Reset Form

Print Form

ati	on		Report ((Mark)	Filed By	Candid				ittee		V	Lobbyis	t T
íst	Committee, Ca	andidate or			theo	to		het	Ed	3	pres	INSL	ci
et Address				326	ther	t A	Rlu	y lin	Ra				
City	1.	ERI			State	PA	,	Zip Co	de	140	509		
Type of Report (Place x under	report type)							<u>'</u>	·			
1-6 th Tuesday Pre-Primary	2- 2 nd Friday Pre-Primary	3- 30 Day Pos Primary	t 4- 6 th Tue Pre- Elect		2 nd Friday e- Election	6- 30 D Election	-	7- Ann		Special 2' Pre-Elect	•	Special Post-Ele	
	X]						
Date Of Election (MM/DD/YYYY)		11/5	Year 201	9		Amend Report				Terminat Report	ion		
Summary of Rec Expenditures	eipts and	From Date	To	o Date					For O	ffice Use	Only	7.7.4.4	4 F 19 S
		5/02		10/3	22							1	
A. Amount Brou	ght Forward F	rom Last Repor	t \$	1019			<u>-</u> `				_	<u> </u>	·
B. Total Moneta		ns and Receipt	s \$	500							_		
From Schedule C. Total Funds A			\$								5		
Sum of Lines A a D. Total Expendi			\$	1519								3	
From Schedule	UI)			895	5.97						m	\sim	
. Ending Cash B Subtract Line D			\$	623							SS S	<i>™</i>	
. Value of In-Kir	d Contributio	ns Received	\$								27	- 180 - 180 - 180	
From Schedule I Unpaid Debts		ns	\$								JUNITY ISTRATION		
From Schedule	V)										==		
art 1- If this is a Co	mmittee repor	t, treasurer sign h	ere. If this is	a Gandida	Affidavit Se te repost, ca	ndidate sic	n here.			· · ·			
swear (or affirm) t worn to and subsc	hat this report,	including the atta	ched schedu	हु है ou bab			knowled	ge and be	lief true	, correct a	nd complet	te.	
day of	Ctobox	20 19		184		The s	~ <i>l</i>	1	_	B		- 1	1.
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SALVAS	ignature		~	of Pennsylvandez, No Erie Count	Asso—	Cive		A . Printed	· · · ·	2021	h7 M 2	_	
ly Commission exp	$\frac{L-3}{}$	-33		alth of Pennsy Fernandez, Erie Cou	ssion expi ssion num sylvania As	814	_	_	3	92-5	1577	7	
	MO.	DAY YR.		Fern	missi missi nnsyt	rea Code			Daytir	ne Telepho	ne Numbe	r	
art II- If this is a rep swear (or affirm) t	oort of a Candid	late's Authorized	Committee,	ca s d H ate	sa Esign he	re.			- 6.1				
mended.	nat to the best t	or my knowledge	and bener (i)	1 2	M den	ias not vioi	ateα any	provision	s or the	Act of Jun	e 3, 1937 (P.L. 1333, N	O.320) as
worn to and subsc	ibed before me	this _		5	≥				0		,		
day of	ctober	₂₀ 19		Seal	ಜ _	#ZDV	rand	m	BN	zezu	ash		
Sonio	e Wo	wand	ls	<u> </u> <u> </u> <u> </u>	22.2	EDWA	R Signa	ture of C	andidat	ezez	125	_ 	
Si	gnature		ට .		288 888		F	rinted Na	me	•		 .	
ly Commission exp	ires	DAY YR.	_	NA NA	Tes A	814	_	_	_3	92	557	7	
	W.O.	DAI TK.		í Pennsylvania - Notz andez, Notary Publ	crie County on expires on number	ea Code			∪aytim	e Telephon	e Number		
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				1 #≘.00	.2.212								
				wea ia F									
				Commonwealth of Pennsylvania Tonia Fernandez, Notary	My commissi Commissi Member, Pennsyl								

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

,dber				
nized Contributions and Receipts-\$50.00 or Less pe	er Contributor			
Total for ti	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)			\$	en al en
All Other Contributions (Part B)			\$	
Total for th	he reporting period	(2)	\$	
3. Contributions Over \$250.00 (From Part C and Part D)		4年度 日本 日本 日本 日本 日本 日本 日本 日本 日本 日本 日本 日本 日本	N. Alapha Tallace	
Contributions Received from Political Committees (Part C)	+ 10		\$	50000
All Other Contributions (Part D)			\$	
Total for the	e reporting period	(3)	\$	500.00
4. Other Receipts-Refunds, Interest Earned, Returned Check	ks, ETC. (From Part E	131 (4)	7	
Total for the	e reporting period	(4)	\$	(本中) · 和歌歌 (4.5 年) · · · · · · · · · · · · · · · · · ·
otal Monetary Contributions and Receipts during this report			Ś	

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

Textual 200 abote and a service of			(a) 16. (a) Pa - a - a - a - a - a - a - a - a - a	- A - 1	Amount
Full Name of Contributing Committee	LPAC		Date [MM/DD/YYYY] 09/19/2019	\$	500.00
House # 120 Street Address	LPAC	to st	Date [MM/DD/YYYY]	\$	_ ;
City En.12	State 04	Zip Code /650	/ Date [MM/DD/YYYY]	\$:
Full Name of Contributing Committee	po weet introduct	processor and action of	Date [MM/DD/YYYY]	\$	
House # Street Address			Date [MM/DD/YYYY]	s	
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/YYYY]	\$	
Full Name of Contributing Committee			Date [MM/DD/YYYY]	\$	117
House # Street Address			Date [MM/DD/YYYY]	\$	
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/YYYY]	\$.	
Full Name of Contributing Committee			Date [MM/DD/YYYY]	\$	
House # Street Address			Date [MM/DD/YYYY]	\$	
Gity .	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.)

Hileridentification Number:

Halleful (Gentalice and Gentalice)	
House # 1047 Street Address WEST 35 St.	06/16/2019 /00.
	{ Date [MIXI/DD/XYXXX] ; S
COLV ERIE State RA ZIDICOCCE 16508	Date (MIN/DD/AYYA) \$
House in 1364 Street Address West 32 st.	05/92/2019 100.
House ill 1364 Street Address West 32 St.	Pate MM/P 9/AWW] S
Cet State PA Apparent	Date[MIM/DD/AWW] S
Full-Meine of Contributor.	Bate [[VINV/BDY/YYYY] S
(filouse ## Street/Addiness	Date [[MIM/IDD/AAAA/] S .
Chry State Appoint	Dete ([XIXY/009/XXXXY] \$
Eull Veine of Contilbutor	Date [MM\DD\\\\\\\) 2
lilleuse## 'SureakA\ddress	Date [[VIIVI/IDDY/YAVAVA]] S
Gtsy Zip code	Bette [MMM@@MMM] \$
Full-Memeral Contributor	Date (MIN/ADD/ANAM): S
	IDETER INTANDEN VANAN
City State Zip Gode :	(Date(MM/DD/AAAA)) S
ાતની પ્રકાશ હો ઉગામાં ત્રિયા છે.	Date Ivin/De/AXXVII S
Flourise## Street#Additions	Dete [VIM/DD/ANYA] \$
Cty Seige Ap Gode	(Pare [MINNED/MMM]

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 dentification (Number)	·		:	
Full Venteois Contider the Committee			(Datte:[[MIV//DD/AWW/]]) Si	
House() Street/A	dülress		Date([MIM/DD/MYXY)]	
City .	State	7dp:Gode	Dete: [VIIV]/DD/AAAAA] \$	
Full Verneof Contributing Contributes	100		Date [MINNDE/AWAA] \$	
(House ## Sureat/A	duress		Deta (MINN/DDA/MANA) 5	
ŒĨţąy,	State	Zip/Gode	Dette [MIM/Jele//W/MJ] \$	
Tadil Nemeroli Contributing Committee			Pate MIM/IDD//YMYYI S	
(touse(ii Sneat/	अन्य विश्व अन्य क्षेत्र			
City	Steite	74[p.@orle	dane MIM/ ddy/MMM S	
CountyphilagCommigres			Pate (MIX/OD/XXXXI \$	
House # SheetA	(dilvass)		(Date [MM/DD/WWW]) \$	
(disy	Since	Zip(Gode	Delie MMDD/WYW] \$	
ConsilbuingCommisses			Dere [MIM/DD/MMM] S	:
Houses Treat/.			Date [VIX DDJ/W/W] \$	
Chy	នាតាម	≱p Gode	PETE [MM/DD/AMMA] \$	
ContributingCommittee			Detta (MIM/DE/MXXXX) \$	
House # Specif	viči)risks		Dette [VIVI/DD//YYYY) \$	
Glay .	Sieta	ZIp Code	Date (MM/PD/WW/)	

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:	<u> </u>			
and the second s			THE RESERVE OF THE PROPERTY OF	
Eull Name of Contributor		·	Date [MM/DD/YYYY] \$	- 47
House # Street/Addi	ress		Date [MM/,DD/,YYYY] \$	
CRY	State	Zip Gode	iDate (MM/DD/YYYY) \$5	·
Employer/Name			Occupation	
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Full Namero/Contilbutor			¡Date (MM/DD/AVXXX);	
House/# Street/Addi	ress		Date [MM/DD/YYYY] # S	
(City)	States	Zip.code	Date((MIV/DD/MY/M) S	
EmployedAtime			Occupation	
बिन्न्विक्युवर्ग्यस्ति।शिष्ट्र/रेबनेस्कडः// शिर्वातिकृति।शिष्ट्रवर्गनगर्डोवस्कड				
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Glouse## Street/Add	ress		Jeate ([VIVI/IPE//XXXXV]] S.	_
(GGy.	State	ZīþÆðde	(Date (IMM/DD/XYYAY) \$	
lamployer/Neme			Occupation	
Employer Meilling Address/ Principal Place of Business				
[Au]][Nemerol@gatialbutora	(COMPAN SCIENCE)		Date (MIY//DD/AYAYA)	
Rouse # Street Add	ress	<u> </u>	Date [MW/DD/AWW]	
Glay	State	Zip@ode	Date IMM/DD/MYYVI	
EmployerName	·		@ccupation	
FinaloyedWellfing/Address/ Patholicall@bascoffOddiness				

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.

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#15.716702				
Rd Name				
(forse/f) Sine	et/Address	Newspaperson (A)	Test Consequences	WHEN MAKENING OF TAXABLE AND
Œivy ≅		State	ZÍp Cod≘	Date(MIM/DD/MMM) \$/
Receipt Description				
enuskilluti				
Sice Sice	et Address		<u> </u>	
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	e9/441/ess		·	
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रिखलाहर विकास होती हैं।	,	[Uponition to an area of the second of the s	1 Marting and Mart	(artenny)
डामार्ग्यास्त्री ।		•		,
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CTty		Sete	7세) Gode	Date ([XIXI/JDD//YAA/J] \$
सिक्टनीयर छिन्नजनत्त्रसीकरः				
Full Name				<u> </u>
House (f) Sine	ei Attiliess		·	
(dty)		State	24(9)	(Pete (MINI/DE/MMM) \$
ाउनब्दांभर क्रिन्यबर्गाभाग्य			Code	
Asserba executivation				

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 (dentification Number:				
1. UNITEMIZĒDIN-KIND CONT	RIBUTIONS REGENEDEVA	TOTAL OF STREET	CONTRIBUTION OF THE STATE OF TH	
TOTAL for the reporting period	(1)	\$	***	
2. INKIND CONTRIBUTIONS RE	CEMED WANTE OF \$50.0	IETO(\$250,00) (FROM PARES		
TOTAL for the reporting period	(2)	\$		
3 - INHAIND GONTRIBUTION REC	TELYED-WALUE OVERSONE	D(00)(FROM/PAKRIFG))		
TOTAL for the reporting period	(3)	\$		
TOTAL VALUE OF IN-KIND CONTRIBUT PERIOD (Add and enter amount totals on Page 1, Report Cover Page, Item F)	from boxes 1, 2, and 3; a			

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

anternoentin cation numbers				
Full Name of Contributor			Date MM/DD/YYYY) \$3	
House # Street Address			Date [MIV/DD/YYYY] \$	
(Gity)	State	Žip Code	Date [MM/DD/XXYY) 5	
Description of Contribution				
Full Namerol Contributor			Date [MIM/DD/XYXY] 15	
HOUSE/#- Street/Address			Date: MM/DD/XYYY]	
CGIV	State:	Zip Gode	Date [MM/DD/M/M]	
Description of Contribution			<u></u>	
Full(lime))formal/lilif			©Date: [MIM7/DID/AXYAM] S-	
GOUSO (# Street) Address			(Date (MM/DD/AAAA) \$	
epy	State :	Zip@de	Deite [MM/Mode/Asassi] S	
Desailption of Contribution	A STATE OF THE STA			
stortellitrioD3torandMllE			Voate-(Mixindodynaang) S	
Houses(#) Street/Address	Language Control of Co	Law Strong College College	Date([VIV/ADD/AAAAA] \$	
(Giv)	State	Złp Code	Date [MW/DD/MM]	
Description of Contribution				

Addition of Contributor

Description of Contidutations

House#

City

Sirieet/Address

State

Zip Code

-Cate (MIW/OD/MW/M S

(Datte ([M]M/DD/AAAAA) S

Date [MM//DD//W///] S

SCHEDULE II

Part G

In-Kind Contributions Received

VALUE OVER \$250

IFIJeridentification Number		
The second secon		
Full Namelof Contributor		#Date[MM/DD/YYYY] \$ \$
House# Street Address		Date [MM/DD/YYYY] \$
Telty	State Zip Code	*Date:[MM/DD/YYYY] (\$)
lEmployer Names		(Occupation
Employar/Mailing/Addiress//Prindipals (Place of Business		Description of General Button S
(ltf))Nemeoj(contibutor		Pate [MM/DD/YYYM] S
House## Street Address		pate MM/dd/xxxxI
(Gity	State Zip@de	*Date:[MM//DD//XXXI) \$
Enployar/Vame		Occupation :
EmployarWelling/Addicess//मिमातवाpell PatrosoffBushicass		ंग्रिक्सवर्ग्यक्रमेश्वर व्यवसम्बद्धिमध्यक
[Full/Memaoj@ontalbutor		(Date [[MINI/DD/NAYAA]) 5%
Howse(#) Street Address		[Date [MM/DD/AYAM] S
(Giv)	State ZipGode	(Date [MM/DD/AYAY4] \$
Employer/laints		Oggreation
iamployariXhillingAddixassi/Prindpell PlaceoffBusiness		Description of Contillection
Hall Manne of Contribution		Date [MIM/DDY/YYYY]
House# Street:Address		Date [IVIM/DD/YXXXX]
City	Sera ZipiGode	Date ([XIM/ddp//Assav]) S
Fir pleyer Verore		(Osaujettion)
timployeriveiling/Address//Paindipol Place of Bushess		्रा ् ल्यामानिम्प्राचम

SCHEDULE III

Statement of Expenditures

Filer leentification Number:	
	In the control of the
TOWNOM Paid PAT DirOKLO Scholanghij	05/18/209 50 °°
House # 1049 Street Address West 35 St	Description of Expenditure
City ERIE State (A Zip 16578	
Holy Trivity	05/19/2019 55."
HÖUSE# Street Address	Description of Expenditure
Gity State: Code:	12-page from way control to the second property of the second proper
MASTERUED - Reembur	07/02/2019 384. PL
HOUSE'T 326 Street Address West Arleyla sopus	Description of Expenditure Rout/
Gity Code 1659	on beli
ENIE POSTMAISER	67-24-2019 110 10
House Street Address 3714 + Poplar	Description of Expenditure
City EXIE States PA Code 165%	
GECAC ANNA DINA	09/20/2015 100.60
Street Address 9th 4 PEACH	Description of Expenditure
Gly State Zip Godes	Tickets. From Bone
Ed Brzezinski	10/15/2019 296.6°
House 726 Street Address West Arlugh Pd	Descriptionorexpenditure
COUNTY State P4 Code 16 Sec	Resember Ly Rece to ite
To: Whom Raid!	(Date (MIN/DD/AVAAA)) S
(Housekii) Street:Address	Description of Expenditure
Gl _{iy} State Ziji Gode	
To Whom Paid !	(Daite [MMXDDXXXXXI)
House # Street Address	Description of Expenditure
Gi _v y State 7Zip Gode	,

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.

(allaeldan liile vioni vionba	
Valmeof/Gleiffor	Outstanding/Balance of Debt
	treet/Address . PiDATE DEBTINGURRED. S
(Cliy)	State Zip Gode
Description of Baby	
Vameof Gredfor	@ustandliggBallanceroftDebts
	Treede/Arthress (D/Arthress (Incompany) S (Incompany)
city)	Seite Zip (Cotte
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Name of Gedior	, Outstanding Gallance of Galia
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City	Since Zho Coole
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nofferDio-meV	OusendingBalanceoilDebt
	S) DESTRIPTION (UNIVERSE DESTRIPTION (UNIVER
City	State (Gotte
शिवयवर्गीयंग्रेशका को शिवास	
Name of Credior	Oustanding Balance of Daby
House# S	Siregis/Add/Ages (\$ GET/ADA/Ages/Ages/Ages/Ages/Ages/Ages/Ages/Age
(chy	Simile Zip Gode
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