

## Commonwealth of Pennsylvania - Campaign Finance Report

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

10F18

| Filer Identificati<br>Number                   | on  |                           |  | ort Filed I<br>ork X) | Ву          | Candid                             | ate            |                  |             | C           | omn               | nittee                    |                 | . V.                   |                             |          | Lob    | byist              |  |                     |
|--|---|---------------------------|--|-----------------------|-------------|------------------------------------|----------------|------------------|-------------|-------------|-------------------|---------------------------|-----------------|------------------------|-----------------------------|----------|--------|--------------------|--|---------------------|
| Name of Filing C<br>Lobbyist                   | Committee, Ca   | ındidate or               | Frien  | ds Of Ste             | ve Ole      | )<br>)                             | -              |                  | 1 h         |             |                   |                           |                 |                        | . 1 15                      |          |        | <u> </u>           | <u> </u>   | 1                   |
| Street Address                                 |   |                           | 991 E  | Bonnie Br             | ae          |                                    |                |                  |             |             |                   |                           |                 |                        |                             |          |        | •                  | •  | 1                   |
| City   | Erie  | <u>., s </u>              | .1,  |                       |             | State                              | PA             |                  |             | Zi          | ip Co             | ode                       | 165             | 11                     |                             | ·        |        |                    |  | 1                   |
| Type of Report (                               | Place x under   | report type)              |  |                       |             |                                    |                |                  |             | . 1         |                   |                           |                 |                        | ·                           |          |        |                    | •  |                     |
|  | 2- 2 <sup>nd</sup> Friday<br>Pre-Primary  | 3- 30 Day Post<br>Primary | 1.5  | Tuesday<br>lection    | 1 1 1       | <sup>od</sup> Friday<br>- Election |                | 30 C<br>ectio    | ay Po:<br>n | st 7-       | - Anı             | nual                      |                 | cial ?<br>Elec         | 2 <sup>na</sup> Fri<br>tion | day      | 19 7 7 | cial 30<br>:-Elect | - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1          |                     |
|  |   |                           | Γ  |                       | Ī           | X                                  |                | Г                | 7           |             |                   | 7                         |                 | T                      | 1                           |          |        |                    |  | 1                   |
| Date Of Election<br>(MM/DD/YYYY)               |   | 11/05/19                  | Year   |                       | 2           | 2019                               | 1 7            | nenc             | lment       | 9a [        |                   | ]                         | 1               | mina<br>port           | tion                        |          |        |                    |  |                     |
| Summary of Rec                                 | elpts and   | From Date                 |  | To Date               | e           |                                    |                |                  |             |             |                   | For                       | Offic           | e Use                  | Only                        | <u> </u> |        | <u>.</u>           |  |                     |
| Expenditures                                   |   | 06/11/19                  | $\dashv$                                     | 10                    | )/21/20     | )19                                |                | .=<br>           |             |             |                   |                           |                 |                        |                             |          | n,     | <u> </u>           |  |                     |
| A. Amount Brou                                 | ght Forward F   | rom Last Repor            | t \$   |                       | 967.9       | 7                                  |                |                  |             |             |                   |                           | · · · · ·       |                        | <del></del>                 | 70       | 1      | <del>~ 1</del>     |  |                     |
| B. Total Moneta<br>(From Schedule              | 11 11 11 11 11 11 11 11 11 11 11 11 11  | ons and Receipts          | \$   | 7                     | 7,156.7     | 72                                 |                |                  |             |             |                   |                           |                 |                        |                             | COU      | (C)    | -()                | Δ.,  |                     |
| C. Total Funds A                               | and the second of the second  |                           | \$   | 8                     | 3,124.6     | 69                                 |                |                  |             |             |                   |                           |                 |                        |                             | 7        |        | - 11A              | ومسعست   |                     |
| D. Total Expendi<br>(From Schedule             | tures   |                           | \$   | 5                     | 5,026.0     | 03                                 |                |                  |             |             |                   |                           |                 |                        |                             | :        | 102    | C                  | انر<br>ند  |                     |
| E. Ending Cash B<br>(Subtract Line D           | The Art Art Art and Art |                           | \$   | 3                     | 3,098.6     | 66                                 |                |                  |             |             |                   |                           |                 |                        |                             |          |        |                    |  |                     |
| F. Value of In-Kir<br>(From Schedule           | nd Contributio  | ons Received              | \$   |                       | 550.0       | 0                                  |                |                  |             |             |                   |                           |                 |                        |                             |          |        | _                  |  |                     |
| G. Unpaid Debts<br>(From Schedule              |   | ons                       | \$   | 6                     | 3,000.0     | 00                                 |                |                  |             |             |                   |                           |                 |                        |                             |          | •      | Member,            | My   | Nicole              |
| <u>,*,+                                   </u> |   |                           |  | i .                   |             | ffidavit Se                        |                |                  |             |             |                   |                           |                 |                        |                             |          |        | <u> </u>           |  | -<br>  2<br>  2   3 |
| Part 1- If this is a Co<br>I swear (or affirm) |   |                           |  |                       |             |                                    |                |                  |             |             | and b             | elief tr                  | ue. co          | rrect                  | and co                      | mplet    | e.     | ern                |  |                     |
| Sworn to and subse                             | cribed before m   | e this                    |  |                       | , . , . , . |                                    | . 1            |                  | 1           | ^           | A                 |                           | -,              |                        | ,_ <b></b>                  |          |        | Pernsylvania       | Erie County<br>ission expires J<br>ission number |                     |
| 24 day of                                      | October   | 20 19                     | _  | 1                     |             | $\overline{a}$                     | de             | لم               | Kh          | <u>(</u> )  | Ju.               | ez                        |                 |                        | <u> </u>                    |          |        | nia A:             | expir<br>num                                     | 7                   |
| A)   | m   |                           | _  | <b> </b>              |             |                                    | 14             | lu               | netur       |             | $\mathcal{I}_{V}$ | Subm                      |                 | repor                  | τ                           |          | _ ;    | Association        | Erie County commission expires July:             | Inen, Notary Pi     |
| •  | Signature<br>. (기   | 2/ 2                      | <b>'</b> ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' | , 1                   |             | ſ                                  | 211            | ,                |             | Pı          | rinte             | d Nam<br>امر مسر          | e<br>1 <b>3</b> | 33                     | \ <b>\</b>                  | -        | •      | - 4                |  | 5                   |
| My Commission ex                               | pires <i>() (</i><br>MO.  | DAY YR.                   | ديور   |                       |             |                                    | Area C         | <b>T</b><br>Code | _           |             |                   | Day                       | time            | r <i>o d</i><br>Feleph | none N                      | umbei    | <br>r  | of Notari          | 1,2023<br>2344                                   | lic ,               |
| Part II- If this is a re                       | port of a Candi   | date's Authorized         | Commi  | ttee. candi           | idate s     | hall sign h                        | ere.           |                  |             | <del></del> |                   |                           |                 |                        |                             |          |        | aries              | జ  | $\dashv$            |
| I swear (or affirm) t                          |   |                           |  |                       |             |                                    |                | ot vi            | olated a    | ny pro      | ovisio            | ns of t                   | he Ac           | t of Ju                | ne 3, 1                     | 1937 (P  | L. 13  | 33, NO             | .320) as   |                     |
|  |   | - 41-1-                   |  |                       |             |                                    |                |                  |             |             |                   |                           |                 |                        |                             |          |        |                    |  | -                   |
| Sworn to and subso                             | noea before m   | e triis                   |  | •                     |             |                                    | g <sub>i</sub> |                  | t-          | ,           | 1                 | مروم                      | )               |                        | ¥                           |          |        | -                  | Memi   |                     |
| day of   | U UIVBAI  | 20 1 /                    | _  |                       |             | <u></u>                            | <u> </u>       | gy               |             | gnatur      | re of             | Candic                    | ate             |                        |                             |          | -      | Ì                  | Commission number Commission number              |                     |
| Nod:   | ignature  |                           | -  | Ĭ.                    |             | _5                                 | > [[           | <u> </u>         | ZN          | Yrini       | ted N             | <i><u>روع</u></i><br>lame | <u> </u>        |                        | -                           |          | _      |                    | Commission number<br>Pennsylvania Assoc          | 3                   |
| My Commission exp                              | pires /) 7  | 31 2022                   | 3  | . •                   |             | <                                  | 8/1            | L/               |             |             |                   | *                         | 51              | 8                      | -6                          | 418      | }      |                    | sion   | i i                 |
| ,  | MO.   | DAY YR.                   | _  |                       |             | A                                  | rea C          | Code             | ,           |             | -                 | Dayti                     | me Te           | elepho                 | one Nu                      | mber     | _      | 1                  | num<br>a As                                      |                     |
|  |   |                           |  |                       |             |                                    |                |                  |             |             |                   |                           |                 |                        |                             |          |        | 1                  |  | =3                  |
|  |   |                           |  |                       |             |                                    |                |                  |             |             | -                 |                           |                 |                        |                             |          |        |                    | 292344<br>tion of No                             | lıl∨31.20           |
|  |   |                           |  |                       |             |                                    |                |                  |             |             |                   |                           |                 |                        |                             |          |        |                    | S 34   | 2                   |

## SCHEDULE I Contributions and Receipts Detailed Summary Page

20F18

| Filer Identification Number   |      |  |
|---|------|--|
|   | <br> |  |
| 1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor |      |  |

| 1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor   | . : ' |                      |
|---|-------|----------------------|
| Total for the reporting period (1)  | \$    | 2,074.00             |
| 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)  | \$    | 1,550.00             |
| Total for the reporting period (2)  | \$    | 1,800.00             |
| 3. Contributions Over \$250.00 (From Part C and Part D)   |       |                      |
| S. Contributions Over \$250,00 (From Part Cana Part b)  |       |                      |
|   | \$    | 1,500.00             |
| Contributions Received from Political Committees (Part C)   | \$    | 1,500.00<br>1,500.00 |
| Contributions Received from Political Committees (Part C)   |       |                      |
| Contributions Received from Political Committees (Part C)  All Other Contributions (Part D)                                     | \$    | 1,500.00             |
| Contributions Received from Political Committees (Part C)  All Other Contributions (Part D)  Total for the reporting period (3) | \$    | 1,500.00             |

#### 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.

| Filer Identifica          | ntion Number          |                 |                   |          |                      |    |        |
|---------------------------|-----------------------|-----------------|-------------------|----------|----------------------|----|--------|
|                           |                       |                 |                   |          |                      |    | Amount |
|                           | Contributing          |                 |                   |          | Date [MM/DD/YYYY]    | \$ |        |
| Committee                 | Committe              | e To Elect John | T. Loomis For She | riff     | 06/30/2019           |    | 100.00 |
| House #                   | Street Address<br>706 | ones Lane       |                   |          | Date [MM/DD/YYYY]    | \$ |        |
|                           |                       |                 | 1                 |          |                      |    |        |
| <b>City</b> Erie          |                       | State PA        | Zip Code          | 16505    | Date [MM/DD/YYYY]    | \$ |        |
|                           | Contributing          |                 |                   |          | Date [MM/DD/YYYY]    | \$ |        |
| Committee                 | Daneri Fo             | r DA            |                   |          | 07/29/2019           |    | 150.00 |
| House #                   | Street Address        | O Box 344       |                   |          | Date [MM/DD/YYYY]    | \$ |        |
| City Erie                 |                       | State PA        | Zip Code          | 16512    | Date [MM/DD/YYYY]    | \$ |        |
| Euth Name -4              | Contributing          |                 |                   | <u> </u> | Data Interior (mage) |    |        |
| Committee                 | Costributing          |                 |                   |          | Date [MM/DD/YYYY]    | \$ |        |
| House #                   | Street Address        |                 |                   |          | Date [MM/DD/YYYY]    | \$ |        |
|                           |                       |                 |                   |          |                      |    |        |
| City                      |                       | State           | Zip Code          |          | Date [MM/DD/YYYY]    | \$ |        |
| Full Name of<br>Committee | Contributing          |                 |                   |          | Date [MM/DD/YYYY]    | \$ |        |
| House #                   | Street Address        |                 |                   |          | Date [MM/DD/YYYY]    | \$ |        |
|                           |                       |                 |                   |          |                      |    |        |
| City                      | 1. ***                | State           | Zip Code          |          | Date [MM/DD/YYYY]    | \$ |        |
| ing in                    |                       |                 |                   |          |                      |    |        |
| Full Name of<br>Committee | Contributing          |                 |                   |          | Date [MM/DD/YYYY]    | \$ |        |
| House #                   | Street Address        |                 |                   |          | Date [MM/DD/YYYY]    | \$ |        |
|                           |                       |                 |                   |          |                      |    |        |
| City                      |                       | State           | Zip Code          |          | Date [MM/DD/YYYY]    | \$ |        |
| Full Name of              | Contributing          |                 | <u> </u>          |          | Date [MM/DD/YYYY]    | \$ |        |
| Committee                 |                       |                 |                   |          | <u> </u>             | 13 |        |
| House #                   | Street Address        |                 |                   |          | Date [MM/DD/YYYY]    | \$ |        |
|                           |                       |                 |                   | ·        |                      |    |        |
| City                      |                       | State           | Zip Code          |          | Date [MM/DD/YYYY]    | \$ |        |
|                           |                       |                 |                   | 1        |                      |    |        |

# 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.

| Filer Identification Number:   | <br> |  |  |
|--|------|--|--|
| Thei Iventhication Publice:  |      |  |  |
| 医克尔氏氏法检检验检验 蒙古斯克斯夫克 医克尔斯氏征   |      |  |  |
| Balance State Stat |      |  |  |
| a Tile, Jack med at application, dendered at was constituted   |      |  |  |
|  | <br> |  |  |

| Full Name of Contribut  | Dr.                                     |            |          |  | Date [MM/DD/YYYY] | \$   |        |
|---|---|------------|----------|--|-------------------|--|--------|
| olayin (Kapilloganovania)<br>Na olay iliya (Kapilloganovania) | Marian Wolfor                           | d          |          |  | 6/24/2019         |  | 200.00 |
| House#  | Street Address                          |            |          |  | Date [MM/DD/YYYY] | \$   |        |
| 638   | lw.                                     | est 6th St | reet     |  |                   |  |        |
| City  |   | State      | I        | Zip Code                               | Date [MM/DD/YYYY] | \$   |        |
| Erie  |   |            | PA       | 16507                                  |                   | 9 k)<br>8,3  |        |
| Full Name of Contribute                                       | 20, 40                                  |            |          |  | Date [MM/DD/YYYY] | \$   |        |
| AA Marka ahaa ahaa ahaa ahaa ahaa ahaa ahaa                   | David K. Boss                           | art        |          |  | 06/25/2019        | . (3)  | 250.00 |
|   | Street Address                          |            | _        |  | Date [MM/DD/YYYY] | \$   |        |
| 7361  | Be                                      | echwood    | Lane     |  |                   |  |        |
| City<br>Erie  |   | State      | PA       | Zip Code 16511                         | Date [MM/DD/YYYY] | s  |        |
|   | Source Control                          | 32.540.3   |          |  |                   | 200 to 100 to 10 |        |
| Full Name of Contribute                                       | Howard L. Tay                           | ior        |          |  | Date [MM/DD/YYYY] | \$   | 75.00  |
|   | i iomaia z. ray                         |            |          |  | 6/24/2019         |  | 75.00  |
| House #   4865  | Street Address                          | sie Street |          |  | Date [MM/DD/YYYY] | \$   |        |
|   |   |            |          |  |                   | Arga<br>Arga   |        |
| City<br>Ene   |   | State      | PA       | Zip Code<br>16511                      | Date [MM/DD/YYYY] | \$   |        |
|   |   | 1000       |          |  |                   |  |        |
| Full Name of Contributo                                       | ir<br>Kathleen Knigh                    | at .       |          |  | Date [MM/DD/YYYY] | \$   | 100.00 |
| uneres likero (I  | \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | ***        |          |  | 06/20/2019        |  | 100.00 |
| House #   12885   | itreet Address<br>Mo                    | Chesney    | Road     |  | Date [MM/DD/YYYY] | \$   |        |
|   |   |            | - Tour   |  |                   |  |        |
| City<br>East Springfield                                      |   | State      | PA       | Zip Code 16411                         | Date [MM/DD/YYYY] | \$   |        |
| Full Name of Contributo                                       | ir:                                     |            |          |  | Date [MM/DD/YYYY] | \$   |        |
|   | Christopher J.                          | Kelly      |          |  | 7/02/2019         |  | 75.00  |
| louse#  | treet Address                           |            |          |  | Date [MM/DD/YYYY] | S  |        |
| 8114  | New Agent Street Street Street          | rborgreen  | e Road   |  | 07/01/2019        |  |        |
| City  |   | State      |          | Zip Code                               | Date [MM/DD/YYYY] | \$   |        |
|   |   |            |          |  |                   |  |        |
| ull Name of Contribute  | r                                       | ,          |          | Program addam, na praya                | Date [MM/DD/YYYY] | \$   |        |
|   | Gina Lesoski                            |            |          |  | 07/01/2019        |  | 75.00  |
|   | treet Address                           |            |          | ************************************** | Date [MM/DD/YYYY] | \$   |        |
| 815   | Fai                                     | r Avenue   |          |  |                   |  |        |
| City  | y State Zip Code Erie PA 16511          |            |          |  |                   |  |        |
| Erie  |   |            | <u> </u> | \$                                     |                   |  |        |

#### 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.

| Filer Ide                                | entification Numbe   | er:  |                   |                       |  |                        |            |
|--|--|--|-------------------|-----------------------|--|------------------------|------------|
|  | To be the second   |  | <del></del>       |                       |  | _                      |            |
| Full Na                                  | me of Contribute   | or   |                   |                       | Date [MM/DD/YYYY]  | \$                     | WI .       |
|  |  | Diane McMille  | an                |                       | 07/01/2019   | 1                      | 100.00     |
| House #                                  | #  | Street Address   |                   |                       | Date [MM/DD/YYYY]  | \$                     |            |
|  | 2858   |  | ast 28th Street   |                       | A TO TOP TO SERVE WELL AS A SERVE OF THE SER | Page 1                 | *          |
| City                                     | Erie   | <u>a Artabagara galah —</u>  | State PA          | <b>Zip Code</b> 16510 | Date [MM/DD/YYYY]  | \$                     |            |
|  |  | <u> </u>   |                   | No to                 |  |                        |            |
| Full Nar                                 | me of Contributo   |  |                   | ·                     | Date [MM/DD/YYYY]  | \$                     | ∂ <b>f</b> |
|  |  | Robert E. Tobi   | in                |                       | 07/04/2019   |                        | 75.00      |
| House #                                  | #   S  | Street Address   | T - David         |                       | Date [MM/DD/YYYY]  | \$                     | ,          |
|  | /231   | io i   | tation Road       |                       |  | 7.70m)<br>7.79m)       |            |
| City                                     | Erie   |  | State PA          | Zip Code<br>16510     | Date [MM/DD/YYYY]  | \$                     |            |
| PETER ALSO                               | me of Contributo   | eC 2501  | (A. 18.18)        |                       |  | 1000<br>110 <b>2</b> 0 |            |
| FUII Nau                                 | V6 OL COLLUNA  | or<br>Samuel H. Bre  | aana              |                       | Date [MM/DD/YYYY]  | <b>.</b>               | 100.00     |
|  |  |  | /GHG              |                       | 07/04/2019   |                        | 100.00     |
| House #                                  | # 240 s  | Street Address   | Street Apartment  | .⊏ on4                | Date [MM/DD/YYYY]  | \$                     |            |
|  | 7  | The state of the s |                   |                       |  | 1 377<br>1 2 2 2       |            |
| City                                     | Washington   |  | State DC          | Zip Code 20024        | Date [MM/DD/YYYY]  | \$                     |            |
| N 19 (2) (5)                             |  |  |                   |                       |  |                        |            |
| Full Nan                                 | me of Contributo   | 1981 o   |                   |                       | Date [MM/DD/YYYY]  | \$                     |            |
|  |  | Adam Michali   |                   |                       | 07/07/2019   | 鑾                      | 75.00      |
| House #                                  | ****   | Street Address   |                   |                       | Date [MM/DD/YYYY]  | \$                     |            |
| Salvay.<br>Kada <u>nas</u>               | 3826   | La <sub>l</sub>  | ake Pleasant Road | •                     |  |                        |            |
| City                                     | Erie   | AF - 10 - 11   | State PA          | Zip Code<br>16504     | Date [MM/DD/YYYY]  | \$                     |            |
|  |  |  |                   | TOUT                  |  |                        |            |
| Full Nam                                 | me of Contributo   | 6,00066  |                   |                       | Date [MM/DD/YYYY]  | \$                     | 75.00      |
|  | Miller of the second of the se | Heather M. Ha  | incock            |                       | 07/12/2019   |                        | 75.00      |
| House #                                  | 551 S  | Street Address   | · D-na            |                       | Date [MM/DD/YYYY]  | \$                     |            |
| Agrican Company                          | ]<br>]   | DU <sub>1</sub>  | onnie Brae        |                       |  |                        |            |
| City                                     | Erie   | professioner   | State PA          | Zip Code<br>16511     | Date [MM/DD/YYYY]  | \$                     |            |
| EACH RAN                                 |  |  | (1000 N           | 10011                 |  |                        |            |
| Full Nam                                 | ne of Contributo   | W408   |                   |                       | Date [MM/DD/YYYY]  | \$                     | 75.00      |
| il Selyayanaa<br>ee aa <u>a iya ii a</u> |  | Heidi Scalise  |                   |                       | 07/10/2019   |                        | 75.00      |
| House #                                  |  | Street Address   |                   |                       | Date [MM/DD/YYYY]  | \$                     |            |
| 499103 11<br>49833 <u>941</u>            | 4164   | Apj  | pleberry Drive    |                       |  |                        | •          |
| City                                     | Erie   | - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1  | State PA          | Zip Code              | Date [MM/DD/YYYY]  | \$                     |            |
| - か "27 ASC 1 F                          | ≟ri <del>e</del>   |  | TO COURT          | 16510                 | , j  | 心学儿                    | 1          |

#### PART B

## **All Other Contributions**

60F18

\$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.

| Filer Identification Number:   |  |  |  |
|--|--|--|--|
|  |  |  |  |
| CHARLES OF THE WAR OF THE ACT OF   |  |  |  |
| State in the area with the state of the stat |  |  |  |
|  |  |  |  |

| Full Name of Co  | ntributor  |                  |                          | Date [MM/DD/YYYY]                       | \$         | 1        |
|------------------|--|------------------|--------------------------|---|------------|----------|
|                  | Sandra Becke   | er               |                          | 07/14/2019                              | •          | 75.00    |
| House #          | Street Address   |                  |                          | Date [MM/DD/YYYY]                       | \$         |          |
| 4012             | 149 beach of the 14 4400   | orse Street      |                          | Date [wild/DD/1111]                     | 3          |          |
| <b>City</b> Erie |  | State PA         | Zip Code<br>16511        | Date [MM/DD/YYYY]                       | \$         |          |
| Full Name of Co  | ntributor  |                  |                          | Date [MM/DD/YYYY]                       | \$         |          |
|                  | Justin M. Gali   | agher            |                          | 06/18/2019                              |            | 75.00    |
| House # 5429     | Street Address<br>Fr   | azier Street     | ,                        | Date [MM/DD/YYYY]                       | \$         |          |
| City<br>Erie     | The second second  | State PA         | <b>Zip Code</b><br>16510 | Date [MM/DD/YYYY]                       | \$         |          |
| Full Name of Co  | itributor  | La de la Maria   | , I o jiyo saxees d      | Date [MM/DD/YYYY]                       | \$         |          |
|                  | Debbie Hump  | hreys            |                          | 07/18/2019                              | がある        | 75.00    |
| House #          | Street Address   |                  |                          | Date [MM/DD/YYYY]                       | \$         |          |
| 3949             |  | delaide Drive    |                          | , |            |          |
| City Erie        | Personal and Commence of the C | State PA         | Zip Code<br>16510        | Date [MM/DD/YYYY]                       | \$         |          |
| Full Name of Co  | ntributor  |                  |                          | Date [MM/DD/YYYY]                       | \$         | <u> </u> |
|                  | Edwin W. Smi   | th               |                          | 07/19/2019                              |            | 75.00    |
| House # 5274     | Street Address<br>W  | est 53rd Street  |                          | Date [MM/DD/YYYY]                       | \$         |          |
| City Fairview    |  | State PA         | Zip Code<br>16415        | Date [MM/DD/YYYY]                       | \$         |          |
| Full Name of Co  | itributor  | <u> </u>         |                          | Date [MM/DD/YYYY]                       | \$         | ·        |
|                  | Sheila Sterrett  | i.               |                          | 07/19/2019                              |            | 75.00    |
| House # 234      | Street Address<br>Ha   | arbor Road       |                          | Date [MM/DD/YYYY]                       | \$         |          |
| City Erie        | #29000000000000000000000000000000000000  | State PA         | Zip Code<br>16511        | Date [MM/DD/YYYY]                       | \$         |          |
| Full Name of Cor | tributor   | pages of control | • and the second second  | Date [MM/DD/YYYY]                       | \$         |          |
|                  | Randy J. Rzep  | ecki             |                          | 07/15/2019                              |            | 75.00    |
| House # 4152     | Street Address   | minion Drive     |                          | Date [MM/DD/YYYY]                       | <b>,\$</b> |          |
| City Erie        | Signature is the Artificial  | State PA         | <b>Zip Code</b> 16510    | Date [MM/DD/YYYY]                       | S          |          |

# 70F18

## 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:

House #

House #

City

City

3224

**Full Name of Contributor** 

6509

Erie

Erie

Street Address

Street Address

Jack Michael Wall

West 25th Street

State

East Lake Road

State

PΑ

PΑ

| Full Name of Cont     | ributor  |                     |          |       | Date [MM/DD/YYYY] | \$  |        |
|-----------------------|--|---------------------|----------|-------|-------------------|-----|--------|
|                       | Eileen Rickte  | er                  |          | -     | 07/12/2019        |     | 75.00  |
| House # 6400          | Street Address   | Firman Road         |          |       | Date [MM/DD/YYYY] | \$  |        |
| City Erie             | News_Street + Nd.  | State PA            | Zip Code | 16510 | Date [MM/DD/YYYY] | \$  |        |
| Full Name of Cont     | ributor  | F , S y ≥ s, S = yE | F        |       | Date [MM/DD/YYYY] | \$  |        |
|                       | Gary E. Brer   | nner                |          |       | 07/08/2019        |     | 200.00 |
| House # 4166          | Street Address   | Ridge Parkway       |          |       | Date [MM/DD/YYYY] | \$  |        |
| City Erie             |  | State<br>PA         | Zip Code | 16510 | Date [MM/DD/YYYY] | \$  |        |
| Full Name of Conti    | 5045 PBW 214 W   |                     |          |       | Date [MM/DD/YYYY] | \$  |        |
|                       | Kelley L. Bat  | umann               |          |       | 07/18/2019        |     | 75.00  |
| House # 967           | Street Address   | Parkside Drive      |          |       | Date [MM/DD/YYYY] | \$  | (11-)  |
| City<br>Erie          | 1 00 00 000 000 000 000 000 000 000 000  | State PA            | Zip Code | 16511 | Date [MM/DD/YYYY] | \$  |        |
| Full Name of Conti    | 226 (2200)   |                     |          |       | Date [MM/DD/YYYY] | \$  |        |
|                       | Seth W. Tutt   | te                  |          |       | 07/29/2019        |     | 250.00 |
| House # 5505          | Street Address   | uxery Drive         | •        |       | Date [MM/DD/YYYY] | \$  |        |
| City Erie             | English State Control of Control of State Control of Co | State PA            | Zip Code | 16510 | Date [MM/DD/YYYY] | \$  | ,      |
| Full Name of Contr    | NAMES 44   |                     |          |       | Date [MM/DD/YYYY] | \$  |        |
| adbyvolikai fyddyffia | Daniel P. Ou   | ellet               |          |       | 07/16/2019        | 100 | 75.00  |

Zip Code

Zip Code

16506

16511

Date [MM/DD/YYYY]

Date [MM/DD/YYYY]

Date [MM/DD/YYYY]

08/05/2019

Date [MM/DD/YYYY]

Date [MM/DD/YYYY]

100.00

Ş

\$

#### PART B

## **All Other Contributions**

80518

\$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.

| Filer Identification Number:  |      |      |  |
|---|------|------|--|
|   |      |      |  |
| min a series of the series of | <br> |      |  |
|   | <br> | <br> |  |

| House #   254   Street Address   Thomberry Circle   Date [MM/DD/YYYY]   \$  | Full Name of Contri              | hutar   |                        |   | Date [MM/DD/YYYY] | \$            | 4      |
|---|----------------------------------|---|------------------------|---|-------------------|---------------|--------|
| House #   254   Street Address   Thomberry Circle   Date [MM/DD/YYYY]   \$  |                                  |   | en                     |   |                   | - 3           | 100.00 |
| City   Carrollon   State   GA   Zip Code   30116   Date   IMM/DD/YYYY]   \$   |                                  |   |                        |   |                   |               |        |
| Carrolton   | 3435-25 FO BUSS-13.              | ESSENTING SELECTION OF THE SELECTION OF | nomberry Circle        |   | Date [MM/DD/YYYY] | <b>\$</b><br> |        |
| Robin Barbato   Robin Barbat                      | Carrolton Carrolton              |   | <b>State</b><br>GA     | <b>Zip Code</b> 30116   | Date [MM/DD/YYYY] | \$            |        |
| Robin Barbato   G8/01/2019   75.00   Robin Barbato   G8/01/2019   75.00   Robin Barbato   G8/01/2019   75.00   Greek Lane   Greek Lan                      | Full Name of Contri              | butor   | ].". '8" 1]            |   | Date [MM/DD/YYYY] | Ś             |        |
| State   PA   Zip Code   16511   Date [MM/DD/YYYY]   \$  |                                  |   | •                      |   |                   |               | 75.00  |
| Erie  | 11 (No. 1) 18 (No. 1) 14 (No. 1) | I was also are to the first   | eek Lane               |   | Date [MM/DD/YYYY] | \$            |        |
| Full Name of Contributor John Blose  John Blose  John Blose  Street Address East South Shore Drive  Date [MM/DD/YYYY]  East South Shore Drive  Date [MM/DD/YYYY]  Ente  State PA  John Blose  Date [MM/DD/YYYY]  Street Address  Date [MM/DD/YYYY]  Street Address  Date [MM/DD/YYYY]  Street Address  Date [MM/DD/YYYY]  Street Address  Date [MM/DD/YYYY]  Address  Date [MM/DD/YYYY]  Street Address  | City                             |   | State                  | Zip Code  | Date [MM/DD/YYYY] | \$            |        |
| John Blose  | vara) va                         |   |                        | 10011   |                   |               |        |
| House #   4319   Street Address   East South Shore Drive   Date [MM/DD/YYYY]   \$   | Full Name of Contril             | and Garage Maria  |                        |   | Date [MM/DD/YYYY] | \$            | 100.00 |
| A319   Street Address   East South Shore Drive   Date [MM/DD/YYYY]   \$   |                                  | 5 - 3 5 5 d ( )   |                        |   | 09/01/2019        |               | 100.00 |
| Erie  |                                  |   | st South Shore D       | rive  | Date [MM/DD/YYYY] | \$            |        |
| Richard Rossi   | a 1900 (Carlaba) (Carl           | P499 (11 ) (C) (40) (7 ) (64)   | 4 a 2 a 30 a 2 a 3 a 4 |   | Date [MM/DD/YYYY] | \$            |        |
| House # 507 Street Address Barbara Drive Date [MM/DD/YYYY] \$   State   PA   Zip Code   17050   Date [MM/DD/YYYY] \$   State   PA   Zip Code   17050   Date [MM/DD/YYYY] \$   250.00   Date [MM/DD/YYYY] \$   250.00   Date [MM/DD/YYYY] \$   250.00   Date [MM/DD/YYYY] \$   City   Erie   State   PA   Zip Code   16506   Date [MM/DD/YYYY] \$   City   Erie   State   PA   Zip Code   16506   Date [MM/DD/YYYY] \$   City   City | Full Name of Contrib             | 8 Ch. 9 160.67  | Elizabeth Committee    |   | Date [MM/DD/YYYY] | \$            |        |
| Street Address   Barbara Drive   Date [MM/DD/YYYY]   \$   |                                  | Richard Rossi   |                        |   | 09/25/2019        |               | 250.00 |
| Mechanicsburg   | House #                          | <ul> <li>M. Wallack St. Community of Land</li> </ul>  | rbara Drive            |   | Date [MM/DD/YYYY] | \$            |        |
| Joseph T. Fries  10/01/2019  250.00  10/01/2019  Street Address 6131  Red Pine Lane  State PA  Zip Code 16506  Date [MM/DD/YYYY] \$  Uil Name of Contributor  Date [MM/DD/YYYY] \$  Date [MM/DD/YYYY] \$  | ity Mechanicsbu                  | ırg   |                        |   | Date [MM/DD/YYYY] | \$            |        |
| Touse #   Street Address   Date [MM/DD/YYYY]   \$   | ull Name of Contrib              | utor  | **                     | , 18,400,000 to 400 to 100 to | Date [MM/DD/YYYY] | \$            |        |
| 6131   Red Pine Lane  |                                  | Joseph T. Frie  | <b>S</b> .             |   | 10/01/2019        |               | 250.00 |
| Erie  | anak 1570年(1906年) (1904年)        | - 16等2年(新世史教育中的新)   | d Pine Lane            | ,   | Date [MM/DD/YYYY] | \$            |        |
|   | ity Erie                         | <u>國際國際國際</u>   |                        |   | Date [MM/DD/YYYY] | \$            | ·      |
|   | uli Name of Contrib              | utor  | Tall to preferred      | 100.00 200.00 40  | Date [MM/DD/YYYY] | \$            |        |
| ity State Zin Code Data (MM/DD/yyyy)  | louse #                          | Street Address  |                        | ,   | Date [MM/DD/YYYY] | \$            |        |
| And the same of th                    | ity                              | Anthop Charles in pressor   | State                  | Zip Code  | Date [MM/DD/YYYY] | \$            |        |

#### PART C

## **Contributions Received From Political Committees**

90718

Over \$250.00

Filer Identification Number:

Use this Part to itemize only contributions received from Political Committees with an aggregate value over \$250.00 in the reporting period.

| Full Name of Contributing Committee  Date [MM/DD/YYYY] \$  Contributing Committee  Date [MM/DD/YYYY] \$   |  |   |                  |                   |                                       |                |          |
|---|--|---|------------------|-------------------|---------------------------------------|----------------|----------|
|   | Cull Name of   |   |                  |                   | Date (ABRE/DD/VVVV)                   | i e            |          |
| House if Street Address PO Box 476  City Lyndora State PA Zip Code 16045  Date [MM/DD/YYYY] \$  |  | mmittee Mike Kelly                      | for Congress     |                   |                                       | 7              | \$500.00 |
| PO Box 476  | House #  | Stropt Address                          |                  |                   | · · · · · · · · · · · · · · · · · · · | 1              |          |
| Lyndora   PA   16045  |  |   | Ĭ.               |                   |                                       | •              |          |
| Lyndora   PA   16045  | City   | [1,374,132,531,44]                      | State            | Zip Code          | Date [MM/DD/YYYY]                     | S              |          |
| Contributing Committee    Committee   Comm  |  |   | PA               |                   |                                       | 100 A          |          |
| House # 4619 Street Address   Date [MM/DD/YYYY]   \$  | Carrier Contract Cont | - C - A - A - A - A - A - A - A - A - A | ., ., ., .,      | Date [MM/DD/YYYY] | \$                                    |                |          |
| 4619  | Contributing Committee   Committee To Elect Dan Laughlin   |   |                  |                   | 08/03/2019                            |                | 1,000.00 |
| City Erie State PA Zip Code 16506 Date [MM/DD/YYYY] \$  Full Name of Contributing Committee   | March Confidence, No. 3  | Street Address                          | ł                |                   | Date [MM/DD/YYYY]                     | \$             |          |
| Full Name of Contributing Committee  House # Street Address  Date [MM/DD/YYYY] \$  City Date [MM/DD/YYYY] \$  City Date [MM/DD/YYYY] \$  Full Name of Contributing Committee  House # Street Address  Date [MM/DD/YYYY] \$  City Date | 4619   |   | Autumnwood Trail |                   | 08/03/2019                            | 1052<br>2551   |          |
| Full Name of Contributing Committee    Date [MM/DD/YYYY]   S  |  |   |                  |                   | Date [MM/DD/YYYY]                     | \$             |          |
| Contributing Committee  House # Street Address Date [MM/DD/YYYY] \$  City State Zip Code Date [MM/DD/YYYY] \$  Full Name of Contributing Committee  House # Street Address Date [MM/DD/YYYY] \$  City State Zip Code Date [MM/DD/YYYY] \$  City Date [MM/DD/YYYY] \$  City Date [MM/DD/YYYY] \$  City State Zip Code Date [MM/DD/YYYY] \$  City Date [MM/DD/YYYY] \$  City Date [MM/DD/YYYY] \$  City State Zip Code Date [MM/DD/YYYY] \$  City Date [MM/DD/YYYY] \$  | and the second of the second o |   | W. Age.          | 10506             |                                       |                |          |
| House # Street Address Date [MM/DD/YYYY] \$  City   | The many of the selection of the selecti |   |                  |                   | Date [MM/DD/YYYY]                     | \$             |          |
| City   State   Zip Code   Date [MM/DD/YYYY]   \$  Full Name of Contributing Committee   Date [MM/DD/YYYY]   \$  City   State   Zip Code   Date [MM/DD/YYYY]   \$  Full Name of Contributing Committee   Date [MM/DD/YYYY]   \$  City   State   Zip Code   Date [MM/DD/YYYY]   \$  Contributing Committee   Date [MM/DD/YYYY]   \$  City   State   Zip Code   Date [MM/DD/YYYY]   \$   | Contributing Co  | Amatee                                  |                  |                   |                                       | 2-19-2<br>-200 |          |
| Full Name of Contributing Committee    Date [MM/DD/YYYY]   \$   | House #  | Street Address                          |                  |                   | Date [MM/DD/YYYY]                     | \$             |          |
| Full Name of Contributing Committee    Date [MM/DD/YYYY]   \$   |  |   |                  |                   |                                       |                |          |
| Contributing Committee   Contributing   | City   |   | State            | Date [MM/DD/YYYY] | \$                                    |                |          |
| Contributing Committee   Contributing   | 7 ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (  |   |                  |                   |                                       |                |          |
| House # Street Address Date [MM/DD/YYYY] \$  City State Zip Code Date [MM/DD/YYYY] \$  Full Name of Contributing Committee  House # Street Address Date [MM/DD/YYYY] \$  City State Zip Code Date [MM/DD/YYYY] \$  Full Name of Contributing Committee  | 13 (1) (2) (3) (3) (3) (4) (4) (4) (4) (4) (4) (4) (5) (4)   | mmittee                                 |                  | Date [MM/DD/YYYY] | \$                                    |                |          |
| City State Zip Code Date [MM/DD/YYYY] \$  Full Name of Contributing Committee Date [MM/DD/YYYY] \$  City State Zip Code Date [MM/DD/YYYY] \$  Full Name of Contributing Committee Date [MM/DD/YYYY] \$  |  |   |                  |                   |                                       |                |          |
| Full Name of Contributing Committee  House # Street Address Date [MM/DD/YYYY] \$  City State Zip Code Date [MM/DD/YYYY] \$  Full Name of Contributing Committee   | House #  | Street Address                          |                  |                   | Date [MM/DD/YYYY]                     | \$             |          |
| Full Name of Contributing Committee  House # Street Address Date [MM/DD/YYYY] \$  City State Zip Code Date [MM/DD/YYYY] \$  Full Name of Contributing Committee   |  |   |                  |                   |                                       |                |          |
| Contributing Committee  House # Street Address Date [MM/DD/YYYY] \$  City State Zip Code Date [MM/DD/YYYY] \$  Full Name of Contributing Committee  | City   |   | State            | Zip Code          | Date [MM/DD/YYYY]                     | \$             |          |
| Contributing Committee  House # Street Address Date [MM/DD/YYYY] \$  City State Zip Code Date [MM/DD/YYYY] \$  Full Name of Contributing Committee  |  |   |                  |                   |                                       |                |          |
| House #   Street Address   Date [MM/DD/YYYY]   \$    City   State   Zip Code   Date [MM/DD/YYYY]   \$    Full Name of   Date [MM/DD/YYYY]   \$    Contributing Committee   Contributing Contribu   |  | nmittee                                 |                  |                   | Date [MM/DD/YYYY]                     | S              |          |
| City State Zip Code Date [MM/DD/YYYY] \$  Full Name of  |  |   |                  |                   |                                       |                |          |
| Full Name of Date [MM/DD/YYYY] \$ Contributing Committee  | House#   | Street Address                          |                  | :                 | Date [MM/DD/YYYY]                     | 5              |          |
| Full Name of Date [MM/DD/YYYY] \$ Contributing Committee  |  |   |                  |                   |                                       |                |          |
| Contributing Committee  | City   |   | State            | Zip Code          | Date [MM/DD/YYYY]                     | \$             |          |
| Contributing Committee  |  |   |                  |                   |                                       |                |          |
| House # Street Address Date [MM/DD/YYYY] \$   |  | nmittee                                 |                  | Date [MM/DD/YYYY] | <b>.</b> Ş.                           |                |          |
| THE THIN PH. LEFT.  | House #  | Street Address                          |                  |                   | Date [MM/DD/VYVVI                     | •              |          |
| 9년(2월:2년 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -  |  | ou cerauness                            |                  |                   | But India political                   |                |          |
| City State Zip Code Date [MM/DD/YYYY] \$  | City   |   | State            | Zip Code          | Date [MM/DD/YYYY]                     | Ś              |          |
|   | 1) (5.4 )<br>NGM (8.1  |   |                  |                   |                                       |                |          |

# 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 Contr                         | (A) (A) (A) (A)                        |                    |  | Date [MM/DD/YYYY]     | \$                          |
|--|--|--------------------|--|-----------------------|-----------------------------|
|  | Phillip S. E                           | English            |  | 08/26/2019            | 1,000.00                    |
| House #                                    | Street Address                         |                    |  | Date [MM/DD/YYYY]     | \$                          |
| 1050                                       |  | Lookout Drive      |  |                       | 1955a<br>1965a<br>1965a     |
| City                                       |  | State              | Zip Code                               | Date [MM/DD/YYYY]     | <b>S</b>                    |
| Erie                                       |  | PA                 | 16507                                  |                       |                             |
| Employer Name                              |  | Arent Fox LLP      |  | Occupation Senior Gov | ernment Relations Advisor   |
| Employer Mailing /<br>Principal Place of B |  | 1717 K Street N.W  | . Washington, DC 20006                 |                       |                             |
| Full Name of Contr                         | ibutor                                 |                    |  | Date [MM/DD/YYYY]     | <b>                   </b>  |
|  | John F. Mi                             | izner              |  | 10/01/2019            | 500.00                      |
| House #                                    | Street Address                         |                    | •                                      | Date [MM/DD/YYYY]     | \$                          |
| 7810                                       |  | Hamot Road         |  |                       | 48,42<br>  44,43<br>  45,43 |
| City                                       |  | State              | Zip Code                               | Date [MM/DD/YYYY]     | \$                          |
| Erie                                       |  | PA                 | 16509                                  |                       |                             |
| Employer Name Self Employed                |  |                    |  | Occupation Attorney   | 4.78                        |
| Employer Mailing A                         | diffress /-                            | Con Employed       |  |                       | <u> </u>                    |
| Principal Place of B                       |  | 311 West 6th Stree | t Erie, PA 16507                       |                       |                             |
| Full Name of Contri                        | ibutor                                 |                    |  | Date [MM/DD/YYYY]     | (S)                         |
|  |  |                    |  |                       |                             |
| House #                                    | Street Address                         | <u> </u>           |  | Date [MM/DD/YYYY]     | \$                          |
|  |  |                    |  |                       |                             |
| City                                       | [1,3842, Take, 26, 1,155, 4, 6, 44, 5] | State              | Zip Code                               | Date [MM/DD/YYYY]     | \$                          |
|  |  |                    |  |                       |                             |
| Employer Name                              |  |                    |  | Occupation            | · · · ·                     |
| Employer Mailing A<br>Principal Place of B |  |                    |  | (3. 3. 3. 3. 1.       | •                           |
| Full Name of Contri                        | butor                                  |                    |  | Date [MM/DD/YYYY]     | \$                          |
|  |  |                    |  |                       |                             |
| House #                                    | Street Address                         |                    | · · · · · · · · · · · · · · · · · · ·  | Date [MM/DD/YYYY]     | \$                          |
|  |  |                    |  |                       |                             |
| City                                       | <u></u>                                | State              | Zip Code                               | Date [MM/DD/YYYY]     | is i                        |
| 15 (20 <b>/ 18</b> / 19 )                  |  | 44 O. S. C.        |  |                       |                             |
| Employer Name                              |  |                    | N 20 40 2 30 31                        | Occupation            | 1-6.3                       |
| Employer Mailing A                         |  |                    | ······································ |                       |                             |
| Principal Place of B                       |  |                    |  |                       |                             |

#### **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 Num   | ber: |  |                |  |                                       |  | ,  |
|--|------|--|----------------|--|---------------------------------------|--|--|
| Entire to the late of the late |      |  |                |  |                                       |  |  |
| Full Name  |      | Fine Wine & Good Spirit  |                |  |                                       |  |  |
| House # 4466   | Stre | et Address Giant Eagle   | Plaza 🕻        | BUFF                                   | ALU R                                 | LD,  |  |
| City   |      | Erie   | State          | PA                                     | Zip<br>Code                           | 16510  | Date [MM/DD/YYYY]   \$   282.72  |
| Receipt Description  |      | Wine Return  | 1              |  | parties a more pro-                   | <del>'                                    </del> |  |
| Full Name  | WIND |  |                |  |                                       | · · ·  | <u>.</u>   |
| House #  | Stre | et Address   |                |  | ·                                     |  |  |
| City   |      |  | State          |  | Zip<br>Code                           |  | Date [MM/DD/YYYY] \$   |
| Receipt Description  |      |  | 1              | <u> </u>                               | <u></u>                               | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1            | Hamilton Livi (I   |
| Full Name  | 53   |  |                | ·                                      |                                       |  |  |
| House #  | Stre | et Address   |                | 1.01                                   |                                       |  |  |
| City   |      |  | State          |  | Zip<br>Code                           |  | Date [MM/DD/YYYY] \$   |
| Receipt Description  |      |  | <u> </u>       | <u> </u>                               | <u> </u>                              |  |  |
| Full Name  |      |  |                |  | •                                     |  |  |
| House #  | Stre | et Address   |                |  | · · · · · · · · · · · · · · · · · · · |  |  |
| City   |      |  | State          |  | Zip<br>Code                           |  | Date [MM/DD/YYYY] \$   |
| Receipt Description  |      |  | <u> </u>       | 1                                      |                                       |  |  |
| Full Name  |      |  | <del>,</del> , | ······································ |                                       |  |  |
| House #  | Stre | et Address   |                |  |                                       |  | , , , , , , , , , , , , , , , , , , ,  |
| City   |      | 50.55 A, V. 115.9 F  | State          |  | Zip<br>Code                           |  | Date [MM/DD/YYYY] \$   |
| Receipt Description  |      |  | <u> </u>       |  | <u>, 1 11,3 20.24</u>                 |  |  |
| Full Name  |      | <u>, , , , , , , , , , , , , , , , , , , </u>  |                |  |                                       |  |  |
| House #  | Stre | et Address   |                |  |                                       |  | and the state of t |
| City   |      | united the second secon | State          |  | Zip<br>Code                           |  | Date [MM/DD/YYYY] \$   |
| Receipt Description  | ¥.5  |  |                | ·                                      |                                       |  | l d  |

#### 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:   |                           |                  |                         |
|--|---------------------------|------------------|-------------------------|
|  |                           |                  |                         |
| UNITEMIZED IN-KIND CONTRI  | BUTIONS RECEIVED-VAL      | .UE OF \$50.00 C | IR LESS PER CONTRIBUTOR |
| TOTAL for the reporting period   | (1)                       | \$               |                         |
| 2. IN-KIND CONTRIBUTIONS REC   | EIVED-VALUE OF \$50.01    | LTO \$250.00 (FI | ROM PART F)             |
| TOTAL for the reporting period   | (2)                       | \$               | 250.00                  |
| 3. IN-KIND CONTRIBUTION RECE   | IVED-VALUE OVER \$250     | 0.00 (FROM PAR   | FG)                     |
| TOTAL for the reporting period   | (3)                       | \$               | 300.00                  |
|  |                           |                  |                         |
| TOTAL VALUE OF IN-KIND CONTRIBUTIO<br>PERIOD (Add and enter amount totals fr |                           |                  |                         |
| on Page 1, Report Cover Page, Item F)  | OIN DOXES 1, 2, and 3, an | so enter         | 550.00                  |

#### SCHEDULE II PART F

## **In-Kind Contributions Received**

VALUE OF \$50.01 TO \$250

| Filer Identification Number:  |  |  |
|---|--|--|
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| BODE SECTION CONTROL OF THE SECTION |  |  |
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| Full Name of Contributor       | <b>7</b>                                |            |           |                          | Date [MM/DD/YYYY]     | \$             | )        |
|--------------------------------|---|------------|-----------|--------------------------|-----------------------|----------------|----------|
| Christopher Lesik              |   |            |           |                          | 07/18/19              |                | 150.00   |
| House # Str<br>4205            | eet Address                             |            |           |                          | Date [MM/DD/YYYY]     | \$             |          |
| 4200                           | Eas                                     | st Lake Ro | ad        |                          |                       | 71.5           |          |
| City<br>Erie                   |   | State      | PA        | Zip Code<br>16511        | Date [MM/DD/YYYY]     | \$             |          |
| 32 X X                         |   |            |           |                          |                       |                | 4        |
| Description of Contributi      |   | Chicken    | Wings     |                          |                       |                |          |
| Full Name of Contributor       | <b>81</b>                               |            | •         |                          | Date [MM/DD/YYYY]     | \$             | 9        |
| A TENNYA SHERVA SA KEMBANA SHE | Christopher Sir                         | ianni      |           |                          | 07/18/19              |                | 100.00   |
| House # Str<br>4026            | eet Address                             | ico Drive  |           |                          | Date [MM/DD/YYYY]     | \$             |          |
|                                | Can                                     | CO DINE    | ****      |                          |                       |                |          |
| City Erie                      |   | State      | PA        | <b>Zip Code</b><br>16506 | Date [MM/DD/YYYY]     | \$.            |          |
|                                |   |            |           | 10000                    |                       |                |          |
| Description of Contributi      | on .                                    | Half Keg   | of Beer   |                          |                       |                |          |
| Full Name of Contributor       |   |            |           |                          | Date [MM/DD/YYYY]     | \$             |          |
|                                |   |            |           |                          |                       |                |          |
| House # Str                    | eet Address                             |            |           |                          | Date [MM/DD/YYYY]     | \$             |          |
|                                | STA ATAMA<br>Nga sakitas                |            |           |                          |                       |                |          |
| City                           |   | State      |           | Zip Code                 | Date [MM/DD/YYYY]     | \$             |          |
| Description of Contribution    |   |            |           |                          |                       |                |          |
|                                |   |            |           |                          |                       |                |          |
| Full Name of Contributor       | #<br>                                   |            |           |                          | Date [MM/DD/YYYY]     | \$             |          |
|                                | Š                                       |            |           |                          |                       |                |          |
| House # Str                    | eet Address                             |            |           |                          | Date [MM/DD/YYYY]     | \$             |          |
|                                |   | I          |           |                          |                       |                |          |
| Gity                           |   | State      |           | Zip Code                 | Date [MM/DD/YYYY]     | \$             |          |
| Description of Contribution    | n cr                                    |            |           |                          |                       |                | <u> </u> |
|                                |   |            |           |                          |                       | Military et an |          |
| Full Name of Contributor       |   |            |           |                          | Date [MM/DD/YYYY]     | \$             |          |
| 1                              |   |            |           |                          |                       |                |          |
| House # Str                    | eet Address                             |            |           |                          | Date [MM/DD/YYYY]     | \$             |          |
| City                           |   | Cémén I    |           | The Code                 | Date (asset (pp) (pp) |                |          |
| <b>***</b>                     |   | State      | ļ         | Zip Code                 | Date [MM/DD/YYYY]     | \$             |          |
| Description of Contribution    | n e e e e e e e e e e e e e e e e e e e |            | <u></u> [ |                          |                       | y (4)          |          |
|                                | erangist dating                         |            |           |                          |                       |                |          |

## SCHEDULE II Part G

## **In-Kind Contributions Received**

**VALUE OVER \$250** 

| Filer Identification Number:   |  |  |
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| PRINTER AND STANDARD AND TOWN COUNTY OF THE  |  |  |
| CONTROLLED SERVICE OF THE SERVICE OF |  |  |
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| Full Name of Contribu  | tor  |               |  | Date [MM/DD/YYYY] \$       |                  |
|------------------------|--|---------------|--|----------------------------|------------------|
|                        | Shannon Latou  | <b>s</b> f    | the state of the s | 300.00                     |                  |
| House #                | Street Address                                       |               | Date [MM/DD/YYYY] \$   |                            |                  |
| 234                    | Kra  | us Drive      |  |                            |                  |
| City<br>Erie           |  | State<br>PA   | Zip Code<br>16   | Date [MM/DD/YYYY] \$ \ 511 |                  |
| Employer Name          | Carlowerski (1937, Sec.)                             |               | Transfer Conference of   | Occupation Stay at Home Mo | ım               |
| Employer Mailing Add   | ress / Principal                                     |               |  | Description                |                  |
| Place of Business      | u.<br>L  | 234 Kraus Dri | ve Erie, PA 16511  | of Use of residence        | for a fundraiser |
| Full Name of Contribu  | tor.   |               |  | Date [MM/DD/YYYY] \$       |                  |
| House#                 | Street Address                                       | ·             | 1,1 2,1 1,1  | Date [MM/DD/YYYY] \$       |                  |
|                        |  |               |  |                            |                  |
| City                   | - Act (1.1 Ab  | State         | Zip Code   | Date [MM/DD/YYYY] \$       |                  |
| Employer Name          | garangan gunar an masa san<br>Kabupatèn Kabupatèn Sa |               |  | Occupation                 |                  |
| Employer Mailing Add   | race / Dringinal                                     |               |  | Description                | a                |
| Place of Business      |  |               |  | of Contribution            | ,                |
| Full Name of Contribu  | tor  |               |  | Date [MM/DD/YYYY] \$       |                  |
|                        |  | -             |  |                            |                  |
| House#                 | Street Address                                       |               |  | Date [MM/DD/YYYY] \$       | ₩.               |
|                        | Marie Control  |               |  |                            |                  |
| City                   |  | State         | Zip Code   | Date [MM/DD/YYYY] \$       |                  |
| Employer Name          | N. C.            | V-10-2-03-3   |  | Occupation                 |                  |
| Employer Mailing Add   | ress / Principal                                     |               |  | Description                |                  |
| Place of Business      |  |               |  | of<br>Contribution         |                  |
| Full Name of Contribut | tor i  |               |  | Date [MM/DD/YYYY] \$       |                  |
|                        |  |               |  |                            |                  |
|                        | Street Address                                       |               |  | Date [MM/DD/YYYY] \$       |                  |
|                        |  |               |  |                            |                  |
| City                   |  | State         | Zip Code   | Date [MM/DD/YYYY] \$       |                  |
| Employer Name          |  | <u> </u>      | <u>Programania</u>   | Occupation                 |                  |
| Employer Mailing Add   | ress / Principal                                     |               |  | Description                |                  |
| Place of Business      | tali walio wa  |               |  | of<br>Contribution         |                  |
|                        |  |               |  |                            |                  |

## 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.

| ther iden                                | KINCACION NUM   | oer:               | <u> </u>                              |  |                         |  |  |   |                             |
|--|---|--------------------|---------------------------------------|--|-------------------------|--|--|---|-----------------------------|
| Name o                                   | f Creditor  | 100 A 100          | Stephen 5                             | 3. and Kelly S. Oler                       |                         |  |  |   | Outstanding Balance of Debt |
| House #                                  |   | بالشنشيب           | et Address                            |  | ,                       | THE REST DESCRIPTION OF THE PERSON OF THE PE | E DEBT IN:<br>MM/DD/Y                  |   | <b>S</b>                    |
| City                                     |   |                    |                                       | Donay Ditt                                 | State                   |  | 08/09/201<br>Zip                       | 18  | 7000 - 200 00               |
| e esta esta esta esta esta esta esta est |   | 1898)  <br>1-1-16  | Erie                                  | ,  | Diace                   | PA   | Code                                   | 16511   | 5,000.00                    |
| Descript                                 | tion of Debt  |                    | Loan to Ca                            | ampaign Committee                          |                         |  |  |   |                             |
| \$10,000 (\$50)                          | Creditor  | 3.4                | Stephen S                             | S. and Kelly S. Oler                       |                         |  |  |   | Outstanding Balance of Debt |
| House #                                  | 991   | Stree              | et Address                            | Bonnie Brae                                |                         | 1. 1. 2. 20 (1) 数据 的现在分词   | E DEBT INC<br>MM/DD/Y                  | 94. 色材の物にも970年を27年まで、   | \$                          |
| City                                     | val Teorem Parises  | La Agua            | <u> </u>                              |  | State                   | <u> </u>   | 03/26/201<br>Zip                       | (AV.)   | 1                           |
|  | ASSESSED ASSESSED   |                    | Erie                                  | · ·  | State                   | PA   | Zip<br>Code                            | 16511   | 1,000.00                    |
| Descripti                                | ion of Debt   |                    | i                                     |  |                         |  |  |   |                             |
| Name of                                  | Creditor  |                    | ı                                     |  |                         |  |  |   | Outstanding Balance of Debt |
| House #                                  | The Constant  | Stree              | et Address                            | -  |                         | C 1000 C VI - 1000 C   | E DEBT INC                             | <b>を見る まんりがたした。</b>   | *                           |
|  |   |                    |                                       |  | ļ                       | <u> </u>   | ###################################### | Section Section.  |                             |
| City                                     | 29 (2 (97 L) (2)  | 1000               | <del></del>                           |  | State                   |  | Zip<br>Code                            |   |                             |
| Descripti                                | ion of Debt   |                    | · · · · · · · · · · · · · · · · · · · |  | <u> </u>                |  | <u> </u>                               | *.  | [F204]                      |
| Name of                                  | Creditor  | No.                |                                       |  |                         |  |  |   | Outstanding Balance of Debt |
| House #                                  | SO Sheriyaa   |                    | et Address                            |  |                         | The state of the s | E DEBT INC<br>MM/DD/Y                  | 1. 医髓性性100 man 11 11 11 11 11 11 11 11 11 11 11 11 11   | \$                          |
|  | A CONTRACTOR STATES   | W SAC (            | the Adir / g                          |  | To and the great of the | <u> </u>   |  | <u> </u>  |                             |
| City                                     | Million Service (Pro-<br>cessor Common C |                    |                                       |  | State                   | <br>   | Zip<br>Code                            |   |                             |
| Descripti                                | ion of Debt   |                    | -                                     |  |                         |  |  |   |                             |
| Name of                                  | Creditor  | 53                 |                                       |  |                         |  |  |   | Outstanding Balance of Debt |
| House #                                  |   | Stree              | et Address                            |  |                         |  | E DEBT INC<br>VIM/DD/Y                 |   | . <b>\$</b>                 |
| City                                     |   | Walter Con-        | endale des 15 f                       | 12 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) | State                   |  | Zip<br>Code                            |   |                             |
| Descripti                                | ion of Debt   | W #1               |                                       |  |                         |  |  | <del></del>   |                             |
| Name of                                  | Creditor  |                    | <del></del>                           |  |                         |  | , <del></del>                          | •   | Outstanding Balance of Debt |
| House #                                  |   | Stree              | rt Address                            |  |                         | Control of the state of the  | E DEBT INC                             | <ul> <li>January Company of the Company of the</li></ul> |                             |
| is a series                              | 1   |                    |                                       | İ  | ţ                       | <u>. + 1 / 5 / 2 / 機能</u>  | lively named .                         | Q May a v.  |                             |
| City                                     |   |                    | go to po p                            |  | State                   |  | Zip<br>Code                            | i e   |                             |
| Descripti                                | on of Debt  | Arrana<br>Sie alla |                                       |  | Section and section     | E  | N. T. William                          | 4   | <b>资等效</b>                  |

# SCHEDULE III Statement of Expenditures

| Filer identification Number:   |  |  |
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| No. 8 (1.4) \$400.00 (\$100.00 (1.0) \$500.00 (1.0) \$400.00 (1.0) \$6.6\$ |  |  |
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| [17] [18] [18] [18] [18] [18] [18] [18] [18                                |  |  |

| To Whom Paid                      | CI- Club   | ······································ |   | Date [MM/DD/YYYY]               | \$   |
|-----------------------------------|--|--|---|---------------------------------|--|
|                                   | Sam's Club   |  |   | 06/24/2019                      | 181.92   |
| House # 7200                      | Street Address   | Peach Street                           |   | Description of Expendi          | ture   |
| City<br>Erie                      | A Production of the Control of the C | State PA                               | Zip<br>Code 16509                       | Twizzlers Liquorish             | <u> 1900 (1906) (1905) (1196) (1906) (1</u> |
| To Whom Paid                      | Sam's Club   |  |   | Date [MM/DD/YYYY]<br>06/24/2019 | <b>\$</b> 67.42  |
| House # 7200                      | Street Address   | Peach Street                           | *************************************** | Description of Expendit         | ure  |
| City<br>Erie                      | to Water of the Control of the Contr | State PA                               | Zip<br>Code 16509                       | plates/cutlery                  | karan disebutu 4,5 milian ing pagganakan ang 1995 <u>disebuturan</u>   |
| To Whom Paid                      | Sam's Club   |  |   | Date [MM/DD/YYYY] 07/08/2019    | \$<br>333.12   |
| House # 7200                      | Street Address   | Peach Street                           |   | Description of Expendit         | ure \  |
| City<br>Erie                      |  | <b>State</b> PA                        | Zip<br>Code 16509                       | Food For Fundraiser             | agenty in a managery of a selection of people in the accordance of a sec-  |
| To Whom Paid                      | Ganzer Grand Re  | ntal                                   | · · · · · · · · · · · · · · · · · · ·   | Date [MM/DD/YYYY]<br>07/09/19   | 5<br>5724  |
| House # 5045                      | Street Address   | Buffalo Rd                             |   | Description of Expendit         | ure  |
| City Erie State PA Zip Code 16510 |  |  |   | Pub Table Rental                |  |
| To Whom Paid                      | Fine Wine & Good   | l Spirits 2514                         | , , , , , ,                             | Date [MM/DD/YYYY] 07/15/2019    | \$<br>438.40   |
| House # 2501                      | Street Address   | West 12th Street                       |   | Description of Expendit         | ure  |
| Erie                              |  | State PA                               | Zip<br>Code 16505                       | Wine                            |  |
| To Whom Paid                      | Gordon's Food Se   | ervice Store                           |   | Date [MM/DD/YYYY] 07/16/2019    | 74.68  |
| House # 6740                      | Street Address   | Peach Street                           |   | Description of Expendit         | ure '  |
| <b>City</b> Erie                  |  | State PA                               | Zip<br>Code 16509                       | Food for fundraiser             |  |
| To Whom Paid                      | Sam's Club   |  |   | Date [MM/DD/YYYY] 07/16/2019    | 214.38   |
| House # 7200                      | Street Address   | Peach Street                           |   | Description of Expendito        | ure 1  |
| Erie                              |  | State PA                               | Zip<br>Code 16509                       | Food For Fundraiser             |  |
| To Whom Paid                      | Walmart  |  |   | Date [MM/DD/YYYY] 07/16/2019    | 21.11  |
| House # 1825                      | Street Address   | Downs Drive                            | art.                                    | Description of Expenditu        | ure  |
| City<br>Erie                      |  | State PA                               | Zip<br>Code 16509                       | Food For Fundraiser             |  |

# SCHEDULE III Statement of Expenditures

| Filer Identification Number:  |  |      |
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|   | Filer identification Number  |      |
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|   |  |      |

| To Whom Paid                               | D-1-11 C                         | _              |                          | Date [MM/DD/YYYY]            | \$   |  |
|--|----------------------------------|----------------|--------------------------|------------------------------|--|--|
|  | Printing Concepts                | S              | 07/18/2019               | 352.49                       |  |  |
| House # 4982 Street Address Pacific Avenue |                                  |                |                          | Description of Expendi       | ture   |  |
| City<br>Erie                               |                                  | State PA       | Zip<br>Code 16506        | Invitations                  |  |  |
| To Whom Paid                               | Walmart                          |                | Date [MM/DD/YYYY]        | \$<br>25.70                  |  |  |
| House # Street Address                     |                                  |                | 07/17/2019               |                              |  |  |
| 5741                                       | 5741 Street Address Buffalo Road |                |                          | Description of Expenditure   |  |  |
| City Harborcre                             | ek                               | State PA       | Zip<br>Code 16421        | Beverages                    |  |  |
| To Whom Paid                               | Printing Conce                   |                |                          | Date [MM/DD/YYYY]            | \$   |  |
| and the second second                      | Printing Conce                   | :pis           |                          | 08/15/2019                   | 474.88   |  |
| House # 4982                               | Street Address                   | Pacific Avenue |                          | Description of Expenditure   |  |  |
| City<br>Erie                               |                                  | State PA       | Zip<br>Code 16506        | Door Hangers                 |  |  |
| To Whom Paid                               | ChIII C                          |                |                          | Date [MM/DD/YYYY]            | # <b></b><br>#################################         |  |
|  | Cheryl H. Cors                   | ia .           |                          | 09/03/2019                   | 238.08   |  |
| House # 1290                               | Street Address                   | Stark Road     |                          | Description of Expendit      | ure  |  |
| <b>City</b> Bethlehen                      | n                                | State PA       | <b>Zip</b><br>Code 18017 | Postcards                    |  |  |
| To Whom Paid Speedy Buttons                |                                  |                |                          | Date [MM/DD/YYYY] 09/05/2019 | \$<br>102.51   |  |
| House #                                    | Street Address County Road 26    |                |                          | Description of Expendit      | ure .  |  |
| City Plainview                             | State MN Zip Code 55964          |                |                          | Campaign Buttons             |  |  |
| To Whom Paid                               | Melecon                          |                |                          | Date [MM/DD/YYYY]            | \$   |  |
|  | Walmart                          |                |                          | 09/17/2019                   | 43.96  |  |
| House # 5741                               | Street Address                   | Buffalo Road   |                          | Description of Expenditure   |  |  |
| City<br>Harborci                           | reek                             | State          | Zip<br>Code 16421        | Candy                        |  |  |
| Vo Whom Paid                               | Cheryl H. Cors                   | a              |                          | Date [MM/DD/YYYY] 09/18/2019 | \$ 383.36  |  |
| House # 1290                               | Street Address                   | Stark Road     |                          | Description of Expendite     | ir <b>e</b>  |  |
| City Bethlehem                             |                                  | State PA       | <b>Zip</b><br>Code 18107 | Postcards                    | <u>annaga mengalangan pada pada mengalangga pada S</u> |  |
| To Whom Paid Harborcreek Township          |                                  |                |                          | Date [MM/DD/YYYY] 09/30/2019 | 525.00   |  |
| <b>louse #</b> 5601                        | Street Address                   | Buffalo Road   |                          | Description of Expenditu     |  |  |
| City Erie State PA Zip 16421               |                                  |                | your Harborcreek Ad      |                              |  |  |

# SCHEDULE III Statement of Expenditures

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| rijeri        | dentification Number:                      |  |
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| 200           |  |  |
|               | 589 3412 (995) (2965) 4893 <i>(4</i> 1     |  |
| All and the P | PALLY SERVE DIVINE RESIDENCE AND RESERVED. |  |
|               |  |  |

| To Whom Paid                           | Chard H. Com                       |                        |  |  | Date [MM/DD/YYYY]                        | , <b>,</b> \$    |  |  |
|--|------------------------------------|------------------------|--|--|--|------------------|--|--|
|  |                                    | Cheryl H. Corsa        |  |  | 10/10/2019                               |                  | 516.86   |  |
| House # 1290                           | Street Address                     | Stark Road             |  | Description of Expend  | iture                                    |                  |  |  |
| City Bethlehem State PA Zip Code 18017 |                                    |                        |  |  | Postcards                                |                  |  |  |
| To Whom Paid                           | Cheryl H. Corsa                    |                        |  |  | Date [MM/DD/YYYY]                        | \$               |  |  |
|  |                                    |                        |  |  | 10/14/2019                               | 6                | 179.20   |  |
| House # 1290                           | Street Address                     | Address Stark Road     |  |  | Description of Expendi                   | ture             |  |  |
| City Bethlehem                         | 19 Sagis Sastiniai saria (12. Fig. | State PA               | Zip<br>Code  | 18017  | Postcards mailed                         | <u>erelinder</u> | <u>and a lateral series de la lateral de la</u>  |  |
| To Whom Paid                           | Printing Concepts                  |                        |  |  | Date [MM/DD/YYYY]                        | \$               | 705 70   |  |
|  |                                    | bengang a              |  |  | 10/14/2019                               | 300              | 795.72   |  |
| House # 4982                           | 4982 Street Address Pacific Avenue |                        |  | Description of Expendi   | 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1 |                  |  |  |
| City<br>Erie                           | State PA Zip 16511                 |                        |  | 16511  | Mailer Postage                           |                  |  |  |
| To Whom Paid                           |                                    |                        | A committee of the comm | **************************************                             | Date [MM/DD/YYYY]                        | \$               |  |  |
| House #                                | Street Address                     |                        | ·  |  | Description of Expendi                   | ture             |  |  |
|  |                                    | to again to the second |  | <u> </u>   |  |                  | The second second  |  |
| City                                   |                                    | State                  | Zip<br>Code  | 12-12-1<br>(1-12-13-14-14-14-14-14-14-14-14-14-14-14-14-14-        | ·  | -                |  |  |
| To Whom Paid                           |                                    | 1 statistic model of 1 | etheres, even in par   | erice  | Date [MM/DD/YYYY]                        | \$               |  |  |
| House #                                | Street Address                     |                        |  | , , , , , , , , , , , , , , , , , , ,                              | Description of Expendit                  | ture             |  |  |
| City                                   |                                    | State                  | Zip<br>Code  |  |  | . 10 50%         | <u> </u>   |  |
| Fo Whom Paid                           |                                    |                        |  |  | Date [MM/DD/YYYY]                        | \$               |  |  |
| House # Street Address                 |                                    |                        |  |  | Description of Expendit                  | ure              | 246<br>1 (2)   |  |
| ity                                    |                                    | State                  | Zip<br>Code  | 100<br>100<br>100<br>100<br>100<br>100<br>100<br>100<br>100<br>100 |  | 10 W 100         |  |  |
| o Whom Paid                            |                                    |                        |  |  | Date [MM/DD/YYYY]                        | 2 <b>5</b>       | ,  |  |
| fouse #                                | Street Address                     |                        |  |  | Description of Expendit                  | ure              |  |  |
| ity                                    |                                    | State                  | Zip<br>Code  |  |  |                  | and the second s |  |
| o Whom Paid                            |                                    | <del></del>            |  |  | Date [MM/DD/YYYY]                        | \$               |  |  |
| louse#                                 | Street Address                     |                        |  |  | Description of Expendit                  |                  |  |  |
| ity                                    |                                    | State                  | Zip.   |  | 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -  | , or population  | er in en groeg gegent groep daar te vroeën fan een geogen <sub>ee</sub> 3.455  |  |
|  |                                    | 10 2000 20             | Code   |  |  |                  |  |  |