Reset Form Print Form

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

Filer Identification	Report Filed By Candi	date	Committee		Lobbyist
Number Name of Filing Committee, Candidate or	(Mark X)				
Lobbyist and the second	Curt	Smith	٠.		
Street Address	3704 1) anes	Ave		
Eri e	State	PA	Zip Code	16510	
Type of Report (Place x under report type)				14310)
1-6 th Tuesday 2-2 th Friday 3-30 Day Post Pre-Primary Pre-Primary Primary		Committee of the commit		cial 2 nd Friday	Special 30 Day
Pre-Primary Pre-Primary Primary	Pre-Election Pre-Electio	n Election	Pre	Election	Post-Election
/MM/pp/vvvv	Year	Amendment	M	mination	<u> </u>
Christian Control of C	2019	Report	Rep	orti er meseri	<u> </u>
Summary of Receipts and From Date Expenditures	To Date		For Office	Use Only	
A. Amount Brought Forward From Last Report	5/21/19			berenengen Sereberak	
in productive and a contract of the contract of	\$		•		<u> </u>
B. Total Monetary Contributions and Receipts (From Schedule I)	\$ 0	1			
C. Total Funds Available	\$	f			
(Sum of Lines A and B) D. Total Expenditures	\$ 170-16	-	•	•	20
(From Schedule III) E. Ending Cash Balance	1 109.715	j			3
(Subtract Line D from Line C)	\$ 0	ľ			To the second se
F. Value of In-Kind Contributions Received (From Schedule II)	\$ 0	1			<u>)</u>
G. Unpaid Debts and Obligations	e		•	4 1	in \
(From Schedule IV)	<u> </u>				☆
Part 1- If this is a Committee report, treasurer sign here	Affidavit Se e. If this is a Candidate report, c	udato sign base			
I swear (or affirm) that this report, including the attache Sworn to and subscribed before me this	ed schedules on pape, is to the	be so my knowled	ge and belief thue, cor	rect and complet	е.
20 day of June 2019	Mila - Notary 8 April 3, 2023	S912 of Not			
to the Amias V	April 3, 20	Signature	of Person Submitting re	eport	_]
Signature		Signature of	Printed Name		_
My Commission expires 4-3-23	dez, Cou	As	to en 'A	ST 11 1 2	1
MO. DAY YR.	th of Penns ernandez, Erie Cou	geas ode	Daytime Te	lephone Number	-
Part II- If this is a report of a Candidate's Authorized Con				 	
Part II If this is a report of a Candidate's Authorized Co I swear (or affirm) that to the best of my knowledge and amended.	belief this political committee	as not violated any	provisions of the Act o	of June 3, 1937 (P	.L. 1333, NO.320) as
Sworn to and subscribed before me this	Commo	Membe			
day of20					
		Signa	ature of Candidate		_
Signature		F	rinted Name		-
My Commission expires	4 7			•	
MO. DAY YR.	Ai	ea Code	Daytime Tele	phone Number	-

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

Filer Identification Number		·	<u>-</u>
riiei iventiitativii ivuttivei			
nem (Frankling) and the second section (Ex-			

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, ReCover Page, Item B)	port	\$

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 Numb	er				
					Amount
Full Name of Contribu	ting		·	Date (MM/DD/YYYY)	\$
Committee					
House #	Street Address			Date MM/DD/YYYY	\$
Gity.		State	Zip Code (st.)	Date [MM/DD/YYYY]	
Full Name of Contribut Committee	ing	-		ipateriwwyddywyy	. 5
e duction and					585 N 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
ida a sa	Street Address			Date [MM/DD/YYYY]	
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contribut					Signal Si
Committee	718			#Date MM/DD/XXXX	
House #	Street Address			Date [MM/DD/YYYY]	\$
				2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
Gly In the land		State	Zp Code	Date [MM/DD/YYYY]	\$ 1.00 miles
Full Name of Contributi Committee	NB (1)		AATTI MOTAA AAAA DOOL	Date (MM/DD/YYYY)	\$ 11
House #	Street Address			Date [MM/DD/YYYY]	
Berghanen 1970-ileken	ing significant (p.) All significant (p.)				
City .		State	Zip Code	Date (MM/DD/YYYY)	•
Full Name of Contributi	ng			Patra (MM/PD/AYYYA)	
Committee				ETHER VIEW PROPERTY OF THE PRO	MARKA TARAK
House #	treet Address			Date [MM/DD/YYYY]	\$ 250
City		State	Zip Code	Date [MM/DD/WYY)	
				ESCALINIA PARAMETER	Fig. 1
Full Name of Contributin	ng			Date (MM/DD/4444)	300 570 791 581
	treet Address			Date [MM/DD/YYYY]	
					4-534 3-3-44 3-3-44 3-3-44 3-3-44 3-3-44
City		State	Zip Code	Date [MM/DD/YYYY]	
i ali ili	,				2 (2 (2 (2 (2 (2 (2 (2 (2 (2 (2 (2 (2 (2

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:

Full Name of Contributor			Date (MM/DD/YYY) \$	
7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	-			
House # Street Addre	\$ 5		Date [MM/DD/YYYY] \$	
City :	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributor			Date [MM/DD/YYYY] \$	
nt Allen de Cale Francisco e propincio e Propincio del Propincio del Propincio				
House #. Street Addres	55		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYYY] S	
Full Name of Contributor	- SAN STREET		Date (MM/Dib/AYAY)	
House # Street Addre	55		-Date [MM/DD/YYYY] \$	
CANTAGO E CANTAG		The same of the sa		
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributor				
Pull Name or Contributor			Date [MM/DD/YYYY] - 5	
House # Street Addres	55		Date [MM/DD/YYYY] \$	
City (d)	State	Zip Gode	Date [MM/DD/YYYY) \$	
Full Name of Contributor	R SPICE TRANSPORTER	March Self Self Self Self Security Self Security Self Security Self Security Self Self Self Self Self Self Self Self	Date [MM/DD/YYYY] \$	********
zacina korologija senia podbo				
House # Street Addres	5		Date [MM/DD/XYYY] \$	
	State			
Gity	State	Zip Code	Date (MM/DD/YYYY) \$	
Full Name of Contributor			Date (MM/DD/YYYY) \$	
House # Street Addres	\$		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
li.	J. G.	LIN CYCC	Sare Junivery 1. 1	

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:

On any agent was a second and a					
Full Name of Contributing Commit	tee .			Date [MM/DD/YYYY]	\$ 01-
House #	Street Address			Date [MM/DD/YYYY]	S
City		State	Zip Code	Date MM/DD/YYYY]	\$
Full Name of Commit	tee			Date [MM/DD/XXXX]	.
House#	Street Address			Date [MM/DD/YYYY]	5
City		State	Zjp Code	Date [MM/DB/YYYY]	\$.
Full Name of				Date [MM/DD/YYYY]	
Contributing Commit					1. S. J.
House #	Street Address			Date [MM/DD/YYYY]	5
Chy	The second secon	State:	Zip Code	Date [MM/DD/YYYY]	*
Full Name of Contributing Commit				Date [MM/DD/YYYY)	
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Commit				Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$.
.City	ene a colo il consu	State	Zip Code	Date [MM/DD/YYYY]	5
Full Name of				Date [MM/DB/YYYY]	
Contributing Commit	Street Address			Date [MM/DD/YYYY]	
de apares				,	
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:

Full Name of Contributor			Date (MM/DB/VXXX)
			The same transfer of the same and the same a
House # Street Address			Date [MM/DD/YYYY] 11 IS
City	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name			Occupation
Employer Mailing Address / Principal Place of Business			
Full Name of Contributor			Date [MM/OD/YYYY] S
House# Street Address			Date [MM/DD/YYYY] \$
Glby	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name	Windows	A MATINA A A MATINA A	Occupation
Employer Mailing Address / Principal Place of Business			
Full Name of Contributor			Date [MM/BD/YYYY] S
House # Street Address			Date [MM/DD/YYYY] \$
City.	Staté	Zip Code	Date [MM/DD/YYY] 5
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] S
City	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name			Occupation.
Employer Mailing Address / Principal Place of Business			

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.

Conflict Statement				
Full Name				
	Street Address			
City (E) (17) business, with an experience		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description	Addisor Markey	\$12000000000000000000000000000000000000	Emission (V 1 0 mm) 4 1 0 mm)	1400-3424
Full Name House # !	Street Address			
City		State	Zip. Code	Date [MM/DD/YYYY] \$
Receipt Description		To Effect the State Company of the		Lorenzo I.
Full Name House #				
City	Street Address	State	Zip in it	Date [MM/DD/YYYY] \$
			Code	
Receipt Description	95 (1956) 1977 (1956)			
Full Name House #	Street Address			
City		State	Zip	Date (VIM/DD/YYYY) \$
Receipt Description			Code	12.64 20.64 20.64
Full Name	163. 163.			
House #	Street Address			
City:		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				
Full Name	440 746			
	Street Address	IK-ZU-VANI	711	TENERAL AND VOLUME TO SERVE
City The second second second		State	Zip Gode	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 CONTI				
TO CHITEMILES IN KING COLUMN	NBUTIONS RECEIVED VAL	OE OF 350.00 OK 1635 PER	CONTRIBUTOR	
TOTAL for the reporting period	(1)	\$		
2. IN-KIND CONTRIBUTIONS RE	CEIVED-VALUE OF \$50.01	TO \$250.00 (FROM PART		
TOTAL for the reporting period	(2)	\$		
3. IN-KIND CONTRIBUTION REC	EIVED-VALUE OVER \$250	00 (FROM PART G)		
TOTAL for the reporting period	(3)	\$		
<u> </u>				
TOTAL VALUE OF IN-KIND CONTRIBUTI PERIOD (Add and enter amount totals on Page 1, Report Cover Page, Item F)		, · I		

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Number			
Full Name of Contributor			Date [MM/DD/YYYY] \$
House # Street Addre	555		Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
Description of Contribution			
Full Name of Contributor			Date [MM/DD/YYYY] \$
House # Street Addre			Date [MM/DD/YYYY] \$
City	State .	Zip Gode	Date [MM/DD/YYYY] \$
Description of Contribution			
Full Name of Contributor			Date:[MM/DD/YYYY] \$
House # Street Addre			Date [MM/DD/YYYY] 5
City Description of Contribution	State	Zip Code	Date [MM/DD/YYYY] \$
Full Name of Contributor			Date [WM/DD/YYYY() \$
House # Street Addre			Date [MM/DD/YYYY] \$
City Description of Contribution	State	Zip Code	Date [MM/QD/YYYY] \$
Full Name of Contributor			Date [MM/DD/YYYY] 3
House # Street Addre		Promit Matter Foreignber ausvergat, spring :	Date [MM/DD/YYYY] -\$
City Description of Contribution	State	Zip Code	Date [MM/DD/YYYY] \$

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

Eller Identification Number		
E FREE FUELLHICANDII INDRIDEE.		

Full Name of Contributor			Date (MM/DD/YYYY) 5
House# Street Add	dress		Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MW/DD/YYYY] \$
Employer Name			Occupation -
Employer Mailing Address / Princ Place of Business	cipal		Description of Contribution
Full Name of Contributor			Date [MM/DD/YYYY]
House # Street Add	ress		Date [MM/DD/XXYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name	Living Chr.		Occupation,
Employer Mailing Address / Print Place of Business	Cigal .		Description of Contribution
Full Name of Contributor			Date [MM/DD/YYYY] \$
House # Street Add			Date [MM/DD/YYYY] 5
City	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name	seguros de la compania del compania del compania de la compania del la compania de la compania del la compa		Occupation
Employer Mailing Address / Princ Place of Business	i pal		Description of Contribution
Full Name of Contributor			Date [MM/DD/YYYY] \$
House # Street Add	ugo Univ	***	Date [MM/DD/YYYY] \$
City	State 2		Date [MM/DD/YYYY] \$
Employer Name	acts into a st		Occupation
Employer Mailing Address / Princ Place of Business	ipal		Description of Contribution

SCHEDULE III Statement of Expenditures

		-	
Filer Identification Number:	•		
Filer identification Number:			

To Whom Paid Facebook	05 /18 /2019 50.00
House # Street Address Facebook way	Description of Expenditure QAVE TISING 5
City Mento Park CA CA code 94025	aava naray
To Whom Paid	Date [MM/DD/YYYY] \$
Printing Concerts	OS /OG/ 2019 14 33.26 Description of Expenditure
House # 4182 Street Address Pacific Avenue	Description of Expenditure
City Eric State PA Code 16506	advertising mailer
To Whom Paid Office Man	05 103 13019 92.22
House # 905 Street Address Willwerk Mail	Description of Expenditure
City Milareex State Pr Gode 16565	advertising Agers
To Whom Paid	Date [MM/DD/YYYY] \$
Gary's Superette	05/21/2019 134.27
House # 4703 Street Address East Lake Rd	Description of Expenditure
State PA Code 16511	after election food.
To Whom Paid	Date [MM/DD/YYYY] \$
House # Street Address	Description of Expenditure
City State Zip Code	\$25, 200 (1914) (1916)
To Whom Paid	Date [MM/DD/YYYY] 5
House # Street Address	Description of Expenditure
City State Zip Code	
To Whom Paid	Date (MM/DD/YYYY) \$
House # Street Address	Description of Expenditure
City State Zip Gode	
To Whom Paid	Date (MM/pp/xyyy) \$
House # Street Address	Description of Expenditure
Gity State Zip Code	AN AND AND AND AND AND AND AND AND AND A

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 Creditor				Outstanding Balance of Debt
House # Stre	eet Address		E DEBT INCURRED MM/DD/YYYY]	15
City		State	Zip Code	
Description of Debt	<u> </u>		CODE	
Name of Creditor				Outstanding Balance of Debt
House # Street	eet Address		E DEBT INCURRED MM/DD/YYYY]	
City		State	Zip Code	
Description of Debt			_EEEEEEEEEE	· 医香菜科
Name of Creditor	CO LUC OFFICIALES COM TO COMPANY	EDJackie Service		Gutstanding Balance of Debi
House # Stre	eet Address		E DEBT INCURRED MM/DD/YYYY)	.
City		State	Zip Code	
Description of Debt	6		Code	
Name of Creditor House # Stre	eet Address	DAT	E DEBT INCURRED	Outstanding Balance of Debt.
			MM/DD/YYYY]	
City Description of Debt		State	Zip Code	
Name of Creditor House # Stre	eet Address		E DEBT INCURRED	Outstanding Balance of Debt :: 5
e de la companya de l			MM/DD/YYYY]	
City Description of Debt		State	Zip Code	
Name of Creditor				
	eet Address		E DEBT INCURRED	Outstanding Balance of Debt \$
			MW/DD/YYYY]	
City Description of Debt		State	Zip Code	
Description of Deut				