Commonwealth of Pennsylvania - Campaign Finance Report

	(Note: This report mu	ist be clear an	a legible. It sno	uld be typed)	
Filer Identification Number	Report Filed (Mark X)			Committee	Lobbyist
Name of Filing Committee, Candidate Lobbyist Street Address City		05 TO REED State	ELECT	MICHAEL KE TENIE PA Zip Code 1 20	<u> </u>
	<u> </u>		PH	16304	
Type of Report (Place x under report t		,			
1-6 th Tuesday 2- 2 nd Friday 3-30 I Pre-Primary Prima	Day Post 4- 6 th Tuesday ry Pre- Election	5- 2 nd Friday Pre- Election	6- 30 Day Post Election	7- Annual Special 2 nd Frida Pre-Election	y Special 30 Day Post-Election
Date Of Election (MM/DD/YYYY)	Year 2019		Amendment Report	Termination Report	
Summary of Receipts and From Expenditures				For Office Use Only	
A. Amount Brought Forward From Las B. Total Monetary Contributions and I (From Schedule I) C. Total Funds Available (Sum of Lines A and B) D. Total Expenditures (From Schedule III) E. Ending Cash Balance (Subtract Line D from Line C) F. Value of In-Kind Contributions Recei (From Schedule II) G. Unpaid Debts and Obligations (From Schedule IV) Part 1- If this is a Committee report, treasuration was a Committee report, including Sworn to and subscribed before me this Aday of Commission expires My Commission expires MO. DAY	Receipts \$ 36 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	rie County on expires April 3, 2023 de la county on number 1288912 vania Association of Notaries en la county of Notaries	ndidate sign here. Dest of my knowledg		46
'art II- If this is a report of a Candidate's Aut swear (or affirm) that to the best of my kno mended.	horized Committee, candi	datesira i Sign hei	re. as not violated any	provisions of the Act of June 3, 1937	7 (P.L. 1333, NO.320) as
worn to and subscribed before me this 28 play of X708 R 20 play Signature My Commission expires 07 - 09 - MO. DAY		≥ 2019 <u>-</u> 2019 <u>-</u>	14	rinted Name) QGT
WO. DAT	COMMONWEALTH C NOTARIA Cheryl L. Kita,	OF PENNSYL <mark>VA</mark> AL SEAL	ea Code NIA	Daytime Telephone Number	er ·

City of Erie, Erie County
My Commission Expires July 9, 2021
MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

Filer Identification Number	·	
1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor	1 (1) 1 (1) 2 (1)	
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)	\$	250
All Other Contributions (Part B)	\$	450
Total for the reporting period (2)	\$	700
3. Contributions Over \$250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)	\$	06
All Other Contributions (Part D)	\$	<i>b₽</i>
Total for the reporting period (3)	\$	00
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		
Total for the reporting period (4)	\$	550
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)	\$	00

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.

					Amount
Full Name of Cor Committee	ntributing		193	Date [MM/DD/YYYY]	\$
	Eo	RIE FIRE	193 F16TERS 10GAL	09/01/2019	250
House #	Street Address		,	Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
10 E/	ZIE	P	<i>24</i> <i>2</i> 2 3 3 4 5 5 5 5 5 5 5 5 5		
Full Name of Cor	itributing			Date [MM/DD/YYYY]	\$
Committee				<u> </u>	
House #	Street Address			Data Sasa (DD honor)	
				Date [MM/DD/YYYY]	*\$
City of		N = 1 N N N N N N N N N			
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Con Committee	tributing			Date [MM/DD/YYYY]	\$
Committee					
House #	Street Address			Date [MM/DD/YYYY]	\$
		•			
City		Charles			346
S. Te		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Con	entle de la companya				
Committee	tributing			Date [MM/DD/YYYY]	\$
House #	Street Address	·		Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$ 1 S
1					
Full Name of Cont	ributina		egit safe a sugar		uetini.
Committee	TIDULUIG			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	*** *\$
					.
City		State	Zim Co Ja		
		State	Zip Code	Date [MM/DD/YYYY]	.\$. Bar
Full Name of Cont	ributing			Date [MM/DD/YYYY]	\$
Committee				Section in a part of the section of	. J
House #	Street Address			Date [MM/DD/YYYY]	\$27 \$3
					To Note week
City		State	Zip Code	Date [MM/DD/YYYY]	:
			zip code	Date [WINN/DD/1111]	\$
		Part Control of the C			5 M

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:

Full Name of Contributor			Date [MM/DD/YYYY] 7 35	
House # Street Address	- COLE		Date [MM/DD/YYYY] \$ 09/30/2018	
207	EAST 18	STIT	Daté [MM/ØD/YYYY] \$	-
City	State PA	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributor			/Date [MM/DD/YYYY] \$	基
M/C/	HAEL KE	5XS	10/10/2019	250
House # Street Address	49EL KE 3612 LGE	an T	Date [MM/DD/YYYY] s	が
city FP1 6	State	Zip Code /6(04	Date [MM/DD/YYYY] # \$	
Full Name of Contributor	_ / 7/	意識 / 6507_	Date [MM/DD/YYYY] \$	15 Med 19 19 19 19 19 19 19 19 19 19 19 19 19
House #				6
Street Address			Date [MM/DD/YYYY] \$	Mary Control
City 1	State	Zip Code	Date [MM/DD/YYYY] \$	The state of the s
Full Name of Contributor	The Section 1		Date [MM/DD/YYYY] \$	
House # Street Address			*Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/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	2000 C 20		Date [MM/DD/YYYY] \$	
House # Street Address				
			Date [MM/DD/YYYY] \$	
Clty	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 Committe	e			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	
City		State	Zip Code	Date [MM/DD/YYYY]	\$
	· 高級集團			。 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	
Full Name of Contributing Committe				Date [MM/DD/YYYY]	\$
	Street Address			Date [MM/DD/YYYY]	\$
City	Ace to	State	Zip Code	Date [MM/DD/YYYY]	
Full Name of Contributing Committee	14 14 14 14 14 14 14 14 14 14 14 14 14 1			Date [MM/DD/YYYY]	\$
	treet Address			Date [MM/DD/YYYY]	\$
City Full Name of		State	Zip Code	Date [MM/DD/YYYY]	
Contributing Committee				Date [MM/DD/YYYY]	\$
	treet Address			Date [MM/DD/YYYY]	\$
City Full Name of	Sec.	State	Zip Code	Date [MM/DD/YYYY]	\$
Contributing Committee	### ### ### ### ### ### #### #########			Date [MM/DD/YYYY]	\$
	treet Address			Date [MM/DD/YYYY]	\$
City .	Sept.	State	Zip Code	Date [MM/DD/YYYY]	\$ 14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Full Name of Contributing Committee				Date [MM/DD/YYYY]	S
	reet Address			Date [MM/DD/YYYY]	\$.
City	100 mg/m		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)

Full Name of Contributor Date [MM/DD/YYYY] S	Filer Identification Number:		p	ictees reported in Part C)	_
House # Street Address Date [MM/DD/YYYY] S					
House # Street Address Date [MM/DD/YYYY] \$	Full Name of Contributor			The company was some and among the analysis of the control of the	_
House # Street Address Date [MM/DD/YYYY] S City State Zip Code Date [MM/DD/YYYY] S Employer Name Occupation Employer Mailing Address / Principal Place of Business House # Street Address Date [MM/DD/YYYY] S City State Zip Code Date [MM/DD/YYYY] S Employer Name Occupation Employer Name Occupation Employer Mailing Address / Principal Place of Business		I		Date [MM/DD/YYYY] S	-
City State Zip Code Date [MM/DD/YYYY] S Employer Name Date [MM/DD/YYYY] S Date [MM/DD/YYYY] S					
City State Zip Code Date [MM/DD/YYYY] \$ Employer Mailing Address / Principal Place of Business 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 Name Occupation		のではない。 かんのともなった。		Date [MIV/DD/YYYY] 5	_
Employer Mailing Address / Principal Place of Business Full Name of Contributor Date [MM/DD/YYYY] \$ City State Zip Code Date [MM/DD/YYYY] \$ Employer Name Occupation Employer Name Occupation	City	State	7in Code	TO THE POPULATION OF THE POPUL	
Employer Mailing Address / Principal Place of Business Full Name of Contributor Date [MM/DD/YYYY] Street Address Date [MM/DD/YYYY] State Zip Code Date [MM/DD/YYYY] Employer Name Occupation Employer Mailing Address / Principal Place of Business			Appendix	Date IMM/DD/17111	
Employer Mailing Address / Principal Place of Business Full Name of Contributor House # Street Address City State Zip Code Date [MM/DD/YYYY] \$ Employer Name Occupation Employer Mailing Address / Principal Place of Business			\$6000 (Strandenier), Prema tre (a)	[15] A 10 (18) (18) A 18) A 18	
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	Employer Mailing Address /				
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	The second secon			Activities the contract of the	
City State Zip Code Date [MM/DD/YYYY] \$ Employer Name Occupation Employer Mailing Address / Principal Place of Business				*Date [MM/DD/YYYY]	_
City State Zip Code Date [MM/DD/YYYY] \$ Employer Name Occupation Employer Mailing Address / Principal Place of Business	House# Stree	† Address		The state of the s	
Employer Name Occupation Employer Mailing Address / Principal Place of Business				Pare IMIM/DD/11/11/	
Employer Name Occupation Employer Mailing Address / Principal Place of Business	City	State	Zip Code	Date IMM/DD/YYYYI	
Employer Mailing Address / Principal Place of Business					
Principal Place of Business					
2. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	Employer Mailing Address / . Principal Place of Business			品數學(新)發展(特) (新) (新) (新) (新) (新) (新) (新) (新) (新) (新	
Full Name of Contributor \$ Date [MM/DD/YYYY] \$	the second of the second secon	10000000000000000000000000000000000000		Date MM/DD/YYYYI	
To the second section of the section of the second section of the section of the second section of the section o				Marine S. Land Marine And Street A Street of the Street of	
House # Street Address Date [MM/DD/YYYY] \$	House # Street	Address		Date [MM/DD/YYYY] \$	
				The State of the Control of the Cont	
State Zip Code	City	State	Zip Code	Date [MM/DD/YYYY] S	
	Exalivat Name	(1) (2) (2) (2) (3) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4			_
Occupation				Occupation	_
Employer Mailing Address / Principal Place of Business	是一个人的时间,这个人是是一个多个人的时间,但是一个人的时间,但是一个人的时间,但是一个人的时间,但是一个人的时间,但是一个人的时间,但是一个人的时间,他们就是			agign in chinas the cooley open tid	
Full Name of Contributor	Full Name of Contributor	2016年6月2日 12-00-14-16日 A		Date [MM/DD/YYYY] \$	
House # Street Address Date IMM/DD/VVVVI & C	House # Street	Address		Date [MM/DD/YYYY] \$	
City State Zip Code Date [MM/DD/YYYY] \$	City	State		·····································	
Employer Name	Employer Name		A TOP A PORT OF THE PART OF TH		
Criployer Name Occupation Employer Mailing Address /				Occupation	_
Employer Mailing Address / Principal Place of Business	Employer Mailing Address / Principal Place of Business		-	Transaction and process and transaction and tr	_

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 Nur	nber:			
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] . \$
Receipt Description	Agentine to	多。然后面高的水子上。		
Full Name				
House #	Street Address			
City City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				T estrett
Full Name	NATION AND AND AND AND AND AND AND AND AND AN			
House #	Street Address		Marie des des des des des	
City III		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		gama suranas s	では、自然のは、自然のでは、自然のでは、自然のでは、自然のは、自然のでは、自然のいのでは、自然のでは、自然のでは、自然のでは、自然のは、自然のは、自然のは、自然のは、自然のは、自然のは、自然のは、自然の	- PSE-24
Full Name				
House #	Street Address	_ copie of Co of		
Gity Salasan		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		1	1 yes sort defined assumed	· · · · · · · · · · · · · · · · · · ·
Full Name				
House #	Street Address	Security Company	I referencess	
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		Total States on A Miles	Technic and enteresting	
Full Name				
	Street Address	Rosept control of	E CALLOR HE WAS	
City .		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				PWM

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:				
PERSONAL SERVICE AND THE PROPERTY OF THE PROPE				
L. CINITEMIZED IN-KIND CO	NTRIBUTIONS RECEIVED-VAL	UE OF \$50.00 OR LESS PER	RCONTRIBUTOR	
TOTAL for the reporting period	(1)	\$		The second secon
2 IN-KIND CONTRIBUTIONS	RECEIVED:VALUE OF \$50.01	TO \$250.00 (FROM PART	F) 10 (1)	
TOTAL for the reporting period	(2)	\$		1 Harris 1 H
3IN-KIND CONTRIBUTION P	RECEIVED-VALUE OVER \$250.	00 (FROM PART G)		
TOTAL for the reporting period	(3)	\$		region () - 4,000 f. () 3,000 y - model () - 1,1 - model () million () - 1,000 y
TOTAL VALUE OF IN-KIND CONTRIB PERIOD (Add and enter amount tota on Page 1, Report Cover Page, Item	als from boxes 1, 2, and 3; als		·	

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Piler Identification Number:				
man mile mile - vi disseanne a vi alis (本) (本) (本) (本) (本) (本) (な)(な)(な)(な)				
Full Name of Contributor			Date [MM/DD/YYYY]	\$
House # Street Address			Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contribution	100 H			
Full Name of Contributor			Date [MM/DD/YYYY]	5
House # Street Address			3	5
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contribution		The second secon		高樂 (
Full Name of Contributor			Date [MM/DD/YYYY]	\$
House # Street Address			Date [MM/DD/YYYY]	\$
City Description of Contribution	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributor			Date [MM/DD/YYYY]	\$
House# Street Address			Date [MM/DD/YYYY]	3
City Description of Contribution	State	Zip Code	Date [MM/DD/YYYY]	Significal -
	-	·		
Full Name of Contributor			Date [MM/DD/YYYY]	R A
House # Street Address			Date [MM/DD/YYYY]	
	State	Zip Code	Date [MM/DD/YYYY]	
Description of Contribution				

SCHEDULE II

Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer Identification Number:	
Full Name of Contributor	Date [MM/DD/YYYY]
House # Street Address	Date [MM/DD/YYYY] \$
City State Zip Code	Date [MM/DD/YYYY] 5
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 Employer Mailing Address / Principal	Occupation (*) Description (*)
Place of Business Full Name of Contributor	of Contribution
	*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	Occupation Description
Place of Business	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 Employer Mailing Address / Principal	Occupation Description
Place of Business	of Contribution

Statement of Expenditures

Filer Identification Number:	
CHECOLOGICA MARINESTA COLORANDO EL OL COMPANIO DE PORTO DE COMP	
在2000年10日 2010年10日 2010年10年	
TERRET CLEEPAN IN PROPERTY OF THE PROPERTY OF	I I

To Whom Paid			Date [MM/DD/YYYY] \$
House # Street Address	588		
100 (100 (100 (100 (100 (100 (100 (100			Description of Expenditure
City	State .	Zip Code	
To Whom Paid			Date [MM/DD/YYYY] \$
House# Street Addres	Š	·	Description of Expenditure
City.		·	
	State	Zip Code	
To Whom Paid			Date [MM/DD/YYYY] \$5
House # Street Address			Description of Expenditure
City?	State	Zip Code	1990 (A. 1990) (A. 190) (A. 1990) (A. 1990) (A. 1990) (A. 1990) (A. 1990) (A. 1990) (A
To Whom Paid			Date [MM/DD/YYYY] \$
House # Street Address			Description of Expenditure
City	State	Zip Code	
To Whom Paid			Date [MM/DD/YYYY] S
House # Street Address			Description of Expenditure
City	State	Zip i Code	
To Whom Paid			Date [MM/DD/YYYYY] \$
House # Street Address			Description of Expenditure
City	State	Zip Code	
To Whom Paid		· · · · · · · · · · · · · · · · · · ·	Date [MM/DD/YYYY] S
House # Street Address	Š.		Description of Expenditure
City	State	Zip Code	
To Whom Paid			Date [MM/DD/YYYY] \$
House # Street Address			Description of Expenditure
City	State	Zip Code	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

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 Identification Nur	nber:		
Name of Creditor			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$
City Description of Debt		State Zip Code	
Name of Creditor			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [16]	S
City Description of Debt.		State Zip Code	-
Name of Creditor			te our alattication, as we are visit they considering any street frequency.
House #	Street Address	DATE DEBT INCURRED	Outstanding Balance of Debt (2) (8)
City Description of Debt		State Zip Code	
Name of Creditor			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED	S.
City Description of Debt		State Zip Code	
Name of Creditor			Outstanding Balance of Debt
House#	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	S S
City Description of Debt	To a micro control of the control of	State Zip Code	
Name of Creditor			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED	5
City City	COLUMN CONTRACTOR OF THE COLUMN CO	State Zip Code	
Description of Debt		Total (1997)	(3000) I