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

Filer Identification	n l	(1.000		port Filed			andida			_	mmittee				Loh	byist	1
Number	"			lark X)	-,	"	ununu		X	00.							
Name of Filing Co	mmittee,	Candidate or	Mic	hael Pace										,			
Street Address			770	W. Townh	all Rd.												
City	Water	ford	l			St	tate	PA		Zip	Code	1644	11				
Type of Report (Pl	lace x und	er report type)															
1- 6 th Tuesday 2 Pre-Primary F	2- 2 nd Frid Pre-Primar	- 1	1	th Tuesday	- 1	_	Friday 6- 30 Day Post lection Election			7-7	Annual	1 1	cial 2 Elect	nd Friday ion		cial 30 l t-Electio	
		,			1		7	-	-	F				1			
		X								<u> </u>							
Date Of Election (MM/DD/YYYY)		11/5	Yea	ar		201	9	Amen Repor	dment t			Teri Rep	ninat ort	tion			
		From Date		To Da	<u> </u>							ļ <u>-</u>		Ombr	ļ		
-	Expenditures						For Office Use Only										
5/ 3 /19					6/10/	/19											
A. Amount Brought Forward From Last Report				\$	-798	8.95							5. 7 5. 1	2 1 1 1			
B. Total Monetary Contributions and Receipt			•	\$	0								* * :				
(From Schedule I) C. Total Funds Available			+	\$													
(Sum of Lines A and B)					-798.95								- 1	1 10 10 10 10 10 10 10 10 10 10 10 10 10			
D. Total Expenditures (From Schedule III)			ĺ	\$													
E. Ending Cash Balance				\$	-798.	0.5									(
	(Subtract Line D from Line C) F. Value of In-Kind Contributions Received			\$	-/30.								: 7	€. (-	1		
(From Schedule II)		itions Received		۶	0												
G. Unpaid Debts a		rtions		\$	0	ł											
(From Schedule IV	<i>y</i> ,					Affid	avit Sec	tion									
		port, treasurer sign h			ndida	ite raj	port, ca	ndidate s									
l swear (or affirm) th Sworn to <u>a</u> nd subscr		ort, including the atta	ched	scheb@les (ြင့္သည	on each	en is	to the l	est of m	y knowled	dge an	d belief ti	rue, co	rrect a	and comple	ete.		
1747 -	Tine	20 19		nia - Notary ary Public	April 3, 202	tion of Not		7	aands.	all	D-						
day of		20	_	e E	April 428		_	750	Signature	of Per	son Subm	nitting I	eport				
Dhro 21	gnature	Mandle	}_	Sylva 1	ires phe	2 8		M	ILHNE		<i>14CE</i> nted Nam						
·	11	-7-72		Pend	X	a A	(4	2//				50-5	95	-/			
My Commission expi	ires <u> </u>	DAY YR.	_	erna Fra	SSion	nsylvania Associ	(<u>2</u> A	rea Code						one Numbe	 er		
Dart II If this is a	ort of a Car	المحالمة المراجعة المراجعة المراجعة	Came	8 7	ĒĒ	15	cia- t-										
Part II- If this is a rep I swear (or affirm) th	nat to the be	est of my knowledge	and b	elief <u>e</u> llis po	oligica orașe	c o mr	mittee l	ias not vi	olated an	y prov	isions of t	he Act	of Jur	ne 3, 1937 ((P.L. 13	33, NO.3	320) as
amended.				Com	₹	Mem											
Sworn to and subscri	ibed before	me this			····	1											
day of		20		· 1													
							Sign	nature	of Candi	date							
Signature						-			Printe	d Name							
My Commission expi			_														
	MO.	DAY YR.					A	rea Code			Dayt	ime Te	lepho	ne Numbei	r		

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

Filer Identification Number Michael Pace	
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)	\$
All Other Contributions (Part B)	\$
Total for the reporting period (2)	\$
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)	\$
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, Report Cover Page, Item B)	\$

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

			viicnaei Pac	e				
								Amount
Full Na Commi	me of Contribut ittee	ting					Date [MM/DD/YYYY]	\$
House	#	Street A	ddress			•	Date [MM/DD/YYYY]	\$
City				State	Zip Code		Date [MM/DD/YYYY]	\$
Full Na Commi	me of Contribut ittee	ing					Date [MM/DD/YYYY]	\$
House	#	Street A	ddress				Date [MM/DD/YYYY]	\$
City			,	State	Zip Code		Date [MM/DD/YYYY]	\$
Full Nat Commi	me of Contribut ttee	ing					Date [MM/DD/YYYY]	\$
House i	#	Street Ac	idress				Date [MM/DD/YYYY]	\$
City				State	Zip Code		Date [MM/DD/YYYY]	\$
Full Nai Commi	me of Contribut ttee	ing					Date [MM/DD/YYYY]	\$
House #	#	Street Ac	ldress				Date [MM/DD/YYYY]	\$
City			·	State	Zip Code		Date [MM/DD/YYYY]	\$
Full Nar Commit	me of Contributi ttee	ing					Date [MM/DD/YYYY]	\$
House #	‡	Street Ad	ldress				Date [MM/DD/YYYY]	\$
City				State	Zip Code		Date [MM/DD/YYYY]	\$ ·
Full Name of Contributing Committee							Date [MM/DD/YYYY]	\$
House #		Street Ad	dress				Date [MM/DD/YYYY]	\$
City				State	Zip Code		Date [MM/DD/YYYY]	\$

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 ide	entification Number:	Michael Pace				
Full Na	me of Contributor		•••		Date [MM/DD/YYYY]	\$
House	# Sti	eet Address			Date [MM/DD/YYYY]	\$
City		<u> </u>	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Na	me of Contributor		l	Date [MM/DD/YYYY]	\$	
House	# Sti	eet Address			Date [MM/DD/YYYY]	\$
City	<u> </u>	<u> </u>	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Na	me of Contributor		•		Date [MM/DD/YYYY]	\$
House	# Stu	eet Address		Date [MM/DD/YYYY]	\$	
City		1	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Na	me of Contributor		1		Date [MM/DD/YYYY]	\$
House	# Sti	eet Address			Date [MM/DD/YYYY]	\$
City			State	Zip Code	Date [MM/DD/YYYY]	\$
Full Na	me of Contributor				Date [MM/DD/YYYY]	\$
House	‡ Str	eet Address			Date [MM/DD/YYYY]	\$
City		1	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Nai	me of Contributor				Date [MM/DD/YYYY]	\$
House #	# Str	eet Address			Date [MM/DD/YYYY]	\$
City			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 Ide	Filer Identification Number: Michael Pace											
Full Na	me of		·····			Date [MM/DD/YYYY]	\$					
	buting Committee						1					
House	# Str	reet Address				Date [MM/DD/YYYY]	\$					
City		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	State	Zip Code		Date [MM/DD/YYYY]	\$					
Full Na	me of		<u> </u>	l		Date [MM/DD/YYYY]	\$					
	outing Committee						- `					
House	# Stı	reet Address				Date [MM/DD/YYYY]	\$					
City			State	Zip Code		Date [MM/DD/YYYY]	\$					
							1					
Full Na	me of			· · · · · · · · · · · · · · · · · · ·		Date [MM/DD/YYYY]	\$					
Contrib	outing Committee											
House	# Str	reet Address				Date [MM/DD/YYYY]	\$					
	1]					
City		<u> </u>	State	Zip Code	T	Date [MM/DD/YYYY]	\$					
							1					
Full Na						Date [MM/DD/YYYY]	\$					
Contrib	outing Committee											
House i	# Str	eet Address				Date [MM/DD/YYYY]	\$					
City			State	Zip Code		Date [MM/DD/YYYY]	\$					
Full Na				· <u></u>		Date [MM/DD/YYYY]	\$					
Contrib	uting Committee											
House #	# Str	eet Address				Date [MM/DD/YYYY]	\$					
City			State	Zip Code		Date [MM/DD/YYYY]	\$					
Full Nar				· · · · · · · · · · · · · · · · · · ·		Date [MM/DD/YYYY]	\$					
Contrib	uting Committee											
House #	‡ Str	eet Address				Date [MM/DD/YYYY]	\$					
 	1											
City			State	Zìp Code	<u> </u>	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 Iden	tification Number:	Michael Pace				
! <u> </u>						
Full Nam	ne of Contributor	T			Date [MM/DD/YYYY]	\$ [
House #	Str	eet Address			Date [MM/DD/YYYY]	\$
City		<u> </u>	State	Zip Code	Date [MM/DD/YYYY]	\$
Employe					Occupation	
	r Mailing Addres					
	l Place of Busines ne of Contributor	S			Date [MM/DD/YYYY]	\$
Full Nam	ie of contributor				Date [WINI/DD/1111]	
					i i	
House #	Str	eet Address			Date [MM/DD/YYYY]	\$
City	1		State	Zip Code	Date [MM/DD/YYYY]	\$
						-
Employe	r Name		•		Occupation	
	r Mailing Addres				<u> </u>	
	Place of Busines	S				- 1
Full Nam	e of Contributor				Date [MM/DD/YYYY]	\$
House #	Str	eet Address			Date [MM/DD/YYYY]	\$
City			State	Zip Code	Date [MM/DD/YYYY]	\$
						7
Employe	r Name				Occupation	. J. I
	r Mailing Address					
	Place of Busines	5				
Full Name	e of Contributor				Date [MM/DD/YYYY]	\$
House #	Stre	et Address			Date [MM/DD/YYYY]	\$
City			State	Zip Code	Date [MM/DD/YYYY]	Ś

Occupation

Employer Name

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.

The identification vulnber.	Michael Pace			
Full Name				
House # St	reet Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		1		
Full Name				
House # St	reet Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				<u> </u>
Full Name			1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	
House # Str	reet Address	·		
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				
Full Name		·		
House # Str	eet Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		<u> </u>		
Full Name				
	eet Address			
City		itate	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description	•	<u> </u>		
Full Name			, , , , , , , , , , , , , , , , , , , ,	
House # Str	eet Address			
City	S		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:	Michael Pace		•
1. UNITEMIZED IN-KIND	CONTRIBUTIONS RECEIVED-VALUE OF \$5	0.00 0	DR LESS PER CONTRIBUTOR
TOTAL for the reporting period	(1)	\$	0
2. IN-KIND CONTRIBUT	ONS RECEIVED-VALUE OF \$50.01 TO \$250	.00 (F	ROM PART F)
TOTAL for the reporting period	(2)	\$	0
3. IN-KIND CONTRIBUTI	ON RECEIVED-VALUE OVER \$250.00 (FROI	vi PAR	T G)
TOTAL for the reporting period	(3)	\$	0
	TRIBUTIONS DURING THIS REPORTING t totals from boxes 1, 2, and 3; also enter ltem F)	\$	0

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Iden	tification Number:	Michael Pace				:					
Full Nam	ne of Contributor				Date [MM/DD/YYYY]	\$					
House #	Stre	reet Address			Date [MM/DD/YYYY]	\$					
City	<u> </u>		State	Zip Code	Date [MM/DD/YYYY]	\$					
Descripti	ion of Contributio	on									
Full Nam	ne of Contributor				Date [MM/DD/YYYY]	\$					
House #	Stre	eet Address			Date [MM/DD/YYYY]	\$					
City	<u> </u>		State	Zip Code	Date [MM/DD/YYYY]	\$					
Descripti	Description of Contribution										
Full Nam	ne of Contributor				Date [MM/DD/YYYY]	\$					
House #	Stre	eet Address			Date [MM/DD/YYYY]	\$					
City		<u>.</u>	State	Zip Code	Date [MM/DD/YYYY]	\$					
Descripti	ion of Contributio	on									
Full Nam	e of Contributor				Date [MM/DD/YYYY]	\$					
House #	Stre	eet Address		*	Date [MM/DD/YYYY]	\$					
City			State	Zip Code	Date [MM/DD/YYYY]	\$					
	on of Contributio			1							
Full Name	e of Contributor				Date [MM/DD/YYYY]	\$					
House #	Stre	eet Address			Date [MM/DD/YYYY]	\$					
City	<u> </u>	<u> </u>	State	Zip Code	Date [MM/DD/YYYY]	\$					
Description	on of Contributio	วท									

SCHEDULE II

Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer Ider	ntification Number:	Michael Pace						•	

Full Nan	ne of Contributor	1			······································	Date [MM/DD	/YYYY]	\$	
								1	
House #	Str	eet Address	, , , , , , , , , , , , , , , , , , , ,			Date [MM/DD	/YYYY]	\$	
	1								
City			State	Zip Code		Date [MM/DD	/YYYY]	\$	
Employe	er Name					Occupation			
Employe	er Mailing Address	s / Principal				Description			
	Business	,				of			
						Contribution			
Full Nan	ne of Contributor		•			Date [MM/DD	/YYYY]	\$	
							-	1	
House #	Stre	et Address				Date [MM/DD	/үүүү1	\$	
						•	•	1	
City		<u> </u>	State	Zip Code		Date [MM/DD	/үүүү1	\$	
Employe	er Name				*** • **	Occupation			
Employe	er Mailing Address	/ Principal				Description			
Place of	Business					of			
						Contribution			
Full Nam	ne of Contributor					Date [MM/DD	/YYYY]	\$	
House #	Stre	et Address				Date [MM/DD/	/YYYY]	\$	
City			State	Zip Code		Date [MM/DD/	/үүүү	\$	
Employe	r Name					Occupation		ll.	
Employe	r Mailing Address	/ Principal				Description			
Place of	Business					of			
						Contribution			
Full Nam	e of Contributor					Date [MM/DD/	/ YYYY]	\$	
House #	Stre	et Address				Date [MM/DD/	YYYY]	\$	
City	'		State	Zip Code		Date [MM/DD/	YYYY]	\$	
Employe						Occupation		•	
	r Mailing Address	/ Principal				Description			
Place of Business						of Contribution			

Statement of Expenditures

Filer Identification Number:	
	Michael Pace

To W	hom Paid					Date [MM/DD/YYYY]	\$
							1
House	≘#	Street Address				Description of Expendi	ture
City		1	State	Zip			
				Code			
To W	nom Paid					Date [MM/DD/YYYY]	\$
<u> </u>							
House	e#	Street Address				Description of Expendit	ture
City	•	<u> </u>	State	Zip Code			
To Wi	nom Paid		1			Date [MM/DD/YYYY]	\$
		Į					
House	#	Street Address				Description of Expendit	ure
City	I		State	Zip			
				Code			
To Wi	nom Paid				-	Date [MM/DD/YYYY]	\$
House	:#	Street Address	<u> </u>			Description of Expendit	ure
City		<u> </u>	State	Zip Code			
To W	nom Paid			Code		Date [MM/DD/YYYY]	\$
10 001	ioni raiu		·			Date [WINN, DO, 1111]	
House	#	Street Address				Description of Expendit	ure
City	1		State	Zip Code			
To Wh	om Paid		·!······		-	Date [MM/DD/YYYY]	\$
House	#	Street Address				Description of Expendit	ure
City			State	Zip			
				Code			
To Wh	om Paid					Date [MM/DD/YYYY]	\$
House	#	Street Address				Description of Expendit	ure
City		<u> </u>	State	Zip Code			
To Wh	om Paid			code		Date [MM/DD/YYYY]	\$
10 001	om i ara					Date [WWW/DD/1111]	
House	#	Street Address				Description of Expendit	ure
City			State	Zip Code			

SCHEDULE IV

Statement of Unpaid Debts

			debts and obligations whi	ch are outstanding at the	end of the reporting period.
Filer Iden	ntification Number:	Michael Pace			
	of Creditor				Outstanding Balance of Debt
House #	Stre	eet Address	-	DATE DEBT INCURRED [MM/DD/YYYY]	\$
City			State	Zip Code	-
Descript	tion of Debt				
L	f Creditor				Outstanding Balance of Debt
House #	Stree	eet Address	-	DATE DEBT INCURRED [MM/DD/YYYY]	\$
City	<u></u>		State	Zip Code	
Descripti	tion of Debt				
	f Creditor				Outstanding Balance of Debt
House #	Stree	eet Address	_	DATE DEBT INCURRED [MM/DD/YYYY]	\$
City			State	Zip Code	
	ion of Debt				
Name of	Creditor			Outstanding Balance of Debt	
House #	Stree	eet Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City			State	Zip Code	
Description——	ion of Debt	1			
Name of Creditor				Outstanding Balance of Debt	
House #	Stree	et Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City			State	Zip Code	
Description	on of Debt	1			
Name of Creditor					Outstanding Balance of Debt

State

DATE DEBT INCURRED [MM/DD/YYYY]

> Zip Code

House #

City

Description of Debt

Street Address