

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

Filer Identification	Report	Filed By	Candida		Committee		Lobbyist
Number	(Mark		Canada	* <u>X</u>			
Name of Filing Committee, Candidate Lobbyist	eor	Rose	mari	s-C.Sh	eruda	(N)	
Street Address		4	13.	CHAY	ada	DP.	
City	erie.		State	Pa_	Zip Code	16505	
Type of Report (Place x under report t							
1-6 th Tuesday 2-2 nd Friday 3-30 Pre-Primary Pre-Primary Prima	美国 智能 抗 化氯化甲酚酚磺酰二甲酚磺酸	사건 등 후에 살폈다고	2 nd Friday e- Election	6-30 Day Post Election	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
	7			e ti, ex estatise e citi i catalini	The state of the		
Date Of Election (MM/DD/YYYY)	Year			Amendment Report		Termination Report	
Summary of Receipts and From	Date T	o Date			For	Office Use Only	
Expenditures	<u> </u>	6-12	1-19				
A. Amount Brought Forward From La	st Report \$	1,88	1.16			ŗ.	-3
B. Total Monetary Contributions and (From Schedule I)	Receipts \$					Marine Same Same Same Same Same Same Same Sam	n in Andrews
C. Total Funds Available	\$						4.0
(Sum of Lines A and B) D. Total Expenditures	78 (127 (127 (127 (127 (127 (127 (127 (127						Les .
(From Schedule III)		1,916	9.10				Reports (
E. Ending Cash Balance (Subtract Line D from Line C)	\$	·				10 mg	mines
F. Value of In-Kind Contributions Rec (From Schedule II)	eived \$						
G. Unpaid Debts and Obligations (From Schedule IV)	\$		2			·	
) >		Affidavit Sec				<i>,</i>
Part 1- If this is a Committee report, treast ! swear (or affirm) that this report, including					ige and belief t	ue, correct and comple	ete.
Sworn to and subscribed before me this	ig i	April 128	ociation	9			
Janua (Johnson	den s	odez, No ocounty oexpires on number	nia Ass	O'B' MICH	of Person Subm	itting report Sh	vidan
Signature	70 5	mareman	1sylva	٠	Printed Nam	e (
My Commission expires MO. DAY	YR. PR.	Lonia remand Erie / commission e Commission n	A A	rea Code	Day	eD2-5235 rtime Telephone Numb	er .
Part II- If this is a report of a Candidate's A							
I swear (or affirm) that to the best of my ki amended.	nowledge and be lief (his political	committee l	nas not violated an	y provisions of	he Act of June 3, 1937	(P.L. 1333, NO.320) as
Sworn to and subscribed before me this							N.
day of20_	· ,	' 1					
		1.		Sign	nature of Candi	засе	·····
Signature		, [Printed Name		
My Commission expires MO. DAY	YR.		——Ai	rea Code	Dayı	ime Telephone Numbe	<u> </u>

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

Filer Identification Number	
1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor	
Total for the reporting period (1)	\$
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.

Full Name of Contributing Committee House # Street Address Date [MM/DD/YYYY] \$ City State Zip Code Date [MM/DD/YYYY] \$ Full Name of Contributing Committee House # Street Address Date [MM/DD/YYYY] \$ City Date [MM/DD/YYYY] \$ City State Zip Code Date [MM/DD/YYYY] \$	unt
Committee Date [MM/DD/YYYY] S	
City State Zip Code Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee Date [MM/DD/YYYY] \$ House # Street Address Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee Date [MM/DD/YYYY] \$ House # Street Address Date [MM/DD/YYYY] \$	
Committee	
Committee Date [MM/DD/YYYY] \$	
City State Zip Code 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] \$	
City State Zip Code Date [MM/DD/YYYY] \$	
Full Name of Contributing Date [MM/DD/YYYY] \$ Committee	
House # Street Address Date [MM/DD/YYYY] \$	
City State Zip Code Date [MM/DD/YYYY] \$. =
Full Name of Contributing Committee Date [MM/DD/YYYY] \$,
House # Street Address Date [MM/DD/YYYY] \$	10 TO
City 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] \$	

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 Identificatio	a Number:			·	
Full Name of Co	intributor		1 11 11 11 11 11 11 11 11 11 11 11 11 1	Date [MM/DD/YYYY]	
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	5
Full Name of Co				Date [MM/DD/YYYY]	S
Full Maine of Co	MC IDUKO				
House#	Street Address			Date [MM/DD/YYYY]	3
City		State	Zip Code	Date [MM/DD/YYYY]	
Full Name of Co	ntributore			Date [MM/DD/YYYY]	\$
			·		
(House #	Street Address			Date [MM/DD/YYYY]	5
City	Expositional Angles (1997) White	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co	intributor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date (MM/DD/YYYY)	\$
City	experience are set A week to common a server.	State	Zip Code	Date [MM/DD/YYYY]	Š
					\$1.50 \$1.50 \$1.50
Full Name of Co	intributor.			Date [MM/DD/YYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	5
City.	Experience of the control of the con	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co			(\$25 m) (\$40 m) (\$20 m)	Date [MM/DD/YYYY]	\$
All All And Comments					
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
PASSELLA DE LA CONTRACTOR DE LA CONTRACT			SECTION OF CASE OF SECTION	1	

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.

				19=3a/d
Full Name of Contributing Committee			Date [MM/DD/YYYY]	\$
House # Street Address			Date [MM/DD/YYYY]	!\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
	Ver. 10.00 (1)		Alta-ologica comentario del productivo del producti	
Full Name of Contributing Committee			Date [MM/DD/YYYY]	
House # Street Address	····		Date [MM/DD/YYYY]	5
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee	Para a We well [8]		Date [MM/DD/YYYY]	[5]
House # Street Address			Date [MM/DD/YYYY]	\$
Gity	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]	85
Full Name of Contributing Committee			Date (MM/DD/YYYY)	\$
House # Street Address			Date [MM/DD/YYYY]	i S
Ghy	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]	\$

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:

			;		19.2
Full Name of Co	intributor			Date [MM/DD/YYYY]	<u> </u>
					(2)
House #	Street Address			Date [MM/DD/YYYY]	₩ (\$
City	10 (4 1 M 40 M 6 1 d 1 4)	State	Zip Code	Date [MM/DD/YYYY]	\$
					[124] [3]
Employer Name				Occupation	
Employer Maili Principal Place					
Full Name of Co	ntributor			Date [MM/DD/YYYY]	<u>\$</u>
					89-678 9-69-69 9-79-69
House#	Street Address			Date [MM/DD/YYYY]	
City		State	Zip Code	Date [MM/DD/YYYY]	
Employer Name				Occupation	
Employer Maili		·			
Principal Place					
Full Name of Co	4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1			Date [MM/DD/YYYY]	\$
House #	Street Address	·		Date [MM/DD/YYYY]	\$
		1 44:	drawes an alien	Description bands	
City		State	Zip Code	Date [MM/DD/YYYY]	
Employer Name		- 150% (A)		Occupation	137%
Employer Maili Principal Place	of Business				
Full Name of Co	ntributor			Date [MM/DD/YYYY]	\$
House #	Street Address		·	Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	
				<u>Propried States of the Control of t</u>	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
Employer Name		[44 T] [13]	Programme (A)	Occupation	seign.
					<u> </u>
Employer Mailin					

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.

Filer Identification Num	ber:			
	1. A 100 A 100 A			
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		X-48-84-74-8	Liber Callette Commission	
Full Name				
House #	Street Address		•	
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		and the second s	1	
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description	942509 	C. 300 (62) is	(Metales (1850)*)	
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description	50 (1908) 1- (1909) 1- (1909) 1- (1909)	PROPERTY	(1996年 1996年 1	1 444
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		Light States (CT)	(A. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	limal
Full Name				
House #	Street Address		• •	
City		State	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:			
1. UNITEMIZED IN-KIND CONTR	BUTIONS RECEIVED-VA	UE OF \$50,00 OR LESS PER CONTRIBUTOR	
TOTAL for the reporting period	(1)	\$	
		TO COPPOSE FROM PARTIES	
2. IN-KIND CONTRIBUTIONS REC	EIVED-VALUE OF \$30.0	(U \$250,00 (FROM FARTIE)	
TOTAL for the reporting period	(2)	\$	
3. IN-KIND CONTRIBUTION RECE	IVED-VALUE OVER \$25	.00 (FROM PART G)	
TOTAL for the reporting period	(3)	\$	
	,		
TOTAL VALUE OF IN-KIND CONTRIBUTION PERIOD (Add and enter amount totals for on Page 1, Report Cover Page, Item F)		. 1 I	

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Numb	neri				
Full Name of Contribu	tor			Date [MM/DD/YYYY]	\$
House#	Street Address		•	Date [MM/DD/YYYY]	*
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contribu				Date [MM/DD/YYYY]	\$:
House #	Street Address			Date [MM/DD/YYYY]	*
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contrib					
Full Name of Contribu				Date [MM/DD/YYYY]	\$
	Street Address			Date [MM/DD/YYYY]	\$
City Description of Contrib	ution	State	Zíp Code	Date [MM/DD/YYYY]	\$
Full Name of Contribu				Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	*\$
City	processes (2000年) (2	State	- Zip Code	Date [MM/DD/YYYY]	5
Description of Contrib		· · · · · · · · · · · · · · · · · · ·			
Full Name of Contribu				Date [MM/DD/YYYY]	\$
	Street Address			Date [MM/DD/YYY]	
Gity	EL ARGUETELL SECTION	State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contrib	ution				

SCHEDULE II

Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer Identification	n Number:			
Full Name of Co	ntributor			Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
YARUS I				
City		State	Zip Code	Daté [MM/DD/YYYY] \$
Employer Name				Occupation
	ng Address / Principal			Description of
Place of Busines				Contribution
Full Name of Co	ntributor	<u> </u>		Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
City	1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name	Employer Name			Occupation
Emplover Mailii	ng Address / Principal			Description
Place of Busines				of
				Contribution
Full Name of Co	ntributor			Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
City		State	Zip Code	Date [MM/DD/YYYY] \$
	and a feet of calling the feet again was also			
Employer Name				Occupation
	ng Address / Principal			Description
Place of Busines	5			of
e il ai	and the second s			Contribution Date [MM/DD/YYYY] \$
Full Name of Co	ntroutor			Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
City	1 (1 to 1	State	Zip Code	Date [MM/DD/YYYY] \$
	•			
Employer Name		<u></u>	<u> </u>	Occupation
Employer Mailir	ng Address / Principal			Description
Place of Busines				of
				Contribution

Statement of Expenditures

	The state of the s			
2. 一种 10 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)				
Filer Identification Number:				

To Whom Paid	10.	1. 6	. / /	2 _	Date [MM/DD/YYYY] \$	15010
	NE Sa	utis Signi	of Graph	uco	Q3- 04 2019	1,150.10
House #	Street Address		,18tNst	フ <u></u>	Description of Expenditure	
City	lue_	State Pa_	Zip Code 145	502	yord sign	dwie fr.
To Whom Paid	DESO	etio Eigns	ot Graph	مكما	04 83 2019	90.00
House #	Street Address	540	W. 18th		Description of Expenditure	
City	eru_	State Pa_	Zip Code 165	02	campaignis	adges
To Whom Paid	Se	mor Ne	WS-	,	Date [MM/DD/YYYY] \$ 65 11 2019	270.00
House #	Street Address	P.O. Box	3056		Description of Expenditure	
City	lue	State Pa	Zip Code 165	000	ad vertis	ment)
To Whom Paid		1100	J		Date [MM/DD/YYYY] \$	700 11
House #	Street Address	- - -	tore	_	05 01 2019	<i>233.0</i> 6
		2501 N	1. Wat	-		
City	Jul-	State Pce_	Zip Code / / 65	105	door adi	relation man
To Whom Paid	5	ue's No			Date [MM/DD/YYYY] \$	90.00
**************************************	1	ues 100	raup		03 11 2019	70.90
House #	Street Address	1353	W. 3016	St	Description of Expenditure	
City	bue	State Pa	zip Code 1165	DP3	Notory for pe	tetrons
To Whom Paid)	Notary		Date [MM/bb/YYYY] \$ 03 04 20 Fg	83.0D
House #	Street Address	1353 L	U.38+41	St.	Description of Expenditure	
City	Jue_	State Pa	Zip Code 1050	DB)	Notatin for	seteter's
To Whom Paid					Date [MM/DD/Y YY] \$,
House #	Street Address				Description of Expenditure	
City	to the second control of the second control	State	Zip Code			
To Whom Paid			· · · · · · · · · · · · · · · · · · ·		Date [MM/DD/YYYY] \$	
House #	Street Address				Description of Expenditure	
City	La rect ago a commercial.	State	Zip Code			er de general de la companya de la 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.

Filer Identification	Number:			
Name of Credito				Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
		ļ		
City		State	Zip Code	
Description of De	ebt	V8.734-0.74	[Signal Market	<u> </u>
Name of Credito				Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED	
			[MM/DD/YYYY]	
City		State	Zip	
Description of De	ebt	<u> </u>	Code	
Name of Credito				Outstanding Balance of Debt
House #	Street: Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State	Zip Code	
Description of De	ebt	West years in the second	to Table 1155 e. l.	
Name of Credito				Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State	Zip Code	
Description of De	ebt	Production of		159
Name of Credito	7.00 (1995) 10 (1995)			Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED	
			[MM/DD/YYYY]	4
City		State	Zip	
Description of De	ebt	(多类学的)	Code	
Syrie Till see				
Name of Credito			DATE DEBT INCURRED	Outstanding Balance of Debt
House #	Street Address		[MM/DD/YYYY]	
City		State	Zip	
			Code	A
Description of De	-6t			