

#### Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification Number	Report Filed I	By Candida	te. X	Committee		Lobbyist
Name of Filing Committee, Candidate or Lobbyist	DAVE	D C	GREGOR	V	am ar to all TODANT BOYA	Scientific Designation (Sept. 1986)
Street Address	7090	1.1 1.1	HKE Rd	/		
city FAIRVIEW	· · · · · · · · · · · · · · · · · · ·	State	PA	Zip Code	16415	
Type of Report (Place x under report type)						
1- 6 <sup>th</sup> Tuesday 2- 2 <sup>nd</sup> Friday 3- 30 Day Post Pre-Primary Pre-Primary Primary	4- 6 <sup>th</sup> Tuesday Pre- Election	5- 2 <sup>nd</sup> Friday Pre- Election	6-30 Day Post Election	7- Annual	Special 2 <sup>nd</sup> Friday Pre-Election	Special 30 Day Post-Election
Date Of Election (MM/DD/YYYY)	Year		Amendment Report		Termination Report	
A. Amount Brought Forward From Last Report  B. Total Monetary Contributions and Receipts	S					1010 <b>C</b>
(From Schedule I) C. Total Funds Available (Sum of Lines A and B) 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 (From Schedule IV)	Total Funds Available  Sum of Lines A and B)  Total Expenditures  From Schedule III)  Ending Cash Balance Subtract Line D from Line C)  Value of In-Kind Contributions Received From Schedule II)  Unpaid Debts and Obligations  \$					19 PM 3:
		Affidavit Sec				
Part 1- If this is a Committee report, treasurer sign be e. If this is a Codidate report, candidate sign here.  I swear (or affirm) that this report, including the attached schedules or laper, is to the best of my knowledge and belief true, correct and complete.  Sworn to and subscribed before me this    Code						
Part II- If this is a report of a Candidate's Authorized Committee, candidate's hall sign here.  I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, NO.320) as						
amended.	•		•		•	
Sworn to and subscribed before me this						
day of20	- '	<del></del>	Sign	ature of Candida	ate	<del></del>
Signature Signature Printed Name					<del></del>	
My Commission expires MO. DAY YR.	-	Aı	rea Code	Daytir	me Telephone Number	·

### SCHEDULE I

# **Contributions and Receipts**

**Detailed Summary Page** 

Filer Identification Number			
1. Uniternized Contributions and Receipts-\$50.00 or Less per Contributor	es entre	igru (2 A)	
Total for the reporting period	(1)	\$	
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)	18.47 18.45	ik i Se Quasi	
Contributions Received from Political Committees (Part A)		\$	
All Other Contributions (Part B)		\$	
Total for the reporting period	(2)	\$	
3. Contributions Over \$250.00 (From Part C and Part D)	A.		
Contributions Received from Political Committees (Part C)	311.5- VARIETA	\$	
All Other Contributions (Part D)		\$	
Total for the reporting period	(3)	\$	
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)			
Total for the reporting period	(4)	\$	
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, Re	port	\$	

#### 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	n Number				
	6.9.88 (CDL) 3.00 (X.9.28)				Amount
Full Name of Co Committee	ontributing			Date [MM/DD/YYYY] \$	
House#	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	• • • • • • • • • • • • • • • • • • • •
Full Name of Co Committee	intributing			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			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Co Committee	intributing			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	<u></u>
Full Name of Co Committee	ntributing			Date [MM/DD/YYYY] \$	
House #	Street Address	<del></del>		Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Co Committee	ntributing	(2017年) · 1017年   101		Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	

# 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					
Full Name of Contributo			Date (MIV	V/ODVAVAVI S	<del> </del>
House # St	reet Address		PDate (MIV	I/DD/MYM] 5	
City.	State	Zip:Code	Date (MIX	/OD/YYYYY \$	
Full Name of Contributor			(¿Dāte)(MIX	/ED/AMMI S	
House # Si	reet: Address		Date (MM	//DB/MYY) 5	
City:	State	Zip coole	Paciwa	//DD/AYAYY] .s.	
Full Name of Contributor			report of the control and control	//DD/AA'AA'A	
House# c			Shared Crist and any processing processing processing	/DD/MYY) \$	· · · · · · · · · · · · · · · · · · ·
	reet Address	TROUGH BOUNDES OF SHARE	Consideration of the Constitution of the Const		
City .	State	Zip Code	MWI Street	/DD/YYYY] \$	
Full Name of Contributor			Date (MM	/DD/AYAY) = \$	
House # St	reet Address		Date (MM)	/DD/YYYY]	
© jy	State	Zip Code	Date [MM	/DD/YYYY] \$	
Full Name of Contributor			(MM)	/(DD/XXXX))	
House # St	eet Address		Date (MM)	/DD/YYYY) \$	
City	State	Zip Code	Date (MM)	/DD/YYYY] \$	
Full Name of Contributor			»pate (MM)	/DD/\\\\\  \$	
House # St.	eet Address		Date (MM)	/DD/YYYY] \$	
Clby.	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:				
Full Name of Contributing Committee	·		DatG(MM/DD/AYYAY	\$
House# Street Address			Date [MM/DD/XYYY]	<b>(\$</b>
City	State	Zip Code	Date [MM/DD/YYYY]	<b>Š</b>
Full Name of Contributing Committee	PERSONAL PROPERTY AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS	**************************************	Date (MM//DD//////)	<b>,5</b>
House # Street Address	• .		Date MM/DD/MM/	**
City	State	Zip Code	Date [MIN/DD/YYYY]	<b>5</b>
Full Name of Contributing Committee			(Date (MIM/OD/YYYY)	<b>(*</b>
House# Street Address			Date [MM/DD/YYYY]	<b>\$</b>
City.	State	Zlp Code		
Full Name of Contributing Committee				
House # Street Address			DESCRIPTION OF THE PROPERTY OF	\$
Ghy	State	Zip Code		<b>(5)</b>
Full Name of Contributing Committee			Date [MM/DD/XYYY]	
House # Street Address			Date (MM/DD/YYYY)	\$
City	State	Zip Code		\$
Full Name of Contributing Committee				<b>(5.</b>
House # Street Address				\$
City .	State	Zip:Code	Date [MM/DD//Y/Y]	\$

# PART D All Other Contributions

Filer Identification Number:

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)

Full Name of Contributor			Date [MM/DD/YYYY] \$
House# Street Address			Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/XYYY] \$.
Employer Name			Occupation (
Employer Mailing Address / Principal Place of Business			
Full Name of Contributor			Date [MM/DD/WYY)
House # Street Address			Date (MM/DD/YYY)
City	State	Zip Gode	Date (MM/DD/YYYY) \$
Employer Name			(Occupation)
Employer Mailing Address / Principal Place of Business			
Full Name of Contributor			Date (MM/Db/AYYY)
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			·
Full Name of Contributor			Date (MM/DD/AWY) \$
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			

#### **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 Numbe				
Full Name				
House#	Street Address			
City		State	Zip Code	Date [MM/DD/YYY] \$
Receipt-Description				
Full Name			·	
House #	Street Address			
City		State	Zip Code	Date (MM/DD/YYYY) \$
Receipt Description				
Full Name				
	Street Address	Party and Parallel III	Gent Manager of Parison	We see a result of the control of th
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				
Full Name				
	treet Address			
City		State.	Zip Code	Date (MM/DD/YYYY) \$
Receipt Description		[X-20/4-2-2-1]	[學為][基礎][基礎]	2898
Full Name				
	treet Address	NS EI P		
City		State	Zip Code	Date [MM/DD/\YYY\] \$
Receipt Description		Transcorrences		
Full Name				
	greet Address			Date I (MM/DD/MYM) (4.5)
City		State	Zip Code	Date (MIM/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:		
1 UNITEMIZED IN KIND CONTRIBUTIONS RECEIVED	VANHE GESSO GOOD RESSIDED CONTRIBUTOR	
TOTAL for the reporting period (1)	\$	
2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$5  TOTAL for the reporting period (2)	):01:TO \$250.00 (FROM PART E)	
3. IN-KIND CONTRIBUTION: RECEIVED VALUE OVER: S		
TOTAL for the reporting period (3)	\$	
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS RE PERIOD (Add and enter amount totals from boxes 1, 2, and on Page 1, Report Cover Page, Item F)	1 7 1	

#### SCHEDULE II PART F

### **In-Kind Contributions Received**

VALUE OF \$50.01 TO \$250

Filer identification Num	der:				
Full Name of Contribu	ltor			Date (MM/OD/AXXV)	\$
House #	Street Address			Date [MM/DD/MYY]	\$
City		State	ZIp.Code	Date [MM/DD/XYXY]	<b>\$</b>
Description of Contrib	oution	0200000000	Languagement		15次学行計
Full Name of Contribu	itor			Date [MM/DD/YYYY]	Ś
House#	Street: Address			Date [MM/DD/YYYY]	
City	I every some management	State	Zip Code	Date [MM/DD//YYY)	\$
Description of Contrib	ution				
Full Name of Contribu	itor			Date [MM/DD/YYYY]	
House#	Street:Address			Date (MM//DD/AYAY)	
City	Pay (depter supply of the supp	State	Zip Code	Date [MM/DD/YYYY]	(\$ )
Description of Contrib	outlon				
Full Name of Contribu	itor:			Date [MM/DD/YYYY]	<b>. .</b>
House#	Street Address			Date [MM/DD/YYYY]	# <b>\$</b>
City  Description of Contrib		State	Zip Code	Date [MM/DD/VYYY]	
Full Name of Contribu				Date [MM/Db//YYY]	
House #	Street Address			Date [MM/DD/XXXX]	
City		State.	Zip Code	Date [MIW/DD/YYYY]	<b>\$</b>
Description of Contrib	ution				

# SCHEDULE II Part G

## **In-Kind Contributions Received**

**VALUE OVER \$250** 

Filer Identification Number:			
Full Name of Contributor			Date [MM/DD/YYYY] \$
House # Stree	et Address		Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name		# Controlling of the control of the control	Occupation
Employer Mailing Address / Place of Business	Principal		Description of Contribution
Full Name of Contributor			bate [MM/DB/YYYY]   \$
	t Address		Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name			Occupation
Employer Mailing Address / Place of Business	Principal.		Description of Contribution
Full Name of Contributor			Date [MM/DD/YYYY] \$
	t Address	and the same of th	Date [MM/DD/\\\\]
City	State	Zip Code	Date:[MM/DD/YYYY] \$
Employer Name			Occupation
Employer Mailing Address / Place of Business	Principal		Description  of  Contribution
Full Name of Contributor			Date [MM/DD/MYY] \$

Zip Code

House#

City

Employer Name

Place of Business

Employer Mailing Address / Principal

Street Address

State

Date (MM/DD/YYYY) \$

Date [MM/DD//YYYY] \$

Occupation

Description

Contribution

of

# Statement of Expenditures

Filer Identification Number:			

To Whom Paid		- 1			Date [MM/DD/YYYY]	<b>5</b>
	THE UPS	STORE #55	27/		5/8/2019	35.62
House #	Street Address	707 W 38	PTH ST		Description of Expend	liture
city ERI	E	State PA	Zip Code 1650	8	BUSINESS	CARDS
To:Whom:Paid					Date [MM/DD/YYYY]	
	THE UPS	STORE #32	7/		5/20/2019	53.00
House #	Street Address	5TORE #50 707 W 3	8 TH ST		Description of Expend	iture
ERI ERI	=E	State PA	Zip Code /6508		COPTES	
To Whom Paid					Date [MM/DD/M/M]	•
House #	Street Address				Description of Expendi	ltüre #
City	1.000	State	Zip Code			
To Whom Paid					Date [MM//DD/XXYY]	<b>\$</b>
House #	Street Address				Description of Expendi	iture
City		State	Zip Code			
To Whom Paid		To this spot world	146,245,000,000,000,000,000		Date (MM/DD/XXXX)	\$
House #	Street Address				Description of Expendi	ture
City		State	Zip Code			
To Whom Paid					DATE (MIM/JOD/AGAGA)	
House #	Street Address				Description of Expendi	ture
City		State	Zip Code			
To Whom Paid					Date (MM/DD/WWW)	*
House #	Street Address				Description of Expendi	ture
City		State	Zip Code			
To Whom Paid					pare imim/objavava	
House #	Street Address				Description of Expendi	ture
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:		
Name of Creditor		Outstanding Balance of Debt
House # Stre	eet Address DATE DEBT INCUR [MM/DD/YYYY	
City  Description of Debt	State Zip Gode	
Name of Greditor		Outstanding Balance of Pebt
House # Stre	et Address  DATE DEBT INCUR!  [MM/DD/YYYY	BED : ( \$ )
Cirty	State   Zip   Code	
Description of Debt		Desira
Name of Greditor  House # Stre	et Address DATE DEBT INCUR!	Outstanding Balance of Debt
CIEy	[MM/DD/YYYY]	
Description of Debt	State Zip. Code	
Name of Creditor.	et Address DATE DEBT INCURI	Outstanding Balance of Debt
	eet Address DATE DEBT INCURI [MM/DD/YYYY]	*\$3
City  Description of Debt	State Zip Code	
Name of Creditor		Outstanding Balance of Debt
	et Address DATE DEBT INCURE [MM//DD//YYY]	
Gity	State Zip Code	
Description of Debt		
Name of Creditor Street	et Address DATE DEBT INCURE [MM/DD/YYYY]	Outstanding Balance of Debt  ED (\$
City		
Description of Debt	Code	
AND AND A STATE OF THE PROPERTY OF THE PROPERT		