

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

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Filer Identification Number	8	34376124		Report I (Mark)	55 (10 M 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Ay Candida	ite		Committ	ee		X	Lobb	yist	
Name of Filing Co Lobbyist	ommittee, Ci	indidate oi	c	ommitte	e to Ele	ect Holly Bowers		-	·						
Street Address			3	703 Char	lotte S	St.									
City	Erie					State	PA		Zip Code	165	808	-			· · · · ·
Type of Report (P	lace x under	report type	≘)				100								
1-6 th Tuesday Pre-Primary	2- 2 nd Friday Pre-Primary		14-04-07-0332-14-12/20	- 6 th Tue re- Elec	1746026121212122	5- 2 nd Friday Pre- Election	6-30 Da Election	ZETT OFFICE COLUMN	7- Annua	erede Karasan	ecial 2 -Elect	nd Friday ion		ial 30 Electi	
Date Of Election			ia.	Year			Amendr					• 29/ 62/54			
(MM/DD/YYYY)		11/05		leai		2019	Report			1322670	minat oort	lon			
Summary of Rece Expenditures	ipts and	From Da	te	T) Date	g			F	or Offic	e Use	Only			
cxpenditules		06/10,	/201 9		10,	/21/2019						a COS		Signilia Signilia	
A. Amount Broug			(837)	\$		540.2									
B. Total Monetar (From Schedule I	4923-91-93-59-11-1023-46-69-20-25-25-2	ons and Rei	ceipts	\$		1,355									
C. Total Funds Av (Sum of Lines A a				\$:	1,895.2						Si	2013		
D. Total Expendit (From Schedule II	Charles and the Control of the Control			\$		720.93							9		
E, Ending Cash Ba (Subtract Line D f	22/1/23/27/23/27/2013			\$	1	l,174.27						228	S		
F. Value of In-Kin (From Schedule II	************************************	ns Receive	ed .	\$		30						JAT.	7000 Sk 1000 Sk 1000 Sk 1000 Sk		
G. Unpaid Debts : (From Schedule N		ons		\$		917			\		•	101	Browner, and a second s		
						Affidavit Sec									
Part 1- If this is a Co I swear (or affirm) th									a and Halia	f truo ee	rrast a	nd comple			
Sworn to and subscr			c accucine	ou serieur	aics On	paper, is to the		1 C		i alue, cc	лесса	na comple	ie.		
25 day of (ctobe	20_1	9				ayo	<u>W</u>	TAX	4r	.				
Adres	ne Lo	que		Commoi Al	rwealth DFIENN	h of Pennsylvania E LOGUE - Not ary	Notary Signation	initu re of	Person Sul		report				
31	gnature '	O 2A '	30 <i>3</i> 2	My's	 Commis	Erle County ssion Expires New ;	20, 2022	1	Printed Na	ame 92-5019					
My Commission exp	res <u>/VOV</u> MO.	DAY	YR.		Commi	ssion Number 128	7001 rea Code	_			Геlерh	one Numbe			
Part II- If this is a report of a Candidate's Authorized Committee, candidate shall sign here.															
I swear (or affirm) th amended.								ated any p	rovisions o	of the Ac	t of Jun	e 3, 1937 (P.L. 133	3, NO.3	320) as
Sworn to and subscr	bed before m	e this						1/		0					
25 day of (ctober	20_ / '	9	•	ı		7	belle		200	UQ1	1 /) 		
Adreena	Loque		r		10 mist	Hol of Pennsylvania -	y Bowers		ure of Can	didate			_		ļ
Siį	nature		. [RENNE	LOGUE - Notary P	ublic	Pr	inted Nam						
My Commission exp	res <u>/\////</u>		> <i>∂</i> - <i>}</i> -⁄- ′R.	My Co Co	mmissi	Erie County 812 ion Expires Nov-20 ion Number 1287	0, 2022			·3494 nytime Te	elephor	ne Number			
			L		·		··· , ·· <u>·</u>	1							

SCHEDULE I

Contributions and Receipts Detailed Summary Page

Filer Identification Number	834376124		

1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor			
Total for the reporting period (1) [\$	855
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)	,	\$	0
Total for the reporting period (2) {	\$	0
3. Contributions Over \$250.00 (From Part C and Part D)			
Contributions Received from Polítical Committees (Part C)	\$	\$	0
All Other Contributions (Part D)	5	\$	500
Total for the reporting period (3) \$	\$	500
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, Report Cover Page, Item B)		>	1,355

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 Number 834376124	· · · · · · · · · · · · · · · · · · ·		
	 		Amount
Full Name of Contributing	 	Date [MM/DD/YYYY	12.5

				Amount
Full Name of Contrib Committee	uting		Date [MM/DD/YYYY] S	
House #	Street Address		Date [MM/DD/YYYY] S	
civ is	State	Zip Code	Date [MM/DD/YYYY] S	
Full Name of Contrib Committee	iting		Date [MM/DD/YYYY] \$	
House #	Street Address		Date [MM/DD/YYYY] S	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contrib Committee			Date [MM/DD/YYYY] \$	
House #	Street Address		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contribu Committee House #			Date [MM/DD/YYYY] \$	
	Street Address		Date [MM/DD/YYYY] \$	
	State	Zip Code	Date [MM/DD/YYYY] S	
Full Name of Contribu Committee			Date [MM/DD/YYYY] \$	
House #	Street Address		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contribu 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 Identification Number: 834376124		
0343/6124		
Full Name of Contributor		Date [MM/DD/YYYY] \$
House # Street Address		Date [MM/DB/YYYY] \$
City Full Name of Contributor	State Zip Code	Date [MM/DD/YYYY] §
House # Street Address		Date [MM/DD/YYYY] \$
Gity	State Zip Code	Date [MM/DB/YYYY] S
Full Name of Contributor		Date [MM/DD/YYYY] \$
House # Street Address		Date [MM/DD/YYYY] \$
City	State Zip Code	Date [MM/DD/YYYY] \$
Full Name of Contributor		Date [MM/DD/WYYY] S
House # Street Address		Date [MM/DD/YYYY] S
City	State Zip Code	Date [MM/DD/YYYY] \$
Full Name of Contributor		Date [MM/DD/YYYY] \$
House # Street Address City		Date [MM/DD/YYYY] 5
Full Name of Contributor	State Zip Code	Date [MM/DD/YYYY] \$
House # Street Address		Date [MM/DD/YYYY] \$
	State Zip Code	Date [MM/DD/YYYY] S
		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: 834376124	
Full Name of	
Contributing Committee	Date [MM/DD/YPYY] S
House # Street Address	Date [MM/DD/YYYY] 5
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/YVYY] S
Full Name of	
Contributing Committee House # Street Address	Date [MM/DD/YYYY] 5
	Date [MM/DD/YYYY] 5
City State Zip Code	Date [MM/DD/YYYY] \$
Full Name of Contributing Committee	Date (MM/DD/YYYY) \$
House # Street Address	
City	Date [MM/DD/YYYY] \$
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	
Full Name of	Date (MM/QD/YYYY) \$
Contributing Committee	Date [MM/DD/YYYY] 5
House # Street Address	Date [MIN/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 (dentification Number:	834376124			
Full Name of Contributor	John and Barbara Baker		Date [MM/DD/YYYY] 5 09/01/2019	500
House # 535	Pelham Rd		Date [MM/DD/YYYY] \$	
City Erie	State PA	Zip Code 16511	Date [MM/DD/YYYY] \$	
Employer Name	Kingdom Financial		Occupation Principal	
Employer Mailing Address Principal Place of Business		507		
Full Name of Contributor			Date [MM/DD/YYYY] \$	
	et Address	-	Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MIM/DD/YYYY] \$	
Employer Name			Occupation	
Employer Mailing Address Principal Place of Business				
Full Name of Contributor			Date [MM/DD/YYYY] \$	
	et Address		Date [MM/DD/YYYY] \$	
City Employer Name	State	Zip Code	Date [MM/DD/YYYY] 5	
s distribution about the comm			Occupation	<u> </u>
Employer Mailing Address Principal Place of Business				
Full Name of Contributor			Date [MIM/DD/YYYY] \$	
	et Address		Date [MM/DD/YYYY] S	
City	State	Zip Code	Date [MM/DD/YYYY] \$	

Employer Mailing Address / Principal Place of Business

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 Number:	834376124				
Full Name					
House# Str	eet Address				
City	as union attendentes.	State	Žip Code	Date [MM/DD/YVYY] \$	
Receipt Description					
Full Name					
House # Str	eet Address			A STATE OF THE STA	
		State	Zip Code	Date [MM/DD/YYYY] \$	
Receipt Description				· · · · · · · · · · · · · · · · · · ·	
Full Name House # Str	Bet Address				
City		State	Zip	Date [MM/DD/YYYY] \$	_
Receipt Description			Code		
Full Name					_
	et Address				
City		State	Zip Code	Date [MM/DD/YYYY] \$	-
Receipt Description					
Full Name		• .			-
	eet Address				\neg
City - Control of the		State	Zip Code	Date [MM/DD/YYYY] \$	
Receipt Description					
Full Name					
House # \$tre	eet Address	(State)	718	Date [MM/DD/YYYY] \$	_
			Zip Code	Date [MM/DD/YYYY] S	
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: 8343	76124		
1. UNITEMIZED IN-KIND COM	STRIBUTIONS RECEIVED-VAL	UE OF \$50.00 OF	OR LESS PER CONTRIBUTOR
TOTAL for the reporting period	(1)	\$ 30	30
2. IN-KIND CONTRIBUTIONS	RECEIVED VALUE OF \$50.01	TO \$250.00 (FRO	FROM PART 6)
TOTAL for the reporting period	(2)	\$ 0	О
3. IN KIND CONTRIBUTION R	ECEIVED-VALUE OVER \$250	.00 (FROM PART	RT G)
TOTAL for the reporting period	(3)	\$	0
TOTAL VALUE OF IN-KIND CONTRIBUTION (Add and enter amount total on Page 1, Report Cover Page, Item	als from boxes 1, 2, and 3; al	so enter	30

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Variable to the first the f	
834376124	
■ 163437D174	
Aller Identification Number: 834376124	

Full Name of Contributor			Date [MM/DD/YYYY] \$
House # Street Addres	**		Date [MM/DD/YYYY] \$
House # Street Addres	.		
Gty	State	Zip Code	Date [MM/DD/YYYY] \$
Description of Contribution	Constitution of the Consti		Northern .
Full Name of Contributor			Date [MM/DD/VYVY] \$
House # Street Addres	5		Date [MIM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
Description of Contribution			
Full Name of Contributor			Date [MM/DD/YYYY] 5
House # Street Addres			Date [MW/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] S
Description of Contribution			
Full Name of Contributor			Date [MM/DB/YYYY] \$
House # Street Addres	ś		Date [MM/DD/YYYY] \$
City	State	/Ap/Code	Date [MM/DD/YYYY] \$
Description of Contribution			
Full Name of Contributor			Date [MM/DD/YYYY] 5.
House # Street Addres	ş		Date [MM/DD/YYYY] 5
City	State	Zip Code	Date [MM/DD/YYYY] \$
Description of Contribution			

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer Identification Number:			
The facilities in the faciliti			
024276124			
834376124			
Filer Identification Numbers 834376124			

Full Name of Contributor		***	Date (MM/DD/YYYY) \$
House # Street Address			Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DB/YYYY] \$
Employer Name			Occupation
Employer Mailing Address / Principal Place of Business			Description of Contribution
Full Name of Contributor			Date [MM/DD/XXYX] \$
House # Street Address			Date [MM/DD/YYYY] \$
Gity	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name			Occupation
Employer Mailing Address / Principal Place of Business			Description of Contribution
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			Occupation
Employer Mailing Address / Principal Place of Business			Description of Contribution
Full Name of Contributor			Date [MIM/DD/YYYY) \$
House # Street Address	NAME OF THE PROPERTY OF THE PR		Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [IMM/DD/YYYY] \$
Employer Name Employer Mailing Address / Principal			Occupation
Place of Business			Description of Contribution

Statement of Expenditures

Filer Identification Number: 834376124

To Whom Paid	Party Plus Ganzer			Date [MM/DD/YYYY]	F0 2
House#				09/01/2019	58.3
5046	Street Address Buf	falo Rd		Description of Expenditu	
City Erie		State PA	Zip Code 16510	rental of popcorn machine	The Principle of the Control of the
To Whom Paid	Gordon Food Services			Date [MM/DD/YYYY] . 3 08/31/2019	55.58
House # 6740	Street Address Pea	ach St.		Description of Expenditur	6
City Erie	A THE RESIDENCE OF THE PARTY OF	State PA	Zip 16509	popcorn & misc for 9/1/2019 c	ampaign event
To Whom Paid	Stephanie Lindenberge:	r	Para managaran da m	Date [MM/DD/YYYY] S 08/26/2019	73.82
House # 6176	Street Address Red	Pine Lane		Description of Expenditure	<u> </u>
City Erie		State PA	Zip Code 16506	reimb for food, printing, envelo	pes for 09/01 event
To Whom Paid	√ista Print	Selection of the Control of the Cont	Sistem shirtle acutasumps	Date [MM/DD/YYYY] S 09/18/2019	125.55
House #	Street Address ON L	LINE		Description of Expenditure	
City	THE TOTAL STREET ST	State	Zip Code	door hangers	(Heling)
45.00.00.00.00.00.00		<u> </u>	Material Company of the Company of t	i	
	Northwest Bank	**************************************	Antonio in the state of the sta	Date [MM/DD/YYYY] \$ 08/26/2019	5
House #	Northwest Bank Street Address				
House #		ch St. State	čis Code	08/26/2019 Description of Expenditure counter check fee	
House # Erie To Whom Paid		State	. in	08/26/2019 Description of Expenditure	
House # Erie To Whom Paid House #	Street Address Peac Octane Custom Design Street Address Octar	PA PA	Zip Code	08/26/2019 Description of Expenditure counter check fee Date [MM/DD/YYYY] \$	241.68
Flouse # City Erie To Whom Paid City City Erie	Street Address Peac Octane Custom Design Street Address Octar	State PA	. in	08/26/2019 Description of Expenditure counter check fee Date [MM/DD/YYYY] \$ 10/07/2019	241.68
House # Erie To Whom Paid City Erie To Whom Paid City Erie To Whom Paid	Street Address Peac Octane Custom Design Street Address Octar	PA PA necd@aol.com	Zip Code	O8/26/2019 Description of Expenditure counter check fee Date [MM/DD/YYYY] \$ 10/07/2019 Description of Expenditure	241.68
Flouse # City Erie To Whom Paid City Erie To Whom Paid Chy Erie To Whom Paid Chy Erie	Octane Custom Design Street Address octar Greative Imprint Street Address Wes	PA necd@aol.com State PA at 11th St.	Zip Code	08/26/2019 Description of Expenditure counter check fee Date [MM/DD/YYYY] \$ 10/07/2019 Description of Expenditure customer Yard Signs Date [MM/DD/YYYY] \$	241.68
House # City Erie To Whom Paid City Erie To Whom Paid City Erie To Whom Paid C House # 2670 City Erie	Octane Custom Design Street Address octar Greative Imprint Street Address Wes	PA P	Zip Code	08/26/2019 Description of Expenditure counter check fee Date [MM/DD/YYYY] \$ 10/07/2019 Description of Expenditure customer Yard Signs Date [MM/DD/YYYY] \$ 10/11/2019	241.68
House # City Erie To Whom Paid City Erie To Whom Paid City Erie To Whom Paid C House # 2670 City Erie	Octane Custom Design Street Address octar Greative Imprint Street Address Wes	PA necd@aol.com State PA. tt 11th St.	Zip Code	08/26/2019 Description of Expenditure counter check fee Date [MM/DD/YYYY] \$ 10/07/2019 Description of Expenditure customer Yard Signs Date [MM/DD/YYYY] \$ 10/11/2019 Description of Expenditure	241.68
House # City Erie To Whom Paid City Erie To Whom Paid City Erie House # 2670 City Erie To Whom Paid	Octane Custom Design Street Address octar Greative Imprint Street Address Wes	PA necd@aol.com State PA. tt 11th St.	Zip Code	O8/26/2019 Description of Expenditure counter check fee Date [MM/DD/YYYY] \$ 10/07/2019 Description of Expenditure customer Yard Signs Date [MM/DD/YYYY] \$ 10/11/2019 Description of Expenditure campaign tshirts	241.68

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.

3-1-1			9 Po
Filer Identification Number:			
834376124			
	_	•	

Name of Creditor	WCTL FM Radio			Outstanding Balance of Debt
House # Stret	et Addréss Route 19		TE DEBT INCURRED [MM/DD/YYYY] 10/24/019	S
City	Waterford	State PA	Žip Codė	917
Description of Debt	Campaign advertisement			584674
Name of Creditor				Outstanding Balance of Debt
House # Street	of Address		TE DEBT INCURRED [MM/DD/YYYY]	S
City		State	Zip Code	
Description of Debt		ancontracontración coco	entered a consideration of	percent
Name of Creditor				Outstanding Balance of Debt
House # Stree	ot Address		FE DEBT INCURRED MIM/DD/YYYY]	5
City and other some conductor of the con		State	Zip Code	
Description of Debt		ST DE TESTE DE SECTION DE LA CONTRACTION DEL CONTRACTION DE LA CON		<u> </u>
Name of Creditor				Outstanding Balance of Debt
House # Stree	t Address		E DEST INCURRED MM/DD/YYYY]	\$
City		State	Zip Code	
Description of Debt				
Name of Creditor				Outstanding Balance of Debt
House # Stree	t Address		E DEBT INCURRED MM/DD/YYYY]	\$
City		State /	Zip	
Description of Debt			Code	
Name of Creditor				Outstanding Balance of Debt
	t Address		E DEBT INCURRED	\$
		<u> </u>	MM/DD/YYYY]	
City		State	Zip Code	
Description of Debt	_ R	1980 14 C 15 16 16 16 16 16 16 16 16 16 16 16 16 16		POWERS .