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

	ort Filed By Candid rk X)		Committee	<u> </u>	oyist 144L ZB
Labbyist Street Address	LOMMITTO		BLOCT	CLAYT	010
City	12016 State		Zip Code /	6504-2	344
Type of Report (Place x under report type)	<i>0-1</i>	- / AT 3			
1-6 th Tuesday 2-2 nd Friday 3-30 Day Post 4-6 th		THE RESERVE OF THE PARTY OF THE	7- Annual Specia Pre-Ele		cial 30 Day -Election
Pre-Primary Pre-Primary Primary Pre-I	election Pre-Election	Election			
Date Of Election 1 Year		Amendment		lation	
(MM/pp/yyyy) 0 S/21	2019	Report	Report	220 E 27 S 42 S 2 S 2 S 2 S 2 S	L V
Summary of Receipts and From Date Expenditures	To Date		For Office U	se Only	
A. Amount Brought Forward From Last Report . S					
B. Total Monetary Contributions and Receipts S (From Schedule I)	(9.00				
C Total Funds Available \$ (Sum of Lines A and B)	69.00				
D. Total Expenditures \$ (From Schedule III)	515.40				
E. Ending Cash Balance \$ (Subtract Line D from Line C)	-446,40				
F. Value of In-Kind Contributions Received. \$ (From Schedule II)					
G. Unpaid Debts and Obligations \$	0	1			
(From Schedule IV)	≰ ս տ Affidavit S				
Part 1- If this is a Committee report, treasurer sign here. If t I swear (or affirm) that this report, including the attached so	h s a Gandida E report, o h ule non paper, is to the	candidate sign here. best of my knowledg	e and belief true, corre	ct and complete.	···
Sworn to and subscribed before me this	NNSY ounty ounty och 31	sule	Schul	70	
1) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Social Social		Person Submitting rep	ort 3 a	£
Signature States	ARIA O THE Exp	CLAYTON	Printed Name	HULZe	
My Commission expires 10 31 3019	ONWEAL NOT THY S. AL City of E ENNSYLVA	814	H 90	6760	
MO. DAY YR.	S 8 6 F	Area Codé	Dayume rele	thrione Manuber	
Part II- If this is a report of a Candidate's Authorized Comm I swear (or affirm) that to the best of my knowledge and be amended.	lief this political frommittee	nere. e has not violated any	provisions of the Act of	June 3, 1937 (P.L. 1	333, NO.320) as
Sworn to and subscribed before me this	Seal 23	0-1) ///	•	
day of June 20 19	3, 20, 3912	NS igna	iture of Candidate		
John Hemanaly Signature	April 1281	1) 50 (1	Printed Name		e e e e e e e e e e e e e e e e e e e
My Commission expires 4-3-13	of Pennsylvan nandez, Nete Erie County slon expires A slon number	814	<u>873-</u>	9010	
MO. DAY YR.	Erie Sion e	Area Code	Daytime Telep	ohone Number	
	wealth mis form Permis				·

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Filer Identification Number		·
1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor.		
Total for the reporting period	(1) \$	S 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)	`	69.00
Total for the reporting period	(2) \$	69.00
3. Contributions Over \$250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)	Ş	<u>O</u>
All Other Contributions (Part D)		<u>O</u>
Total for the reporting period	(3) \$	0
4. Other Receipts: Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		
Total for the reporting period	(4) \$	0
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, Repo		0

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				
				Amount
Full Name of Contributing: Committee			Date [MM/DD/YYYY] S	<i>A</i>
		· · · · · · · · · · · · · · · · · · ·	Data to the Jan Danier and Jan	\mathcal{O}
House # Street Address			Date [MM/DD/YYYY] \$.\$ \$	\bigcirc
City.	State	Zip Code	[Date [MM/DD/YYYY]] S.	\sim
Full Name of Contributing	(1) 原则是 (1) [1] [1] [1] [1] [1] [1] [1] [1] [1] [1]	1999年 1999	Date [MM/DD/YYYY] \$	
Committee				0
House #. Street Address			Date [MM/DD/YYYY] \$	\bigcirc
Gitý.	State	Zip Code	Date [MM/DD/YYYY] \$ 45.	
FAIL NAMES OF THE PARTY OF THE				
Full Name of Contributing Committee			Date [MM/DD/YYYY] & \$	0
House # Street Address			Date [MM/DD/YYYY] \$	<u> </u>
	13.50 Table 34.000	Company of the Compan		
City	State	Zip Code	Date [MM/DD/YYYY] \$	0
Full Name of Contributing Committee			Date [MM/DD/YYYY]	0
House # Street Address			Date [MM/DD/YYYY] \$	
Gity.	State	Zip Code	Date [MM/DD/YYYY] 6 5	
	12 (gr. 12 - 2 / 6)			
Full Name of Contributing Committee	· · · · · · · · · · · · · · · · · · ·		Date [MM/DD/XYYY] - 53	
House # Street Address			Date [MM/DD/YYYY] \$	<i>U</i>
	Entriple: and topological area and the	April 2007 Mary Species and Sp	1107	O
City	State	Zip Code	Date [MM/DD/YYYY] (5	
Full Name of Contributing . Committee			Date [MM/DD/YYYY] \$	\bigcirc
House # Street Address			(Date [MM/DD/YYYY] 5	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
				\cup

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.)

File aldentification; Number:			
The state of the s	 	 	

9556 SHADDUCK RD. OSCIOLANT OSCIOLANTI OSCIOLANTI OSCIOLANTI OSCIOLANTI OSCIOLANTI OSCIOLANTI OSCIOLANTI OSCIOLANTI			
MCKEAN PA LIGHT DESCRIPTION OF THE OSCOLLARY OF THE OSCOL	Full Name of Contributor? JAMOS SCIFOUOIL	Date [MM/DD/YYYY] S	20,00
MUKSAN RENGE VENDETTA OSCIOLAR 1930 E. Eth 57 ORIGINATION OF THE OST OSCIOLAR ORIGINATION OF BUILDING OF THE OST OSCIOLAR ORIGINATION OF BUILDING OF THE OST OSCIOLAR ORIGINATION OF BUILDING OF THE OST OSCIOLAR ORIGINATION OF THE OSCIOLAR ORIGINATION OF	House# 9556 Street Address SHA DDUCK RD.	Date [MM/DD/YYYY] s	O
RENEW VENDETTA DETERMINEDAMENTS 1930 SECTIONS E. & th 57 CHART DETERMINEDAMENTS O SITE AND SECTIONS E. & th 57 CHART DETERMINEDAMENTS O SITE AND SECTIONS O SITE AND S	City MCKTAN State PA Zip Gode 10426		0
RENES VENDETTA OSTOTIONS 1930 E. B. H. ST OMENNINDOMONIA OM	議論機能を	EDSPORMAN/DDWWWG SCO	00
Toll Name of Contributor Color Street Address Add	RENEE VONDETTI	osloilag	49.00
Fall Name of Contributor Fall Name of Contributor Con	House# 1930 Street Address E. & th 57	Date [MM/DD/XXXXI] S.	0
House # Street Address	Gity on Ja, State DA Zip Code 16911	Date [MM/DD/XYYY] \$53	0
Given State Zip Code Date MM/DD/YYYY S O	Full Name of Contributor	Date (MM/DD/YWY)	
Given State Zip Code Date MM/DD/YYYY S O	FPO(TCO)		O
Full Name of Contributor Date [MM/DD/YYYY] S O	Street Address	*Date MIM/DD/AYYY S	0
House ## Street Address Date [MM/DD/YYYY] S O Fall Name of Contributor Date [MM/DD/YYYY] S O House ## Street Address Date [MM/DD/YYYY] S O Gity	City State Zip Code	Date [MM/JDD/AXXXX] S.	\mathcal{O}
House ## Street Address Date [MM/DD/YYYY] S O Fall Name of Contributor Date [MM/DD/YYYY] S O House ## Street Address Date [MM/DD/YYYY] S O Gity	Full Name of Contributors	EDESCENTATION OF THE SECOND SE	
Gity State Z/p Code Date [MM/DD/YYYY] S House # Street Address Gity State, Z/p Code Date [MM/DD/YYYY] S C House # Date [MM/DD/YYYY] S C House # Date [MM/DD/YYYY] S C Date [MM/DD/YYYY] S C Date [MM/DD/YYYY] S C House # Date [MM/DD/YYYY] S C		The state of the s	0
Full Name of Contributor Date [MM/DD/YYYY] S O	House # Street Addréss	Date MM/DD/MAAA	\bigcirc
House # Street Address Date [MM/DD/YYYY] S Gity State Zip Code Date [MM/DD/YYYY] S House # Street Address Date [MM/DD/YYYY] S Date [MM/DD/YYYY] S Date [MM/DD/YYYY] S C	City State Zip Code	Date [MM/DD/YYYY]	0
House # Street Address Date [MM/DD/YYYY] S C	Full Name of Contributor	Date [MM/DD/YYYY] & S	
Gity State Zip Code Date [MM/DD/YYYY] S Full Name of Contributor House if Street Address Date [MM/DD/YYYY] 85			0
Full Name of Contributor Date [MM/DD/XYXX] S House if Street Address Date [MM/DD/XYXX] AS	#NOUSE## Street/Address	Date [MM/DD/YYYY] \$5.	a
House#1 Street/Address Date (MM/DD/YYYY) 25	Gity Zip Gode	Date(MM/DD/AAVA) \$	0
	Full Name of Contributor	Date MM/DD/AAAAA S	
Gity State Zip Code Date MM/DD/XXXXI S		pate MM/DD/AY/M	\bigcirc
	GHy State Zip Gode	Date [MM/DD/AYYY] \$	0

PART C

Contributions Received From Political Committees

Over \$250.00

Filer Identification Number

Use this Part to itemize only contributions received from Political Committees with an aggregate value over \$250.00 in the reporting period.

		·		
Full Name of				seti
Contributing Committee			Spate [MM/DD/YYYY] S	\bigcirc
House# Street Address			Date [MM/DD//YYY]	
City	State	Zip Code	Date (MM/DD/WYM). S	
Rull Name of Contributing Committee	福建東京教育		(Pattes [MIN]/PD/AAAAA)	
House # Street Address			Date [MM/DD/YYYY] 25	
ety	State	Zip@ode	Date [MM/DD/YYYY] &	
Full Name of Contributing Committee			Date [MM//DD/AYAW]	
House # Street/Address	*****	,	Date MM/DD/AAYA	
City	State	zip,Code	Date[MM/DD/XXXX] S	
Eull/Nemerofs Contributing Committee	Social profession	(1) 1966/11 - 2017 (2) 1- 601/2017 (2) 1974 (2) 1974 (2) 1974 (2) 1974 (2) 1974 (2) 1974 (2) 1974 (2) 1974 (2)	Date[MM/DD/AYAY)]	
House # Street Address			Date [MM/DD/YYYY] 5	0
<u>City</u>	State	Zip Code	Date [MM/DD/AYYY]	0
Full Name of Contributing Committee	·		Date [MM/DD/Y/Y//] 55	
House# Street Address			Date [MM//bb//yyyy]	0
Gity	State	.Zip:Gode	Date [MM/DD/YYYY] S	0
Full Name of Contributing Committee			Date (MM/DD/XXXX)	0
House# Street Address			Date (MM/DD/YYYY) S	
(Giv)	State	Zip Code	Date [MM/DD/YYYY] S	0

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)

Ellayldentification	Number:				
Full Name of Con	tributors.			Date [MM/DD/AYYY] S	0
House #	Street Address			Date [MM/DD/XYYY] \$	0
Gity	Englandermonterencement en mande en	State	Zip.Code	Date [MM/DD/YYYY] \$.	0
Hmployer Name Employer Mailing Principal Place of			<u>. </u>	OCSUPE MUIT	
HvijiName of Con	7/2/2/2000 doi: doi: 10.000 do		<u> </u>	Date [MM/DD/XYY1]	0
House #	Street Address			Date [MM/DD/XYYY]. S	0
(city)		State.	Zip,Code	Date [MM/Db/YYYY] \$	0
iamployer Vature iamployer Wallins Primepal/Placero	/Address//				
Hull Name of Con	A TEMPORAL PROPERTY AND A SECOND PROPERTY AN			Date [MM/DD/YYYM]	0
House #	Street Address			Date [MIM/DD/(YYY)] \$	0
Gity	Constitution (Constitution Constitution Cons	State	Zip Gode	Date [MM/DD/YYYY] \$	
Employer Name	Address//ag/			Secupation	
Principal Place of Full Name of Con		<u> </u>		Date [MM/DD/YYYY] \$	0
(House #	Street/Address			Spate [MM/bb/yyyy) \$	0
City.		State	Zip Code	Date [MIM/DD/WW] S	0
Employer Name Employer Mailin Principal Place o	g Address / Discount			Occupation	

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.

HalladdendiferitonVumbea					
Full Marine House # Stra Gity Receipt Description	eet/Address	State	Zip w	Date [MM/DD/MAM]	
Gity Receipt Pescupiton	≘er Address	State	Zĵo Gode	Date (MM/DD/WWM) \$	0
City Receipt Description	eer Address	State	Zip Code	Date MIM/DD/MAM)	0
City Receipt Description	eet/Address	⁹ State	ZIP Code	Date IMM/DD/YYYM]	0
Crity Receipt Description	eer Address	State .	Zip Gödê	Date [MM/DD/YYYY]	0
Full Name Strong	ces Address	State	Zip. . Gode.	Date MM/DD/YYYM, S	0

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 dentification/Number					
12. UNITEMIZED (N.KIND GONTRIE	BUTIONS RECEIVED VA	NAME OF \$50,00 OR LESS RE	RIGONTRIBUTORA		
TOTAL for the reporting period	(1)	\$		_0_	
2. Nakind contributions reci	WED-VALUE OF \$500	IETO-S250-00 (FROMB/ART	(f) c		
TOTAL for the reporting period	(2)	\$		0	
33 - IN-KIND CONTRIBUTION RECEI	V5D VALUE/OVER \$25	0100 (FROM PARTIG)			
TOTAL for the reporting period	(3)	\$	· · · · · · · · · · · · · · · · · · ·	0	
TOTAL VALUE OF IN-KIND CONTRIBUTIO PERIOD (Add and enter amount totals fro on Page 1, Report Cover Page, Item F)				0	

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Haller/Identification Number :	
Full Name of Contributor House # Street Address City State Zip Code. Description of Contribution	Date [MIM/DD/YYYY] \$ Date [MIM/DD/YYYY] \$ Date [MIM/DD/YYYY] \$
Full Name of Contributor House # Street Address Gity State Zip Code Description of Contribution	Date [MIM/DD/YYYY] S Date [MIM/DD/YYYY] S Date [MIM/DD/YYYY] S
House # Street Address Gity State Zip Code Description of Contribution	Date [MIM/DD/YYYY] S Date [MIM/DD/YYYY] S Date [MIM/DD/YYYY] S
	Date [MIM/DD/XXXX] \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
House# Street Address City State Zip Code Description of Contribution	Date [MIM/DD/YYYY] \$ Date [MIM/DD/YYYY] \$ Date [MIM/DD/YYYY] \$ Date [MIM/DD/YYYY] \$

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

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allaVameor€cina	(IDITIOE			*Date [MM//DD/YYYY] > \$	(3)
House#	Sireet Address	88.		Date [MM/DD/YYYY] \$	8
Gity		State	Zip Code	Date MM/DD/YYYY) S	
(Employer/Name			2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Geogration	
l Employer (Veilling) Place of Business	Address/Pribalial			Description of Contribution	
มืนอยิงเกาะได้ไปเสา	ributor			(Date [MM/DD/MYY) \$	0
House(#	Street Address			Date [MM/dd/Ayyy) \$	7
ecity		State	zip@de	Date [MM/DD/AYWA/] \$	0
Employer Name				Getpation	
Simployee MEIlling, Deceal Business	Address / Principal			Description of	
ino) loamatiliti.	aronoli.			Date (MIM/DD/AYYA)	
House#	Sireet/Address			Date[MM/pD//YYYY]	
Giv	Programme and the second secon	State	ZIp Code	Date MM/DD/MYYY) S	
limoloyezName			The second secon	Occupation -	
Place or Business	/Address://Principal			of Contribution	
full-Vame of Cont	រៀបចោះ			Date [MM/DD/YYYY] \$.	
House##	StreetsAddiress			Date [MM//DD/AYAYY]	0
elisy.		State	/Zip)Gode	Date MM/DD/YYYYI	0
Enjologier/Veime	O.P.	100 mm m m m m m m m m m m m m m m m m m	and the second s	(Occupation)	
langloyer Mailtag Placeof Business	Address / Principal			Description of Generalisti <mark>on</mark>	·

Statement of Expenditures

Filer Identification Numbers

	05 (01 2019 1/5.99
HOUSE # 7605 STEET Address MAPLE ST (AMERILISATION)	Description of Expenditure
içiya — Statê / Zipan I	
FATRUTOW PA Gode 10415	FOOD FOR MISTOT GO GREDIT
ERTE COUNTY PA	05/13/2019 40:00
House # 140 Street Address W. GM ST.	Description of Expenditure
Gity UNIS State DA Zip Code 16901	LATE FILING FEB
BIROSCAK PRINTING	054012019 360,40
House # 1919 Street Address PANH 57	Description of Expenditure
Thity OD 737 State PA Gode 1650	POST CARDS & FLYGRS
To/Whom Paid	Date (MM/DD/YYYY) \$
House# Street Address	Description of Expenditure 3
Gity State Zip	
Gode Gode	Date (MM/DD/AYYM) \$5
House # Street Address	Description of Expenditure
City State Zip Gode	
To:Whom:Pard ()	Date (MM/DD/XXXX) S
House## Street Address	Description of Expenditure
Gity State Zp Code	
To. Wnom Paid	Date [MM/DD/XYYM] \$
House # Street Address	Description of Expenditure
Gity Zip Zode	
To Whom Raid	Date [MM/DD/XYXY]
House#. Street Address	Description of Expenditure :
Gity State Zip:	
Gode Control of the C	

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.

Name of Greditor House # Store Gity Description of Debt	eet Address DATE DEBT ING [MM/DD/Y State: Zip Code	
Gity Description of Debt	ect Address DATEIDEBT INC INM/DD/Y State Zip Gode	
Gity Description of Debt	Code	
Gity Description of Debt.	DATE DEBTING [MM/PD/X] State Code	
Name of Graditor Flouse # Stre Gity Description of Debt	DATE DEBT/ING [MM/DD///) State Zip Gode	第6000000000000000000000000000000000000
Name of Greditor House (#) City Description of Debt	DATE DEBTING IMM//PD///Y	