

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

(Note: This report must be clear and regione. It should be typed)											
Filer Identificati Number	ion			ort Filed I ark X)	By Cai	ndida	ite 📗		Committee	X	Lobbyist
Name of Filing Committee, Candidate or Lobbyist			FRIENDS OF JOHN GROH								
Street Address 603 MONTPELIER AVE											
City	ER	. Æ	0.0	731	Sta		PA	- 11	Zip Code	16505	<u>_</u>
Type of Report (•		•			1 / \		1	10000	
									r		Constal 20 Day
1- 6" Tuesday Pre-Primary	2- 2"" Friday Pre-Primary	3- 30 Day Post Primary		luesday Election	5- 2 nd Fri Pre- Elec	_	6- 30 Day Election	POST	7- Annual	Special 2 nd Frid Pre-Election	Special 30 Day Post-Election
Date Of Election	1		Year	r			Amendm	ent		Termination	
(MM/DD/YYYY))	ļ					Report			Report	
Summary of Receipts and Expenditures			Jo Date Jol 19 For Office Use Only					<u>'</u>			
A. Amount Brou	ight Forward F	rom Last Report	: 3	66	25.50	7					
B. Total Moneta (From Schedule		ons and Receipts	\$		~						
C. Total Funds A			1 200.00			HAM E					
(Sum of Lines A			\$ 6825.50								
D. Total Expend	litures		8 0			Collins posses					
(From Schedule			٠,	人 8 5 ,00							
E. Ending Cash E (Subtract Line D		•									
F. Value of In-Ki	•	ons Received	\$		0 4 0 1					S.	를 〉
(From Schedule			'							<u> </u>	るみ
G. Unpaid Debt	_	ons	\$. *			ereller agross	
(From Schedule	IV)										
Part 1- If this is a C	ommittee renor	rt trascurar sign h	oro ifi	hic ic a Car	Affida			here			
									ge and belief tr	ue, correct and con	plete.
I swear (or affirm) that this report, including the attached schedules on paper, is to the best of my knowledge and belief true, correct and complete. Sworn to and subscribed before me this 17 day of Tune 20 NOTARIAL SEAL Judith Zelina, Notary Public Millcreek Two.; Erie County My Commission Expires Jan. 11, 2021 Member, Pennsylvania association of notaries My Commission expires MO. DAY YR. Area Code COMMONWEALTH OF PENNSYLVANIA During true, correct and complete. Signature of Person Submittion report RO A ERT MY PUBLIS Printed Name Printed Name Daytime Telephone Number											
Part II- If this is a report of a Candidate's Authorized Committee, candidate shall 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 of TUNE 20 COMMONWEALTH OF PENNSYLVANIA Signature of Candidate / //											
Judith Zelind, Notary Public											
	· ,	1 1	Millore	ek Twb. F	Frie Count	.,			L/L	10- 70%	££
My Commission expires / // My Commission Expires Jan. 11, 2021 449-7264 MO. DAY YR. DAY YR. Daytime Telephone Number											
MO. DAY YR. The Addition of Not Arres Code Daytime Telephone Number											

SCHEDULE I Contributions and Receipts

Detailed Summary Page

Filer Identification Number	FRIENDS	OF JOHN GROH	

1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor							
Total for the reporting period (1)	\$	0,00					
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)							
Contributions Received from Political Committees (Part A)	\$						
All Other Contributions (Part B)	\$	200.00					
Total for the reporting period (2)	\$	200.00 200.00					
3. Contributions Over \$250.00 (From Part C and Part D)							
Contributions Received from Political Committees (Part C)	\$						
All Other Contributions (Part D)	\$						
Total for the reporting period (3)	\$	0.00					
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)							
Total for the reporting period (4)	\$	0.00					
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)	\$	200.00					

Statement of Expenditures

Filer Identification Number:			4		~ -	
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To Whom Paid	M	~		Date [MM/DD/YYYY]	\$ 100
	MCDOWELL	LOOTBALL	BOOSTER	06/01/2019	100.00
House #	Street Address 3580	W. 38 TH		Description of Expenditu	ire .
CITY ER	State:	PA Zip Code	16506	ADVERTIS	EMENT
To Whom Paid	1	A /		Date [MM/DD/YYYY]	5 15000
	MSBURY	Voods		05/22/2019	<u>150.00</u>
	Street Address 4/05	ASBURY	RD.	Description of Expenditu	Anger de de la spiritajn La proposition de la spiritajn
CIV ERI	State	PA Zip Code	16506	EVENT 7	TCKETS
To Whom Paid	C	For		Date [MM/DD/YYYY]	35,00
House#	COUNTY OF	LRIE		05/28/20/9 Description of Expenditu	
	140	WIGTH ST	T.		
ERI	State -	P A Code	16507	VOTER I	157
To Whom Paid				Date (MM/DP/14/44)	
House #	Street Address			Description of Expenditu	e. Lankasanan hari
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		Code			
To Whom Paid				Date [MM/DD/YYYY]	
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City	State	Zip)	REPUBLICATION PROPERTY OF THE PROPERTY OF THE PUBLICATION OF THE PUBLI	
To Whom Paid				Pare MM/OP/rees	
House#	Street Address			Description of Expenditu	
City	State	Zio			
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House #	Street Address			Description of Expenditu	
Gity	State	Zip Code			<u> чиноския инцерементация в в в в</u>

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:

Full Name of Contributor				100 00
	LAURA A SAVE	LLI	05/2012019	100,00
House # Str	reet Address	_	Date [MM/DD/YYYY] 5	
	1315 E. 37	TH DT.		
	Freezen III	11.444111.02.11013.03.110.05	Date [MM/DD/YYYY]	
ERIE	I PA	16504	- 1 to 1 t	
Full Name of Contributor	11/ 1	1	Date [MM/DD/YYYY] \$	WW9 .
a Gart Statistical Statistics	VINCENT AS	AVELLI	05/20/2019	100,00
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	23 20 N11	NA UR.		
City -		Zin Code	Date [MM/DD/YYYY] \$	
ERIE		16506		
Full Name of Contributor			Date [MM/DD/YYYY] \$	
House# Str	reet Address		Date [MM/DD/YYYY] \$	
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	State	Zip Code	Date [MM/DD/YYYY] \$	
				<u></u>
Full Name of Contributor		Wilder VATA SERVICE AT A LA L	Date [MM/DD/YXYY] - \$	
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House # Str	eet Address		Date [MM/DD/YYYY] \$	
Gity	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributor			Date [MM/DD/YYYY] \$	
House# Str	eet Address	A STATE OF THE STA	Date [MM/DD/YYYY] \$	
City		Zip Code	Date [MM/DD/YYYY] \$	000
Full Name of Contributor			Date [MM/DD/YYYY] 5	
and December 1991 (2)				
House # Str	eet Address		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] 5	
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