Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification Number	83	-3284846		Report (Mark	1347 C 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Ву	Candida	ite	i i		Comm	ittee			X	Lobi	oyist	
Name of Filing Comm Lobbyist	ittee, Ca	ndidate or		сомміт	TEE TO	ELECT	JASON DE	AN			3832, 33			<u></u>	<u> </u>			
Street Address				5454 PE	PERWC	DOD CII	RCLE											
City	ERIE	aga Andri (Fr. 1850) safting	<u> </u>				State	PA		. (Zip Co	de	1650	06				
Type of Report (Place	x under r	eport type	:)													·		
1-6 th Tuesday 2-2 th Pre-Primary Pre-F	^{ld} Friday Primary	3- 30 Day Primary	143 CART 1	4- 6 th Tu Pre- Ele		1 / 25 (2000)	^d Friday Election	6-30 Electi	Day Pos on	t	7- Ann	ual	7 706 7	cial 2 Elect	^{na} Friday ion	11.75	ial 3 -Elec	0 Day tion
					1	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	\overline{X}		1			<u> </u>						
Date Of Election (MM/DD/YYYY)		11/5/20:	19	Year		1	2019	Amen Repoi	dment t				Terr Rep	minal ort	tion]
Summary of Receipts	and	From Dat	e	7. Tr.	Γο Dat∈	e in ini						For	Office	Use	Only		Y VIII.	
Expenditures		06/11/	2019		10,	/21/20	19											diğir.
A. Amount Brought Fo	orward Fi	om Last R	eport	\$		213.75	5						<i>!!</i>	f.: . N.	S	2313		atau.
B. Total Monetary Co (From Schedule I)	ntributio	ns and Rec	eipts	\$		0									 (-11)			
C. Total Funds Availat (Sum of Lines A and B	A WAY TO SEE !			\$		2 13.75										50		
D. Total Expenditures (From Schedule III)				\$		4.33							•		SS	<i>ப</i> ா — ற		\triangle
E. Ending Cash Balanc (Subtract Line D from	The state of the s			\$		209.42	2								RA	73 73		UK.
F. Value of In-Kind Co (From Schedule II)	ntributio	ns Receive	d	\$		0	Ĭ								MOLLY	#- 150		
G. Unpaid Debts and ((From Schedule IV)	Obligatio	1 5		\$		0												
							ffidavit Sec											
Part 1- If this is a Commit I swear (or affirm) that th Sworn to and subscribed 22 day of Oct	is report, i before me	ncluding the	e attach	e, if this ned sched	dules on	n paper	, is to the	pest of m	Signature	edge	erson	<u></u>	AT THE COMMENT OF THE PARTY OF			te.		
(Signatu	ıre	NOTARIA	AL SE	AL	Ĺ		<u>CH</u>	RISTOPH	ER A. ELV		Printed	Name	;					
My Commission expires_		ARGIE A Notary	Publi	C	• •		814	1			_	57246	546			_		
		EEK TWA				n	А	rea Code	!			Dayt	ime Te	elepho	one Numbe	r		
Part II- If this is a report o I swear (or affirm) that to	f a Candid	ate's Autho	rized Co	ommitte	e, candi	idate sh			iolated a	ny pi	rovision	s of th	ne Act	of Jur	ne 3, 1937 (P.L. 133	3, NC	0.320) as
amended.								٨										
Sworn to and subscribed Siday of Oculor day	vber	this		,	· .			QN DEAF	-		ure of C		ate			_		
My Commissiones e	Ala	ns/(Vania)	/No lar	y Seal	. 1		814	i ·		Pri	nted Na 8	ame 33-476	52					
Jennif	துத், lurn Erie (BAYNOLALYI County	R.	-				ea Code	_		_	Daytir	ne Tel	ephor	ne Number	_		
My commis	sion exp alssion n	ires Octob umber 134	er 10. 41887	2022			-										_	

Member, Pennsylvania Association of Notaries

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

A STATE OF THE STA		 _	_
Filer Identification Number			
83-3284846			
[26] [26] [26] [26] [26] [26] [26] [26]			
See the Berger Berger State Andrews State	 		

1.Uniternized Contributions and Receipts-\$50.00 or Less per Contributor	2.39.55	
Total for the reporting period	(1)	\$ 0
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 Political Committees (Part C)		\$ 0
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)	ŴĔ.,	
Total for the reporting period	(4)	\$ 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, Rep Cover Page, Item B)	ort	\$ 0

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 Identificatio	on Number 83-3284846	•	<u></u>		
				·	Amount
Full Name of Co	ontributing			Date [MM/DD/YYYY] \$	7 111-2 21-2
Committee				NAME OF THE PROPERTY OF THE PR	
House #	Street Address			Date [MM/DD/YYYY] \$	
			•	67500 87500 87500	
City	Pri Service - Low College	State	Zip Code	Date [MM/DD/YYYY] \$	
ALC S					
Full Name of Co Committee	intributing		Date [MM/DD/YYYY] \$		
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
: 376. 3 3.373.4	ļ				
Full Name of Co	ontributing	M. Strate et al.	La Chillanna a Passar sa	Date [MM/DD/YYYY] \$	_
Committee					
House #	Street Address			Date [MM/DD/YYYY] \$	
				77.78 H144	
City	4/3/3/3/2014/02/34	State	Zip Code	Date [MM/DD/YYYY] \$	
				(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	
Full Name of Co Committee	ntributing		No. 1	Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City	As A TomorPhy Greek	State	Zip Code	Date [MM/DD/YYYY] \$	
	J				
Full Name of Co	intributing	Affile and the		Date [MM/DD/YYYY] \$	
Committee				1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00	
House #	Street Address			Date [MM/DD/YYYY] \$	
				M(3)	
City	Conference of the Conference o	State	Zip Code	Date [MM/DD/YYYY] \$	
			- 19 (19 KH) - 18 (19 KH)	5. % 6. %	
Full Name of Co Committee	ntributing			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.)

File: Identification Number:	83-3284846			
Full Name of Contributor			Date [MM/DD/XYXY] \$	
House # Stree	eet Address		Date [MM/DD/YYYY] \$	-
Giy. 7	State	Zip Code	Date [MM/DD/YYYY] \$	
Full/Name of Contributor		1995-600 general grand grand	Pate [MM/DD/AYAY]	
House # Stree	et Address		Date [MM/DD/XXXX] \$	
Gity	State	Zip Code	Date [MM/DD/\\\)	
Full Name of Contributor	Linguistanti eges et l	Zerinostanencento de nos I	Date [MM/DD/YYYY]	
House# Stree	et: Address		Date [MM/DD/YYYY] S	-
Gity	State	/Zip/Code	Date [MM/DD/YYYY] \$	
Full Name of Contributor	SSS GERT CO.	·建工程本籍。	Date [MM/DD/\\\\\)	
House## Stree	et Address		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributor			Date [MM/DD/YYYY] L\$	
1986 1986 1987	et Address		Date [MM/DD/YYYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributor			Date [MM/DD/YYYY] \$	
	et 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.

File: Identification Number: 83	3-3284846	·		
		· · · · · · · · · · · · · · · · · · ·		
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	
	Address		Date [MM/DD/XYYY] \$	
GiY	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee			Date [MM/DD/NYYY] S	"
House # Street	Address		Date [MM/DD/xyyyy] \$	· · · · · ·
Gity	State.	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of			Date (MM/DD/YYYY) \$	
Contributing Committee	olumbana (Spp 10 pr 1			
House # Street	Address		Date (MM/DD/YYYY) (\$	
City 1	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee		Leavest Agency Parison I	Date [MM/DD/YYYY] \$	
House# Street	Address		Date [MM/DD/XYYY] 3	
City	State	Zip Code	Date (MM/DD/YYYY)	
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	
	Address	<u> </u>	Date [MM/DD/YYYY] \$	
(City)	State	Zip Code	Date [MM/DD/YYYY] \$	
FulliName of Contributing Committee	Kenyasyana	[2007年] [2007年]	Date [MM/DD/YYYY] \$	_
	#None Tresta			
Touse #	Address		Date [MM/DD/XYYY] \$	
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)

83-32848	46			
Maula Naime võis Contributora			Date (MM/DD/YYYY)	
			1. (2.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1	
House #/ Street Addre	SS		Date [MM/DD/YYYYY] \$	
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/XYYY] \$	
House # Street Addres			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 Addres	\$\$\$ \$\$		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Name			Occupation.	
Employer Mailing Address / Principal Place of Business			Control Brown Assurement	
Full Name of Contributor			Date [MM/DD/YYYY]	
House # Street Addres	S		Date [MM/DD/YYYY] S	
Gty.	State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Name		Les la provincia de la constante (de 1992)	Occupation	
Employer Mailing Address / Principal Place of Business			Laboration and Market II	

PART E

Other Receipts

Filer identification Number

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.

	83-3284846			
Full Name	i d		<u> </u>	
House # S	treet Address			
City		State	Zip Code	Date (MM/DD/YYYY) \$
Receipt Description				
Full Name		· · ·		
House # Si	treet Address			
City vertex very		State	Zip	Date [MM/DD/YYYY] \$
Receipt Description			Code	
J- J-Tull Name				
House# St	reet Address			
Gity		State	Z _I p	Date [MM/DD/YYYY] \$
B			Code	
Receipt Description				
Full Name House # St	reet Address		· · · · · · · · · · · · · · · · · · ·	
City	reet Address	State	Zip	Date [MM/DD/YYYY] \$
			Code	
Receipt Description				
Full Name		•	-	
	reet Address	State	. (2 . • (2. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4.	Date [MM/DD/YYYY]
Gty State of the state of the s			Zip Code	*Date [MM/DD/YYYY] . \$
Receipt Description		Specification of 1	Market Strate	[2892]
Full Name			- · · · · · · · · · · · · · · · · · · ·	
SURFER DE	reet Address	Is a hard to the		
City:		State	Žip Code	Date [MM/DD/YYYY] \$
Receipt Description	基	li		E-AVII

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: 83-32848	46			_
1. UNITEMIZEDIIN KIND CONTRI	NAME OF THE OWNER	National Company of the Company of t		en sansk kunden de sig film film kontra som film beske kunden film film film film film film film film
		AND E OF THE STREET	CONTRIBUTOR	
TOTAL for the reporting period	(1)	\$		
2. IN-KIND CONTRIBUTIONS REC	IVED-VALUE OF \$50;	D1*TO \$250:00 (FROM PART:	j)	
TOTAL for the reporting period	(2)	\$		
3. "IN-KIND CONTRIBUTION REGEL	VED VALUE OVER \$25	O:00 (FROM PART G)		
TOTAL for the reporting period	(3)	\$		
TOTAL VALUE OF IN-KIND CONTRIBUTIO	NS DURING THIS REPO	DRTING S		=
PERIOD (Add and enter amount totals fro on Page 1, Report Cover Page, Item F)	-			

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

	•	
法国金融的 经分类的 医分子性 电电影 化甲基甲基酚 医电影		
Filer (dentification Number: %)		
83-3284846		•
- Wall St. 18 18 18 18 18 18 18 18 18 18 18 18 18		
The state of the s		

Full Name of Contributor \$ Date [MM/DD/YYYY] \$	
HQuse'# Street:Address Date'[MM//DD/YYYY] \$	
City State Zip Code Date [MM/DD/YYYY] S	
Description of Contribution	
Date MM/DD/WWY 53	<u>.</u>
House'# Street Address Date IMM/DD/YYYY1 SS	
City State Zip Code Date [MM/DD/YYYY] 35	
Description of Contribution	<u> </u>
Full Name of Contributor.	
House# Street Address Date [MM/DD/xyyy] \$	-
City State Zip Code Date IMM/DD//YYY1 \$	
Description of Contribution	
Date (MM/DD/YYYY) S	
House # Street Address Date (MM/DD/YYYY) \$	
City State Zip Code Date [MM/DD/YYYYY] \$	
Description of Contribution	
Full Name of Contributor S. Date [MM/DD/YYYY] \$	
House # Street Address Date [MM/DD/YYYY] \$	•
City: Zip Code Date [MM/DD/YYYY] \$	
Description of Contribution	

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer identification Number (*) 83-3284846	· ·	
33-5204640	 	

Full Name of Contrib	utor.			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	**
City.	St	ate Z	Zip Code	Date [MM/DD/XXXX]	\$
Employer Name		XX67-9614	Conjugati Approvisione e anno L	Occupation	(22 2)
Employer Malling Ad Place of Business				Description of States Contribution:	
-FüllfiName-of-Contrib	itor			*Date(MW/DD/AWW)	5
House'#	Street Address	•	j	Date (MM/DD/YYYY)	\$
City	Sta	ate. Z	Zip Code	Date [MM/DD/MM)	
Employer Name		<u>38.34</u>	· 通信等的公司的企业。 	Occupation	193300
Employer Mailing Ad Place of Business	dress // Principal		Control of the Contro	Description of Contribution	
Full Name of Contrib				Date (MM/DD/YYYM)	5.
House #	Street Address			Date [MM/DD/YYYY]	
GitY	Sta #	te Z		Date [MM/DD/YYYY]	\$
Employer Name				Occupation	
Employer Mailing Add Place of Business				Description of Contribution	
Full Name of Contribu				Date [MM/DD/YYYY]	
	Street: Address			Date [MM/DD/YYYY]	
City 1 Employer Name	Star	te Zi		Date [MM/DD/YYYY]	
ZEMMIONOPRIS PRO CONTRACTOR	a State With the Committee of the commit		199	(Comment on Comment	
Employer Mailing Add	The Indiana of the	<u> </u>	in the second se	Occupation Description	

SCHEDULE III Statement of Expenditures

	 	_
Filer Identification Number; 83-3284846		

To Whom Paid	FACEBOOK			Date [MM/DD/YYYY]	\$ 4.33
House# 1601	Street Address WII	LLOW BOAD		06/24/2019 Description of Expenditure	ure.
Git		State	Zię		
		CA	Code 94025	SOCIAL MEDIA	
To Whom Paid				Date [MM/DD/YYYY]	3.4 4.4 3.4
House#	Street Address			Description of Expenditu	ire.
Giy/		State	Zip Code	,	
To Whom Paid				Date [MM/DD/YYYY]	
House #	Street Address			Description of Expenditu	re
City		State	(Zip Code		
To Whom Paid				Date [MM/DD/YYYY]	\$
House #	Street Address			Description of Expenditu	re
(Gity		State	Zip Code		
To:Whom Paid			••••••••••••••••••••••••••••••••••••••	Date (MM/DD/YYYY)	5
House#	Street Address			Description of Expenditu	e Negative
Cty		State	Zip Code		<u> </u>
To Whom Paid				Date [MM/DD/YYYY]	\$ 1
House#	Street Address			Description of Expenditu	re .
Gity		State	Zip Code		
To Whom Paid				Date [MM/DD/YYYY]	
House #	Street Address			Description of Expenditu	e
Gity-		State	Zip Code		
To Whom Paid				Date [MM/DD/YYYY]	\$
House #	Street Address	<u></u>		Description of Expenditur	e
City		State	Zip Code	V. 16.5 (All	

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.

Filer Identific	ation Number: 83-3284846	
Name of cre	editór. Střeet Address	Quistanding Balance of Debt
	STEEL AUUTESS	[MM/OD/XXYY] and the second se
City Description	of Debt (#15)	State Zip. Gode:
Name of Gre		Outstanding Balance of Debt
	Street Address	DATE DEBT: INCURRED \$
City Description of		State Zip Code
Name of Cre		Outstanding Balance of Debt
House#	Street Address	DATE DEBT INCURRED S
Gity Description o		State Zip Code
Name of Cred	ditor	Outstanding Balance of Debts
	Street Address	DATE DEBT INCURRED \$
City Description.o	if Debt	State Zip Code
Name of Cred		Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]
City Description o	f Debt*	State Zip Code
Name of Cred		Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED \$ [MM/DD/YYYY]
City Description of	f Debt	State Zip Code