

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

Filer identification Number	(11000.1	Report Filed I			Committee	·	Lobbyist
Name of Filing Committee, C Lobbyist	andidate or	(Mark X)	ISA L	1F.UF	A	Action Control	
Street Address		53	6,5 (1	UN COF	n Ro	41	
City	TRIE		State	PA	Zip Code	165	70
Type of Report (Place x under	report type)			7 7 1	18862 days 8 7 m		
1-6 th Tuesday 2- 2 nd Friday Pre-Primary Pre-Primary	y 3- 30 Day Post Primary	t 4-6 th Tuesday Pre-Election	5- 2 nd Friday Pre- Election	6- 30 Day Pe Election	ost 7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
Date Of Election (MM/DD/YYYY)	11/4/201	Year 19	2019	Amendmen Report		Termination Report	
Summary of Receipts and Expenditures	From Date	70 Date	21/19		For	Office Use Only	
A. Amount Brought Forward B. Total Monetary Contribution (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)		\$ 52 \$ 46 \$ 48	400.00 275.00 975.00 275.00			VOTER REGISTRA	CT 22 P
F. Value of In-Kind Contribution (From Schedule II) G. Unpaid Debts and Obligation (From Schedule IV)			SOU, OU			RATION	<u>က</u> ထ
Part 1- If this is a Committee repo	rt, treasurer sign he	ere. If this is a Can	ididate re port, ca	ındidate sign he	re.		
Signature My Commission expires MO.	ne this 20 19 20 Mound 3-23 DAY YR.	h of Pennsylvania - Notary S	Erie County ssion expires April 3, 2023 ssion number 1288912 isylvania Association of Notar	Signalu Lync 814 rea Code	yre of Person Subm Printed Name	Meyer itting report eyer	<u> </u>
Part II- If this is a report of a Candi I swear (or affirm) that to the best	of my knowledge a	Committee, ट्रक्कास्य and belief this ब्रुट्स	datesh细 陽n he tical promittee h	re. nas not violated	any provisions of the	he Act of June 3, 1937	(P.L. 1333, NO.320) as
I swear (or affirm) that to the best amended. Sworn to and subscribed before m	e this	Commo	Myc				
day of Signature	20	-].	. —	S	Signature of Candid Printed Name	ate	
My Commission expires MO.	DAY YR.	-	Ar	rea Code	Dayti	me Telephone Number	 r

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

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Filer Identification Number		
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A STATE OF A STATE OF THE SHOP OF THE STATE		

1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor	
Total for the reporting period (1)	\$ 2485.00
2. Contributions of \$50,01 to \$250.00 (From Part A and Part B)	
Contributions Received from Political Committees (Part A)	\$ 250.00
All Other Contributions (Part B)	\$ 1540,00
Total for the reporting period (2)	\$ 1790.00
3. Contributions Over \$250.00 (From Part C and Part D)	
Contributions Received from Political Committees (Part C)	\$ -0-
All Other Contributions (Part D)	\$ 1150,00
Total for the reporting period (3)	\$ 1100,00
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, Report Cover Page, Item B)	\$

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.

Fileulaentification Number			negative name of the second
eault Name of a contributions of		Amoun	t
Gommittee .	FRIENDS OF HYL) 00
House# 3893 Street/A			
Full Name of Contributing	State PA Zipicode	/65/0 Pate (MM/00//44/4)	
Gommittee		*Paré [M/M//DD/XYAYA)	
House # Street A	d diress/	Date MM/DD/AAAA).	
(Giv)	State ZaptGode	Date [MM/DD/AX/A1] \$ 150	
Full Name of Contributing Committee		#Pate/fMIV//DD/XYXXY)	
House# Street Ad	diess	#Date#IMM/IDD//YYYY/I	
Gity-	State Zip Code //	@Date/I_M/W//DID/YYYYY] \$3	
kull Name of Contributing Committee		Date MIN/DD/AYYYI	
NHouse## Street Add	dress	Pate WIM//DD/AAYYY	
City 2	State Zipicode	Date MM/MDD/YYYW/	ESPECTAL ALIGNMENT
Full Name of Contributing Committee		Date [MIV/DD/AYAYY]	
Hi⊚use\# . Street:Add	lfe8s	Pate [WM/DD/WWY] (S)	
Gity	States aZip/Gode	Date M.M./DD//MAN/B	o. Zew 22.53 II monte
Full Name of Contributing Committee		Date (WIM/DD/XYYY) S	
House## StreetsAdd		Date IMW/DD/MYMI	
Sity.	State Zip:Gode	Date [MIM/DD/AYYY)]	

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.)

Hier Identification Number;		
Full Name of Contributor	Date [MM/DD/YYYY] S	
DAVID DENNISON	05/20/2015	100. –
House # 3017 Street Address W. 3472 ST.	Date [MM/DD/TYYY] \$	
City Eme State PA Zip Code 16506	Date [MM/DD/YYYY] \$	
Full Name of Contributor	Date [MM/DD/YYYY] \$	
House # Street Address	09/20/2019	200. —
225 FOREST DAVE	Date [MM/DD/YYYY] S	
City Gue State PA Zip.Code 16505	Date [MM/DD/YYYY] \$	
Full Name of Contributor SHEMM HEASURY	Date [MM/DD/YYYY] 5	100. —
House # 3263 Street Address SEPUT STREET	Date (MM/DD/YYYY) \$	
City Euc State PA Zip Code 16570	Date [MM/DD/YYYY] \$	
Full Name of Contributor MARY WIEN	09/22/20/5	100
House # 7768 Street Address CAST DUE	Date MMM/DD/YYYY] \$,

Zip Code

Zip Code

Zip Code

16511

6570

16510

Date [MM/DD/YYYY]

Date [MM/DD/YYYY]

Date [MM/DD/YYYY]

Date [MM/DD/YYYY]

Date MM/DD/YYYY

Date [MM/DD/YYYY]

Date [MM/DD/YYYY] \$

100.

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City

House #

City

House #

City

Full Name of Contributor

Full Name of Contributor

Street Address

Street Address

State

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:		
THE RESERVE OF THE PARTY OF THE		

Full Name of Contributor CHLISTINE HODVER	Date [MM/DD/YYYY] 5	100
House # 3553 Street Address LEPMCHAWN CANE	600000	
City GUE State PA Zip Code 16570	C393511.0	
Full Name of Contributor PATMIL WOLL	Date [MM/DD/YYYY] \$	75,00
House # DOSK Street Address TIMBERGATE	Date [MM/DD/YYYY] \$	
City HANBULGUES PA Zip Code / (048)	Date [MM/DD/YYYY] \$	
Full Name of Contributor. B JEAN AMES	Date [MM/DD/YYYY] \$	150
House # 3844 Street Address HAMUTON KOAN	Date [MM/DD/YYYY] \$	
State PA Zip Code /(670)	Date [MM/DD/YYYY] \$	
Full Name of Contributor	Date [MM/DD/YMY] \$	100
Full Name of Contributor PATRICIA GRAFF House # Street Address WINTERBURY CALE	Date [MM/DD/YYYY] S Date [MM/DD/YYYY] S	100
Full Name of Contributor PATRICIA GRAFF House # Street Address WINTERBRY CALE City Euc State PA Zip Code / 16570	Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$	100. —
Full Name of Contributor PATUCA GRAFF House # Street Address WINTERBULY CAVE State PA Zip Code / 16570 Full Name of Contributor SOMS CAPOLIA	O9/21/2019 Date [MM/DD/MYY] \$	100
Full Name of Contributor PATRICIA GRAFF House # Street Address WINTERBRY CALE City State PA Zip Code? 16570 Full Name of Contributor	Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$	
Full Name of Contributor PATRICA GRAFF House # Street Address State PA Zip Code / 16570 Full Name of Contributor Street Address House # Street Address City Graff Street Address Street Address Street Address Street Address State PA Zip Code / 16511	Date [MM/DD/YYYY] \$	
Full Name of Contributor PATRICA GRAFF House # Street Address Street Address State PA Zip Code / 16570 Full Name of Contributor Street Address GRAF LANE ROAD City Gue State PA Zip Code / 16571 Full Name of Contributor State PA Zip Code / 16571 Full Name of Contributor BMAN MEGER	Date [MM/DD/YYYY] \$	
Full Name of Contributor PATRICIA GRAFF House # Street Address Street Address State PA Zip Code / 16570 Full Name of Contributor Street Address GRAF LAME ROAD City GMC Street Address Street Address Street Address Street Address Full Name of Contributor	Date [MM/DD/YYYY] \$	100. —

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:

				inis metrolal	
Full Name of Contributor	et Address KNIA	SIPLACIDA	Date: MM/DD/YYYY	5	100.
House # 4324 Stre	et Address KN Pi	EL AVE	Date (MM/dD/YYYY)	j' s	
CHE CALE	State	1 PARIDAGOGENSAN	Date [MM/DD/YYYY	\$	
Full Name of Contributor	X-ANU	4 HEASI	Date [MM/DD/YYYYY	\$ \(\s\rangle\)	100.—
House # Stre	et Address (107)	EL STA	Date [MM/DD/YYYY	, \$	100.—
Cley Fau	= State Q	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributor			Date [MM/DD/YYYY	\$	
House# Stre	et Address		Date [MM/DD/YYYY)	\$	
City	State	Zíp Code	Date [MM/DD/YXYY)	S	4-35-4-974 m
				76	· · · · · · · · · · · · · · · · · · ·
Full Name of Contributor			Date [MM/DD/XXXX]	\$	
House # Stre	et Address	w:	Date [MM/DD/YYYY]	Ş	
City	State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributor			Spate [MM/db/4444)	\$	
House # Stree	et Address		Date [MM/DD/YYYY]	\$	
Gity	State	Zip Gode	Date [MM/DD/YYYY]	S	,
Full Name of Contributor	<u> </u>	- PASSESSESSESSESSESSESSESSESSESSESSESSESSE	Date [MM/DD/YYYY]	\$	104.
House # Stree	et Address		Date [MM/DD/YYYY]	Š.	
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 identification Number:			•		
Full Name of Contributor	MARIENE	6 ED ME	Date IMM/DE	1207 S	700
100000	MARIENE Address SAND		Date MM/DD	/mm] \$	
City GUE Employer Name	State P	Zip Code	Date [MM/DD		
Employer Mailing Address /		NA	·	RETILE	3
Principal Place of Business Full Name of Contributor		NIA	Date [MM/DD	/YYYYI	
		ROTH	09/201	Durg	400
House # S735 Street;	Address	CAKE K	20AA Date [MM/00	/mmj \$	
City Educ	State P	7 Zip Code	/657/ Date [MM/DD	/ <u>/</u> //////////////////////////////////	
Employer Name Employer Mailing Address /	ROT	H UC	Occupation	ARICHI	TEN
Principal Place of Business	573	5 FAST	CALE ROAD	the f	A/651
Full Name of Contributor			Date (MM/DD	/ <u>/////</u> \$	
House # Street /	Address		Date [MM/DD	/mmj \$	
City	State	Zip Code	Date (MM/DD	(MYYY) S	
Employer Name Employer Mailing Address /			Occupation		
Principal Place of Business					
Full Name of Contributor			Date [MM/DD)	<u>/mmr]</u>	
House # Street A	ddress		Date (MM/DD)	(YYYYY) \$	8.1. 6.
City	State	Zip Code	Date [MM/DD/	<u>'YYYY1</u> 5	
Employer Name	The second		Occupation	1203063	
Employer Mailing Address / Principal Place of Business		,, , , , , , , , , , , , , , , , , , ,	108578287979553		

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:				
1. UNITEMIZED NEKIND CON	TRIBUTIONS REGENERAVAL	lieioessonoorriesseded	CONTRIBUTOR	S.
			END 00	
06/11/2	019-(1)10/21/	2019	800.00	
2. IN-KIND CONTRIBUTIONS:		12.44°		
TOTAL for the reporting period	(2)	\$	· · · · · · · · · · · · · · · · · · ·	
3: IN-KIND CONTRIBUTION RE	CEIVED-VALUE OVER \$250.	00 (FROM PART G)		
TOTAL for the reporting period	(3)	\$		
TOTAL VALUE OF IN-KIND CONTRIBU		· '		
PERIOD (Add and enter amount total on Page 1, Report Cover Page, Item F		so enter	800.00	

SCHEDULE III

Statement of Expenditures

A COLUMN TO THE REPORT OF THE PROPERTY OF THE	
Filer Identification Number:	

	To the control of the	
Churs Enthabery	Date [MM/DD/¥YYY] \$	678.40
REAL REAL REAL REAL REAL REAL REAL REAL	Description of Expenditure	W/U.
PSI BULLARO MOAD		
City Euc State PA Zip. 1650	CAR DE	CALS
To Whom Paid	Date [MM/DD/YYYY] 5	80550
Churis Emphosery	Déscription of Expenditure	SW
House # 4751 Street Address BUFFARO MAD	Description of envelopment	
City EME State PA Zip 16570		13
DESANTS SENS ! GRAPHIES	Date [MM/OD/VXYY] \$	237.44
House # S40 Street Address WEST 18th STREET	Description of Expenditure	
City Crue State PA Zip / Code / CSZ)	- YAUS	
To Whom Paig	Date [MIV/IDD/YYYY] \$	
COWES HOME CENTERS	08/19/28/9	49. 32
House # 1930 Street Address KEYSTONE MUE \$	Description of Expenditure	i gir ettere en
City Ent State PA Tip Gode 16509	Chuser Fr	R SIGNS
1/1/1/2016 1/201		
To Whom Paid CMOI E	Date [MM/OD/yYYY] 5	
STAPLES House # 1		160.03
House # 19th Street Address KEYSTONE DAVE	Date [MM/OD/YYYY] \$	
House # 19th Street Address KEYSTONE MUE City FACE State PA Code 16509	Date [MM/OD/YYYY] \$	160.03
House # 19th Street Address KEYSTONE MUE	Date [MM/DD/YYYY] \$ OSCIPTION OF Expenditure PUTIN Date [MM/DD/YYYY] \$	160.03
Fowher Paid Street Address KEYSTONE MUE Street Address KEYSTONE MUE State PA Gode / 6509 To Whom Paid / 100	Date [MM/DD/YYYY] \$ OSCIPTION OF Expenditure PUTIN Date [MM/DD/YYYY] \$	160.03
House # Street Address KEYSTONE MUE Gity State PA Code / 6509 To:Whom Paid WALLANT	Date [MM/DD/YYYY] \$ Description of Expenditure PLITIN Date [MM/DD/YYYY] \$ OS JOS Description of Expenditure	160.03 6 21.55
House # Street Address KEYSTONE MUE Gity FAC State PA Code 16509 To:Whom Paid UACUAT House # 711 Street Address CAN STACT Gity Gode 16504 To:Whom Paid Code 16504	Date [MM/DD/YYYY] \$ OSCIPTION OF Expenditure PUNTIN Date [MM/DD/YYYY] \$ OS OS 2005	160.03 6 21.55
Flouse # Gla Street Address K GASTONE MUE City FAC State PA Code / 6509 To:Whom Paid WALLANT House # J11 Street Address CAM STAGET Gify Gode / 6504 To:Whom Paid Street Address CAM STAGET House # J11 Street Address CAM STAGET Gify Gode / 6504 To:Whom Paid Street Address CAM STAGET House # J04 Street Address CAM TO CODE / 6504	Date [MM/DD/YYYY] \$ Description of Expenditure PLITIN Date [MM/DD/YYYY] \$ OS JOS Description of Expenditure	160.03 6 21.55
House # Gity Street Address HUSTONE DANK Gity FAC State PA Code / 6509 To:Whom Paid WALLAT House # JII Street Address CAL STAGT Gity GAC State PA Code / 6504 To:Whom Paid Street Address CAL STAGT Gity GAC State PA Code / 6504 Boilse # 1840 Street Address CAL TAC Gity State State On Stage	Date [MM/DD/YYY] \$ OSCIPTION OF Expenditure PLINTIN Date [MM/DD/YYYY] \$ OSCIPTION OF Expenditure Date [MM/DD/YYYY] \$ OSCIPTION OF Expenditure	160.03 6 21.55 5 42.08
Flouse # 19th Street Address KEYSTONE MUE Gity FAC State PA Zip Gode 16509 House # 2711 Street Address CAM STACET Gify CAE State PA Zip Gode 16509 To Whom Paid Street Address CAM STACET Gify Gode 16509 To Whom Paid Street Address FA Zip Gode 16509 To Whom Paid Street Address FAT 107 STACET City CAC State PA Zip Code 16511	Date [MM/DD/YYY] \$ Description of Expenditure PUTIN Date [MM/DD/YYYY] \$ Description of Expenditure UVEO PC Date [MM/DD/YYYY] \$ Description of Expenditure	160.03 6 21.55 5 42.08
House # Glib Street Address KEYSTONE MUE City FACE State PA Zip Code / 6509 To:Whom Paid WALLAT House # JII Street Address City FACE State PA Zip Code / 6509 To:Whom Paid Street Address City FACE State PA Zip Code / 6504 House # 1840 Street Address City FACE State PA Zip Code / 6504 City FACE State PA Zip Code / 651/ City FACE State PA Code / 651/ City FACE State PA Zip Code	Date [MM/DD/YYY] \$ OSCIPTION OF Expenditure PLINTIN Date [MM/DD/YYYY] \$ OSCIPTION OF Expenditure Date [MM/DD/YYYY] \$ OSCIPTION OF Expenditure	160.03 6 21.55 5 42.08
Flouse # Grant Address KEYSTONE DAVE Gity FACE State PA Zip Code / LSCY To Whom Paid LAGress CAM STAGET Gity GACE State PA Zip Code / LSCY Flouse # J711 Street Address CAM STAGET Gity GACE State PA Zip Code / LSCY House # 1840 Street Address CAM TAGET City GACE State PA Zip Code / LSCY City GACE State PA Zip Code / LSCY Local State PA Code / LSCY Local S	Date [MM/DD/YYY] \$ Description of Expenditure PUTIN Date [MM/DD/YYYY] \$ Description of Expenditure UVEO PC Date [MM/DD/YYYY] \$ Description of Expenditure	160.03 6 21.55 5 42.08

SCHEDULE III

Statement of Expenditures

Filer identificat			

To Whom Pald USPS	Date [N/M/DD/MYYY] S / US. TO
House # 1/08 Street Address E. 38Th STREET	Description of Expenditure
City EME State PA Zip Code 165/5	POSTALE
TO WHOM PAID HOME DEPUT	Date [MM/DD/YYYY] \$ 8.24
House # D45 Street Address PEACH STUET	Description of Expenditure
City Elve State PA Zip 16509	SUPPLIES
TO Whom Faid OIANT EAGLE	09/11/2019 165.00
Gity State DO Zip	Destription of Expenditure
To Whom Paid 1670	POSTAGE
usps usps	09/12/19 33.00
House # 2108 Street Address CAST 38th STAUTT	Description of Expenditure
To Whom Paid Code / 655	POSTAGE DATE (MM/DD/M/M) S COCK
Ams Clas	09/20/2019 59:54
City Full Street Address PEACH STREET	Description of Expenditure
towns Part P/T Gode /609	COOKIES- FULDRANSER
HARBOL VIEW CRUL	09 Jay Jav 9 629. — Description of Expenditure
Gitte State On Zin	Destription of experiouture
TO.Whom Raid	POOD-LUNDRATSAR Date MYNODAYNY S CC 65
House # 2 Street Address TV 0. VO. = 20.	Date MUNICIPATION S OS 109 349 99. 99 Description of Expenditure
SU THURSON EXCUE	
TO Whom Paid (V) Code 4084	DATE [MIN/DD/XXXXX] S
HOUSE # 1/2 Street Address 1 F T 12 T	10/4/20/4 D. O Description of Expanditure
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State PA Zip Code /69/	ABUERTISING

Statement of Expenditures

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	EM	EDEMOC	MATIC PHULLY	10/6/2019	100-
House #	Street Address	P.O.BOX	1184	Description of Expenditure	
CEY E	pié	State PA	Zip Code /65/2	HOWGLTIS	NO
To Whom Paid				Date [MM/DD/YYYY] \$	
House#	Street Address			Description of Expenditure	
City		State	Zip Code		
To Whom Paid		[35000]0000000001]	Produced to construct	Date [MIM/DD/XYYY] \$	
House#	Street Address			Description of Expenditure	
City	[中代本][在2][[][[][[][][][][][][][][][][][][][]	State	Zip Code a		
To Whom Paid				Date [MM/DD/YY/Y/] \$	
House #	Street Address			Description of Expenditure	
city		State	Zip Code		
To: Whom Paid				Date [MM/DD/XYXY] S	
House #	Street Address		,	Description of Expenditure	
Gity	New York Control of the Control of t	State	Zip Code		
To Whom Paid		- Commonwell (Commonwell)		Date [MM/DD/XYYY] S	
House #	Street Address		-	Description of Expenditure	
Gity	The second management of the second s	State	Zip :Code		12 - Angele and Angele
To Whom Paid				Date [MM/DD/YYYY] S	
House #	Street Address			Description of Expenditure	
CITY		State	Zip Code		CANADA TARA CANADA CANA
To Whom Paid				Date [MM/DD/XYYY] \$	
Höüse #	Street Address			Description of Expenditure	
CISY.	CONTRACTOR CONTRACTOR	State	Zip Gode		og garteneria de de Maria de Partir de La Carra de Carra