Member, Pennsylvania Association of Notaries

Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification 83-4110386	Report Filed By Car (Mark X)	ndidate	Committee	Lobbyist
Name of Filing Committee, Candidate or Lobbyist	Committee,	To Sleet	- Showe L	260 V
Street Address			3112	100,
City ERIG	Sta		Zip Code 1650	ν. Υ
Type of Report (Place x under report type)		(A)	1000	
1. 6 th Tuesday 2. 2 nd Friday 3. 30 Day Post Pre-Primary Pre-Primary Primary	4-6 th Tuesday 5-2 nd Frid Pre-Election Pre-Elec	The last of the second second	t 7- Annual Special 2 Pre-Elect	
Date Of Election (MM/DD/YYYY)	Year	Amendment Report	Terminat Report	ion
Summary of Receipts and From Date	To Date		For Office Use	Only
Expenditures 6 11 2019	10/3/2019		and the state of t	
A. Amount Brought Forward From Last Report				
B. Total Monetary Contributions and Receipts	\$ 174912			- N
(From Schedule I) C. Total Funds Available	\$ 17(4.62	·	•	
(Sum of Lines A and B) D. Total Expenditures	\$ 1107.	· ·		
(From Schedule III) E. Ending Cash Balance	\$ 1666			
(Subtract Line D from Line C) F. Value of In-Kind Contributions Received	141.46			70 70 70 70 70 70 70 70 70 70 70 70 70 7
(From Schedule II) G. Unpaid Debts and Obligations	0.00		;	
(From Schedule IV)	\$ 0.88			
David William	Affidavi	t Section		
Part 1- If this is a Committee report, treasurer sign her I swear (or affirm) that this report, including the attack	e. If this is a Candidate (epor ned schedules on paper, is to	t, candidate sign here the best of my knowl	edge and belief true, correct ar	nd complete.
Sworn to and subscribed before me this	Notar Sublic 3, 20 8912	M	Var (
day of 1100er 20 19	ania- otary ly s April r 128	Signature	of Rerson Submitting report	
Signature	realth of Pennsulus a Fernandez, No Erie Count nmission expires nmission number	(1850as	Printed Name	<u>e</u>
My Commission expires 4-3-19	of Peu nand nand Erie (sion n	814	881-188	300
MO. DAY YR.	nmi nmi	Area Code	Daytime Telepho	ne Number
Part II- If this is a report of a Candidate's Authorized Co I swear (or affirm) that to the best of my knowledge an	mmittee, हुन्सु dida@ இ all sig d belief the political commit	n here. tee has not violated ar	ny provisions of the Act of June	e 3, 1937 (P.L. 1333, NO.320) as
amended.	Wei			
Sworn to and subscribed before me this		11		
day of 117 120 20 100	<u> </u>	5 HA W	nature of Cappidate	
Signature	1	DAHWA	Printed Name	
My Commission expires 4-3-19	•	(814)	392-01	138
MO. DAY YR.		Ārea Çode T	Daytime Telephon	≥ Number
Commonwealth of Pennsylvania - Notary Seal Tonia Fernandez, Notary Public				
My commission expires April 2, 2000				
Commission number 1288912				

SCHEDULE I

Contributions and Receipts Detailed Summary Page

Client Montification All Tables 18			
Filer Identification Number			- 0 0
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			0386

	AND THE RESERVE	Silverson v	
1:Uniternized Contributions and Receipts-\$50.00 or Less per Contributor			
Total for the reporting period	(1)	\$	1912
2. Contributions of \$50.014to \$250.00 (From Part A and Part B)			
Contributions Received from Political Committees (Part A)		\$	200.00
All Other Contributions (Part B)		\$	
Total for the reporting period	(2)	\$	
3. Contributions Over \$250.00 (From Part C and Part D)			
Contributions Received from Political Committees (Part C)		\$	
All Other Contributions (Part D)		\$	1530.00
Total for the reporting period	(3)	\$	1749.12
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC: (From Part E)			
Total for the reporting period	(4)	\$	
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)	port	\$	

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

				,	Amount
Full Name of C Committee	ontributing			Date [MM/DD/YYYY]	\$
Committee				j	To are
House #	Street Address			Date [MM/DD/YYYY]	\$
		Taran 1			
City		State	Zip Code	Date [MM/DD/YYYY]	\$
					Lagran
Full Name of C	ontributing			Date [MM/DD/YYYY]	\$
Committee					
House #	Street Address			Date [MM/DD/YYYY]	\$
				- Telegraph T Telegraph (1)	
					u G
City		State	Zip Code	Date [MM/DD/YYYY]	\$
		Ayer et			TAS. PSAS.
Full Name of Co	ontributing			Date [MM/DD/YYYY]	\$
Committee	美华总统信息				
House #	Street Address			Data TAMAN (DD /VVVV)	10.00 Page 1
nouse #	3u eet muui ess			Date [MM/DD/YYYY]	`\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co	ontributing			Date [MM/DD/YYYY]	\$
Committee				* T-\$777 *	
House #	Street Address			Date [MM/DD/YYYY]	\$
				Sate [minj 557]	
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co	ontributing			Date [MM/DD/YYYY]	\$
Committee				The first the state of the stat	
					<u> </u>
House #	Street Address		_	Date [MM/DD/YYYY]	\$
					atita
City	The Reservoir Conservoir	State	Zip Code	Date [MM/DD/YYYY]	\$
				<u> 17 5073 €111558 juli *alijakun *</u>	
Full Name of Co	antributing ()	dr. Jacob	CON Walth 1	Date [MM/DD/YYYY]	<u> </u>
Committee	[전화] [12] [12] [12] [12] [12] [12] [12] [12			* Pare Tinini Pol Civil	
House #	Street Address			Date [MM/DD/YYYY]	^
				Property of the state of the st	
					₩
City		State	Zip Code	Date [MM/DD/YYYY]	\$
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No. 2011		1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	[.·	. T. £. 1

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.)

Eler Identification Number				
Filer identification Number:		_	•	
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	<u> </u>	<u> </u>		

Full Name of Contributor.					=
5	AP+7	fies	4	07 02 7019	20000
House # Street Address		Bex	1004	Date [MIM/DD/474Y4] S	
ELIE .	State PA	Zip Code	16512	Date [MM/DD/YYYY] S	
Full Name of Contributor.				Date MM/DD/AYAA	
House# Street Address				Date (MM/DD/YYYY) (35)	
Gity	State	Zip Code		Date [MM/DD/MYYY] : \$:	
Full Name of Contributor				Date [MM/DD///////] S	
House# Street Address				Date [MM/DD/YYYY] 5	
City	State	Zip Code	-81	Date [MM/DD/YYYY] \$	
Full Name of Contributor				Date (MM/DD/MM)	
(House # Street Address				Dates[MM//DD/XXXXI]	
Gity	State	Zip Code		Date [MM/DD/YYYY] S	
Full Name of Contributor				Date [MM/DD/YY/Y/] S	
House#! Street Address			(i)	Date MM/DD/WW/ S	
Gity, A	State	Zip Code	100	Date [MM/DD/Y/Y/Y] S.	
HEUII Name of Contributor				Date [MM//DD/YYYY] \$	
House # Street Address			· · ·	Date [MM//Dp//yyyy] \$	
Giý	State.	Zip Code		Date [MM/DD//Y/A/] S	

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:

Füll Name of			SEC. SECRETARIA IN PRODUCTION SECTION	
Contributing Committee			Date [MM/DD/YYYY] 3.53	
House # Street Address	·		Date [MM/DD/YYYY] \$	
Gity	State	Zip Code	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	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee	Lotter Plantage Co. 1	[2,931-797 - 6,0700 / 299 - 1990 - 4.1	Date [MM/DD/YYYY] \$	
House # Street Address			Date [MM/DD/YYYY] \$	
City 1	State	Zip Code	Date [MM/DD/YYYY] \$	-
Full Name of Contributing Committee	[Book of the control	A Management of the Control of the C	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] \$	
City.	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	
House:# Street Address	Produced State (1981)		Date [MM/DD/YYYY] S	
Gity!	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 identification Number 83 - 411 0386

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Full Name of Contributor	Michael	A. Pel	180504 09 22/20 A	1000.00
436	tAddress WS+ 1	2014 Stra	EET 09)27/2019	23000
Gity -	State	Zip Code		\$
Employer Name	M.A.	· PETENSON		NER
Employed/Valling/Address// Rindpall/Pages of Business	436	WSt 12+4	1 Street	
Full Name of Contributor.			@Date-[MM/DD/XYYYY]	
	Address	L. Williams y	(Date [MM/DD/YYYY)]	5
(City	State	'Zip Code'	Date (MM/DD/YYYY)	5
Employer Name			Occupation	
Employer Weiling Address:/ Principal Place of Business				
Fulf Name of Contributor.			Pate [MIN]/DD/YYYY]	
	Address		Date [MM/BD/YYYY]	
(Gity)	State	Zip Code.	Date [MIV/DD/YYYY]	
Employer Name Employer Mailing Address // "			Occupation	
Principal Place of Business				
Full Name of Contributor			Date [MIM/DD/YYYY)	
	Address		Pate [MM/DD/YYYY] \$	
Gity.	State	Zip/Code	Date [MM/DD/XYXX]	
Employer Name			Occupation	
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.

Gleridentification Number

eny Receipt Description	etAddress	State	Zode	Pate I MM/DD/AAAA1
FulliName House## Stre City Recapts Description	et-Address	State	Zip Code	.Pate/IMM//PP/AXXXI
House is Streetily Give Recaip: Description	et Address E	State	ZID Gode	Date [MM/DD/YYYY]
feltry Receipts Description	et Address	State	Zip Gode	:Date MM/Db/WWM \$
Gity Receipt Description	etAddress	eState.	ZIP Gode	TDate (MM/DD/YYYY)
House## Stre	et Address	State	Zip Gode #4	Date (MM/DD/YYYY)

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

Bler identification Number:				
L UNTEMIZED NEKINDGONT	RIBUTIONS RECEIVED: VA	EUE OF \$50,00 OR LESS	RERICONTRIBUTOR	
TOTAL for the reporting period	(1)	\$		
2. IN KIND CONTRIBUTIONS RE	GEIVEDAVALUE OES5010	1/(ro.\$250:00:(FROME/	ARINE) Set Set Set Set Set Set Set Set	
TOTAL for the reporting period	(2)	\$		
:: IN-KIND GONTRIBUTION:REG	e v edavalue over \$256	DOO'(FROM(PART G)		
TOTAL for the reporting period	(3)	\$		
TOTAL VALUE OF IN-KIND CONTRIBUTI PERIOD (Add and enter amount totals on Page 1, Report Cover Page, Item F)		1 ' 1		

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

File (dentification Number)				
Full Name of Contributor			@Date [MM//DD//WWM]	
House # Street Address			(Date [MM/DD/YYYY)]	3 \$
Gity	State	Zip Gode	Date [MM/DD//Y/Y/] 2	\$
Description of Contribution				
Full Name of Contributor	<u></u>		Datel[MM/JDD/AVAV]]	35
House# Street Address			-Date [MM/DD/YXYY]	
(Gity)	State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contribution				
efull Name of Contributor			Plate [MM/Jdd/MAM]	
House #. Street Address			Date [MM/DD/XXXX]	
Gity Description of Contribution	State	Zip Code	Date (MM/DD/XYYY)	
Full Name of Contributor			Spate (MIXI/DD/XYXX)	
House# Street'Address	传统: ** 4年·1946	(SALVER REPUBLISAS HECT		
Gity Description of Contribution	State	Zip Code	Date MW/DD/YYYY/L	5 2
		·		
Full Name of Contributor				15
House# Street Address	ISSET HARMONIUS AF	I Distribil McMarket	N N	\$
City Description of Contribution	State	Zip:Gode	Pate [MM/Db/xyxy]	\$
The state of the s	76 24			

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

galer den meadon y dibers	· · · · · · · · · · · · · · · · · · ·			<u></u>
Full Name of Contributor		张·李克	Date [MM/DD/AYAY) S	
House # Street-Address		3	Date [MM/DD/YYYY] S	
Gity	State Zip Code		Date [MM/DD/YYYY] \$	
Employer Name			Occupation	
Employer Mailing Address / Principal 2 Place of Business			Description of Contribution	
FallkName:of/Contributors	<u> </u>		Date [MM/DD/YYYY]	
House #: Street Address	. '		Date [MM/DD/YYYY)	
Gity.	State Zip Gode		Date/[MM/DD/YYYY]	
Employer Name: Employer Mailing Address / Principal			Occupation Descriptions	
Place of Business			of Contribution	
Full Name of Contributor.			Date [MM/DD/YYYY] \$	AND THE PROPERTY OF THE PROPER
THouse:#: Street:/Address			Date [MM/DD/YYYY] S	TOTAL PROPERTY TOTAL
Gity	State Zip Code.		Date [MM/DD/YYYY] S	in the second se
Employer Name			Occupation	
Employer Mailing Address://Principal Place of Business			Description of Contribution	
Full Name of Contributor		990	Date [MM/DD/YYYY]	- Villey Market
Hause#. Street Address			Date [MM/DD/YYYY] \$	
Gty.	State Zip Gode		Date [MM/DD/YYYY] S	ACCOUNTS AND ACCOU
Employer Name Employer Mailing Address / Principal			Occupation Description	
Place of Business		£.	ot of Contribution	

SCHEDULE III

Statement of Expenditures

Filer Identification Number 83 - 4)10386

Con Managaring (Managaring and Amagaring and	PPT THE REPORT OF THE PROPERTY
Signs 365	Date [MM/DD/YYM] 5 11465
House# 51245 street Add ess FilomENED	Description of Expenditure
Shelby Tool State MI coode: 48315	
DES PATIS SIGNS GRAPHICS	865,83
House# 540 Street Address WS+ 18TH STREET	Description of Expenditure
City Early State /A Zip 16504	
TOWNOMPAID DESAUTIS SIGN GRAPHICS	10/04/2019 453.68
House # 540 Street Address WS1 18+4 Street	Description of Expenditure
City Eng State PA Code 16504	ACTION OF THE PROPERTY OF THE
TOWNOM Paid VALU HOME CENTER	10 06 2019 1376
House # 255 Street Address ESL 38+4 Stake	Description of Expenditure
State PA Gode 16504	
HOBBY COBBY	Date [MM/DD/YYYY] \$2 2 11
House # 1900 Street Address KEY Store Drive	Description of Expenditure
City ERIE State PA Code 16509	
TOWNOW Paid BRANDON BISSELL	Date MM/DD/YYY1 \$ 93.80
House # 3912 Street Address Stanley Que	Description of Expenditure
City Ears State PA Code 16504	
TOWNOM Paid WAL MART	Date MM/DD/YYYYI \$ 5440
House # 2711 Street Address ELM 54	*Description of Expenditure.
Gity GRIE State PA ZIP 16504	
Hobby Cobby	Date: [MM/DD/WW] \$ 24.33
House # 1900 Street Address KEY Stert Drive	Description of Expenditure
City ELIF State PA Code 16509	

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.

Fileride	ntification Number							
	of Greditor						oding Balance	of Debt
House #	Stre	eet Address			DEBILINGURRED IM/DB/YYYYY])	<u>Emiliano</u>	M
.Gity.			State	(Sittle Steam)	Zip ==== Code ====================================			
	itionofDebt		- Michigan)		
Name o # House #	of Greditor. Stre	est Address			DEB): INCURRED		iding Balance (of Debt
rejty.				[M]	M/DD/yyyyy]			
	ition of Debte - 💷		State "		Zip (Gode) 4			<u> </u>
	fr@reditor	Control of the contro		 	;	Autoran	ding Balance o	~~~~ <u>~~~</u>
House #		et/Address	**************************************		DEBT (NGURRED M/DD/WWY)		ling Balance	Stiveou
Cify		1	State					
361	tion of Debt	The state of the s	State		Zip Code		· · · · · · · · · · · · · · · · · · ·	
100	receditor			,			ding Balance o	of Debt-
House#	Sfree	eet Address			DEBT/INGURRED M/DD//W/Y/J	\$ 5.	St. Cof walls that o reasons	TAK Believe
City			State		Zip. 8 1			:
	ion of Debt		MESSERVEN CO.			Participants	-	·
Name of House#	Creditor Stree	et Address	Service Control of the Control of th		DEBT INGURRED		ding Balance o	of Debt
				[MN	M/DD/YYYY]			
City Descripti	lon of Debt		State	- Z	lip Sode			
	Marcalitor					Gutstand	ling Balance o	CONKE
House#		et Address :			EBT INCURRED		ing param	T.Debt
Gity.			State					
	ion of Debt.		Dlace	G	ip ode	(2) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1		