Print Form

Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification 8 3- 371078	Report Filed By Candidate (Mark X)	Committee
Name of Filing Committee, Candidate or Lobbyist	The Committee to	Elect Kim Clear
Street Address	4855 Asbury	Rd
city Enc	State PA	Zip Gode 16506
Type of Report (Place x under report type)		
	4-6" Tuesday 5-2" Friday 6-30 Day 1 Pre-Election Pre-Election Election	Post 7. Annual Special 2 nd Friday Special 30 Day Pre-Election Post-Election
Date Of Election (MM/DD/YYYY) 11/5	Year Q Amendme Report	nt Termination Report
Summary of Receipts and From Date Expenditures	To Date	For Office Use Only
A. Amount Brought Forward From Last Report	9 11/25/19 \$ 825814	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$ 250.00	20
C. Total Funds Available (Sum of Lines A and B)	\$ 8508.14	2019 DEC 4 VOTER REC
D. Total Expenditures (From Schedule III)	\$ 5291.12	
E. Ending Cash Balance (Subtract Line D from Line C)	\$ 3217.22	
F. Value of In-Kind Contributions Received (From Schedule II)	\$ 12	2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -
G. Unpaid Debts and Obligations (From Schedule IV)	\$ D	
Part 1- If this is a Committee report, treasurer sign he	Affidavit Section	ero.
I swear (or affirm) that this report, including the attac	hed schedules an paper is to the best of my kno	owledge and belief true, correct and complete.
Sworn to and subscribed before me this	wealth Nicole Pennsy	m A There of
Diao Inm	vanidor P	ture of Person Submitting Deport
Signature		Printed Name
My Commission expires 07 31 202 MO. DAY YR.	Area Code lotary Publi bunty lifes July 31 ssociation o	S & Z - Y 95) Daytime Telephone Number
Part II- If this is a report of a Candidate's Authorized C	Committee Candidate shall sign here.	
		d any provisions of the Act of June 3, 1937 (P.L. 1333, NO.320) as
Sworn to and subscribed before me this	Mer S	is AM
Nam na	mmonw Ny com Nober, Pe	Signature of Candidate VIEUR
Signature	nissio 8/4	Printed Name ! 88 1-9270
My Commission expires 0 / 51 2023 MO. DAY YR.	Commonwealth of Pennsylvania - No Nicole Inan, Notary Public Erie County My commission number 129234 Member, Pennsylvania Association of N	Daytime Telephone Number
	wania er 122	
	ania - No V Publio July 31, 1129234 atton of	

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

Filer Identification Number	83-3710783	

1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor	or∳ Se ge		200 p. n. 1950 p. 1950 O 1950 p. 1950
Total for the reporting period	(1)	\$	\circ
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)		\$	250
Total for the reporting period	(2)	\$	Ô
3. Contributions Over \$250.00 (From Part C and Part D)			
Contributions Received from Political Committees (Part C)		\$	0
All Other Contributions (Part D)		\$	Ö
Total for the reporting period	(3)	\$	0
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		. w	
Total for the reporting period	(4)	\$	ANTO O
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 BI	port	\$	250

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.)

	THE B D	-2110	10)	<u> </u>	
Full Name of Co	ontributor ,	· -	. /	Date [MM/DD/YYYY] S	62
(12 az 42 letik 12 (2741 az 15.23)	Keb	ecca and	Evan Adair	10/25/19	250.00
House#	Street Address			Date [MM/DD/YYYY] ;	
63		Colleen	NC.	No.	
City	Charles and the state of the st	State	Zip Code	Date [MM/DD/YYYY]	
	N-C		16505		A
Full Name of Go	ntributor.			:Date [MM/DD/YYYY] S	
				A A	
House#	Street Address			Date [MM/DD/YYYY] S	
City	In the larger general actions	State	Zip Code	Date [MM/DD/YYYY] \$	
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Full Name of Co	ntributor	•		Date [MM/DD/YYYY] \$	
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House#	Street Address			Date [MM/DD/YYYY] \$	5.04 113 113
				### (### ### ### ### ### ### ### ### ##	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
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Full Name of Co	ntributor	Planting selection	[Author) Income that is	Date [MM/DD/YYYY] \$	
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House#	Street Address			Date [MM/DD/YYYY] \$	<u> </u>
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City		State	Zip Code	Date [MM/DD/YYYY] \$	895 A. S. B. S.
		100 To		13	12 de 1 12 de 1 1 de 1
Full Name of Co	ntributor			Date [MM/DD/YYYY] \$	
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House #	Street Address			Date [MM/DD/YYYY] \$	<u> </u>
				N.	-334. -334. -434.
rity 1		State	Zip Code	Date [MM/DD/YYYY] \$	
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Full Name of Co	ntributor	1. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.	Etimes nodul roll M	Date [MM/DD/YYYY] \$	95 16 16 16 16
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House#	Street Address			Date [MM/DD/YYYY] \$	(4) (5)
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City		State	Zip Code	Date [MM/DD/YYYY] \$	7) 3)
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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	n Number				
n jegoszárnyály, tyájtyját (18	- enveron n. env. p. 460,174				Amount
Full Name of Co Committee	intributing			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City	1.03473 97 4	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co Committee	ntributing	- · · · · · · · · · · · · · · · · · · ·	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Date [MM/DD/YYYY]	9
House #	Street Address			Date [MM/DD/YYYY]	\$
City	<u> </u>	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co Committee	ntributing	· I		Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City	<u> ; </u>	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co Committee	ntributing	· · · · · · · · · · · · · · · · · · ·			\$
House#	Street Address	, , , - m 		Date [MM/DD/YYYY]	\$
City	<u> </u>	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co	ntributing	, ·		Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code		5
Full Name of Co Committee	ntributing				\$
House #	Street Address				\$
City	1. 1.	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.

Filer Identification Number:

Full Name of				Date [MM/DD/YYYY] \$	
Contributing C	ommittee				
				第	
House# 1	Street Address			Date (MM/DD/YYYY) \$	
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City		State	Zip Code	:Date [MM/DD/XYYY] \$	
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CONTINUE C	on intree.				
House #	Street Address			Date [MM/DD/YYYY] \$	
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City	pr + 100 man 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	State	Zip Code	Date [MM/DD/YYYY] \$	
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Full Name of	*. School (BMA); t			Date [MM/DD/YYYY] \$	
Contributing Co	mmittee				
Saving the same of	Lawrence at the control			200 A	
House#	Street Address			Date [MM/DD/YYYY] \$	
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City	THE PARK OF SAME OF STATES.	State	Zip Code	Date [MM/DD/YYYY] \$	
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Full Name of				Date [MM/DD/YYYY] [\$	
Contributing Co	mmittee				
数据24000000000000000000000000000000000000	College Activities (College College Co				
·House #	Street Address			Date [MM/DD/YYYY] \$	
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Market Co.	fertile and the	Li-augus I	100 40 20 40 10 10 Sept.		
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of				Date [MM/DD/YYYY] \$	
Contributing Co	mmittee .				
24.20					
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
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Full Name of		the waterships	2444 (1987) SWR (174	Date [MM/DD/YYYY] \$	
Contributing Co	(4) (4) (4) (4) (4) (4) (4) (4) (4) (4)			Pate Inna/Septer(13): 3	
Continuoung Co	amatuee				
House#	Street Address			Date [MM/DD/YYYY] \$	
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City	post state i ourtegaractolijii (i)	State	Zip Code	Date [MM/DD/YYYY] \$	
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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/DD/YYYY] \$
House # Street Address		NA. 7 L. 10	: Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name Employer Mailing Address / Principal Place of Business			Occupation
Full Name of Contributor			Date [MM/DD/YYYY] \$
House # Street Address			Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name Employer Mailing Address / Principal Place of Business		<u> </u>	Occupation
Full Name of Contributor			Date [MM/DD/YYYY] \$
House # Street Address			Date [MM/DD/YYYY] \$
3 City (12) 1882 (13) 1882 (13)	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name Employer Mailing Address / Principal Place of Business			Occupation
Full Name of Contributor			Date [MM/DD/YYYY] \$
House # Street Address			Date [MM/DD/YYYY] \$
City	State	Zip Códe	Date [MM/DD/YYYY] \$
Employer Name Employer Mailing Address / Principal Place of Business			Occupation

PART E

Other Receipts

REFUNDS, INTEREST 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:			
Full Name:				
House#	Street Address	·		
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		1.500,000,000		. Identification
Full Name				
House#	Street Address	(
City Charter		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description			Total Control of Assessed	Lie Extra de la constante de l
Full Name		· · · · · · · · · · · · · · · · · · ·		
House#	Street Address			
City 57		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		The state of the s		
Full Name	(487.30年) (201.30年) (101.30年)			
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description	(2011) 12 5 2 13 5 5 5 5 5 5 5 5 5		[33] [387 AL]	[
Full Name				
House #	Street Address			
CITY		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description	62004 19608 19608 18608	E 98736 (Cod	17.8%体育的原则	168
Full Name				
House #	Street Address			
City	The second of th	State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description			[10.130.07] - B. [1	

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD DETAILED SUMMARY PAGE

Filer Identification Number:			
2002 49 SHAIITEAIZENÍN WAIN/CONTOL	DEITEMAIC DEMENSIA	UE OF \$50:00 OR LESS PER CONT	DISTOR
(4) 各類的信息發展的認為發展數學學工程的學科學學研究學歷歷度的發展了完全	(1)		AIDUSUA.
2. IN-KIND CONTRIBUTIONS REC	EIVED-VALUE OF \$50.0	TO \$250,00 (FROM PART F)	767 (1985)
TOTAL for the reporting period	(2)	\$	
3. IN-KIND CONTRIBUTION RECE		.00 (FROM PART-G)	
TOTAL for the reporting period	(3)	\$	
TOTAL VALUE OF IN-KIND CONTRIBUTIO PERIOD (Add and enter amount totals fr on Page 1, Report Cover Page, Item F)		'	

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

nier denuncation.					
(Full Name of Con	ributor			Date [MM/DD/YYYY]	
	Section of the sectio				· · · · · · · · · · · · · · · · · · ·
House#	Street Address			Date [MM/DD/XYXX] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	<u> </u>

Description of Cor	ntribution		Patriamase consequence of		<u> </u>
Füll Name of Cont	ributor	Seg		Date [MM/DD/YYYY] S	
House #	Street Address			Date [MM/DD/YYYY] \$	
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City		State	Zip Code	Date [MM/DD/YYYY] S	
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Description of Cor		经		<u></u>	
Full Name of Cont	ributor			Date [MM/DD/YYYY] \$	
e de la companya de National de la companya de la compa					
House:#	Street Address			Date [MM/DD/YYYY] \$	2000 2000 2000 2000 2000 2000 2000 200
City	MERCHANNEL BEIN	State	Zip Code	Date [MM/DD/YYYY] \$	
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Description of Con	tribution	Ž.			
Full Name of Conti	ributor			Date [MM/DD/YYYY] \$	4
				以	(d
House:#	Street Address			Date [MM/DD/YYYY] \$	
City	Programme were and	State	-Zip Code	Date [MM/DD/YYYY] \$	
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Description of Con	tribution		·		
Full Name of Contr	ibutor			Date [MM/DD/YYYY] \$	
House#	Street Address			Date [MM/DD/YYYY] \$	
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City	_	State	Zip Code	Date [MM/DD/YYYY] \$	
Description of Con	tribution	X206044	<u>KANDARA</u>	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<u> </u>
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SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

File: Identification Number:	
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Filer Identification Number:	
Note that the wind the College and the control of the college and the college	
■ 1.6 \$1.0 million in the control of the contro	

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Full Name of Contribute			Date [MM/DD/YYYY] \$	
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House# s			Date [MM/DD/YYYY] 5	provid
TROUSE IN	treet Address		Pate I dial Do Tillia	
				왕 일
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Name			Occupation	
Employer Mailing Addr	ess / Principal		Description	
Place of Business				
			Contribution	
Full Name of Contribute	ir.		Date [MM/DD/YYYY] \$	
	(25) [발생]			
House # S	treet Address		Date [MM/DD/YYYY] \$	
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City	State	Zip Code	Date [MM/DD/YYYY] \$	
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Employer Name		Contract of the second	Occupation	
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Employer Mailing Addre	ess / Principal		Description	
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Place of Business			Contribution	
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Statement of Expenditures

File: Identification Number:	83.	-37107	83

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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.

	Number:		
Name of Credito	THE STATE OF THE S	∰ O uts ta	anding Balance of Debt
House #	Street Address	DATE DEBT INCURRED S	
		[MM/DD/YYYY]	
City	CONT. SATURATE	State Zip Code	
Description of De	ebt	DATE TRANSPORT PROFESSION TRANSPORT	
Name of Credito	errezion	:Outsta	anding Balance of Debt
House #	Street Address	DATE DEBT INCURRED \$	o en
		[MM/DD/YYYY]	
City		State Zip Code	
Description of De	ebt 1		
Name of Credito		Outstá	anding Balance of Debt
:House#	Street Address	DATE DEBT INCURRED \$	en e
		[MM/DD/YYYY]	
Gity		State Zip	
Description of De	ebt :	Code	
Name of Credito	######################################	Outsta	anding Balance of Debt
House #	Street Address	DATE DEBT INCURRED \$ [MM/DD/YYYY]	<u> </u>
City		State Zip Code	·
Description of De	ent		
Name of Credito	2006年2月 (1987年2月 - 1987年) 日本の大阪に対	/Outsta	anding Balance of Debt
House #	Street Address	DATE DEBT INCURRED \$ [MM/DD/YYYY]	THE RESERVE THE PROPERTY OF TH
City		State Zip Code	
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Description of De	を設めて、17年3年7月 17日 - 17日		
Description of De		Outst	anding Balance of Debt
	Street Address	DATE DEBT INCURRED \$	inding Balance of Debt.
Name of Credito	Street Address		anding Balance of Debt
Name of Credito		DATE DEBT INCURRED \$	nding Balance of Debt

Statement of Expenditures

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Filer Identification Number:	-10.00	many toward a service			
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City EA	il	State DA	Zip Code	1505	Election Day	Rauts
To Whom Paid	Fox				Date MM/DD/YYY1 \$	72.50
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To Whom Paid				1	Date [MM/DD/YYYY] \$	
House #	Street Address				Description of Expenditure	a de la companya de
City	Control Addition	State	Zip Code			
To Whom Paid	M	Eco (contenta)	[金经验》等2000年(2011)		Date [MM/DD/YYYY] S	
House #	Street Address				Description of Expenditure	
City	Penning and the Control of the Contr	State	Zip Code	19		Y_SAMA
To Whom Paid					Date [MM/DD/YYYY] / \$	
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To Whom Pald				16.7 19.6 2.6	Date [MM/DD/YYYY] \$	
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To Whom Paid				Ŗ.	Date [MM/DD/YYYY] \$	
House #	Street Address	***************************************	********	13. 15.	Description of Expenditure	
City		State	Zip Code	,	The second secon	
To Whom Paid					Pate [MM/DD/YYYY] \$	
House #	Street Address			f(0))	Pescription of Expenditure	14. S 17. A 17. A 17. A
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