

Commonwealth of Pennsylvania - Campaign Finance Report

	ar and legible. It should be typed)
Filer Identification 83-43/4339 Report Filed By Consumber 83-43/4339 (Mark X)	andidate Committee Lobbyist
Name of Filing Committee, Candidate or	to Flact Daymon Paclass
Lobbyist FIRMOS Street Address	to Elect Davona Pacley
	OF Zip Code U SOO
Type of Report (Place x under report type)	PA 110509
1-6 th Tuesday 2-2 nd Friday 3-30 Day Post 4-6 th Tuesday 5-2 nd F	riday 6-30 Day Post 7- Annual Special 2 nd Friday Special 30 Day
Pre-Primary Primary Primary Pre-Election Pre-Election	
Date Of Election Year October	Amendment Termination
(MM/DD/YYYY) 05/31/3019 3019	The state of the s
Summary of Receipts and From Date To Date Expenditures	For Office Use Only
10122119	
A. Amount Brought Forward From Last Report \$ 719.28	VOT 33
B. Total Monetary Contributions and Receipts \$ (From Schedule I)	SE S
C Total Funds Available S	RE 22
(Sum of Lines A and B) 719.28 D. Total Expenditures 5 719.20	
(From Schedule III)	
(Subtract Line D from Line C)	
F. Value of In-Kind Contributions Received \$ (From Schedule II)	anger alpr district
G. Unpaid Debts and Obligations \$	
(From Schedule IV)	davit Section
Part 1- If this is a Committee report, treasurer sign here. If this pagande are	port, candidate sign here.
I swear (or affirm) that this report, including the attached school and on subscribed before me this	Ly A line pest of my knowledge and benefit and, confect and complete.
2019 day of Ortobor 20 19 min g	Kipa Jaylor
Lonia (Runanden as a Course	Signature of Person Submitting report
Signature Constitution of the state of the s	771 1100 100
My Commission expires VP 0188 3 220	Area Code Daytime Telephone Number
Part II- If this is a report of a Candidate's Authorized Committee, Candidatesha	li sign here
I swear (or affirm) that to the best of my knowledge and beffer this politica	mittee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, NO.320) as
amended.	α . Ω
Sworn to and subscribed before me this	de la la desta de la compansión de la co
day of 20 20	Micro Signature of Canadigates
Signature Hermandles	Printed Name
My Commission expires 4-3-23	(814) 218-1987
MO. DAY YR.	Area Code Daytime Telephone Number
Communicación of Connectionic Material Cont	

nonwealth of Pennsylvania - Notary Seal Tonia Fernandez, Notary Public **Erle County**

My commission expires April 3, 2023 Commission number 1288912

PART A

Contributions Received From Political Committees

\$50.01 TO \$250.00
Use this Part to itemize only contributions received from Political Committees with an aggregate value from \$50.01 TO \$250.00 in the reporting period.

Filer Identification Number

Filer Identification Number 83-	-4304339	7		
				Amount
Full Name of Contributing			Date [MM/DD/YYYY] \$	
Committee				
House # Street Address			Date [MM/DD/YYYY] \$	
	23.00/amma - 1-5-1	Paris Control Control		
Gity	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing	management of 200000000	y and the state of	Date [MM/DD/YYYY] \$	
Committee .				
House # Street Address			Date [MM/DD/YYYY] \$	
70 m				
City	State	Zip Code	Date [MM/DD/YYYY] \$	
			Date FARE (Dr. 68460)	
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	
House # Street Address			Date [MM/DD/YYYY] \$	No. of the second secon
				M. Comments of the Comments of
City.	State	Zip Code	Date [MM/DD/YYYY] \$	
		· · · · · · · · · · · · · · · · · · ·	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee			Pare IMMEDIATAL 5	
House # Street Address			Date [MM/DD/YYYY] \$	
				100 100 100 100 100 100 100 100 100 100
City_	State	Zip Gode	Date [MM/DD/YYYY] 2 \$	
Activity of the second		The second secon		
Full Name of Contributing Committee	<u>-</u>		Date [MM/DD/YYYY] \$	
House			Date [MM/DD/YYYY] \$	
House# Street Address				
City	State -	Zip Code	Date [MM/DD/YAYY] 5	
	And the second		12.	
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	
House # Street Address			Date [MM/DD/YYYY] \$	AND THE STATE OF T
House # Street Address			727	
・ 注意 ・	State	Zip Code	Date [MM/DD/YYYY] \$	

PART B

All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Filer Identification Number 1: 02-112121230			
50 4 JUN 00 1	Filer Identification Number (

Full Name of Contributor			Date [MM/DD/YYYY]	
				菱
House # Street Address			Date [MM/DD/YYYY]	\$
				10. 10. 10. 10. 10. 10.
Gity (State	Zip Code	Date [MM/DD/YYYY]	\$ 10
\$\$\tau_{\text{\tiny{\text{\tin}\text{\tin}\text{\texi}\text{\text{\text{\text{\text{\text{\texi}\text{\text{\texi}\text{\text{\text{\text{\text{\texi{\text{\texi{\texi}\tint{\text{\texi}\text{\texi{\text{\texi}\text{\text{\texi}\text{\texit{\texi{\tex{				
Full Name of Contributor			Date [MM/DD/YY/Y]	\$
House # Street Address			Date [MM/DD/YYYY]	\$
				F
City	State	Zip Code:	Date [MM/DD/YYYY]	*
(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)		Political Control of the Control of		
Full Name of Contributor			Date [MM/DD/YYYY]	A. T. C. Marie
House # Street Address			Date [MM/DD/YYYY]	\$
Gity	State:	Zip Code	Date [MM/DD/YYYY] **	\$
				#
Full Name of Contributor			Date [MM/DD/YYYY]	
House # Street Address			Date [MM/DD/YYYY]	\$
			New India/nh/www.	
City 1	State	Zip Code	Date [MM/DD//YYY)	\$
Full Name of Contributor		- The state of the	Date [MM/DD/YYYY]	*
House # Street Address			Date [MM/DD/YYYY]	\$
工工工工工工工工工工工工工工工工工工工工工工工工工工工工工工工工工工工工				
City	State	Zip Code	Date [MM/Db/YYYY]	\$
			Date MM/DD/WYY	
Full Name of Contributor		•	Date hanahan/sunud	
House # Street Address			Date [MM/DD/YYYY]	\$
City	State	Zip Code #	Pate [MM/DD/YYYY]	\$
tor and the second	26			

PART C

Contributions Received From Political Committees

Over \$250.00

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

Filer Identification Number: 83-436 4339	
Full Name of Contributing Committee	Date-[MM/DD/YYMM] \$
House # Street Address	Date [MM//DD/YYYY/] \$
City State Zip Gode	Date [MM/DD/YY/Y] \$
Full Name of ** Contributing Committee	Date [MM//DD/YYYY/] \$
House # Street: Address	Date [MM/DD/YYYY] 1
City State Zip Code	Date [MM/DD/YYYY] \$
Full Name of Contributing Committee	Dâte [MM/DD/YYYY] \$
House W Street Address	Date [MM/DD/YYYY] \$
City. State Zip Code	Date [MM/DD/YYYY] \$
Full Name of Contributing Committee	Date [MM/DD/YYYY] \$
House# Street Address	Date [MW/DD/YYWY] \$
City State Zip Code	Date [MM//DD/YYYYY] \$
Full Name of	Date [MM/DD/YYYY] =\$
House # Street Address	Date [MM/DD/YYYY] \$1
City:	Date [MM/DD/YYYY] \$ =
Full Name of Contributing Committee	-Date [MM/DD/YYYY] \$
House # Street Address	Date [MM/DD/YYYY) \$
Zin Codo	Epato (MIW/Ne/VAW/III S

PART D

All Other Contributions

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period. (Exclude contributions from political committees reported in Part C)

Filer Identification Number:

Full Name of Contributor			Date [MM/DD/YYYY]	\$ 12 minutes 1 m
House # Street Address				
City	State	Zip Code	Date [MM/DD/YYYY]	
Employer Name ### ################################			Occupation	
Principal Place of Business			Description of the second	
Full Name of Contributor			Date [MM/DD/YYYY]	
House# Street Address	- All B		Date [MM/DD/YYYY)	
City :	State	Zip Code		\$
Employer Name	-		Occupation	
Employer Mailing Address / Principal Place of Business			PAGE 1	
Full Name of Contributor				
House # Street Address			Date [MM/DD/YYYY]	\$ ·
City 1	State	Zip Code 🛴		\$
Employer Name			Occupation	
Employer Mailing Address / Principal Place of Business				
Pull Name of Contributor 基				\$
House # Street Address				
City :	State	Zip Code		\$
Employer Name			Occupation	
Employer Mailing Address /			AND THE STREET, AND	

PART E

Other Receipts

REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Hier Identification Number:					
Full Name					•
House # Street A	ddress		···		
City 1	Ste	ite Z	ip ode	Date [MM/DD/YYYY] \$	
Receipt Description				Total Control	
Full Name 古					
House # Street A	ddress				
House # Street A	St		ip ode	Date [MM/DD/YYYY] \$	
Receipt Description					
Full Name					
House # Street A		ite 2	ip,	Date [MM/DD/YYYY] \$	
City 1.			ode		
Receipt Description					· · · · · · · · · · · · · · · · · · ·
Full Name					
House # Street A	51-27-董				
City			lip Code	Date [MM/DD/YYYY] \$	
Receipt Description		And Andrews (Andrews			
Full Name					
House # Street A					
City, g	Str		ip ode	Date [MM/DD/YYYY] \$	3
Receipt Description					
Full Name					
House # Street A					· ·
City	=St		ip Code	Date [MM/DD/YYYY] \$	
Receipt Description					

SCHEDULE I

Contributions and Receipts Detailed Summary Page

Filer identification Number	83-431.4339	·.	

1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor	40		3 45	
Total for the reporting per	riod (1)	\$ Ø		
2: Contributions of \$50.01 to \$250.00 (From Part A and Part B)				
Contributions Received from Political Committees (Part A)		\$ ϕ		
All Other Contributions (Part B)		\$ 7	# # # # # # # # # # # # # # # # # # #	
Total for the reporting per	riod (2)	\$		
3. Contributions Over \$250.00 (From Part C and Part D)				
			Community of the commun	and the second of the second o
Contributions Received from Political Committees (Part C)		\$ Ø		
Contributions Received from Political Committees (Part C) All Other Contributions (Part D)		\$ P		
	iod (3)	P		
All Other Contributions (Part D)		\$		
All Other Contributions (Part D) Total for the reporting peri	Part E)	\$ P		

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECIEVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD DETAILED SUMMARY PAGE

Filer Identification Number				
UNITEMIZED IN-KINDECC TOTAL for the reporting period	NTRIBUTIONS RECEIVED-VALU (1)	JE OF \$50.0000RIEFSSPER	CONTRIBUTOR CONTRIBUTOR	
TOTAL for the reporting period	(+)			
2. IN-KIND CONTRIBUTION	S RECEIVEDEVALUE OF \$50.01.	TO \$250.00 (FROM PART F		
TOTAL for the reporting period	. (2)	\$		_
3. IN-KIND CONTRIBUTION	RECEIVED-VALUE OVER \$250.	00 (FROM PART G)		
TOTAL for the reporting period	(3)	\$		
TOTAL VALUE OF IN-KIND CONTRI	BUTIONS DURING THIS REPOR	TING S		
PERIOD (Add and enter amount to on Page 1, Report Cover Page, Iter	tals from boxes 1, 2, and 3; als			

SCHEDULE !! PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer identification Number:		
Filer identification Number:		
4 1- 24 第 3		

Full Name of Contributor			Date [MM/DD/AYYY] \$	
House# Street Address			Date [MM/DD/YYYY] \$	
章 事 City 章 章 章	State	Zip Code	Date [MM/DD/YYYY] \$	
Description of Contribution	***			
			The state of the Common to 1774	
Full Name of Contributor			Date [MM/DD/YYYY] \$	
House'# Street'Address			Date [MM/DD/YYYY] \$	
ZCity	State	Zip Code	Date [MM/DD/AYYY] \$	_
Description of Contribution	<i>z</i>			<u>.</u>
Full Name of Contributor		······································	Date [MM/DD/YYYY] \$	
House # Street Address			Date [MM7/DD/YYYY] \$	
City !	State	Zip Code:	Date [MM/DD/YYYY] \$	
Description of Contribution				
Full Name of Contributor			Date [MM/DD/YYYY] \$	
House # Street Address			Date [MM/DD/YYYY] \$	
Caty A.	State	Zip Code	Date [MM/DD/YYYY] \$	
Description of Contribution				
Full Name of Contributor			Date [MM/DD/AYYY] 45	
House # Street Address	· · · · · · · · · · · · · · · · · · ·		Date [MM/DD/AAAYY] 35	
City.	State:	ZipiCode	Date [MM/DD/YYYY] \$	
Description of Contribution				

SCHEDULE II

Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer identification:Number:	
Full Name of Contributor	Date [MM/,DD/,YYYY] \$
House # Street Address	Date [MM/DD/YYYY] \$
City State Zip Code	Date [MM/DD/YYAY] \$
Employer Name 2 7 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Occupation - Description
Employer Mailing Address / Principal Place of Business	of Contribution
Full Name of Gontributor	Date [MM/DD/YYYY] \$
House # Street Address	Date [MM/DD/AYYY] \$
City State Zip Code	Date [MM/DD/YYYY] \$
Employer Name	Occupation III
Employer Mailing Address / Principal Place of Business	Description : of Contribution
Full Name of Contributor	Date [MM/DD/YYYY] \$5
House # Street Address.	Date [MM/DD/YYYY] 5
Gity State Zip Code	Date [MM/DD/YYYY] \$
Employer Name 4 A	Occupation
Employer Mailing Address / Principal Place of Business	Description of Contribution
Full Names of Contributor	Date [MM/DD/YYYY] \$
House # Street Address	Date [MM/DD/YYYY] at: \$
City State Zip Code	Date [MM/DD/YYYY] \$
Employer Name	Occupation
Employer Malling Address / Principal. Place of Business:	Description of Contribution

Statement of Expenditures

Filer Identification Number: 83-4364389

						
To Whom Pald	rie Co	unty You	una l	Jems	Date [MM/DD/YYYY] \$	
House # /305 Stre	net Address	tate Street	,)		Description of Expenditure	
Eri	20000	State PA	Zip	10501	Donation	
To Whom Paid	P				Date [MM/DD/YYYY] \$	
House #	eet Address		<u></u>		Description of Expenditure	
City		State	Zip Code			
To Whom Pald					Date [MM/DD/YYYY] \$	
House # Stre	eet Address				Description of Expenditure	
City		State	Zip: Code			
To Whom Paid					Date [MM/DD/YYYY] \$	NEW PRINCIPAL STATES OF THE ST
House # Stre	eet Address				Description of Expenditure	
Gity Signature of the control of the		State	Zip: Code			
To Whom Paid					Date [MM/DD/YMY] \$	ravier in second
House# Str	eet Address	,			Description of Expenditure	
City		State	Zip Code			
To Whom Paid					Date [MM/DD/YYYY] \$	
House # Str	eet Address				Description of Expenditure	
· City		State	Zip			
To Whom Paid					Date [MM/DD/Y/YY] \$	
	reet Address				Description of Expenditure	
City		State =	Zip.			
To Whom Paid					Date [MM/DD/YYYY] \$	
House # Str	reet Address				Description of Expenditure	
City.		State	Zip Code			

SCHEDULE IV

Statement of Unpaid Debts

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Filer (dentification Number,				
Name of Greditor				Outstanding Balance of Debt
- 1 1 1년 (Police F 2년)	et Address		E DEBT INCURRED MM/DD/YYYY]	\$
City.		State	Zip Code	======================================
Description of Debt				
Name of Creditor		-	and the second	Outstanding Balance of Debt
	et Address		E DEBT INCURRED MM/DD/YŸYY]	
City : W		State	Zip Code	1
Description of Debt				
Name of Creditor				Outstanding Balance of Debt
House# Stre	eet Address		E DEBT INCURRED, MM/DD/YYYY]	
City		State	Zip Code	
Description of Debt				
Name of Creditor				Outstanding Balance of Debt
	PEC Address	=- ' '	E DEBT INCURRED MM/DD/YYYY]	
City S 1		State	-Zip Code	
Description of Debt				
Name of Creditor		100000		Outstanding Balance of Debt
	eet Address	To MARINE	E DEBT (NCURRED) MM/DD/YYYY)	
City		State =	Zip Z Code S	
Description of Debt				
Name of Creditor				Outstanding Balance of Debt
House # Stree	eet Address		E DEBT INCURRED MM/DD/YYYY]	
City		State	Zip Code	
Description of Debt				