributing Committee House # Street Address Date [MM/DD/YYYY] \$	City	STATE OF THE PROPERTY OF THE P	State	Zip Codé	Date [MM/DD/YYYY]	
City		ommittee			Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee House # Street Address Date [MM/DD/YYYY] \$ City State Zip Code Date [MM/DD/YYYY] \$ Full Name of Contributing Committee House # Street Address Date [MM/DD/YYYY] \$ City State Zip Code Date [MM/DD/YYYY] \$ City Date [MM/DD/YYYY] \$ City Date [MM/DD/YYYY] \$ Full Name of Contributing Committee Date [MM/DD/YYYY] \$ Full Name of Contributing Committee	House #	Street Address		1.0	Date [MM/DD/YYYY]	\$
Contributing Committee Date [MM/DD/YYYY] \$			State	Zip Code	22 Commence of the commence of	
City State Zip Code Date [MM/DD/YYYY] \$ Full Name of Contributing Committee Date [MM/DD/YYYY] \$ City State Zip Code Date [MM/DD/YYYY] \$ City State Zip Code Date [MM/DD/YYYY] \$ Full Name of Contributing Committee Date [MM/DD/YYYY] \$	Contributing C	3, 404				
Full Name of Contributing Committee Date [MM/DD/YYYY] \$	The second se	Street Address				
Contributing Committee Contributing Contributing Committee Contributing Committee Contributing Committee Contributing Contributing Committee Contributing Contribu		and the second s	State	Zip Code		
City State Zip Code Date [MM/DD/YYYY] \$ Full Name of Contributing Committee House # Street Address Date [MM/DD/YYYY] \$	Contributing Co	3 42 V 6 / 4			The second secon	
Full Name of Contributing Committee House # Street Address Date [MM/DD/YYYY] \$				P_2020 2 0 0 0		
Contributing Committee House # Street Address Date [MM/DD/YYYY] \$			State	Zip Code	1 2 1 1 1 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1	
	Contributing Co					
	City	Puled Addiess	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:	3-3083064	Friends of Connie Cruz	N/A
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 Employer Mailing Address / Principal Place of Business			Occupation
Full Name of Contributor	and a period		Date [MM/DD/YYYY] \$
House # Street	Address		Date [MM/DD/YYYY] \$
City Employer Name	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Mailing Address / Principal Place of Business			Occupation
Full Name of Contributor	1987年 高巻 Y 1987 	-	Date [MM/DD/YYYY] \$
House # Street	Address	• '''	Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name Employer Mailing Address / Principal Place of Business			Occupation
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 Employer Mailing Address /			Occupation
Principal Place of Business			

PART E

Other Receipts

REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.

Friends of Connie Cruz

Filer Identification Number:

83-3083064

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

N/A

Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		French Street (st	BYRECT PROPERTY	83.3
Full Name				
House #	Street Address			
City	St 750 The Life Color to the	State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		The state of the s	E Standart up: ↓	, , , , , , , , , , , , , , , , , , ,
Full Name				
House#	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description	100 mm	[1 040401413374]	Sta Schwenger ([80]
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		Department of	wespectus 1	1,:15:1
Full Name	16794 16754 16754			
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		Dod. see, and	on the second of the control of	1.07
Full Name				
House #	Street 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: 83-30	083064	Friends of Conr	ie Cruz
1. UNITEMIZED IN-KIND CON	NTRIBUTIONS RECEIVED-VAL	UE OF \$50,00 C	IR LESS PER CONTRIBUTOR
TOTAL for the reporting period	(1)	\$	
2. IN-KIND CONTRIBUTIONS	RECEIVED-VALUE OF \$50.01	TO \$250.00 (FI	ROM PART F)
TOTAL for the reporting period	(2)	\$	0
3. IN-KIND CONTRIBUTION F	RECEIVED-VALUE OVER \$250	.00 (FROM PAR	T G)
TOTAL for the reporting period	(3)	\$	0
TOTAL VALUE OF IN-KIND CONTRIB			
PERIOD (Add and enter amount tota on Page 1, Report Cover Page, Item		so enter	0

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Number: 83-3083064 Friends of Connie Cruz N/A	
--	--

Full Name of Co	ntributor			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
3.41	Juest Address				
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Description of Co	ontribution	14,000,000,000,000,000 14,000,000,000,000,000,000 14,000,000,000,000,000,000,000,000	State with the property	[23 · N]	
e de la companya de	9, 86, 255 1 (2, 405)				
Full Name of Co	ntributor			Date [MM/DD/YYYY] \$	
evenie					
House#	Street Address			Date [MM/DD/YYYY] \$	
	Jueeradures				
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Description of Co	ontribution		19 19 AC D (AAV 1800 A.V.)	(8979)	
				<u> </u>	
Full Name of Cor	ntributor			Date [MM/DD/YYYY] \$	
4/40/49/5/19					
House#	Street Address		 -	Date [MM/DD/YYYY] \$	
				10 The second se	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Cara.		www.			
Description of Co	ontribution	(1992) 1993 1993			
Full Name of Cor	verkutorel	8064 <u>0</u>		Date [MM/DD/YYYY] \$	
				Date: IMIN/DD/17 TITE	
House #	Street Address		- · · · ·	Date [MM/DD/YYYY] \$	
AMA AN					
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Description of Co	intribution 2000 A.A.	. <u> </u>			
Full Name of Cor	ntributor			Date [MM/DD/YYYY] \$	
7 - 74 O S (- 7.4) C					
(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	7. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3.				
House #	Street Address			Date [MM/DD/YYYY] \$	
City	108 1 28 1 8 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1	State	Zip Code	Date [MM/DD/YYYY] \$	
Description of Co	ontribution		1.00 N T 48 M T 4 T 4 T 4 T 4 T		
				\$	

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer Identification Number:			
	man tracks to se	41.44	
83-3083064	Friends of Connie Cruz	N/A	
[4] (A. A. A		.4	
可能的 "我就是一种被杀人的疾"的"是一点,正如这种心态"。2012年			

- v in in a representation						
Full Name of Co	ntributor			Date [MM/DD/YYYY] \$		
House #	Street Address		, , , , , , , , , , , , , , , , , , , ,	Date [MM/DD/YYYY] \$		
Section 2						
City		State	Zip Code	Date [MM/DD/YYYY] \$		
Employer Name	BUSINESS CONTRACTOR			Occupation		
	ng Address / Principal			Description		
Place of Busines	5	100 100 100 100 100 100 100 100 100 100		of Contribution		
Full Name of Co	ntributor			Date [MM/DD/YYYY] \$		
House#	Street Address			Date [MM/DD/YYYY] \$		
City	1094450-1695060 Accept of Street	State	Zip Code	Date [MM/DD/YYYY] \$		
Employer Name	Russian in State Constitution St.		186 v. (1962) (1966)	Occupation		
	ng Address / Principal			Description		
Place of Busines	S			of Contribution		
Full Name of Cor	ntributor	\$ · ¶		Date [MM/DD/YYYY] \$		
				12. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		
House #	Street Address			Date [MM/DD/YYYY] \$		
an See City						
City	<u> </u>	State	Zip Code	Date [MM/DD/YYYY]		
				(1) (2) (2) (3) (3) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4		
Employer Name						
Andrews and the second	A CONTRACTOR OF THE PROPERTY OF	# ##		Occupation		
	ng Address / Principal	Ž.		Description		
Place of Business	State of the property of the y	ă ă		of Contribution		
Full Name of Cor	ntributor	<u></u>		Date [MM/DD/YYYY] \$		
				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
House #	Street Address			Date [MM/DD/YYYY] \$		
	SUCEL AUGI ESS			Sale fland political Tax		
City		State	Zip Code	Date [MM/DD/YYYY] \$		
				National Section 1		
Employer Name		A CONTRACTOR OF THE CONTRACTOR	Performance years	Occupation		
Employer Mailing Address / Principal			Description			
Place of Business				of		
véget Millionisi	J. 1945年	3		Contribution		

Statement of Expenditures

Filer Identification Number:		
	Etaskato Complete	
83-3083064	Friends of Connie Cruz	
# 1 - 도시에 등 가장, 15 개도 중요한 중요한 이 등 하실일, 등 경험이 하시는 []		· · · · · · · · · · · · · · · · · · ·

To Whom Paid					Date [MM/DD/YYYY] \$			
	McCarty Printing					03/06/2019		328.6
House # 246	Street Address East 7th Street				Description of Expenditure			
City Erie	State	PA	Zip Code ¹⁶	5503	Post It's - "sorry I missed"			
To Whom Paid Erie County Democrat		Party				Date [MM/DD/YYYY]	\$	
		craity				04/11/2019		90
House # 1305	Street Address State Street			Description of Expenditure				
City Erie		State	PA	Zip Code 16	5501	Annual Spring Dinner and A	Ad in P	Program
To Whom Paid	Community Access Me	dia				Date [MM/DD/YYYY]	.\$	50
	·	uia				04/16/2019	12	50
House # 142	Street Address We	st 12th Stre	et			Description of Expenditure		
City Erie		State	PA	Zip Code ¹⁶	501	Video Shoot Media		_
To Whom Paid						Date [MM/DD/YYYY]	 \$	
House#	Street Address			1 11 11 11		Description of Expendi	ture	
City		State		Zip Code				
To Whom Paid					Date [MM/DD/YYYY]	.		
House #	Street Address	- "				Description of Expendi	ture	
City		State		Zip Code				
To Whom Paid						Date [MM/DD/YYYY]	s	
House #	Street Address					Description of Expendi	ture	
City		State		Zip Code			400. 74.00	
To Whom Paid						Date [MM/DD/YYYY]	\$	
House #	Street Address				Description of Expendi	ture		
Gty		State		Zip Code				
To Whom Paid					Date [MM/DD/YYYY]	\$		
House # Street Address				Description of Expendi	ture			
City	The still harrish of the second	State		Zip Code		<u> 1900 - Principal de la Princ</u>	<u> </u>	nen - Regelsky nedlige Del Artes od
		P. C. C. C. C. C. C.		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				

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:			· ·
	3083064	Friends of Connie Cruz	
D. C. GERT V. LELL WENTE YORK III HER SCHOOL BEING IN DE STEN IN DE		Therias of Colline Graz	
THE SECTION OF PARTY AND ARREST			
The second secon			

Name of Creditor		McCarty Printing	· ·	Outstanding Balance of Debt
House # 246	Stre	et Address East 7th Street	DATE DEBT INCURRED [MM/DD/YYYY] 04/11/2019	
City		Erie State	PA Zip Code 16508	1,484
Description of Debt		Yard Signs		
Name of Creditor		McCarty Printing		Outstanding Balance of Debt
House # 246	Stre	et Address East 7th Street	DATE DEBT INCURRED [MM/DD/YYYY]	
City		Erie State	05/07/2019 PA Zip 16503	1,105.47
Description of Debt		Direct Flyer		
Name of Creditor		McCarty Printing	```	Outstanding Balance of Debt
House # 246	Stre	et Address East 7th Street	DATE DEBT INCURRED [MM/DD/YYYY]	\$
Chty _{set} 15		Erle State	05/29/2019 PA	943.72
Description of Debt		Post Cards due to direct flyer being sent out on wrong da	Constant to February 1	Part (A)
Name of Creditor	Willey's			Outstanding Balance of Debt
House #	Stre	et Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State	Zip Code	
Description of Debt				
Name of Creditor				Outstanding Balance of Debt
:House #	Stre	et Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$
Clty		State	Zip Code	
Description of Debt				
Name of Creditor				Outstanding Balance of Debt
House #	Stre	et Address	DATE DEBT INCURRED [MM/DD/YYYY]	
City		State	Zip Code	
Description of Debt				