

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

Filer Identification Number	83-3284846	Rep	ort Filed I		andida			Committee	•	Lob	byist
Name of Filing Committee Lobbyist	e, Candidate or	COM	MITTEE TO	ELECT JAS	ON DE	AN	_	10 2000		50,000	omegew too he can are
Street Address		5454	PEPPERWO	OOD CIRCL	.E						
<b>City</b> ERIE				Si S	taté	PA		Zip Code	16506		
Type of Report (Place x un	der report type)										
1-6 <sup>th</sup> Tuesday 2-2 <sup>nd</sup> Fri Pre-Primary Pre-Prima			Tuesday lection	5- 2 <sup>nd</sup> F Pre- Eld		6- 30 D Election		7- Annual	Special 2 <sup>nd</sup> Frida Pre-Election	1 march 1 march 2 marc	cial 30 Day t-Election
	$\boxtimes$										
Date Of Election (MM/DD/YYYY)	05/21/2019	Year		201	.9	Amend Report	ment		Termination Report		
Summary of Receipts and	From Date	V	To Date	•		14 24		For	Office Use Only		
Expenditures	05/07/2019	10.30%	06	/10/2019	11,300,00						
A. Amount Brought Forwa	ard From Last Repor	<b>t</b> \$		309.42			4815118,01		<u> </u>	7119	
B. Total Monetary Contrib (From Schedule I)	utions and Receipts	200		100							
C. Total Funds Available (Sum of Lines A and B) D. Total Expenditures		\$		409.42						8	
(From Schedule III) E. Ending Cash Balance		\$   \$		195.67							
(Subtract Line D from Line	C) .			213.75					: !		`
F. Value of In-Kind Contrib (From Schedule II)		\$		0					en A	3	<del>今</del>
G. Unpaid Debts and Oblig (From Schedule IV)	gations	\$ 		0							
Part 1- If this is a Committee r	eport, treasurer sign h	ere. If t	his is a Car		lavit Sec		n here.	_			
I swear (or affirm) that this rep	oort, including the atta	ched sc	hedules or	paper, is	to the	est of my	lenowled	ge and belief tr	ue, correct and comp	olete.	
Sworn to and subscribed before			•					$\sqrt{M}$			
day of June	20 /9	_	٠,١		_			of Rerson Subm			
Marca U.	Justed	_	<b>-</b> -		СН	RISTOP <del>HEI</del>	gnature. A.ELWE	ELL SUIT SUUM	HEATING TELPOIT		
gignature			. 1					Printed Name	e'		•
MARGIE A. HUSTED		20			81·	1 rea Code		572-4	1646 time Telephone Num	her	
Notary Public								ou,	time rerephone Num		
CARENTI WASHING CO	Meldate's Authorized	Commi	<b>ttee</b> , cand	idate shall	sign he	re.	lated are	nrovisions of t	he Act of June 2 103	7/D   10	33 NO 330) ~
amended.		with DCII	ior and por	cur com		.55 1101 110	accu any	provisions of t	ne het of valle 3, 193	. 1, 23	55, 140.520; ds
Sworn to and subscribed before	re me this					0,					
day of Jun	c 70/9	_	٠,			4	L				
March U	. Hurted	_			JAS	ON DEAN		ature of Candid Printed Name	ate		
My Commission expires 10	30 2020	<u>)</u>	3-		814	1	_	833-47	62		
MO.	DAY YR.				A	rea Code	-	Dayti	me Telephone Numb	per	
	RIAL SEAL										
MANUT	E A: HUSTED										

**Notary Public** MILLCREEK TWP. ERIE COUNTY My Commission Expires Oct 30,2020

# SCHEDULE I Contributions and Receipts Detailed Summary Page

Filer Identification Number 83-3284846		
is independent the state of the	Filer Identification Number	
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	■03-3 <b>∠</b> 04040	
	racination for the control of the co	
	##D############	

			•
1.Uniternized Contributions and Receipts-\$50.00 or Less per Contributor			
	17.49 v.	30.00	
Total for the reporting period	(1)	\$	o
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)			
Contributions Received from Political Committees (Part A)		\$	o
All Other Contributions (Part B)	,	\$	100
Total for the reporting period	(2)	\$	100
3. Contributions Over \$250:00 (From Part C and Part D)			
Contributions Received from Political Committees (Part C)		\$	0
All Other Contributions (Part D)		\$	o ·
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, Recover Page, Item B)	port	\$	100

### 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 Number

					Amount
Full Name of C	ontributing		***	Date [MM/DD/YYYY]	(\$)
Committee					
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	
Full Name of Co	ontributing			Date [MM/DD/YYYY]	\$
Committee					
House #	Street Address		,	Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	3
4405/46 36 6844				The state of the s	
Full Name of Co	ontributing			Date [MM/DD/YYYY]	\$
Committee			•		
House #	Street Address			Date [MM/DD/YYYY]	
City		State	Zip Code	Date [MM/DD/YYYY]	
				<u> </u>	
Full Name of Co	ontributing			Date [MM/DD/YYYY]	\$
Committee					(2) (表)
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co	ntributing			Date [MM/DD/YYYY]	\$
Committee					(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
House #	Street Address		·	Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
					(4)   (電影
Full Name of Co	ntributing		·	Date [MM/DD/YYYY]	\$
Committee					(1964) (1964) (1964)
House #	Street Address			Date [MM/DD/YYYY]	\$
					-112.0 -12.0 -13.0 -13.0 -13.0
City		State	Zip Code	Date [MM/DD/YYYY]	\$
		Fig. 1997			*(v)*

# 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: 83-3284846		
Africation transfer and the second se		
CONTRACTOR OF THE PROPERTY OF		
**************************************		

Weighted and County Annual Princips (Inches to Management States Management Management States Manageme				ANTIBLES.	
Full Name of Contributor SALLY DEAN			Date [MM/DD/YYYY] 05/21/2019	S	100
				经	
House # / Street Address	PPERWOOD CIRCLE		Date [MM/DD/YYYY] %	\$	
CITY ERIE	State PA	Zip Code 16506	Date [MM/DP/AYAY)	\$	
	<b>拉勒</b> 提出				
Full Name of Contributor	·		Date [MM/DD/XXXX]	\$	
House #: Street Address		* .	Date [MM/DD/YYYY)]	S	
Gity	State	Zip Code	Date [MM/DD/XYYY]	S	
Full Name of Contributor			Date (MM/DD/XYXY)	\$	
House # Street Address			Date [MM/DD/YYYY]	\$	
Cty)	State	Zip Code	Date:[MM/DD/MYM)]	\$	
Full Name of Contributor			Date [MM/DD/YYYY]	\$	
House # Street Address			Date [MM/DD/YYYY]	\$	
City *	State	Zip Code	Date [MM/DD/YYYY]	<b>\$</b>	
Füll Name of Contributor			Date (MM/DD/XYYY)	\$	
House # Street Address			Date [MM/DD/YYYY]	\$	
(Gty.	State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributor			Date [MM/DD/YYYY]	\$	
Al-Cross		·			
House # Street Address			Date [MM/DD/YYYY]*	5	
CIV :	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 (dentification Number: 83-3284846		

			*****	
Full Name of Contributing Committee			*Date(MM/JDD/MMM)*	<b>\$</b>
House # Street Address			Date [MM/DD/\\\\)	5.
Ciŷ	State	Zip:Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee			Date [MM/DD/YYYY]	<b>\$</b>
House # Street Address			Date [MM/DD/YYYY]	<b>\$</b>
City	State	Zip Code	*Date (MM/DD/AYYA)	
Full Name of Contributing Committee			Date [MM/DD/AAAY]	<b>S</b>
House'# Street Address			Date [MM/DD//YYYY]	<b>\$</b>
City	State	Zip Code	Date [MM/DD//YY/Y]	
Full Name of Contributing Committee	:		Date [MM/DD/XXXX)	<b>\$</b> *
House # Street Address			Date [MM/DD/YYYY]	<b>\$</b>
City	State	Zip Code	Date (MM/DD/XXXX)	<b>\$</b>
Full Name of Contributing Committee			«Date (MM/DD/YYYY)	<b>.</b>
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)]	
City	State	Zip Code	Date [MM/DD/YYYY)	

# 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 Nur	nber: 83-3284846		· · · · · · · · · · · · · · · · · · ·		
Full Name of Contrib	utor .			Date [MM/DD/MYY]	
House#	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Name				Occupation .	
Employer Mailing Ac	siness				
Full Name of Contrib				Date [MM/DD/XYYY] \$	
House#	Street Address			Date [MM/DD/YYYY] \$	
Gty-3		State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Name				Occupation	
Employer Mailing Ac Principal Place of Bu			•		
Full Name of Contrib				Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
(Gity		State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Name				Occupation	
Employer Mailing Ad Principal Place of Bus					

Full Name of Contributor

Street Address

State

Zip Code

House #

City

Employer Name :

Employer Mailing Address / Principal Place of Business Date [MM/DD/YYYY] \$

Date [MM/DD/YYYY] 😽 \$

Date [MM/DD/YYYY]

Occupation

### 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 Number:

Eul! Name	
acoriname.	
House # Street Address	
City Zip Date [MM/DD/YYYY] 5	
Code	
Receipt Description	
#Full*Name	
House # Street Address	•••
State Zip Date [MM/DD/YYYY] S	
Code	
Receipt Description	
Full Name	
House# Street Address	
City State Zip Date [MM/DD/YYYY] S Code:	
	<u>-</u>
Receipt Description :	
Füll Name	
House # Street Address	
City State Zip Date [MM/DD/YYYY] 5	
Code	
Receipt Description	
Full Name	
House # Street Address	
City Zip Date [MM/DD/YYYY] S	
Gode C	
《· · · · · · · · · · · · · · · · · · ·	
Receipt Description	
Receipt Description  Full Name	1
Full Name  House # Street Address	
Full Name  House # Street Address	
Full Name  House # Street Address	

### 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

6			
IUTIONS RECEIVED VALUE	DF \$50.00 ©	OR LESS PER CONTRIBUTOR	
(1)	\$ 0	o	
			20.20
IVED-VALUE OF \$50,01710	\$250 00 (Fi	ROMPARIE	
(2)	\$	0	
en stemme belikken bij objekte (ette trebeste), besk silker (se. t. a. b.a. Asse).			.29d8
VED-VALUE (OVER \$250.00)	FROM PAR	(1 G)	
(3)	\$	0	
-			_
	nter	0	
	(1)  IVED-VALUE OF \$50.01 TO  (2)  VED-VALUE OVER \$250.00  (3)	(1) \$  IVED-VALUE OF \$50.01 TO \$250.00 (F)  (2) \$  VED-VALUE OVER \$250.00 (FROM PAI	(1) \$   0    IVED_VALUE OF \$50.00 (FROM PART F):  (2) \$   0    VED_VALUE OVER \$250.00 (FROM PART G).  (3) \$   0    NS DURING THIS REPORTING om boxes 1, 2, and 3; also enter

### SCHEDULE II PART F

## **In-Kind Contributions Received**

VALUE OF \$50.01 TO \$250

Filer Identification Number: 83-3284846	 
# Filer identification Number # 1	
220000	
<b>■</b>	
100 100 100 100 100 100 100 100 100 100	
Number of section of the section of	

PARTICIPATE A VICTOR STRANGE OF A LANGE PARTICIPATE A	Sept. areas			The same of the sa	A Description of the Control of the
Full Name of Contrib	utor.			Date (MM/DD/MM)	\$
House#	Street Address			Date [MM/DD/YYYY]	<b>5</b>
			The state of the s		
City		State	Zip Code	Date [MM/DD//YYYY]	5
Description of Contri		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	By Marin Herriton and American Company		NECCOLOGI
Full Name of Contrib	utor			Date [MM/DD//////]	<b>(\$</b>
House #	Street Address			Date [MM/DD/YYYY]	<b>\$</b>
Giy	A FAMILY AND THE PARTY OF THE P	State	Zip Code	Date [MM/DD/YYYY]	<b>5</b>
Description of Contri		Strategy and the control of the cont	The control of the co		(SECT)
Full Name of Contrib	unor			Date [MM/DD/YYYY]	<b>5</b> 5.
House #	Street Address		,	Date [MM/DD/YYYY]	\$
Gity	AND	State	Zip Code	Date [MM/DD/YYYY]	<b>↑</b>
Description of Contrib			Jan De Mark Common and		
Full Name of Contribu	itor)			®Date [MM/DD/XXXXI]	<b>\$</b>
House #	Street Address			Date [MM/DD/AYYY)	5
Gity	E7h Blomose a response	State	Zip Code	Date [MM/DD/YYYY]	<b>\$</b>
Description of Contrib		Select release 4 and	First Kanada and a second		Lit York
Full Name of Contribu	<b>Itor</b>			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City	7. T.	State	Zip Code	Date [MM/DD/YYYY]	
Description of Contrib	aution		The state of the s		SD-5/29 I

# SCHEDULE II Part G

## **In-Kind Contributions Received**

VALUE OVER \$250

Filer Identification Number: 83-3284846	•	

		•
Full Name of Contributor		Date (MM/DD/YYYY) \$
House#! Street Address		Date [MM/DD/YYYY] S
City	State Zip Code.	-Date [MM/DD/YYYY] \$2
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] /5
Gry	State Zip Code	Date:[MM/DD//YYYY]
Employer Name		Cccupation
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] \$
(Gry	State Zip Code	Date [MM/DD/YYYY] \$
Employer Name		Occupation
Employer Name  Employer Mailing Address / Principal		Occupation Description of
Employer Name  Employer Mailing Address / Principal Place of Business  Full Name of Contributor  House # Street Address		Occupation  Description  of  Contribution
Employer Name  Employer Mailing Address / Principal Place of Business  Full Name of Contributor  House # Street Address		Occupation  Description  of  Contribution  Date [MM/DD/YYYY] \$
Employer Name  Employer Mailing Address / Principal Place of Business  Full Name of Contributor  House # Street Address	State Zip Code	Occupation  Description  of Contribution  Date [MM/DD/YYYY]  S  Date [MM/DD/YYYY]  \$

# SCHEDULE III Statement of Expenditures

File: Identification Number: 83-3284	846		

To Whom Paid	FACEBOOK					***************************************	2.2	\$.	75
						1	/2019		
House # 1601	Street Address WII					Description	of Expendit	ture	
MENLO PARK		State CA	A	Zip Code	94025	SOCIAL MEDIA			
To Whom Paid	FACEBOOK					Date (MM/ 05/17	CONTRACTOR OF THE PARTY OF THE	<b>.\$</b>  7	75
House # 1601	Street Address WI	LLOW ROAD				1	of Expendit	ure	e de la companya de La companya de la co
City MENLO PARK		State CA	Α	Zip Code	94025	SOCIAL MEDIA	<u> </u>	AT WITE	
To Whom Paid		<b>新发酵医疗</b> (200		A THE SECTION OF THE		Date [MM/	/DD/YYYY]	<b>15</b> 1	<u></u>
	FACEBOOK					05/21,	/2019		15.67
House # 1601	Street Address	LLOW ROAD				Description	of Expenditi	ure	
<b>Gity</b> MENLO PARK		State CA	Α -	Zip Code	94025				
To Whom Paid						Date [MM/	(DD/MYW)	\$	
House #	Street Address					Description	of Expenditu	ire	
(Gity)		State	·	Zip Gode					
To Whom Paid						Date [MM/		\$	
House#	Street Address					Description	of Expenditu	ire .	
Gity		State		Zip Code					
To Whom Paid						Date (MM/	DD/AYAYA)	\$	
House #	Street Address					10000000000000000000000000000000000000	of Expenditu		
City		State		Zip Code					·
To Whom Paid							DD/YYYY)		
House #	Street Address					Description	of Expenditu	ire	
City		State		Zip Code	:				
To Whom Paid						Date [MM/I		\$	
House #	Street Address						of Expenditu		
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 Number: 83-3284846				

Name of Creditor		<del></del>	Outstanding Balance of Debt
House:#	eet-Address	DATE DEBT INCURRED [MM/DD/YYYY]	
City	State	Zip Code	
Description of Debt			
Name of Creditor			Outstanding Balance of Debt
House# Stre	eet Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$
Gity.	State	Zip Code	
Description of Debt			222222
Name of Creditor	· · · · · · · · · · · · · · · · · · ·		Outstanding Balance of Debt
House# stre	eet Address	DATE DEBT INCURRED [MM/DD/YYYY]	
City	State	Zip Gode	
Description of Debt			
Name of Creditor			Outstanding Balance of Debt
	31	•	African of European Control of the C
Hbuse# Stre	eet Address	DATE DEBT INCURRED	Section 1
Giy	State		
		[MM/DD/YYYY]	
City  Description of Debt  Name of Creditor	State	[MM//PD/YYYYI]  Zip Code	Qutstanding Balance of Debt
City - Description of Debt Name of Creditor House#	State State	[MM/DD/YYYY]	
Description of Debt  Name of Creditor  House # Stre	State	[MM/DD/YYYY]  Zip Code  DATE DEBT INCURRED	Outstanding Balance of Debt
City  Description of Debt  Name of Creditor  House#  Stre	State State	Zip Code  DATE DEBT INCURRED [MM/DD/YYYY]	Outstanding Balance of Debt
Description of Debt  Name of Creditor  House # Stre	State State	Zip Code  DATE DEBT INCURRED [MM/DD/YYYY]	Outstanding Balance of Debt
Description of Debt Name of Creditor House # Stree  City  Name of Creditor	State State	Zip Code  DATE DEBT INCURRED [MM/DD/YYYY]	Outstanding Balance of Debt
Description of Debt Name of Creditor House # Stree  City  Name of Creditor	et Address  State	Zip Code  DATE DEBT INCURRED [MMI/DD/YYYY]  Zip Code  DATE DEBT INCURRED	Outstanding Balance of Debt \$  Outstanding Balance of Debt