Commonwealth of Pennsylvania - Campaign Finance Report

	(Note: This	report mus	st be clear and	l legible. It shou	uld be typed	l)			
Filer Identification Number	Report Filed By Candida (Mark X)			ite X	Committee		Lobbyist		
Name of Filing Committee, Car Lobbyist		2A21	11000	2500 T	Y		<u></u>	<u> </u>	
Street Address 3236	PARAM	I Blu	7			· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		
City	1991	······································	Zip Code	16504	,				
Type of Report (Place x under re	eport type)					, , , , , , , , , , , , , , , , , , ,	*****		
1-6 th Tuesday 2-2 nd Friday	6- 30 Day Post	7- Annual	Special 2 nd Friday	Special 30 I	Day				
• · · · · · · · · · · · · · · · · · · ·		e- Election	Pre- Election	Election		Pre-Election	Post-Election		
					X				
Date Of Election	У	ear 2020		Amendment		Termination			
(MM/DD/YYYY)		4000		Report		Report			
Summary of Receipts and Expenditures	From Date	To Date		For Office Use Only					
Experiarais	1/1/2020	12/3	1/2020	72 G					
A. Amount Brought Forward Fro		\$ 7	B			68			
B. Total Monetary Contribution	s and Receipts	\$ 1	<u> </u>			₩ SE	2		
(From Schedule I)		15.0	500.00			30-1	AM 10: 39		
C. Total Funds Available		\$ 5	- S				<u></u>		
(Sum of Lines A and B) D. Total Expenditures		1,15,0	00,00				6		
(From Schedule III)		150	50.00						
E. Ending Cash Balance		\$)	A)						
(Subtract Line D from Line C)			10'						
F. Value of In-Kind Contribution (From Schedule II)	s Received	\$	Í						
G. Unpaid Debts and Obligation		\$	~~						
(From Schedule IV)	-		D	<u>-</u>					
		3	Affigavit Sec						
Part 1- If this is a Committee report,	treasurer sign here.	If this is a Cass	didate geport, car	nerdate sign here.	and boliof t	e, correct and compl	ata.		
I swear (or affirm) that this report, in Sworn to and subscribed before me	this	7 6 5	2 × 10 €	Jest Of Tily Kilowied	gerand bener d	A competition	ete.		
29th day of Gayana	20.21	The second	Table 1		-Olla	MIKATI	U		
Top	20	Sion Sion	E 2 7	Signature o	f Person Subpr	itting report	≥		
Signature	· · · · · · · · · · · · · · · · · · ·	h expires July 31 chaumber 12923 vanta Association of	of Pennsylvania - nan, Notary Put	2921 118	MOX	001 111			
/ Signature		ssoc	of skill (Printed Name	و سے رہے۔ او سے رہے			
My Commission expires 6	31 2023	Name of the	X) (85.	17)	Do	1-965/			
MO.	DAY YR.	tpires July 31, Lumber 129234 Association of I	of Pennsywaria - No nan, Notary Public Erie County	ea Code	Day	time Telephone Numb	er		
Part II- If this is a report of a Candida	ite's Authorized Con	nmitter, Candi	date saall sign he	re.	$\overline{}$				
I swear (or affirm) that to the best of amended.	f my knowledge and	belie ils poli	tical committee h	as not violated any	provisions of t	pe Act of June 3, 1937	(P.L. 1333, NO.3	20) as	
Sworp to and subscribed before me	this				1	1/1/2/170	(X MV		
29 day of \an 1904	2021	Me.	. 31	ans	1/10		1 HT		
1 Signature of antidate									
My Commission expires 1 31 2423 MO. DAY YR. Nowwealth of Pennsylvania Association expires 1 Area Code Area Code Area Code Daytime Telephone Number									
My Commission expires 67 3/ 2023 (8) (8) (8) (8) (8)									
My Commission expires 0 2 Wania Assorbing numbe				ea Code	Dayti	me Telephone Numbe	- :r		
<u> </u>							· · · · · · · · · · · · · · · · · · ·	*******	
		July 31 12923 lation of	Pub.			***			
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SCHEDULE I

Contributions and Receipts

Detailed Summary Page

Filer Idestification Number	
1. Uniterrized Contributions and Receipts-\$50.00 or Less per Contributor	
Total for the reporting period (1	\$
≥ Contributions of \$50.01 to \$250.00 (From Part A and Part B)	
Contributions Received from Political Committees (Part A)	\$
All Other Contributions (Part B)	\$
Total for the reporting period (2)	\$
3. Contributions Over \$250.00 (From Part C and Part D)	
Contributions Received from Political Committees (Part C)	\$ 5,000.00
All Other Contributions (Part D)	\$
Total for the reporting period (3	\$
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)	
Total for the reporting period {4	\$ ta.
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)	\$ 5,660.00

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				
				#
Full Name of Contributing Committee	<u></u>	ET CAPH NOTEDOR	10/25/2020	5,000 0
2630	PARADE	Bho		\$
CTY Esta	State.	Zip.Code NB64	Date [MM/DD/YYYY]	\$ (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
Full Name of Contributing Committee			Date [MM/DD/YYYY]	\$
House # Stre	et Address		Date [MM/DD/YYYY]	
City	State	Zip Code	Date [MM/DD/YYYY]	S
Full Name of Contributing Committee			Date [MM/DD/YYYY]	
	et Address		Date [MM/DD/YYYY]	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee		, i,	Date [MM/DD/YYYY] \$	
A Property of the Control of the Con	et Address	ę	Date [MM/DD/YYYY] \$	
City Full Name of	State	Zip Code	Date [MM/DD/YYYY] S	
Contributing Committee	38 525, 4 8 cm A		Date [MM/DD/YYYY] \$	
	et Address		Date [MM/DD/YYYY] \$	
City —	State	Zip Code	Date [MM/DD/YYYY] S	
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	
	et Address		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	

SCHEDULE III Statement of Expenditures

Filer Identification N	lumber:							
					<i>^</i>			totipi, materiali jajanji ninggi na materigga.
To Whom Paid	Commi	Mary T	27/	mA SOY	AZ/MODE	Date (MM/DD/	mmi s	5000.00
House # 203	Street Address	COOL .	905.		· · · · · · · · · · · · · · · · · · ·	Description of	Expenditure	0,000.00
City		State		Zip	V = 1		5/10	N~ N~
To Whom Paid	72		14)	Code	16004	Date [MM/DD/	mm s	J+441
10 10 10 10 10 10 10 10 10 10 10 10 10 1		•			·			•
House #	Street Address					Description of E	xpenditure	
City		State		Zip Code			(The state of the	And the second instruction of the second second
To Whom Paid						Date [MM/DD//	mmi \$	
House #	Street Address	*************************************	ò			Description of E	xpenditure	
City	The property of the second	State		Zip Code		TO SERVICE OF THE SECTION OF THE SEC		
To Whom Paid				Property and the second	######################################	Date [MM/DD/A	(Yvy) s	
House#	Street Address	····				Description of E	xpenditure	
City	\$ 50.0 Per to Defended and Security Asia Security (1)	State		Zip Code	**************************************			
To Whom Paid		10 mm			*****	Date (MM/DD/)	mmmj š	
House #	Street Address		(<u></u>		Description of E	xpenditure	
Gity		State		Zip Code		200000000000000000000000000000000000000		
To Whom Paid						/Date (MM/DD/A	AWII - E	
House #	Street/Address					Description of Ex	kpenditure	
(dity)		State		Zip Gode		3. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	And the second second second second	
To Whom Paid						Date (MM/DD/Y	MYY] \$	
House #	Street Address		***************************************			Description of Ex	spenditure	
City		State		Zip Code		Section Control of the Control of th	Control of the Contro	i della di Praggia della distributa di Praggia di Pragg
To Whom Paid			-	, , , , , , , , , , , , , , , , , , ,		Date (MM/DD/A	WWI 5	
House#	Street Address					Description of Ex	(penditure	
City	Total and a service of the service o	State		Zip Code				