

## Commonwealth of Pennsylvania - Campaign Finance Report

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

	1				· .	
Filer Identification Number	Report Filed By ( Mark X)	Candidat		Committee		Lobbyist
Name of Filing Committee, Candidate or						
Lobbyist	CANDIDA	TE 70	m STA	<u> 2 5 174</u>	528WSK1	<u> </u>
Street Address	150 E	36 h	57	·	,	
City ER18		State	PA	Zip Code	16504	
Type of Report (Place x under report type)					<u> </u>	
1- 6 <sup>th</sup> Tuesday 2- 2 <sup>nd</sup> Friday 3- 30 Day Post Pre-Primary Pre-Primary Primary	1 1 1 1 1	- 2 <sup>nd</sup> Friday Pre- Election	6- 30 Day Post Election	7- Annual	Special 2 <sup>nd</sup> Friday Pre-Election	Special 30 Day Post-Election
Date Of Election (MM/DD/YYYY) 05/2//2019	Year 2019		Amendment Report		Termination Report 445	X
Summary of Receipts and From Date	To Date			For	Office Use Only	
Expenditures 5/6/19	6/10/	19				
A. Amount Brought Forward From Last Repor	t \$ 85.	29			344	
B. Total Monetary Contributions and Receipts (From Schedule I)		171			1 = 1 <sup>307</sup> ()	Production Control Con
C. Total Funds Available LOAN FROM	\$ , -, ,	11 21				və C
(Sum of Lines A and B) CANDIDATE	/ //	7.11				erang Germang Germang Germang and
D. Total Expenditures (From Schedule III)	:   <sup>\$</sup>   1 - 7.1/	ו ניי גו			The state of	MANAGEMENT OF A
E. Ending Cash Balance	\$ 1 ( // )	7. / 1				(C)
(Subtract Line D from Line C)		)				
F. Value of In-Kind Contributions Received	\$ \$					<del></del> λ
(From Schedule II) G. Unpaid Debts and Obligations	Ś	. <i>E</i> .			e e	
(From Schedule IV)	1/17/4	7/				
	g Vi	Aflicavit Sec	tion			
Part 1- If this is a Committee report, treasurer sign h	nere. If this <b>ion</b> Candi sched schedi <b>ilee</b> on r	mate (aport, car apen, seto the h	ndidate sign here. best of ny knowled	ge and belief th	ue, correct and comple	ete.
I swear (or affirm) that this report, including the atta Sworn to and subscribed before me this	Published	pril 3, 2 1288912 ation of N	[ ] [ N	n /	09	6/19/19
day of 20			Signature	of Person Subm	hitting report	<i>1111</i>
Janua Hellandez		expires A number ' lia Associa	THOMAS	Printed Nam	itting report PASZSWSK e	7
My Commission expires $4-3-3$	ealth of Per a Fernand Erie (	mmission e mmission n Pennsylvank	814		1520020	
MO. DAY YR.	a Fe		rea Ćode	Day	rtime Telephone Numb	er
Part II- If this is a report of a Candidate's Authorized	Committee, Squdida	a <b>te d'alla</b> ign he				
I swear (or affirm) that to the best of my knowledge amended.	and belief the politic	configuratee l	nas not violated an	y provisions of t	the Act of June 3, 1937	(P.L. 1333, NO.320) as
Sworn to and subscribed before me this						
day of20	- '1	_				
			Sigr	nature of Candi	date	
Signature	_			Printed Name		<del></del>
My Commission expires	_					_ <del>_</del>
MO. DAY YR.		А	rea Code	Dayt	ime Telephone Numbe	r

#### SCHEDULE I

# **Contributions and Receipts**

**Detailed Summary Page** 

Filer Identification Number		-		
1.Unitemized Contributions and Receipts-\$50.00 or Less per C	ontributor.		2000 1449	
	reporting period	(1)	\$	SANTENER TRANSPORTER (ST. 1988) SANTENER AND AN AND AN AN AN AN ANTENER AND AN ANTENER AND AN ANTENER AND AN A
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)			\$	
	reporting period	(2)	\$	
3. Contributions Over \$250.00 (From Part C and Part D)				
Contributions Received from Political Committees (Part C)	e en gegen (i p. 6 ) e e e e e fetti (i i i i i i i i i i i i i i i i i i	The Action Help	\$	
All Other Contributions (Part D)			\$	
	reporting period	(3)	\$	
4. Other Receipts-Refunds, Interest Earned, Returned Checks	, ETC: (From Part E			
	reporting period	(4)	\$	表现在中心的主义的主义的主义的主义的主义的主义的主义的主义的主义的主义的主义的主义的主义的
Total Monetary Contributions and Receipts during this reportion enter amount totals from Boxes 1, 2, 3 and 4; also enter this at Cover Page, Item B)	ng period (Add and mount on Page 1, R	 eport	\$	

#### 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.

	the reference of				Amount
	and the second second second second			Date [MM/DD/YYYY] \$	
ill Name of Con ommittee	itributing				
				Date [MM/DD/YYYY] \$	
ouse #	Street Address				
			1 - 227 220 - 1000	Date [MM/DD/YYYY] \$	
ity		State	Zip Code		
	and the second second	WHY 148		Date [MM/DD/YYYY] \$	
ull Name of Co ommittee	ntributing				
ommittee Marie				Date [MM/DD/YYYY] \$	
louse #	Street Address				
				Date [MM/DD/YYYY] \$	
ity		State	Zip Code		
Tall Sept. 16.	11.00			Date [MM/DD/YYYY] \$	
ull Name of Co	20150 1780 agricultur 1,540500 agricultur			The state of the s	
ommittee				Date [MM/DD/YYYY] \$	
louse#	Street Address			The state of the s	
			20125	Date [MM/DD/YYYY] & \$	
City	Die sind Base to a Steam of Steam of	State	Zip Code	28.5.0	
		TOTAL SAIN		Date [MM/DD/YYYY] S	
Full Name of C	ontributing				
Committee				Date [MM/DD/YYYY] \$	
House #	Street Address				
		- Centrol -	Zip Code	Date [MM/DD/YYYY] \$	
City		State			
		360g W		Date [MM/DD/YYYY]	
Full Name of C	ontributing			11/4/2009 - P. C. Capet to E. Barrier V. C. Capet to E. Barrier V. C. Capet to E. Barrier V. Capet to E. Barrier V	
Committee	arthrid Taraber and Tables and Art			Date [MM/DD/YYYY] \$	
House #	Street Address				
			Towns on a region with the 1	Date [MM/DD/YYYY] \$	
City	I magazini saman s	State	Zip Code	Date MM/DD/YYYY1 \$2	
		等15 34 34 34 等15 34 34		Date [MM/DD/YYYY] S	
Full Name of	Contributing			The property of the state of th	
Committee	dia propinsi di P			Date [MM/DD/YYYY] \$	
House #	Street Address			College	
		A CONTRACTOR OF THE PROPERTY O	Zip Code	Date [MM/DD/YYYY] & \$	
City	<u> </u>	State	Zip Coue	ABOVE TO SHOULD SEE THE SECTION ASSESSMENT OF THE SECTION ASSESSMENT O	

#### 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.)

VFIJe/Ildentification(Number			
Full Name of Contributor.			Date MM/DD/YYYY]
House## Street Address		TOWN SACROST THE SPECIAL STREET	Date [MM/DD/XXXV] \$
City	State	zzip(Gode	*Date(MM/DD/XXXXI) S
Full Name of Contributor			Date MIV/DD/AAAA \$
	State	Zip(gode	IDate (MIN/IDD/AYAM) S
[Rill#NEimelof#GonGilbutor]			Deter  XIXYDDVARYAM     S
		<u></u>	adate/(MM//DD//AAAA)
Gity	State	Zipedotie	Date (MM/DD/AXXXI)
Hullikhmeoi@nitibutot			Pate  MM/PD/YWWI    S
House# StreetAddress	( )	ACTITION TO SERVICE TO	
Gly)	Siate	Apode	Date MINIPO/MANI S.
Houseils Street/Addicess			*Date(MIM/DD/MYXA) \$
Gity	State	Zip@oda	Date(IXIX)/DD//XXXIA)
au   Nerma of Contributor			Deta [WIXN/DDWAWN]
Housetii Sireco Address			ADHTO-(IVINI/DD/XXXXXI) S
Ceftyy	State	. Zip@ote	(Date)[XIM/ADD/AMAM] \$

#### 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.

Æller dentification:Number:				
(Full Name of Contributing Committee )			Date [MM/DD/MWM]	
House# Street Address			ļ	\$
(Gry)	States	Zip Code		\$
Rolli Nemerof Contributing Committee			SDate [IVIM/DDV/AAAM] P	
House:#! Street/Address			Date [MIM/DD/AA6Wi] s	
(Gis)	State	ZipzGoder	(Date (MM/DD/AYAA)	
Folloting Committee			Date (VIM/DD/AAAA)	
House## Street∳Address			Date (VIIV/DD/AVVA)	
(div <sub>j</sub>	State	zipcoda	Date [MIM/DD/AAAA];	<u></u>
in a stair and the second stair and second s				
House#: Street Address	Laborita NOVORIOS NOT	INVESTIGATION IN THE PROPERTY OF THE PROPERTY	patelimim/pp/www.li	
(crity)	State	//ip.gode	Date (MM/DD/AAAM)	
Fall New Of Contribuility Committee			IDate [MM//DD/////M/	
(House/II) Street/Address	Test taken to the real of the	2013 (MAY) HARVING THARKING		
(वाध्य	State	Zipcode	Date (MIM/DD/AWAM)	
Full Name of Contributing Committee			idate:[MM/dd//A/M]	
House(t) Street/Additess	NEWS PARK PROPERTY			
खंभू	Seie	Zip Gode	adate (MIM/pd//AAAA)	

#### 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 I dentification Number.				
		MICETARAM	マルアングで 子がみがわり 17世紀 (東大家	
Full-Namerof Contributor	nas F. Stastaws	KI TO Date	MM/DD/YYYYJ \$ US 06/2019	1,714.71
House# Street Address	nas F. Staszaws E 36 th st	i Date	[MM/DD/XYYY]	
Civ Sela	State A Zip Code	16504 Date	[MIM/JDD/YYYYY] :::8 IS:	
Employer Name	RYTRED	′ ( <u>(</u> Осси)	RIDRY	<b>&gt;</b>
FriployerMailing/Address// Principal/PlaceofBusiness				
lfullf/Emerci@databutor			[MM/pp//mym] \$	
(House(i) Street/Address		Date	[MM/DD/AYAAA] \$	
(GLy)	State Zip Code		[[XIXYADDYAYAYAY] S.	
IncloyerMaine		Occu	patrion .	
langloga#(Yeilling/Address//  Principel/Place/oil@usiness				
Full Neme of Contributor		To de the second of the	ĮVIV,Y,OJP//YAVYYI Ş	
lifouse## Street Address		Date	[MINNINDEN/VAVA] SS	
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Employar Kama	[Proposition of the Control of the C	(C) GGU	pation	
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Full Mame of Contribution		Date	HMWNDDXXXXXI 3	
House/# Street/Afdiress		Date	[MIXMODAXXXXII] S	
Glay	State ZipiGotie		([vinnedoyanam) S	
Tamployar Meiling/Addisess//	Printing and Control of the Control	(Occi	padloin:	

#### 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.

Filesitentire ilontiumbar				
Houseff Stife City  Receipt Description	et Address	*State	Zio .Core	gDate [MM/DD/YYYY]
Gulliveroce	e. Address	State	(Zjo (Goda	Date:[MM/DD/AWYI]   \$
Gulli Vaine	et Addiress	State	团p Gode:	Date (MW/DD/WW)
(Auli Nama (House ) Sin (Chy (Chy	etiAddress	State	⊠ <b>i</b> pi (©ode	Date(MM/DD//////d)
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Fallydence (Receipt Description)	ea Address	Sare	Zdio Gode	Date [MM/DD/MAM]

#### 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

DETAILED 301	VIIVIPACT
Marideorification/Number	
1. A UNITEMIZED IN KIND CONTRIBUTION SIRECELVED VALUE OF SSO	DIOO/ORIUESSIPER(GONTRIBUTIOR
TOTAL for the reporting period (1)	OO)(FROIM)PARTE)
TOTAL for the reporting period (2)	\$
TOTAL for the reporting period (3)	MRART(G)
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F)	\$

# SCHEDULE II PART F

# **In-Kind Contributions Received**

VALUE OF \$50.01 TO \$250

Filer/Identification Numbers	<u></u>	·
JEUL Name of Contributor		Date IMM/DD/YA/W/1 S
House# Street Address		(Date IMM/DD/XXM) \$
City State	Zip Code	Date [MM/DD/YYYY] \$
Description of Contribution 1974		
#Full#Alameof(Contributors		patei[MM/DD/YYYY]] \$
fifouse;;;; Street/Address		Apate (MIXI/DD/XXXXII) (\$)
Gity	Zip Code.	Date [MIM/DD/AYAM]
Description of Contribution	[44.機制以被指数指揮 	19xttanel
Fulls/Jamaois@ontidoutor		Date [MM/DD/MM] \$
illouse(i) Street/Address		Detel(MM/DD/AYAA)
Gity State	.≱ip.code	DETC [MINNOD/AYAYA]
Descriptions of Contribution		and the vicinity
All Manne of Contributor		apate((xim//dp/xxxx)) \$
Rouse(I) Street/Address		Dete (MM//DD/AAAAA)
@iay State	.Zrp@ode	ipatel(MIX//plp//xxxx/i) S
Pessilptionor Contribution	Fully Section 52 and selling structure 4 county	
Helling of Condition		Date  VIM//DD/AAAA     \$
(House ##) Street/Address		(Apate/(MIM)(DD)/MAM/II
City States	Zlp(code	Date [VIM/DD/AAAM]   \$
lotasaajisttoukotkoolittajantion	As yourseld an in-the-hole read-money special and a field & West 3	

# SCHEDULE II Part G

# **In-Kind Contributions Received**

VALUE OVER \$250

VALUE OVER \$2	
Falle alden afficiation (Number)	
Full Name of Contributor	*Date [MM/DD/YYYY] \$5
House#: Street Address	Date [MM/DD/XXXXI] \$.
City State Zip.Code:	(Date (MM/DD/YYYM) \$
Employer Name	Occupation (%)
Employar(Xelling/Addicess/Principal) Place of Eustress	Description ; of Contribution
Rell Names of Gont Abutor	(IDate([VIM/DD/AAAAA)), S.
(House## Street Address	(Date  MM/DD//WWM) 95
Gtty State ZipiGode	Date (MMY/DD/MANA) \$
. Employer(Vainte	10ccupation
िन्ताविक्युवर प्रेर्धामितुः(Address://Paindgal । Place of Business	(Description ) (o) (Contribution
RUP Name of Contributor	(Date  VIIV /DD//AAAA) \$
House(#) Street/Address	(Date (MMY/DD/AAAA) S
Gity State Zip(code	(Date [MM/DD/XXXXI) S
Empleyar/Name	Ocupation
EngloyariYelling∆idiess//Bilidiptil DibrecofBusiness	Description of Contribution
Full*Name of Condition	FEATO-(IVINI/DO)/MAM)
House ## Street Address	(IDate [MIV/JODY/WW])
Gliy State ZipGode	(Date (MIX/DD/MYAM)
Employa#Neme	Geografion .
चित्रात्त्रीठ्युवर[VEilling/Addinesss// विद्यात्त्वीहर्याः शिक्षक्वलित्रियात्रीतिव्यक्त	Description  of  Contribution

# SCHEDULE III Statement of Expenditures

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TOWNOM Paid Signst 60	EXPINDITION	5 5 / 9/19	Date [MM/DD/YYYY] \$ 1,7/4.7/  Description of Expenditure  (13.4) 17.5(2.00) 5 19
House # Street Address	4 3/	· · · · · · · · · · · · · · · · · · ·	Description of Expenditure
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To Whom Paid %			Poate (MM/DD/WYYY) \$
Flouse## Street Address			Description of Expenditure
GILCY	State	Zip Gode	
Tro Whom: Paid!			;;Date[MM/OD/WWY]
House# Street Address			Description of Expenditure
<u>(विप्</u> रेप	State	Zip Gode	
Tro Whom Palle			Dete [MM//DD//mm/m]
(Flouse#) Street/Address			Description of Expenditure
<b>ल</b> भ्य	State	Zip Gode	
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		<b>多方: (1) 200 (2)</b>	Description of Expenditure
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(IoWhemReig)			Description of Expanditure
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Glay	State	(Got les	Date   [VIM KODYAWWA]
ije Whom Balli			
House## Sincer Additess			Description of Expanditure
(City)	State	Zip Godes	
no Wham Pelid			(Dete[MM/DD/MWM) 5.
House # Street Address			Description of Maganditure
Giv	State	ZIP Godes	

#### **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.

FIRST TON STOSESWEET FUEL (177 CONGIL

Name of Cailtor	7-1 UMAS F. STASZYWSŁI Outstanding Balancerof (Debt. )
(Houseeld /SV)	DATE DEBY INGURRED S /, 7/4.7/
্রাম্	N15 1568163 PA 200 16504
Description of Design	LOAN FROM CANDIDATE TO PAY ALL EXPENDITURES 5/2/1/2
Name of Circlitor	OustandingBallanecoffDabi
House# Sin	ORAYACITORS DYANTED DESIFINGURRED S. S. (MILYMADDYAAAAA)
Clip	State Zip Code
তিল্লেখ্যাত্মত্য টিবর্ড	
Khmeof Gedliur	ः Oustending Balance of Delbis.
House#	COLYMINI) THERD SHYNG
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- 	
Mance of Geditor	Outstanding Halance of Debi
House!!! Si	GERTAGUITESS (DARTE DIEDLINGUITEED) (S)
City	Siette. Zip Code
Name of Greditor	Outstanding Balance of Delta
	Gat/Afritass  DAME DISTRIBUTION S  DAME DAME D  DA
City	्रीहारेड (६६६)ड
क्रिस्तां विकास की क्रिकी	(September 1992) Description of the september 1992 (September 1992)
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Clay	State Alp Gode
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