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

(Note: This report must be clear and legible. It should be typed)															
Filer Identification Number		34376124		Report Filed By Candida (Mark X)				te		Commi	ttee		X	Lobby	ist
Name of Filing Comn Lobbyist	nittee, Ca	ndidate o		Committee to Elect Holly Bowers										TA SECTION AND ADDRESS OF THE PARTY OF THE P	
Street Address			3	3703 Charlotte St.											
City	Erie)	9531CH25404			51	ate	PA		Zip Cod	le 16	508			
Type of Report (Place	x under ı	eport type	e)												
1-6 th Tuesday 2- 2	nd Friday	3-30 Day	/ Post 4	- 6 th Tu	esday	5- 2 nd Fr	iday	6- 30 Da	y Post	7- Annu	ıal Sp	ecial 2	nd Friday	Specia	il 30 Day
	Primary	Primary		re- Elec		Pre- Ele	ction	Election			Pr	e-Elect	ion	Post-E	lection
								X							
Date Of Election (MM/DD/YYYY)		11/05		Year		2019)	Amendr Report	nent		B18884	rminat port	ion		_
Summary of Receipts Expenditures	and	From Da	te		o Date						For Offi	ce Use	Only		
		10/22			11	/25/2019			ili di 1911 Made Sa						
A. Amount Brought F	orward F	rom Last F	Report	\$		1,174.27					٠			11.11	
B. Total Monetary Co (From Schedule I)	ntributio	ns and Re	delpts	\$		50								~:	
C. Total Funds Availa (Sum of Lines A and E	3170 W 371 37 K 37 K 38 K 38			\$	1	L,224.27						•	Š	9	
D. Total Expenditures	was received a state of well to the entitless			\$	1									7019 NOV	
(From Schedule III) E. Ending Cash Balanc	#11466 Pri 2001 LECTOR ESTRO			\$		0							27.5 CO S	5 8	
(Subtract Line D from F. Value of In-Kind Co	- 9 . 1 9 . 1 . 2 . 1 . 2 . 3 . 3 . 4 . 5 . 3 . 4 . 5 . 3 . 4 . 5 . 5 . 5 . 5 . 5 . 5 . 5 . 5 . 5	ns Receive	ed	\$		0							07 E		
(From Schedule II) G. Unpaid Debts and	Obligatio	ns		\$		0							10 T	< ພ	
(From Schedule IV)	P. Skingslad						vit Sec	tion					******	Φ	
Part 1- If this is a Commi	ttee report	, treasurer	sign here	. If this i	is a Can				n here.	· · · · · · · · · · · · · · · · · · ·					······································
I swear (or affirm) that t			e attach	ed sched	lules or	paper, is t	o the b	est of my l	knowledg	ge and bèi	ief true, c	orrect a	ind comple	ete.	
Sworn to and subscribed			q		٠ ،		~	Pa	ريك	n Shi	XXX	111-	_		
Laur A.	Wille	rint		nwealth (of Penn	sylvania - N	otafv75	- 8íg elyr Matte		f Person 9	ubmittin	report			
Signat	ure			URIE A W		- Notary P			0	Printed I	Name	·			
My Commission expires_	<u> </u>	21 DAY	2019. YR.	Bommissi Commiss	ion Expi ion Nun	ires Jan 21, iber 13441	ne —	rea Code	_	_	3925019	Talanh	ana Numbe		
·											Daytime	reiepno	one Numbe	er	
Part II- If this is a report of I swear (or affirm) that to amended.									ated any	provisions	of the A	ct of Jun	ie 3, 1937 ((P.L. 1333,	, NO.320) as
	h-4	41-7-								/					
Sworn to and subscribed	venber	- 20	q	4					H	lly	(Ca	W	w		
Laura Ca	- Will	ani				ısylvania - I		sellp wers	Signa /TC	7/14 (indidate DOU	iers	3		
Signati	_	<i>a</i>	j	•	Erie Co			İ	Р	rințed Nai					
My Commission expires_	<u>Эел</u> мо.	21 3 DAY Y	<i>1923</i> y R	Commiss Commiss	sion Exp sion Nu	oires Jan 21 mber 13441	, 2 <u>0213</u> 105 _{Ar}	ea Code	-	_	2-3494 ——— Daytime 1	elephor	ne Number		
											•				

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

834376124			
	834376124		

1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor		
Total for the reporting period	(1)	\$ 50
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)		\$
Total for the reporting period	(2)	\$ 0
3. Contributions Over \$250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)		\$ O
All Other Contributions (Part D)		\$ 0
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, Re Cover Page, Item B)	port	\$ 50

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 Num	1ber 834376124		12.7		
					Amount
Full Name of Contrib Committee	uting			Date [MM/DD/YYYY]	Š
House #	Street Address			Date [MM/DB/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contrib Committee	uting		RESEARCH PROPERTY AND AND A STATE OF THE STA	Date [MM//OD//YYW]	\$
House#	Street Address			Date [MM/DD/YYYY]	(\$
Gy.		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contribi Committee	uting			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
Civ	2 4 5 5 7 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	State	Zip Code	Date [MM/DD/YYYY]	S
Full Name of Contribu Committee				Date [MIW/DD/YYYY]	\$ 29
House #	Street Address				S
City in a second		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contribu Committee	iting	·		Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Special and a second special control of the second special spe	\$ 1
Full Name of Contribu Committee House #					\$
	Street Address		Local Control of the		\$
City		State	Zip Code		\$

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 N	Number: 834376124				
FullsNamerokeona	film kings			Date [MM/DD/YYYY] \$	
Ноиѕе #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	<u> </u>
Full Name of Contr	fibirtor	lihididhiidh		Date [MM/DD/YYYY] \$	
House#	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY) \$	
Full Name of Contr	ibutar			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contri	ibuter	Magazia di Presista anto	procedure and constituent and	Date [MM/DD/YYYY] S	
House #	Street Address	-		Date [MM/DD/YVYY] S	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contri				Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City	Settle Shill and Section and Language Control	State	Zip Code	Date (MM/DD/YYYY) \$	
Full Name of Contri				Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	

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.

rier dentrication vamoer	834376124			·
Full Name of Contributing Committee			Date (MM/DD/)	**************************************
House # Sti	reetAddress		Date [MM/DD/Y	rvvij s
City	State	Zip Code	Date (MM/DD/Y	YYYI] \$
Full Name of Contributing Committee			Date (MN/DD/Y	yyyj \$
House # Str	reet Address		/Date IMM/DD/Y	**** 5
City	State	Zip Code	Date (MM/DD/Y	yyyj \$
Full Name of Contributing Committee			Date IMM/DD/X	\$
House # Str	eet Address		Date (MM/DD/Y	yyyı 3
City	State	Zip Code	Date (MM/OD/Y	yyy <u>1</u> \$
Full Name of Contributing Committee			Date MM/DD/Y	XXX S
House # Str.	eet Address		Date (MM/DD/Y	YYYY S
City	State	Zip Code	Date (MM/DD/V)	YYYL S
Full Name of Contributing Committee			/ Date (MM/DD/Y)	53 <u>1</u>
House # Stra	eet Address		Date [MM/DD/Y)	(YY) S
City	State	Zip Code	Date (MM/DD/Y)	XXI S
Full Name of Contributing Committee			Date (MM/DD/Y)	AVI S
House # Stre	eet Address		Date (MM/DD/V)	myj \$
City	State	Zip Code	Date [MM/DD/VV	<u> </u>

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:		
Filer Identification Number		
834376124		
// 10343/0124		
		i

Full Name of Contributor			Date [MIM/DD/YYYY] \$
House # Street Address			Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
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 [NIM/DD/YYYY] \$
Employer Name			Occupation
Employer Mailing Address / Principal Place of Business		Λ.	
Full Name of Contributor			Date [MIM/DD/YYYY] \$
House # Street Address	Distantishing (1989)		Date [MIM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
	- an san san sa		
Employer Name			Occupation
Employer Name Employer Mailing Address / Principal Place of Business			
Employer Mailing Address /			
Employer Mailing Address / Principal Place of Business Full Name of Contributor House # Street Address			Occupation
Employer Mailing Address / Principal Place of Business Full Name of Contributor House # Street Address City	State	Zip Code	Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$
Employer Mailing Address / Principal Place of Business Full Name of Contributor House # Street Address	State	Zip Code	Date [MM/DD/YYYY] S Date [MM/DD/YYYY] \$

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	iber: 83	34376124				
Full Name						
House #	Street	t Address				
City		Maria Communica	State	Zip Code	Date [MM/DD/YYYY]	3
Receipt Description						,
Full Name						
House #	Street	t Address				
City			State	Zip Code	Date [MM/DD/Y/YY]	\$
Receipt Description						
Full Name						
House #	Street	Address				
City			State	Zip Code	Date [MM/DD/YYYY]	\$
Receipt Description						
Full Name						
House #	Street	Address				
City			State	Zip Code	Date [MM/DD/YYYY]	\$
Receipt Description					•	na n Mercia (1803)
Full Name					<u> </u>	
House #	Street	Address				
City			State	Zip Code	Date [MM/DD/YYY]	\$
Receipt Description			With constituting the second	Valori Victoria servicia como		
Full Name						
House #	Street	Address			···	

State

Receipt Description

Zip

Date [MM/DD/YYYY]

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: 8343761	24		
		-0.40824084084004	
1. UNITEMIZED IN-KIND CONTR	BUTIONS RECEIVED-VALUE C	JF \$50.00 C	JR LESS PER CUNTRIBUTOR
TOTAL for the reporting period	(1)	\$ (0
2. IN-KIND CONTRIBUTIONS REC	EIVEU-VALUE UF SOUUL TU	5250 UU (FF	RUM PART F)
TOTAL for the reporting period	(2)	\$	0
	3.455444.0553.45344.4544.454.454.454.454.		
3. IN-KIND CONTRIBUTION RECE	IVED-VALUE OVER \$250.00 (FROM PAR	(Q)
TOTAL for the reporting period	(3)	\$	0
		- 111	
TOTAL VALUE OF IN-KIND CONTRIBUTION PERIOD (Add and enter amount totals fire an area of them are also and area of them are area of them are area.)		nter	
on Page 1, Report Cover Page, Item F)			30

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Number:	
834376124	
F3101CFC0	

Full Name of Contrib	utor			Date [MM/DD/YYYY]	
House #	Street Address			Date [MM/DD/YYYY]	
City		State	Zip Code	Date [MM/DD/YYYY]	
Description of Contrib	oution				
Full Name of Contribu	itor			Date [MM/DD/YYYY]	
	Street Address			Date [MM/DD/YYYY] S	
City		State	Zip Code	Date [MM/DD/YYYY] 5	
Description of Contrib				·	
Full Name of Contribu	(tor	-		Date [MM/DD/Y**Y] S	
	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] S	
Description of Contrib					
Full Name of Contribu	tor			Date [MIM/DD/YYYY] S	
House #	Street Address			Date [MIW/DD/YYYY] \$	
City Description of Contrib		State.	Zip Code	Date [MM/DD/VYYY] \$	
Full Name of Contribu				Date [MM/DD/YYYY] \$	
	Street Address	·	The second of The second distances	Date [MM/DD/YYYY] S	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Description of Contrib	ution				

SCHEDULE II

Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer Identification Number: 834376124	

Full Name of Contrib	utor			Date [MM/DD/YYYY] \$
	Samuel and the same and the sam		W-788 C	
House #	Street Address			Date [MM/DD/YYYY] \$
City	100000 00 October 1000000000000000000000000000000000000	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name		PREMIUSE MAGRAM	Self-the second section of the contract of the	Occupation
Employer Mailing Ad Place of Business		The state of the s		Description of Contribution
Full Name of Contrib				Date [MM/DD/YYYY] 5
House #	Street Address			Date [MM/DD/YYYY] \$
City	Security and a security securi	State	Zíp Code	Date [MM/DD/YYYY] \$
Employer Name		Russumver	DEPUTATE DEPUTATE DE PROPERTIE AU TOTA	Occupation
Employer Mailing Ad Place of Business	dress / Principal			Description of Contribution
Full Name of Contribu				Date [MM/DD/YYYY] \$
House #	Street Address	,		Date [MM/DD/YYYY] \$
Eity		State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name				Occupation
Employer Mailing Add Place of Business				Description of Contribution
Full Name of Contribu			DLCC).	Date [MM/DD/YYYY] \$
	Street Address		2000	Date [MM/DD/YYYY] \$
City Employer Name		State	Zip Code	Date [MM/DD/YYYY] \$
Employer Nailing Add	Philipping!			Occupation
Place of Business	<u>(1858 д изглегра</u> г		·	Description of Contribution

Statement of Expenditures

Filer Identification Number: 834376124		

To Whom Paid	Arne's Place			/Date [MIV/DD/YYYY] S	47.04
House#				11/05/2019	
2605	Street Address Wa		0,565,200,000,00,00,00	Description of Expenditur	
City Erie		State PA	Zip Code 16508	Election Day lunch for poli work	ers
To Whom Paid	Domino's Pizza			Date [MM/DD/YYYY] \$ 11/05/2019	21.62
House #	Street Address			Description of Expenditure	•
	call	ll in order	vocuus sunnannimines		
City Erie		State PA	Zip Code	watch party pizza	
To Whom Paid	Giant Eagle			Date (MM/DD/YYYY) S 11/05/2019	18
House #	Street Address Inte	erchange Rd.		Description of Expenditure	
City Erie		State PA	Zip Code 16508	watch party cake	<u> </u>
To Whem Paid	WCTL	Massilana arang a	STATE OF THE STATE	Date [MM/DD/YYYY] \$ 10/25/2019	917
House #	Street Address Rou	ute 19		Description of Expenditure	
City Waterford		State PA	Zip Code	CAMPAIGN ADVERTISING	
To Whom Paid		Alabaharahan.	heliholiholdhidin	Pate [MM/DD/YYYY] S	10.0
	Teresa Deli			11/11/2019	78.32
House # 3203	Street Address Gree	eengarden		Description of Expenditure	
City Erie		State PA	Zip Code	Thank you dinner for all the tear	n's hard work
To Whom Paid	John Baker			Date [MM/DD/YYYY]	140.3
House # 535	Street Address Pelh	ham Rd.		Description of Expenditure	
City Erie	Variati in paraticulari ana ana ana ana ana ana ana ana ana an	State PA	Zip Code 16511		
To Whom Paid				Date [MM/DD/YYYY] \$	161
House#	Street Address		-	Description of Expenditure	
City .	TO STATE THE PROPERTY OF THE P	State	Zip Code		\$\text{\$\frac{1}{2}\$} \tag{1.00}
To Whom Paid	e e			Date [MM/DD/YYYY] \$	
House #	Street Address			Description of Expenditure	
City.		State	Zip Code		

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.

	 	O P
Filer Identification Number: 834376124	 	· · · · · · · · · · · · · · · · · · ·
tina dia kataman dia kaominina dia kaominina dia kaominina dia kaominina dia kaominina dia kaominina dia kaomi	 	

Name of Creditor	Outstanding Balance	of Debt
House # St	DATE DEST INCURRED \$	
Description of Debt	State Zip Code	
Name of Creditor	Outstanding Balance	of Debt
	treet Address DATE DERT INCURRED [MM/DD/YYYY]	
City Description of Debt	State Zip Code	
Name of Creditor	Dutstanding Balance	of Debt
	DATE DESTINCURRED \$ [MM/DD/YYYY]	
City Description of Debt	State Zip Code	
Name of Greditor	Outstanding Balance of	of Debt
House # Str	treet Address DATE DEBT INCURRED [MM/DD/YYYY]	
City Description of Debt	State Zip Code	
Name of Creditor		
	reet Address DATE DEBT INCURRED \$ [MM/DD/YYYY]	r pest
City Description of Debt	State Zip Code	
Name of Creditor House # Stre	Outstanding Balance o Page 1 DATE DEBT INCURRED S	fDebt
City	[MM/DD/YYYY]	
Description of Debt	State Zip Code	