

Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification	Report Filed B	Candida	to Co			Listania I
Number	(Mark X)	y Candida	" X	Committee		Lobbyist
Name of Filing Committee, Candidate or Lobbyist	JANIN	. W M	1º Claric	<u> </u>	·	<u> </u>
Street Address						
City State D Zip Code \(\(\)						
MACLICW			PA		16415	
Type of Report (Place x under report type)						
1- 6 th Tuesday 2- 2 nd Friday 3- 30 Day Post Pre-Primary Primary	4- 6th Tuesday Pre- 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
			8			
Date Of Election (MM/DD/YYYY) 5/2.119	Year	2019	Amendment Report		Termination Report	
Summary of Receipts and From Date	To Date			For	Office Use Only	
Expenditures 5/2/10	راما أ	10/19				
A. Amount Brought Forward From Last Report		7)	<u> </u>	•		·
B. Total Monetary Contributions and Receipts (From Schedule I)	\$ 7	35			ed to be	Brown in
C. Total Funds Available	\$	% 4				Madis r
(Sum of Lines A and B) D. Total Expenditures	·	<u> </u>			And the state of t	English and the second
(From Schedule III)		\mathscr{A}			T. C.	£
E. Ending Cash Balance (Subtract Line D from Line C)	\$	K				2020
F. Value of In-Kind Contributions Received	\$ \$	Ø			The second	
(From Schedule II) G. Unpaid Debts and Obligations	\$.	<u>2) </u>				poisses and
(From Schedule IV)		X			December 1997 - Park Barrier 1997 - Park Barrier	
Dort 1 If the control of the control		Afg davit Sec	tion			
Part 1- If this is a Committee report, treasurer sign he I swear (or affirm) that this report, including the attac	ched schebulik on	parer sto the b	ndidate sign here. Sest of my knowleds	ge and belief tr	ue, correct and comple	te.
I swear (or affirm) that this report, including the attact Sworn to and subscribed before me this	mmission exp mmission tun Pennsylvania A	nof Pa	\\ \M \(M\) \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \	of Person Subm	Chri	_
Signature		Con Name	JUNIO	Printed Name		
My Commission expires $\frac{4-3-33}{\text{MO.}}$ PAY YR.	er 1288 er actation	vania - N lotary Pi	ea Code	<u>81.</u>	2 0622 time Telephone Numbe	er :
Part II- If this is a report of a Candidate's Authorized	Committee	Tate@hallsion.ho	re		· ·	
Part II- If this is a report of a Candidate's Authorized Committed. I sign here. I swear (or affirm) that to the best of my knowledge and belief as pointical 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	- '1					
	,		Signa	ature of Candid	ate	
Signature			F	rinted Name		
My Commission expires MO. DAY YR.	-	Ar	ea Code	– Dayti	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		
Total for the reporting period	(1)	\$ Make in magage of the add the add to the control of the control of the control of the add the add to the add to the control of the control of
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)	erojies Monde	
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 Cland Part D)		
Contributions Received from Political Committees (Part C)		\$ -
All Other Contributions (Part D)		\$ 1901
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, Rep Cover Page, Item B)	port	\$ - 104.

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.

	mentary in			Amount
Full Name of Contributing		-	Date [MM/DD/YYYY]	\$
Committee			- The state of t	
House # Stre	reet Address		Date [MM/DD/YYYY]	\$ ·
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City	State	Zip Code	Date [MM/DD/YYYY]	\$
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	reet Address		Date [MM/DD/YYYY]	\$
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City	State	Zip Code	Date [MM/DD/YYYY]	\$1
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Full Name of Contributing Committee			See TAIM/DD/TAXX	\$
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City		Zip Code	Date [MM/DD/YYYY]	\$
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Full Name of Contributing			Date [MM/DD/YYYY]	\$
Committee	eres Section			
House # Stre	reet Address		Date [MM/DD/YYYY]	\$1
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Full Name of Contributing	高		Date [MM/DD/YYYY]	
Committee				\$ 1
House # Stre	eet Address		Date [MM/DD/YYYY] \$	\$
Gity	State	Zip Code	Date [MM/DD/YYYY] S	<u> </u>
Full Name of Contributing Committee			Date [MM/DD/YYYY]	
committee	(1985)	·		
House # Stre	eet Address		Date [MM/DD/YYYY]	
	Trees of	The state of the s	11 - Carponia - m -	
CI Ēý	State	Zip Code	Date [MM/DD/YYYY]	
Maria de la companya				49

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.)

ineader in a control per			
##Ul#Namexof:Contributor		¿pate (MM/DD/YYYY) ;	
House#L		[Date/[MM/DD/XXXXX] S7	
(GRV)	State Zip.Code	Date [MM//DD/AXXXI] \$	
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(disy	State. zipeoile	Pettel[VIIV]/DD//X/A/A] 3	
Rull Name of Contributor		#Date4[MIM//DD/AAWAY]	
llouser:: Street/Address		DETERMINI/DD/AYAYAJI S	
(वास्)	State Zipcode	/ Dettel (MIM/Jody/XYYX/)	
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(dty)	State Zip Gode	(DetG ((XIX)/DD)/AAAA) S	
Rull (Namero) (Contributor:		[Darte MINI/DD9/YYYAY]] S	
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House# Street Andress		(IDENTE [(VIIV)/IDDE/AVAVA)]: \$	
Gity,	/Siete Zipcode	Date [MIN/ADD/ARAAA] 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.

efiler(identification(Number:				
Full Name of Contributing Committee			#Date [MM/DD/YYYY] # \$	
	t'Address		Date [MM/DD/YYYY]	
Gity	State.	Zip.Code	Date MM/DD/YYYY]	
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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:

Full Name of Contributor			Date [MM/DD/XYYY] \$
House # Street Address	la componen	Language of the state of the st	Date [MM/DD/XXXX]
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lamplover/Name:			*Occupation
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			Date[IMM/OD/YYYY)] \$
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felliNemeof/Gontafbutor			#Bate*[MM//DD/AYAYA] \$
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(dity	State	Zip:Gode	Date [MIM/DDAMANA] 5
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(clay	State.	/Zip:Code	Pate([MM/ADD/AYAM])
Employia/NEmes		U = 744.	(Occupation)
lamployaríXlaffng/Address// Principal/AleccodBushass			

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.

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Hull Name				
House##	Street Address			
CIV		State	Zip Gode 4	Date (MM/DD/YYYY)
t Receipt Descriptions				
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			6005	Date MIN/DD/YYYYA \$
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·@Λ		State	Zip	Dete (MIM/ADD/NYWAA) \$
Presta Desert de			Z(p) Gode	Date [MIM//DD/MMA)] \$5.
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

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		AUUE OF \$5000 OR LESS PERFO	
TOTAL for the reporting period	(1)	\$	
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TOTAL for the reporting period	(2)	\$	
P 3 INHKINDICONTRIBUITION RECE	aMad-Value over sza	O:OO ((FROMEPARTES))	
TOTAL for the reporting period	(3)	\$	
TOTAL VALUE OF IN-KIND CONTRIBUTION PERIOD (Add and enter amount totals for Page 1, Report Cover Page, Item F)			

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

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House## Street Address		Date [MIVI/DD/AYYY]
	ate Zip Gode	Date [MM/DD/XYXY] \$2
Description of Contribution	Management in the second secon	
Trull Neme of Contribution		(Date (MM/DD/AWM)) SS
House## Street/Address		#Date([WIM/DD/AWAM])
	atea Zipveorlau	#Patel[MIM/DD/MMM]} 55
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	tte //Zip/Goda	Determonopolymana (S.
Description of Contribution		
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(Giv)	ite Zip(Corte	[Detta][MM/DDJ/MMM]] \$3
Description of Contribution		
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House:#E Sined #Address		Dette [MINI/DE/MANA]
	ite Zip/Code	[Date [MIM/(DD/(WWM)] ST
Description of Contribution		

SCHEDULE II

Part G

In-Kind Contributions Received

VALUE OVER \$250

Eller identification Number-

		
RulliNameof Contributor		Date MM/DD/XYYYX
House# Street Address	The "middle to the control of the co	(Date [MM/DD/XYYY] \$
icity 1232	-State Zip:Göde	* Date [MM/DD/\Y\Y\] \$
Employer/Name	編集が	Occupation
Employer(Walling/Address//Pdincipal) Place of Business		Gountifying Country of
Fullivame of Contribution		(Date (MIM/QD/XXXX)) \$ \$
(House!) Street Ardress		(Date([VIN//DD//WAAA) \$)
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Employer/Veiling/Address/Principal Discercificaliness		Description 7 of Contillerition
Rull/Mame of Contributor		[Date MM/DD/AAAA] \$
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Statement of Expenditures

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Ro Whom Paid				Date [MM/DD/MMM] \$	
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	eekAddiess			DesaffiffonoifSquarffore	
ত্তিছৈ	State		Aj) 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.

File (dentification Number)			
(Name) of Greditor	eet Address	###DATE DEBT INGURRED	Outstanding Balance of Debt
		[MM//DD/XYYM]	
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	eet Address	DATE DEBT INGURRED [IVIIV/DD/AVVVI]	S
eliy Desalpilonoi/Dabis	State	Zip ke 3. Gode sag	
Name of Greditor			(Outstanding/Balanceof/Debt
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City Description of Debt	State	ea Zip Godea	
(Vernessi Gradito)			OustandingBalanceoffPahi.
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	eerAddress	(BAAAAKKOONMA)]	
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