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

	ils report must be clear				
Filer Identification		lidate	Committee		Lobbylst
Number 83-4364 359 Name of Filing Committee, Candidate or	(Mark X)	. J. 1904	-46		
Lobbyist	Esiando do	Floor	*	- T	
Street Address	Friends to		<u> monor</u>	L Pack	<u>'4</u>
	815 Hicory t	till Blv	d.		7
City Eric	≝Skate	PA	Zip Code	W-500	
Type of Report (Place x under report type)	40,000 graph of the Let - 1	Topological Control Co		16509	
1- 6 <sup>th</sup> Tuesday 2- 2 <sup>nd</sup> Friday 3- 30 Day Post Pre-Primary Pre-Primary Primary	Pre- Election Pre- Elect	20000000 7 - 10a - 700	mm) K)	Special 2 <sup>nd</sup> Friday Pre-Election	Special 30 Day
	1210-2-11-1-11-11-11-11-11-11-11-11-11-11-11			A A	, Zosterienion
<b>I</b>					
Date Of Election	Year	Amendmen		Termination	<u> </u>
(MM/DD/YYYY) OS/21/2019		Report		Report	
Summary of Receipts and From Date	To Date	r PKG-rust			
Expenditures			FUI U	ffice Use Only	
5/11/19	6/10/19				
A. Amount Brought Forward From Last Report	\$ 1				
B. Total Monetary Contributions and Receipts	21.18	_			
(From Schedule I)	ן רי רירע 🍦	1		7 € 2 € 2 € 2 € 2 € 2 € 2 € 2 € 2 € 2 €	3
C. Total Funds Available	\$				
(Sum of Lines A and B)	798.89			e e	
D. Total Expenditures	\$ 70 / 1			-	
(From Schedule III)  E. Ending Cash Balance	\$ 19.61			532 C	6.°
(Subtract Line D from Line C)	1 719.28	i		The state of the s	
F. Value of In-Kind Contributions Received	TOTAL COLUMN TOTAL			*	··· /*
(From Schedule II)	200.00			•	<b>\</b>
G. Unpaid Debts and Obligations (From Schedule IV)	\$				· 10
Endon sereance to	o S Afridavit	C-Ai			
Part 1- If this is a Committee report, treasurer sign he			re.		
I swear (or affirm) that this report, including the attac	hed schedules on page, 9s to t	he best of my know	vledge and belief true	e, correct and comple	ete.
Sworn to and subscribed before me this	April 128	. 1	. 0		
day of June 20 19	Society of the societ	Kuna	Tautor		
Sonia 1 Dannaud	A STATE OF THE SE	Signati	ure of Person Submitt	ing report	
Signature	of Penral	- ryia	Printed Name		<del></del>
102 22	nonwealth of Pen Tonia Fernamba Erie E y commission ex Commission nu Der, Pennsylvania	7211	Tringa Haine	100 7010	
My Commission expires MO. DAY YR.		124		198-1018	
MO. DAI IK.	Per To Y	Area Code	Daytti	ne Telephone Numb	er
Part II- If this is a report of a Candidate's Authorized C	ommittee candidate sl a sign	n here.		· .	
I swear (or affirm) that to the best of my knowledge a amended.	nd belief this political committ	ee has not violated	any provisions of the	Act of June 3, 1937	(P.L. 1333, NO.320) as
	( <u> </u>				
Sworn to and subscribed before me this	Seal aries	$\Omega$			
day of June 20 19	12 20 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	XAV	a Mel		
da i a ( W)	th of Pennsylvania - Notary Sea Fring County Erie County ission expires April 3, 2023 ission number 1288912 ission number 1288912	Dalman	Signature of Saguidat	e 21 f	_
Signature		DUAN OF CL	Printed Name	y	
11-2 22	of Pennsylva Nandez, Not Erie County Ion expires Ion number	814	710	1000	
My Commission expires MO. DAY YR.	a A C G S S S S S S S S S S S S S S S S S S	Or I	210	<u>- 1401</u>	
WO. DAT YR.	of P. Frie for ion	Area Code	Daytim	e Telephone Numbe	r !
	Tonia Ferromaile Committee				
	[95 9 Q]P				

### SCHEDULE 1

# **Contributions and Receipts**

**Detailed Summary Page** 

Filer Identification Number	3-4364339
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ikUnitemized Contributions and Receipts \$50,000 or tess per Contribution	7.2	
Total for the reporting period	(1)	\$ ורריי
2. (Contributions of \$950.00 at to \$250/00 / Jacob 23 Pancara of Pances		
Contributions Received from Political Committees (Part A)		\$
All Other Contributions (Part B)		\$
Total for the reporting period	(2)	\$
3. contributions Over \$250.00 (From Pantier and Partie)		
Contributions Received from Political Committees (Part C)		\$ · · · · · · · · · · · · · · · · · · ·
All Other Contributions (Part D)		\$
Total for the reporting period	(3)	\$
- 4: Other Receipts Rejonds, Interest Earned, Returned Checks, Enc. (From Park 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 Cover Page, Item B)	port	\$ ור רירי

#### 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 Contributing			Date [MM/DD/YYYY] \$	
Committee				
House # Street Address			Date [MM/DD/YYYY] \$	
City	Chaba	7 in Code	Date [MM/DD/YYYY] \$	
Gity	State	Zip Gode	The state of the s	
Full Name of Contributing			Date [MM/DD/YYYY] \$	
Committee		<u> </u>	and the second s	
House # Street Address			Date [MM/DD/YYYY] \$	
			Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing			Date [MM/DD/YYYY] \$	
Committee				
House # Street Address			Date [MM/DD/YYYY] \$	
	Гокция одна Ж	Section 1 and 1 an	Service of the servic	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing	A A A A A A A A A A A A A A A A A A A		Date [MM/DD/YYYY] \$	
Committee			A Company of the Comp	
House # Street Address			Date [MM/DD/YYYY] \$	
Gu	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] \$	
Full Name of Contributing Committee			Date [MM/DD/MYY] \$	
House # Street Address			Date [MM/DD/YYYY] \$	<u> </u>
<b>Gity</b>	State	Zip Code	Date [MM/DD/YYYY] \$	
	1. 16.			

#### 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:

三 三 三 三 三 三 三 三 三 三 三 三 三 三 三 三 三 三 三				
Full Name of Contributor			Date [MM/DD/YYYY] \$	
House # Street Address			Date [MM/DD/YYYY) \$	
July 1			- DECEMBER 1	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
				_
Full Name of Contributor			Date [MM/DD/YYYY] \$	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
House # Street Addres:	<b>.</b>		Date [MM/DD/YYYY] \$	
Clay In the Control of the Control o	State	Zip Code	Date [MM/DD/YYYY] \$	
City I	State	ZIP COGE	Cate (MIN/DD)   MINISTER	
			Date [MM/DD/YYYY] \$	
Full Name of Contributor			Date [MM/DD/YYYY] \$	
House # Street Addres	Š		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributor			Date [MM/DD/YYYY] \$	
House # Street Address			[Date [MM/DD/YYYY] \$	
City 🐒	State	Zip Code	Date [MM/DD/YYYY]	<u> </u>
Full Name of Contributor			Date [MM/DD/YYYY] = \$	
				<del> </del>
House# Street Address			Date [MM/DD/YYYY] -\$	
		•		
Gity .	State	Zip Code	Date [MM/Db/YYYY] \$	
Full Name of Contributor		-·-	Date [MM/DD/YYYY] \$	
House # Street Address			Date [MM/DD/XYYY] \$	
SUPPLIES			Date [MM/DD/XYYY] \$	
Clty	State	Zip Code	Date [MM/DD/YYYY) \$	
		A		

#### 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			Date [MM/DD/YYYY]	\$
Contributing Committee				
House# Street Address			Date [MM/DD/YYYY]	\$
City	State	Zip Code 🌉	Date [MM/DD/YYYY]	\$
Full Name of	And the second s	a life	Date [MM/DD/YYYY]	
Contributing Committee				
House # Street Address			Date [MM/DD/YYYY]	
			-	
City	State	Zip Code	Date MW/DD/YYYM	\$
\$\frac{\frac{1}{2}}{2}\tag{2}\tag{2}			Parit (Atalian)	# 154 
Full Name of		440	Date [MM/DD/YAYY]	\$
Contributing Committee				
Hoivse # Street Address			Date MM/DD/YYYY	\$
City	State	Zip Code	Date [MIM/DD/YAYAY]	<b>\$</b> ,
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	the supplied of page 40	
Full Name of	•	1.000	Date [MM/DD/YYYY]	\$
Contributing Committee				1X.=1
House # Street Address			Date [VM/DD/YYYY]	\$
City (	State	Zip Code	Date MIM/DD/XXXX	\$
	7		•	
Full Name of			Date MM/DD/Y/Y/	\$
Contributing Committee				
House # Street Address			Date (MM/DD/YXYX)	1.5
		•		
City	State	Zip Code	Date [MM/DD/YMM]	\$
				\$
Full Name of			Date [MM/DD/YYYY]	\$
Contributing Committee				
House # Street Address			Date MM/DD/AAAA	\$
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 Numbers

⊒=ŭli=Name on Contributor	Date [MM/DD/YYYY] \$
House # Street Address	Date [MM/DD/YAYY] \$
City Zip Code Zip Code	Date [MM/DD/YYYY] \$
Employer Name 美	Occupation
Employer Mailing Address / Principal Place of Business	(2017)
Full Name of Contributor	Date [MM/DD/YYYY] \$
House # Street Address	Date [MIN/DD/YYYY] \$
City: Zip Code —	200
Employer Name	Occupation
Employer Mailing Address:/ Principal Place of Business	
Full Name of Contributor	Date [MM/DD/YYYY] \$
House # Street Address	Date [MM/DD/YYYY] \$3
City: State	Date [MM/DD/YYYY] \$
Employer Name ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (	Occupation
Employer Mailing Address / Principal Place of Business	
Full Name of Contributor	Date [MM/DD/YYYY] \$
House # Street Address	Date [MM/DD/YAYY] \$
City; State Zip Code	Date [MM/DD/YYYY] \$
Employer Name Employer Mailing Address /	Occupation
Deficient Discourt 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.

Fileridentification Number:					
Full Name					
	eet Address				
City 27 1		State	Zipz Code	Date [MM/DD/YYYY] \$	
Receipt Description		Among dispersion of the control of t			
Full Name		•			
House # Stre	eet Address				
City 522		State.	∠ip Code	Date [MM/DD/YYYY] \$	
Receipt Description					
Full Name					
House## Stre	eet Address				
City i		State	ZIP Gode -	Date [MM/DD/YYYY] \$	
Receipt Description					
Full Name					-
House # Stre	et Address				
		State	Zip Code	Date [MIVI/DD/YVYY] \$	
Receipt Description					
Full Name					
	eet Address				
City		State	Zip 7 Code 8	Date [MM/DD/YYYM] S	
Receipt Description			·	1999	
Full Name			·		
	et Address			–	
City	A STATE OF THE STA	State	Zĺp Code 2	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:	13164339	
TOTAL for the reporting period	(1)	JOO OR LESS RERCONTRIBUTION A STATE OF THE S
TOTAL for the reporting period	D-VALUE OF \$50.01 TO \$250	OC (FROM PART F)
TOTAL IOI the reporting period	(4)	200.00
3.7 IN-KIND CONTRIBUTION RECEIVE		
TOTAL for the reporting period	(3)	\$
TOTAL VALUE OF IN-KIND CONTRIBUTIONS PERIOD (Add and enter amount totals from on Page 1, Report Cover Page, Item F)		\$ 200.00

# SCHEDULE II

#### PART F

# **In-Kind Contributions Received**

VALUE OF \$50.01 TO \$250

Filer Identification Number	<u> </u>		
變 : 1   2	<b>83-43,43.39</b>	 	

Full Name of Contributor	,	Date [MM/DD/YYYY] \$	
	Latino's Restaurant	05 11 2019 Date MM/DD/MYY] s	100.00
House # Stre	et Address	Date [MM/DD/AYAYY]	
1315	Parade Street		
City &	State PA Zip Code	Date [MM/DD/XYYY] \$	
Erie		14503	
Description of Contribution	Restaurant Space	el Food for Campaign	r Fundraiser
Full Name of Contributor		Date [MM/DD/MMM]	
	Like My Thai	05/11/2019	100:00
House # Stre	et Address	Date [MM/DD/YYYY]	
827	State Street		
City	State Zip Code	Date [MM/DD/YYYY]	
FRIE	PA	6501	
Description of Contribution	Gift Cards for	Fundraisers	
Full Name of Contributor		Date [MM/DD/YYAY]	
		The state of the s	1277 1277 1277 1278 1279 1279 1279 1279 1279
House # Stre	et Address	Date [MM/DD/YYYY] \$	7.7.3 Cont.
に City [	State Zip Code	Date [MM/DD/YYYY] \$	
Description of Contribution			
Full Name of Contributor		Date [MM/DD/YYYY] \$	<del>:-</del>
House # Stre	et Address	Date [MM/DD/YYYY] \$	
City	State Zip Code	Date [MM/DD/YYYY] \$	
Description of Contribution	11		
Full Name of Contributor	A La Contraction of the Contract	Date [MM/DD/YYYY] _ \$	
House # Stre	l et Address	Date [MM/DD/YYY) \$	
.City	State Zip Code	Date [MM/DD/YYYY] \$	
Description of Contribution			

## SCHEDULE II

#### Part G

# **In-Kind Contributions Received**

**VALUE OVER \$250** 

Date	Filer Identification Number:	· · · · · · · · · · · · · · · · · · ·
Bound   Street Address   Date   MM/SD/MM/S   State   State   State   MpCode   Date   MM/SD/MM/S   State   MpCode   MsCode		
Employer Mailing Address   Principal   Employer Mailing A	Full Name of Contributor	Date [MM//DD/AYYY]. \$
Employer Mailing Address   Principal   Employer Mailing A		
Employer Mailing Addries Principal place of Business of Gont Business of G	IHouse# Street Address	Date MM/DD/YYYY) \$
Employer Mailing Addries Principal place of Business of Gont Business of G		
Employer Mailing Address / Principal Place of Business   Description    Full Name of Contributor   Date (MM/DD/YYM)    Employer Mailing Address / Principal    Gly   State   Zip Code    Employer Mailing Address / Principal    Employer Mailing Address / Principal    Place of Business    City   Street Address    Full Name of Contributor	City State Zip Code	
Employer Mailing Address / Principal Place of Business  Full Name of Contribution  Full Name of Contribution  Full Name of Contribution  Full Name of Contribution  Employer Mailing Address / Principal Place of Business  Employer Mailing Address / Principal Place of Business  City  State  In Code  Date [MM/DD/MYY]  State  In Code  Past [MM/DD/MYY]  State  In Code  Past [MM/DD/MYY]  Date [MM/DD/MYY]  Full Name of Contribution  Employer Mailing Address / Principal Place of Business  City  State  Zip Code  Past [MM/DD/MYY]  Date [MM/DD/MYY]  Full Name  Contribution  Date [MM/DD/MYY]  Date [MM/DD/MYY]  Full Name of Contribution  Full Name of Contribution  Full Name of Contribution  Full Name of Contribution  Date [MM/DD/MYY]  State  Tip Code  Date [MM/DD/MYY]  State  Date [MM/DD/MYY]  State  City  Full Name of Contribution  Date [MM/DD/MYY]  Date [MM/DD/MYY]  State  City  State  Tip Code  Date [MM/DD/MYY]  State  Date [MM/DD/MYYY]  State  Date [MM/DD/MYYYY]  State  Date [MM/DD/MYYYY]  State  Date [MM/DD/MYY		
Place of Business    Contribution   Contribution	· · · · · · · · · · · · · · · · · · ·	
Full Name of Contributor  House is Street Address  Employer Name  Employer Mailing Address / Principal  Place of Business  City  Estate  Zip Code  Date [MM/DD/YYYY] 5  Date [MM/DD/YYYY] 5  Employer Mailing Address / Principal  Place of Business  City  Employer Name  City  Employer Mailing Address / Principal  Employer Mailing Address		of .
House is Street Address   Date (MM/DD/YYYY)   5    Employer Name   Grounding Address / Principal   Date (MM/DD/YYYY)   5    Full Name of Contributor   Date (MM/DD/YYYY)   5    Employer Name   Street Address   Date (MM/DD/YYYY)   5    Employer Name   Description   Date (MM/DD/YYYY)   5    Employer Name   Description   Date (MM/DD/YYYY)   5    Employer Name   Description   Descr		
City  State  Ip Code  Date [MM/DD/YYYY]  State  Employer Mailing Address / Principal Place of Business  City  Street Address  City  Street Address  Employer Name  City  Street Address  Full Name of Contribution  Date [MM/DD/YYYY]  Street Address  Gentribution  City  Street Address  Date [MM/DD/YYYY]  Street Address  City  Employer Name  City  Street Address  Date [MM/DD/YYYY]  Street Address  City  Street Address  Date [MM/DD/YYYY]  Street Address  Date [MM/DD/YYYY]  Street Address  City  Street Address  Date [MM/DD/YYYY]	Full Name of Contributor	¿ Date [MM//db/AYAY) \$
City  State  Ip Code  Date [MM/DD/YYYY]  State  Employer Mailing Address / Principal Place of Business  City  Street Address  City  Street Address  Employer Name  City  Street Address  Full Name of Contribution  Date [MM/DD/YYYY]  Street Address  Gentribution  City  Street Address  Date [MM/DD/YYYY]  Street Address  City  Employer Name  City  Street Address  Date [MM/DD/YYYY]  Street Address  City  Street Address  Date [MM/DD/YYYY]  Street Address  Date [MM/DD/YYYY]  Street Address  City  Street Address  Date [MM/DD/YYYY]		Shows IMAM (OR/WWVIE C
Employer Mailing Address / Principal Place of Business  Full Name of Contributor  Full Name of Contributor  City  Street Address  City  Employer Mailing Address / Principal  Place of Business  Date [MM/DD/XYYY]  State  Employer Mailing Address / Principal  Place of Business  Date [MM/DD/XYYY]  State  Employer Mailing Address / Principal  Place of Business  City  Employer Mailing Address / Principal  Place of Business  Date [MM/DD/YYYY]  State  Employer Mailing Address / Principal  Place of Business  Date [MM/DD/YYYY]  State  Employer Mailing Address / Principal  Date [MM/DD/YYYY]  State  Date [MM/DD/YYYY]  State  Employer Mailing Address / Principal  Date [MM/DD/YYYY]  State  Date [MM/DD/YYYY]  State  Date [MM/DD/YYYY]  State  Date [MM/DD/YYYY]  State  Place of Business  Date [MM/DD/YYYY]  State  Date [MM/DD/YYYY]	Street Address	GASTE HATALAN STEELEN
Employer Mailing Address / Principal Place of Business  Full Name of Contributor  Full Name of Contributor  City  Street Address  City  Employer Mailing Address / Principal  Place of Business  Date [MM/DD/XYYY]  State  Employer Mailing Address / Principal  Place of Business  Date [MM/DD/XYYY]  State  Employer Mailing Address / Principal  Place of Business  City  Employer Mailing Address / Principal  Place of Business  Date [MM/DD/YYYY]  State  Employer Mailing Address / Principal  Place of Business  Date [MM/DD/YYYY]  State  Employer Mailing Address / Principal  Date [MM/DD/YYYY]  State  Date [MM/DD/YYYY]  State  Employer Mailing Address / Principal  Date [MM/DD/YYYY]  State  Date [MM/DD/YYYY]  State  Date [MM/DD/YYYY]  State  Date [MM/DD/YYYY]  State  Place of Business  Date [MM/DD/YYYY]  State  Date [MM/DD/YYYY]	City State Zip Code	Date (MM/DD/YYYY) 5 - 52
Employer Mailing Address / Principal Place of Business  Full Name of Contributor  Full Name of Contributor  City  Street Address  City  Employer Mailing Address / Principal  Place of Business  Date [MM/DD/XYYY]  State  Employer Mailing Address / Principal  Place of Business  Date [MM/DD/XYYY]  State  Employer Mailing Address / Principal  Place of Business  City  Employer Mailing Address / Principal  Place of Business  Date [MM/DD/YYYY]  State  Employer Mailing Address / Principal  Place of Business  Date [MM/DD/YYYY]  State  Employer Mailing Address / Principal  Date [MM/DD/YYYY]  State  Date [MM/DD/YYYY]  State  Employer Mailing Address / Principal  Date [MM/DD/YYYY]  State  Date [MM/DD/YYYY]  State  Date [MM/DD/YYYY]  State  Date [MM/DD/YYYY]  State  Place of Business  Date [MM/DD/YYYY]  State  Date [MM/DD/YYYY]		
Place of Business  Of Contributor  Date [MM/DD/YYYY]  Full Name of Contributor  House's Street Address  Date [MM/DD/YYYY]  Street Address  City Date [MM/DD/YYYY]  Employer Name  Employer Malling Address / Principal Place of Business  Occupation  Full Name of Contributor  Full Name of Contributor  City Date [MM/DD/YYYY]  Street Address	Employer Name	27
Full Name of Contributor  House's Street Address  Date [MM/DD/YYYY] S  City State Zip Code Bate [MM/DD/YYYY] S  Employer Name Sociulation  Employer Malling Address / Principal Place of Business  Date [MM/DD/YYYY] S  City Date [MM/DD/YYYY] S  City Street Address Date [MM/DD/YYYY] S  City Street Address Date [MM/DD/YYYY] S  Employer Name Contributor Date [MM/DD/YYYY] S  City Street Address Date [MM/DD/YYYY] S  Employer Name Coccupation Date [MM/DD/YYYY] S  Employer Name Coccupation Date [MM/DD/YYYY] S  Employer Malling Address / Principal Place of Business Date [MM/DD/YYYY] S  Employer Malling Address / Principal Place of Business Description of Secription Place of Business	Employer Mailing Address / Principal	
House # Street Address Date MM/DD/YYYY] \$  City State Zip Code Date MM/DD/YYYY] \$  Employer Name Occupation Place of Business Principal Date MM/DD/YYYY] \$  City E Street Address Date MM/DD/YYYY] \$  City E Street Address Date MM/DD/YYYY] \$  Employer Name Occupation Date MM/DD/YYYY] \$  City E Street Address Date MM/DD/YYYY] \$  Employer Name Occupation Date MM/DD/YYYY] \$  Employer Name Date MM/DD/YYYY] \$  Employer Name Date MM/DD/YYYY] \$  Employer Name Description Descript	Place of Business	
House!# Street Address    Date [MM/DD/WYY]   5	Full Name of Contributor	And the second s
City State Zip Code Date [MM/DD/YYYY] \$  Employer Name Description of Contributor Date [MM/DD/YYYY] \$  City Date [MM/DD/YYYY] \$  City Street Address Date [MM/DD/YYYY] \$  Employer Name Occupation Date [MM/DD/YYYY] \$  City State Zip Code Date [MM/DD/YYYY] \$  Employer Name Description		
Employer Name  Employer Mailing Address / Principal Place of Business  Full Name of Contributor  House # Street Address  City # Street Address  City # State Zip Code  Date [MM/DD/YYYY] # \$  City # Date [MM/DD/YYYY] # \$  Employer Name # Description Place of Business	House# Street Address	Date [MIV/DD/MAA/] \$
Employer Name  Employer Mailing Address / Principal Place of Business  Full Name of Contributor  House # Street Address  City # Street Address  City # State Zip Code  Date [MM/DD/YYYY] # \$  City # Date [MM/DD/YYYY] # \$  Employer Name # Description Place of Business		- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
Employer Name  Employer Mailing Address / Principal Place of Business  Full Name of Contributor  Date [MM//DD/YYYY] \$  City State Zip Code Date [MM//DD/YYYY] \$  Employer Name  City Date [MM//DD/YYYY] \$  Employer Name  Place of Business	City State Zip Code	Date MM/DD/YYYY) \$
Employer Mailing Address / Principal Place of Business  Full Name of Contributor  Date [MM/DD/YYYY]  Street Address  Date [MM/DD/YYYY]  Street Address  Date [MM/DD/YYYY]  Employer Name  Employer Mailing Address / Principal  Place of Business		
Place of Business  Of Contribution  Pull Name of Contributor  Date [MM/DD/YYYY] \$  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/YYYY]   House # Street Address  Date [MM/DD/YYYY]   City State Zip Code Date [MM/DD/YYYY]   Employer Name   Cocupation   Employer Mailing Address / Principal   Place of Business		- 10 C C C C C C C C C C C C C C C C C C
House # Street Address  Date [MM/DD/YYYY] \$  City State Zip Code Date [MM/DD/YYYY] \$  Employer Name Occupation  Employer Mailing Address //Principal Description  Place of Business	The state of the s	Contribution
City State Zip Code Date [MM/DD/YYYY] S  Employer Name Occupation  Employer Mailing Address / Principal Description  Place of Business	Full Name of Contributor	Date [MM/DD/YYYY] == \$
City State Zip Code Date [MM/DD/YYYY] S  Employer Name Occupation  Employer Mailing Address / Principal Description  Place of Business		
Employer Name  Employer Mailing Address / Principal  Place of Business  Occupation  Description  of 2	House# Street Address	Date (MM/,DD/,YYYY). \$
Employer Name  Employer Mailing Address / Principal  Place of Business  Occupation  Description  of 2		December on Awayia
Employer Name  Employer Mailing Address / Principal  Place of Business  Occupation  Description  of 2	City - State Zip Code	ATERIAMANA LIDIA
Employer Mailing Address / Principal Description Place of Business	Employer Name	
Place of Business		

# Statement of Expenditures

n Number:			
ation Number:	012-1121-11220		
字型 "·	80 4004001	 	 

To Whom Paid	Date [MM/DD/YYYY] \$
CASH APP/SQUARE	05/11/2019 1.80
House # Street Address	Description of Expenditure
1455 Market Street	
City State 2ip.	Deposit Fees
San Francisco CH Code 94103	Date [MM/DD/YYYY] \$ \$
CASH APP/SQUOVE	05/14/2019 1.20
House # Street Address	Description of Expenditure
1 1455 F 1 Market Street	
City State Zip	Deposit Fee
Provide the part of the second	DCJOCK FCC
The IIR CHANG HEIRE	05/31/2019 46.61
The US Store #5155  House!# 2501 Street Address Wash 12th Sharet	Description of Expenditure
1201 FREE WEST 124 STYPE)	
City EUE State PA Code 10505	Packaging & Mailing T-Shirts
To Whom Pald	Date [MM/DD/YYYY] \$ J
House # Street Address	Description of Expenditure
City State Zip Gode:	
To Whom Paid	Date [MM/DD/YYYY] \$
House # Street Address	Description of Expenditure
City State Zip	
Code:	
To Whom Raid	Date [MM/DD/YYYY] \$
House # Street Address	*Description of Expenditure
City State Code Code	
To Whom Paid :	Date [MM/DD/YYYY] \$
	Description of Expenditure
House# Street Address	
City State Code	
To Whom Paid 🐇	Date [MM/DD/YYYY] \$
House # Street Address	Description of Expenditure
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 (dentification (Number:		<u></u>	
Name of Creditor: House # Stree	et Address	DATE DEBT INCUR	
Stree	1 2 4 2 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	[MM/DD/AYYM]	
Clive State	· 李子登	State Zip	
Description of Debt		State Zip E Code E	
			(A)
Name of Graditor			Outstanding Balance of Debt
House # Stree	el Address	DATE DEBT INCURE [MM/DD/NAVA)	
CITY		State Zip # Code #	
Description of Debi			
Name of Greditor			Outstanding Balance of Debt
House # Street	et Address	DATE DEBT INCURE [MM/DD/YYYY]	
City		State Zip Code	
Description of Debt			T-Marie Control Control
Name of Creditor			Outstanding Balance of Debt
House## Stree	et Address	DATE DEBT INCUR	
City I I I		State Zip.	
Description of Debt			
Name of Creditor			Outstanding Balance of Debt
House # Stree	et Address	DATE DEBTINCURI	
City # # #		State Zip Code	
Description of Debt			
Name of Creditor			Outstanding Balance of Debt
House# Stree	et Address	DATE DEBT INCURE  [MM/QD/YYYY]	
City		State Zip Code	
Description of Debt			