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

(Note: 1115 le	port must be clea	ar and legible. It s	noula be typea)		
	ort Filed By Ca ark X)	ndidate	Committee		Lobbyist
Name of Filing Committee, Candidate or	A Man Transfer Transfer and Charles of Charles and Charles				
Lobbyist Street Address	L LLEN	SCHAM	SCHAN		
City = F	. /.2 20	ILLI-AIR ate)	Zip Code		·
LRIE_		1/4	*ZIP CODE	16505	
Type of Report (Place x under report type)	valore the property and the second control of the				
1-6 th Tuesday 2-2 nd Friday 3-30 Day Post 4-6 th Pre-Primary Pre-Primary Primary Pre-1	Tuesday 5-2 nd Fr Election Pre-Ele			· 通过的现在分词 · 电影 · 电影 · 电影 · 电影 · 电影 · 电影	Special 30 Day Post-Election
Date Of Election , Year		Amendment	Teri	 nination	
(MM/DD/YYYY) /1/05/2019	Z0/	9 Report	Rep	是企业的企业企业企业的企业的政治的企业	
Summary of Receipts and From Date Expenditures	To Date		For Office	Use Only	
				ź	D
A. Amount Brought Forward From Last Report \$		0		लिला ह	
B. Total Monetary Contributions and Receipts \$ (From Schedule I)	X1105	00		ज्ञानी १	ာ ယ
C. Total Funds Available \$			•	96	~~. TOT
(Sum of Lines A and B) = D. Total Expenditures \$		0		37	and the second s
(From Schedule III)	3856.79			3	 ట
E. Ending Cash Balance \$ (Subtract Line D from Line C)	1638,2	21			<u> </u>
F. Value of In-Kind Contributions Received . \$ (From Schedule II)					
G. Unpaid Debts and Obligations \$					
(From Schedule IV)			. <u> </u>		
Part 1- If this is a Committee report, treasurer sign here. If the	Allida nis is a Candidate repe	rt, Section rt, candidate sign here).	· · · · · · · · · · · · · · · · · · ·	
I swear (or affirm) that this report, including the attached scl Sworn to and subscribed before me this	hedules on perper, is see	the best of my knowl	edge and belief true, cor	ect and complete.	
day of OHODOC 20	mmis mmis	()an	in Amido	/	
Donia Womanoles			e of Person Submitting re	port	
Signature	A Pennsylvania - Nalandez, Notary Pu Erie County Con expires April 3, On number 12889 Vabla Association of	0.1	Printed Name	-	
My Commission expires	ez, Notary Pu County xpires April 3 umber 1288;	814	474	1-5766	
MO. DAY YR.	2 8 W L Z		Daytime Te	lephone Number	
Part II- If this is a report of a Candidate's Authorized Commit I swear (or affirm) that to the best of my knowledge and believed to the best of my knowledge a	tee, and date slaves of the political commi	gn here. ttee has not violated a	ny provisions of the Act	f lune 3 1037 /D I	1322 NO 230) as
amended.	e Seat	-100 Has Not Holatica a	ny provisions of the Acce	7 Julie 3, 1937 (F.L	. 1355, 110,520) as
Sworn to and subscribed before me this	Seal				
day of October 20 19	202 112 Note	<u> </u>	15cm	maeu	· we
Soma Harmander	pril 3, 20 288912 tton of No	EIIEN SIE	gnature of Candidate	RMAN	
Signature	Nota Nota Inty res A socia	- 1	Printed Name	2/7.	
My Commission expires 4-3-43 MO. DAY YR.	th of Pennsylvania - Notary Samandez, N otary Public Erie County Ssion expires April 3, 2023 Ssion number 1288912 Sylvania Association of Notari	Area Code	570 -	phone Number	
	nonwealth of Pennsylvania - Notary Ser Tonia Fernandez, Notary Fublic Erie County 7 commission expires April 3, 2023 Commission number 1288912 Per, Pernsylvania Association of Notaries	+ /	Dayonic Tele	Prioric Harriber	
	Tonia Fe Commis Commis er, Perm				
	နိုင် သို့ ရှိ				

SCHEDULE 1

Contributions and Receipts Detailed Summary Page

Filer Identification Number	01/ 7/2000	
	<u>84</u> - 25 0392	

<u>-: </u>			
L'Unitemized Contributions and Receipts: \$50.00 or Less per Contributor	TO WELL	hadin:	
Total for the reporting period	(1)	\$	95.00
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)	雅雅		95.00
Contributions Received from Political Committees (Part A)	**		
<u></u>		\$	
All Other Contributions (Part B)		\$.000
Total for the reporting period	(2)	\$	
	`-'		1900.00
3. Contributions Over \$250.00 (From Part Cland Part D)			
Contributions Received from Political Committees (Part C)		\$	
All Other Contributions (Part D)			
		\$	3500.00
Total for the reporting period (3)	\$	
4. Other Receipts-Refunds, Interest Farned, Returned Checks, ETC (From Part E)	温利度。	-17.552.9	3500.00
		i danger	AND STATE OF THE S
	4)	\$	5495,00
Total Monetary Contributions and Receipts during this reporting period (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)	rt	\$	3 4 72,00

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.)

Fue identification Number	84-2850397	
		

a fell i Name with contrabutors			
	STEVEN + PATRICIA RILEY	09/Z8/Z019	100.00
5708	BONAVENTURE De.	Date: MM/QD/YXM 5	
ERIE	State PA Zip.Code 16505	Date (MM/Dib//YYY) s	
Full Name of Contributor of Contribution of Contributor with Theorem (1994)	ED YARRINGTON	09/28/2019	100.00
6350	RUHL RO.	Date [MM/DD/nnvv] S	
FAIRUI	EW State PA 210 Code 16415	Date [MM/DD/YYYY] \$	
Full Name of Contributor	BARB & GARY MILLS	Date MINIOD MANY S	100.00
15031	FRY Ro.	Date (MM/DID)/***(*) _ \$	
EDINBU	164/1Z	Date MAA/Db/YYYY	
Full Name of Contributor	CHRIS & JENN SCHANERMAN	09/78/7019	250.00
267	ROGIERS PARKWAY	Date (MM/DD/YKP)	
ROCHES	STER State My Zipsode 14617	Date MM/DD/YYYY) \$	
Cuit Name of Contributor A contributor Laborator properties	TON BENSON	09/28/2019	100.00
Z015	DUTCH RO.	Date (MM/BD/YYYY) S	
FAIRVIE	N State A ZID Codic 16415	Date MM/OU/MMI	
Full Name of Contributor	PATRICKY NATALIELATIMER	09/28/2019	250.00
7059	W. LAKE RD.	Date (MMADD/YYYY) : \$	
GION FAIRNE	w State A 200 Corte 16415	Date NM/De//YCYL; \$	

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.)

84-2850392

EDWARD Y KITA GOEBIEL 091	ZP/Z019 Z00.00
3ZZ6 GEORGIAN CT.	MINI DOMANIE IS
ENROS TOUG	MM PDA WATE
LANCY YARRINGTON 1991	Z9/Z019 100.00
128 StreegAtidless LONGACRE AVE.	ANT SELVENTANTE I S
ERIE PA 16509 Parelly	(N/ZEDZACKE) PS
Solan Fort	Z8/2019 Z50.00
80 LORD R.D.	#W/DD/WWN11 \$
FOR Name of Community	MARAMAD S
I A A A A A A A A A A A A A A A A A A A	DP/Z019 Z00,00
3273 CEORGIAN CT.	E/(PDZ/ACY/II) S
ERIE B 1/4506-1171	M/PD/Ataatil sa
D. GARTH & MARCARET L. HETZ 10/0	2/2019 250.00
6959 E WATER St. POBOX309	<u>Viedannie</u>
FAIRDIEW PA 16415	
	WEDWATE S
State Zip Code Date I MA	

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)

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	<i>211</i> — <i>2 V</i>			
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Eultoaneo cominimens		
	JACK FOHT	09/28/209 Z,000.00
House # Street	674 LN N	Date [MM/BD/XXYY] \$
CON MAPL		Date (MM/DD/YYM)
Employer hame a carper of the common and the common		Occupation RETIRED
Employer Mading Address / Enneign Place of Business		
Full Name of Contributors	Scott M. BOLWELL	10/14/ZD19 500.00
4418	PERSIMMON DR	Date MM/DD/YYYY > \$
GIRARA	State	Date [MM/DD/YYYY] 4 5
Employer Name 1 1999 1999 1999 1999 1999 1999 1999	BONNELL'S AUTO GROWA, LLC	1
Principal Places of Business Full Name of Contributor	4230 FRANKLIN RO. FAIRVIEW	ACCUMATION OF A PROGRAM OF A PR
	ROCER W. KICHARDS	10/04/2019 1,000.00
	e Address	Date (MMA/DD/YYYY)
City :	State Zp Cade	Date MANAGEZ YYYYA 💲
Employer Mailing Address /	RICHARDS & ASSOCIATES	
Principal Place of Business # Pull Name of Cantributor	Z30 WEST SIXTH ST. ET	
		Bateriolog/00/00/00/11 5
E. Polici Harrier Martin	s Aodrass	Pate Min/DD/YYP9
City.	State. Ap Code	Bate (MM)/DB/ACM) S
Employer Name		Occupation
Employer/Mailing Address /		

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

Ciericensination (White)			
Example Product (1)			
A DINESIMEEN DESIMESTA CONTRETA			DOUGH ESS PER CONTRIBUTOR
TOTAL for the reporting period	(1)		\$
A STATE OF THE STA			66)(6+Ke)(A)PARICID
TOTAL for the reporting period	(2)		\$
2. Mekhyo centralepton Recever			
TOTAL for the reporting period	(3)	:	\$
TOTAL VALUE OF IN-KIND CONTRIBUTIONS PERIOD (Add and enter amount totals from on Page 1, Report Cover Page, Item F)	DURING THIS RE boxes 1, 2, and	PORTING 3; also enter	\$

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Tull (tame of Good hard)				:
House # Street Address	ģ (Date (Mito/Adda/1772)]. 5	
Description of Contribution		ZIQ Code	Pate Unity/DeX(1)(1)(1) SV	
Fig Name processor			REFINITIVE PLANTAGE AND	
	·			
House # Street/Andress	Figure and Williams and	See female for the second country of the sec	Date Markard (1774)	
Description of the state of the	State	Piccae	(Date MW/IDD/MM)	
DESCRIPTION CONTIDUTION THE STATE OF THE ST				
	·		DARE INN / PRANTICE	
	NINESCONO CONTROL	DOCUMENT AND STREET OF THE STR	Date IMM/BD/AMMI	
Description of Contribution		Zr Code	Date IMM/DD/ARY) S	
Rall Name on containing	. 1			
	·			
			Pace (MW/RP/YYY)	
(City) Pescriblion of Contribution	Soxe	Zir-Catie	car (MM) crivil 5	
TIM DEVINE OF CONTRACTOR !				
	!			·
	The microscom (Colombia) in th		Date [MIN/DD/NY/N]]	
Civ		∠ ir(coale	ESTE MM/DEANIME S	
Osscription of Contribution	•			

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

FIEGERIESON (ITALES)			
Full Name of Contributor	intersalitymuns		
House # Street A			Pae MM/P/AYME 18
		Zip Code	Pare (VIM/PP/ATY)
Employer Mailing Address //Prail Place of Business		; ;	Description ()
Forcet Ad	diese	• •	Date (MANDOMAN) SA
Ediy.	State	JUEN COSE	Date WWW.DAWY.
Employer Mailing Address // Fra Place of Business	ki pa	· · · · · · · · · · · · · · · · · · ·	Clausation S Description
Full Name of Continue of			
POSE# SIFEE Add			pate imm/sp/mm/II
		Ap Code	
Empleye Name Triployer Walling Adbress / Pan Place of business / L	gpai	property in a second policy in the hypothesis (see), (g	Occuration Description
Followare of Contributor			or Controlation
HOUSE/B. Street And	Tess	· 	Pate Min/DD/YYYY
	Sate .	Zip Code	Pare IMM/DD/MMX) \$
Find over Names;	toal	Generalism Christian Bushing	9 Occupation
Place of Business		:	on de la control

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.

FLEP Identification: Number	84-28503;	92		
(Fills)Pane				
	eo Address		ISSUE OF STATE OF THE STATE OF	75(5)
City	Siate		/Pare DYM/ABP/AYYVA	
1,60,E04	er Address			
	SHE	Zic. Code	Pate MM/DD/A 7/11	
Receipt Description	Processing of the Control of the Con	(hwaterezzion hallakku)	Na Na Na Na Na Na Na Na	- · · · · · · · · · · · · · · · · · · ·
	Braces			
		AP.	ADBREASMING PROPERTY OF THE PR	
Receipt Despresson		(Code		
e annue romania				
Griden State Children (1997)	eraddress Stars	Z 18.	Pare-IMM/PD/MYMM is	
Receipt (Pesculphons /)		esid∈		
House?	ap Adiciress			
GIVE.	State	Code	pate(MMV/po/Ass)	
Receipte Descriptions (*) 1907 - 1908 Full Names (1908)		powers to recover the control of the	[ESC)	
	a Address			
	Sale	Zio Cotex-	PARAMONDO ANTI-	
RECORD PRESCRIPTION OF THE		[編明][編制]		

SCHEDULE III

Statement of Expenditures

deminication Number: \$4-2850392

PGALITOM Paid	Example of the second s
ACH HARLAND CLARKE-LI	09/17/2019 18.60
Flouse # Street Afrikass State: 75	Description on Experience:
t Eoce	SO CHECKS & CHECKBOOK
PRINTING CONCEPTS	10/18/2019 3838.19
Houses 4982 Street Address PACIFIC AVE.	Description of Espendence
ERIE State /A Gode 16506	MAILINGS & POSTCARDS
To Whom Paid	
House # Steel Address	Description of Expenditure
Safe ! Za	The state of the s
To Whom Paid	Date [MIN/DD/AY(M)]
House # Street Address	Pescription of Expenditure
Sign Control of the C	Teachemine succession and procession in the succession and the success
I G.Whom Paid 2.	PER CALLED MINING
House A Size Addies	Description of Experionate
Sinte Code	Secretarii isan sanayas seran kin serseri masa kesara masa mana kesaran asa seri mana kesaran kesaran kesaran
EQAVACON RAIC	Date MMVDD/YYY
House # Street Address	Description of Expenditure
State CORE	The control of the co
FO Witchn Faid	Pare DAW/PD/77V612: 3
Haused Street Address	Description of Expenditure
City State Code K	and the second s
NoXukjam Para M.	
House # Street Adtress	Description of Example 1997
State ST	The state of the s

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.

Elegiendication Number N	the end of the reporting period.
Name of contract with the	e programme de la companya de la com
Souse# Sireet Address	DATE DEBT INCORRED
Pesciption of Dept.	Code C
Vane of control	
House# Street Address	Aus Sinding Balance of the fit of the state of the sta
	EMM/OBAYYKI
City Description of selection	State W Eq. (Code)
2) Escapación de la companya de la c	
Alane by open one	i Cui sa kanga sa
House# Stress Address	DATEDEST NICERED
Giv/	
Description (Noted in 1997)	; State Zip Code
Name Organia and Andrews	
House# Sycercappicess	DALEDERI INCRESED)
Bescubionia Pent	State 2-p Code
Name on excitor and the	
House # State and as	Questanding Estancis (Paris Dees, INCORRED (C. S.)

City City Pe-catauniterpelat	Siance Zip Gade L
	Hestonius I
Name of creditor Touscate Street Address	Cursanding Balance (a logo)
House # Street Address	2/AE DEB MCCRRED (MCC/DD/AWAY)
Oft Control of the Co	State Ap.
Sescription of Den	