

Print Form Reset Form

10 Poges

Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification Number	833	924470	Report Filed B	y Candida	ite	Committee	∇	Lobbyist
Name of Filing Comm			19.000	T . 51	Est Mars	7	(A)	to the state of th
Lobbyist Street Address		STATE TO STA				7 KEMA	1 -l	
		The second secon	3831	Eliot &		T		
divine the second	Ep	lit.		State	Pa	Zip Code	14508	-
Type of Report (Place	e x under r	eport type)		•				
1-6 th Tuesday 2. 2 Pre-Primary Pre-	2 nd Friday Primary	3-30 Day Post Primary	4= 6 th 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
		X						
Date Of Election (MM/DD/YYYY)		05/21/2019	Year 35	2019.	Amendment Report		Termination Report	
Summary of Receipts Expenditures	s and	From Date DS/05/21/	To Date	v 19019.	The second of th	For	Office Use Only	
A. Amount Brought F	Forward Fr		1 4 1	66.69				
B. Total Monetary Co (From Schedule I)	ontributio	ns and Receipts	CAWP!	50.00				
C. Total Funds Availa		The state of the s	\$ 42	216.69				-
(Sum of Lines A and I D. Total Expenditure				·			Production of the control of the con	
(From Schedule III) E. Ending Cash Balan				15.50			A PARTER	
(Subtract Line D from			\$ 38	(01.19			1 0 V 1 V 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
F. Value of In-Kind Co (From Schedule II)	ontributio	ns Received	\$ -1	سور			ement of	\
G. Unpaid Debts and (From Schedule IV)	Obligation	A Company of the Comp	\$ 50	988.51.				/ \)
Part 1- If this is a Comm	ittee report	, treasurer sign he	ere. If this is a Can	Affidavit Ser didate report, ca			er i u	
I swear (or affirm) that t	this report, i	ncluding the attac	ched schedules on	paper, is to the	best of my knowled	lge and belief tr	ue, correct and complet	e.
Sworn to and subscribed					1000	S. Pa	_ ~	
	EALTH OF	20 19 PENNSYLVA	ŇIA.	_	Signature	of Person-Subm	itting report	
	NOTARVAL	SEAL Notary Public	-		- 10 be/24	F FC Printed Name	nne-	-
	gton Twp.	, Erie County	21 -	8	714		W2023	
MEMBER PANAS	YESHIOA ASE	OCIAMON OF NOT	KILS		rea Code	Day	time Telephone Numbe	r
-Part II- If this is a report	of a Candid	ate's Authorized	Committee, candi	date shall sign he	ere.			
I swear (or affirm) that to amended.	o the best o	f my knowledge a	nd belief this poli	tical committee l	nas not violated any	provisions of t	ne Act of June 3, 1937 (i	P.L. 1333, NO.320) as
Sworn to and subscribed	d before me	this			0-1			
18 day of SU	ne	20 7 9	- '1	2	< Man	1600	vie	
соммонии	EALTH OF	PENNSYLVA	NIA .	_	Mary	Payone of Candid	ate 5	_
.Dtane R	₩OTARIAL %_Fulton,√	Notary Public	,		8-14	Printed Name	542082	
My Commission Axpites	gton Twp.	Erie County Wyjan V5, 20	21	A	O I I rea Code		me Telephone Number	_ [
MEMBER, PENNS	YLVANAASS	OCIATION OF NOTA	RIES	,			/ Elephens Hambel	

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

iler I				

833926470

1.Unitemized Contributions and Receipts-\$50,00 or Less per Contributor		
	7200	
Total for the reporting period	(1)	\$ 50.00
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		
Contributions Received from Political Committees (Part A)		\$ -0-
All Other Contributions (Part B)		\$ 106.00
Total for the reporting period	(2)	\$ 100.00.
3. Contributions Over \$250.00 (From Part C and Part D)	144	
Contributions Received from Political Committees (Part C)		\$ 1000.00
All Other Contributions (Part D)		\$ -0-
Total for the reporting period	(3)	\$ 1000.00
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 Cover Page, Item B)	port	\$ 1150.00.

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

			Am	nount
Full Name of Cor	ntributing	2.	Date [MM/DD/YYYY] \$	
Committee	Non	~.		0-
House #	Street Address		Date [MM/DD/YYYY] S	
The second secon			7 Con 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
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Full Name of Cor	ntributing	- Interior I	Date [MM/DD/YYYY] \$	
Committee			1 (1) 1 (1) 1 (1) 2 (1) 2 (1)	
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City	State	Zip Code	Date [MM/DD/YYYY] \$	
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Full Name of Cor	tributing :		Date [MM/DD/YYYY] \$	
Committee			10 AVA 17 Gard 17 Gard	
House #	Street Address		Date [MM/DD/YYYY] \$	
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City	***	Zip Code	Date [MM/DD/YYYY] \$	
Adjan	The Conf. of Land Proposition of Conf. of Land Proposition (Conf. of Land P	To the state of th		
full Name of Con	rtributing +		Date [MM/DD/YYYY] \$	
2ommittee -	1577-1002- 1577-1002-		74 E	
House #	Street Address		Date [MM/DD/YYYY] \$	
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ifty	"State"	Zip Gode	Date [MM/DD/YYYY] S	
A Property of Control	2.9 × 100 Martin Martin (1) × 100 ×	The state of the s	7 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
ull Name of Con	ntributing		Date [MM/DD/YYYY] S	
Committee				
louse#	Street Address	<u> </u>	Date [MM/DD/YYYY] \$	_

ity white	State	Zip Code	Date [MM/DD/YYYY] \$	
Consequence Conference	1	The second secon		
ull Name of Con	tributing	2	Date [MM/DD/YYYY] \$	
ommittee	And the second s	-		
louse #	Street Address		Date [MM/DD/YYYY] \$	
Commence of the Commence of th			20	
V	State	Zip Code	Date [MM/DD/YYYY] \$	
	The second of th	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	

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:	000 ()0/1101	
	X X X Y 1/. U //	
. a a me	0-2-104110	
F		
745		

Full Name of Contributor	Date [MM/DD/YYYY] \$	id A
House # 5220 Street Address La Rae DR.	05/13/2019.	/20.06
House # CO 16 Street Address / CO 16	Date [MM/DD/YYYY] :	
5220 La Kae DR. City E Rie State R. Zip Code 16584		
City ERIC State Rg. Zip Code 16584	Date [MM/DD/YYYY]	
		Act
Full Name of Contributor	Date [MM/DD/YYYY] \$	Constant Con
	はの	
House # Street Address	Date [MM/DD/YYYY] 5	The state of the s
	1 12 19 19 19 19 19 19 19 19 19 19 19 19 19	
City Zip Code	Date [MM/DD/YYYY]	
Full Name of Contributor	Date [MM/DD/YYYY] \$	
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House # Street Address	Date [MM/DD/YYYY] \$	
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City State Zip Code	Date [MM/DD/YYYY] \$	COMMENT COMMEN
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Full Name of Contributor	Date [MM/DD/YYYY] \$	
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House # Street Address	Date [MM/DD/YYYY] \$	And
City State Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributor	Date [MM/DD/YYYY] \$	
House # Street Address	Date [MM/DD/YYYY] \$	Cigar Control
		Vide
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] \$	
	7,000	
		У

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:

Filer Identification Number:	33926470			
Full Name of		eusedpac.	=Date [MM/DD/AVAY)	
		•	05/	/ 600.00
House # / 001 Street Addre	state	st. Svite3	23 Date [MM/DD/YYYY]	
city Erie	State PQ	Zip Code 1450	Date [MM/DD/YYYY]	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Full Name of Committee		1000 - 10	Date (MM/DD/YYY)	September 1
House # Street Addre	5 5	· ·	Date [MM/DD/YYYY]	of Arthretina Arthreti
city	State	Zip Code	Date [MM/DD/YYYY]	S
Full Name of		And the second s	Date (MM/DD/YYYY)	
Contributing Committee House # Street Addre	e e		Date [MM/DD/YYYY]	
			The second secon	
City	State	Zip Gode - C	Date [MM/DD/YYYY]	The state of the s
Full Name of Contributing Committee			Date [MM/DD/YYYY]	
House # Street Addres	55		Date (MM/plb/YYYY)	
EGITY :	State	Zip Code	Date [MM/DD/YYYY]	
Full Name of Contributing Committee	Primer and Market		Date [MM/DD/YYYY]	
House # Street Addres	55		Date [MM/DD/YYYY]	
City	State	Zip Code	Date [MM/DD/YYYY]	
Full Name of Contributing Committee			Date [MM/DD/YYYY]	See 1 Construction of the
House # Street Addres	>> 	- t- u	Date [MM/DD/YYYY]	The state of the s
City	State	Zip Code:	Date (MM/DD/YYYY)	

PART E

Other Receipts

REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.

Filer identification Number

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Filer identification Num	ioek.	8339264	178·		
Full Name		None.			
House #	Street Address		··		
City		State	Zip Gode	Date [MM/DD/YYYY] \$	
Receipt Description			25 C	STREET, STREET	.
Full Name		*			
House#	Street Address				
City		State	Zip — — Code	Date [MM/DD/YYYY] \$	
Receipt Description	(3) 11 1 1 1 1 1 1 1 1 1	The state of the s	and the second s		
Full Name					
House #	Street Address				
City		State.	Zija Gode	Date [MM/DD/YYYY] \$	
Receipt Description			Service and the service and th		
-Full Name					
House #	Street-Address				
City		State	Zip Code	Date [MM/DD/YYYY) \$	
Receipt Description					
Full Name	NA Sec			*	
House #	Street Address				
Fity 1		State	Zip Code	Date [MM/DD/YYYY] \$	
Receipt Description				Windows Windows Windows Windows	
Full Name					
House #	Street Address	,			
City		State	Žip Code	Date [MM/DD/YYYY] \$	
Receipt Description		Statistics as any of the September of Asset Septemb		The management of the control of the	

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: 833 924	478.
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED VALUE	OF \$50.00 OR LESS PER CONTRIBUTOR
TOTAL for the reporting period (1)	\$ -0
2. IN-KIND CONTRIBUTIONS RECEIVED VALUE OF \$50.01 TO	-\$250:00 (FROM PART F)
TOTAL for the reporting period (2)	\$
3. IN-KIND CONTRIBUTION RECEIVED VALUE OVER \$250.00	(FROM PART G)
TOTAL for the reporting period (3)	\$
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from boxes 1, 2, and 3; also on Page 1, Report Cover Page, Item F)	



SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Number: ${\cal S}$	33924470	

Full Name of Contributor	Non	l	Date MM/DD/YYYY	-0-
House # Str	reet Address		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Description of Contributi				
Full Name of Contributor			Date [MM/DD/YYYY] = \$	
House# Str	reet Address		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Description of Contributi	ion	And the second s	Section 1.	
Full Name of Contributor			Date [MM/DD/\\\\)	
House # Str	reet Address		Date [MM/DD/YYYY] \$	
GIÝ	State	Zip Code	Date [MM/DD/YYYY] \$	
Description of Contributi	1012	1		
Full Name of Contributor			Date [MM/DD/YYYY] \$	
House #	reet Address		Date [MM/DD/YYYY] \$	
Gity	State	ZIp Code	Date [MM/DD/YYYY] \$	
Description of Contribution	on The state of th			
Full Name of Contributor			Date [MM/DD/YYYY] S	
House # Str	reet Address		Date [MM/DD/YYYY] \$	
ely :	State	Zip Gode	Date [MM/DD/YYYY] \$	
Description of Contribution	Office the second		, , , , , , , , , , , , , , , , , , ,	

SCHEDULE III

Statement of Expenditures

		-	
Filer Identification Number	^		
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	$\mathbf{X} = \mathbf{X} \cdot \mathbf{Y} \cdot $		
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	70		
100 100 100	•		

To Whom Paid	Date [MM/DD/YYYY] \$ 82.48
House # 1902 Street Address 16 as to a Day	05/07/2019 8 d. 7 s Description of Expenditure
Meggione Siete	
CRIC TO Code 16307	office supplies'
To Whom Paid Act Blue	Date [MM/DD/YYYY] \$ 5.01
House # Street Address Interno	Description of Expenditure
City Internat State Zip Code	Fee to Process Fundraisinj
To Whom Paid Times News	Date [MM/DD/YYYY] \$ 390.00
House # 205 Street Address WeSt (2Th	Description of Expenditure
City Erie State Pa Zip 14534.	AJ.
To Whom Paid Panera Bread	Date [MM/DD/YYYY] \$ 13.33
House # 4014 Street Address Peach St	Description of Expenditure
City Ense State Po Code 14589	Marting Pollassias ment
To Whom Pald Lavery Brewing	Date [MM/DD/YYYY] \$ 384.10.
House # 128 Street Address West with St	Description of Expenditure
City ERIC State Pc Code 16501.	Election Nist Papty
To Whom Paid CAM Erse	Date [MM/DD/YYYY] \$ 50.00
	05/24/21/9 50,00
House # 142 Street Address West (21157.	Description of Expenditure
House# 142 Street Address West (21157. City Exic State Pa Code 16501.	05/29/21/9
City Exice State Pa Zip Code 16501.	Description of Expenditure
City Exice State Pa Zip Code 16501. To Whom Paid Desantis Sism - Enaghis House # 546 Street Address West 184 St	Description of Expenditure Jaken New Description of Expenditure
City Exice State Pa Zip Code 16501. To Whom Paid Desantis Sisnor Epaghin House # 540 Street Address West 18th St City Exe State P Zip Code 16502	Description of Expenditure Jaken New Date [MM/DD/YYYY] 5. 460.04.
City Exice State Pa Zip Code 16501. To Whom Paid Desantis Sism - Enaghis House # 546 Street Address West 184 St	Description of Expenditure Jaken New Date [MM/DD/YYYY] 5. 460.04.
City Exce State Pa Zip Code 1650. To Whom Paid Desantis Sisnor Spaghin House # 546 Street Address West 18th St City Exce State Pa Zip Code 16502	Description of Expenditure Jack View Date [MIM/DD/YYYY] \$ 460.04. Description of Expenditure Pushing Date [MIM/DD/YYYY] 5.

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:	でっっく ヘノノフス・	
	822426470	·
	0 3 3 1 2 3 %	

Name of Creditor	McCasty Printing	Outstanding Balance of Debt
246 City	et Address East 1Th ST East 1Th ST O 5/29 (2019. Epie Post Carl Mailer McCoaty Spitting DATE DEBT INCURRED [MIM/DD/YYYY] O 5/29 (2019. Zip Code: 1/5/13.	528851
Description of Debt	Post Carl Maila	
Name of Creditor		Outstanding Balance of Debt
House # Stre	et Address DATE DEBT INCURRED [MIM/DD/YYYY]	
City Description of Debt	State Zip Code	Port and a control of the control of
Name of Creditor		Outstanding Balance of Debt.:
House # Stre	et Address DATE DEBT INCURRED [MM/DD/YYYY]	
Cliy	State Zip Code Code	Symphological Control of Control
Description of Debt		V. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10
Name of Greditor		Outstanding Balance of Debt
	et Address DATE DEBT INCURRED [MM/DD/YYYY]	
City Description of Debt	State Zip. Code:	A control of the cont
Description of Jept		
Name of Creditor		Outstanding Balance of Debt
House # Stre	et Address [MM/DD/YYYY] [MM/DD/YYYY]	
City	State Zip. Code	
Description of Debt		
Name of Creditor		Outstanding Balance of Debt
House # Stre	et Address DATE DEBT INCURRED (MM/DD/YYYY)	
City	State Zip Code	
Description of Debt		