

Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)										
Filer Identification Number		Repor (Mark	t Filed By (X)	/ Candida	ite		Committe	PC -	X	Lobbyist
Name of Filing Committee, Candidate or Lobbylst		Commiste		STEE!	To E	TE.	KC	AR]	Hn	TERSON
Street Address			3822 Par		WAL	RIV	CD.			,
Ch Cari	**************************************	<u> </u>	00	State	PA		Zip Code	1168	304	
Type of Report (Place x under repo	rt type)								<u> </u>	
1-6 th Tuesday 2-2 nd Friday 3-5 Pre-Primary -Pre-Primary Pri	经国际 在一种是否的对抗 化氯化甲烷			5- 2 nd Friday	6- 30 Day Election	Post	7- Annua	Special Pre-Ele	2 ^{na} Friday	Special 30 Day Post-Election
	nary !	Pre- Ele	icuon	Pre- Election		4. 34	IV1	1		
Date Of Election (MM/DD/YYYY)		Year			Amendm Report	ent	H	Termin Report	ation	
	m Date	1 1	To Date			3 41		or Office Us	- 0-1	
Expenditures	1 3019		12/31	2019), Ollice Os	g.omy	
A. Amount Brought Forward From		\$	(<i>o</i>)∪(0400						
B. Total Monetary Contributions a	nd Receipts	\$		20.00					er.	2
(From Schedule I) C. Total Funds Available		\$	<u> </u>						C.Š	2020 J
(Sum of Lines A and B) D. Total Expenditures		\$	$\frac{3}{1}$	04.0°						
(From Schedule III) E. Ending Cash Balance			<u>م ا</u>	0000					<u>.</u>	် င ္
(Subtract Line D from Line C)		(6)	1	04:00					4.* 	77
F. Value of In-Kind Contributions R (From Schedule II)	eceivea	\$	15	00.00					:	no Car
G. Unpaid Debts and Obligations (From Schedule IV)		\$	<i>5</i> 7,0	00.00		,				57
Part 1 If this is a Committee separt tree	anima dan har	15 ab.	sia a Cand	Affidavit Se						
Part 1- If this is a Committee report, tree I swear (or affirm) that this report, inclu							e and belief	ftrue, correc	and comple	te.
Sworn to and subscribed before me this	ì						*			
day of	20	•	1	- 1	Şigr	iature of	Person Sul	weitting rapa		
Signature			ŗ	• .			Printed Na	د الس ود میں وراد از دمورد		.
My Commission expires		_	. •	. :			***	· ,		٠. "
MO. C	DAY YR.	_		- 1	rea Code	-	0	aytime Telep	hone Numb	er
Part II- if this is a report of a Candidate's										
I swear (or affirm) that to the best of my amended.	knowledge an	nd belief	this politi	ical committee	has not∙viola (ted any	provisions	of the Act of J	une 3, 1937 (P.L. 1333, NO.320) as
Sworn to and subscribed before me this	_	<u> </u>	S	(Simple	$\mathcal{N}_{\mathcal{A}}$	$(\bigcirc$	Not l	M/12	M	M
- usy 0, 200 - 20 - 20 - 20 - 20 - 20 - 20 -										
Signature		enusyi	commission expires commission number	wealth of Pennsylvar Nicole Inan, Notary		/ P	rinted Nam	e ,	-7 m	
My Commission expires 07 3/ 2023 No. DAY YR. Area Code September 14 September 14 September 15 Se										
		ASSOCI	xpires J	unsylvan Notary	\			,		
		01001		Public Public				·		

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

Filer Identification Number						
1.Unitemized Contributions a	and Paratry & Form and			i wakupen kupi kacibukuna kaji kafili kaji ili	ing 220 night in 1824 a night og skrivet av til til skrivet kallet av strattet fra til	
1. Ontemized Contributions 2	anu neceipts-550.00 of L	ess per contributi	or 			

1. Uniternized Contributions and Receipts-\$50.00 or Less per Contributor			
Total for the reporting period	(1)	\$	
2. 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)		ing in	
Contributions Received from Political Committees (Part C)		\$	1.
All Other Contributions (Part D)		\$	72.000-0m
Total for the reporting period	(3)	\$	
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E			
Total for the reporting period	(4)	\$	
Total Monetary Contributions and Receipts during this reporting period (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, ReCover Page, Item B)	port	\$	72,000,00

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 House # Street Address	DZ W	Sichards	Date [MM/DD/YYYY] \$ 9/5/2019 Date [MM/DD/YYYY] \$	2,565.00
CIV DIE	State P	(0 8) 3 Zip. Code 16507	7 Date [MM/DD/\\Y\] \$	
Employer Name Employer Mailing Address / Principal Place of Business	Richal	D334650610E	S Occupation LAW	TER
Full*Name of Contributor House# Street Address		<u>.</u>	Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$	
Gity	State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Name Employer Mailing Address /			Occupation	
Principal Place of Business Full Name of Contributor			Date [MM//DD//YYYY]	
House# Street Address City		1925年2016年1228年2028年2028	Date [MM/DD/YYYY] S	
Employer Name	State	ZIp Code	Date [MM/DD/YYYY] S Occupation	
Employer Mailing Address / Principal Place of Business Full Name of Contributor		:	Date [MIV/DD/AYYY]	
House# Street Address			Date [MM/DD/YYYY] .\$	
Gity	State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Name Employer Malling Address /			Occupation;	
Principal Place of Business				

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECIEVED

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

Filer identification Number:			
1: UNITEMIZED IN-KIND CONTR	iibutions received value of ss	- 0.00.0	DR LESS PER CONTRIBUTOR
TOTAL for the reporting period	(1)	\$	
2. IN-KIND CONTRIBUTIONS:RE	CEIVED-VALUE OF \$50.01 TO \$250	00 (F	ROM PART F)
TOTAL for the reporting period	(2)	\$	
3. IN-KIND CONTRIBUTION REC	EIVED-VALUE OVER \$250 00 (FROM	1 PAR	T _. G)
TOTAL for the reporting period	(3)	\$	
TOTAL VALUE OF IN-KIND CONTRIBUTI PERIOD (Add and enter amount totals on Page 1, Report Cover Page, Item F)		\$	1,500.60

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer Identification Number:			
IN THE RESERVE AND THE PROPERTY OF THE PROPERT			
Full Name of Contributor	J zam	HAGEON	1500.00 10/29/2019
House # Street Address	Corabl	ROPO	Date [MM/DD/YYYY] \$
City ZPE	State A	Zip Code 11550Co	Date [MM/DD/YYYY] \$
Employer Name Employer Mailing Address / Principal	52/5		Occupation HIPED EXECUTIVE
Place of Business			Description TRAVE TO STATE Contribution ROADED
Full Name of Contributor			Date [MM/DD/YYYY] \$
House # Street Address			Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name Employer Mailing Address / Principal		TO THE LAND WAS ASSESSED.	Occupation
Place of Business			Description: of Contribution
Full Name of Contributor			Date (MM/DD/XWW)
House # Street Address			Date [MM/DD/YYYY] \$
City.	State	Zip Code	Date [MM/DD/YYYY] S
Employer Name			Occupation
Employer Malling Address / Principal Place of Business			Description of Contribution
Full Name of Contributor			Datei(MM/DD/AYXXI)
House # Street Address			Date [MM/DD/YYYY] \$
City	State	Zip Gode	Date [MM/DD/YYYY] \$
Employer Name Employer Mailing Address / Principal			Occupation .
Place of Business			Description of Contribution

SCHEDULE III Statement of Expenditures

iller we	ritication Number;		******			
To Who	om Pald Commi	PRE TOZ	tes MARVA	Date IMM/00	9/mmi	50,00
House #		201100	SYZEET	Description of		
City	Exit	State A	Code 167	504 BE	T Spanso	Bhip
T6 Who	Com	notifie to	FLEOKIM!	Date MM/00	2019 100	50. <i>6</i> 0
House#	Street Address	ADBUNZ	y ROAD	Description of	Expenditure	
City	Festi	State +	Code 168	26 EVES	in Soarse	Dhip
To Whoi				@Date (MM/DD)		υ
House #	Street/Address	1 1 may 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1	Control Spice Control of the Control	Description of	Expenditure	
City	The substitution of the su	State	Zip Code			
To Whor				Date (MM/DD)		
House#	Street Address	Constant Constant	The Indian Control Works	Description of	Expenditure	
City	overita naj kiela kiela sije	State	Zip Code			
To When		, .		Date (MM/DD)		
House#	Street Address	100-100 Page 1	· (中三· 12/2/2006) (12/2/2016) (12/2/2016) (12/2/2016) (12/2/2016) (12/2/2016) (12/2/2016) (12/2/2016) (12/2	- Description of	Expenditure	
City To When	AND THE PROPERTY.	State	Zip Code		10.5 EVXXI	
				Date (MM//DD/		
House #				Description of L	Expenditure	
To Whom		State	Zip Code			
House #				Date (MM/DD/		
House #	Street Address	State	Zip	Description of	xpenditure	e e g
To Whom		Sidie	Zip Code			
	2 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)			Date [MM/DB/		· · · · · · · · · · · · · · · · · · ·
House#	Street Address	State	144	Description of E	xpenditure	
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.

Name of Creditor	CAR J Anner Sont	Outstanding Balance of Debt
House # 3836 str	eet Address Date DEBT INCURRED [MM/oD/YYYY]	7.5
City	2017 State AD Zip 1/501	1,000,00
Description of Debt	1020 10 Com 1017	
Name of Greditor	District Dis	Outstanding Balance of Debt
House # Str	eet Address DATE DEBT INCURRED [MM/DD/XYYY]	•
City	State Zip:	
Description of Debt		
Name of Creditor		Outstanding Balance of Debt
House # Stre	DATE DEBT INCURRED [MM/DD/YYYY]	<u>\$</u>
City and	State Zip	
Description of Debt	Code	
Name of Creditor		Outstanding Balance of Debt
House # Stre	ret Address DATE DEBT INCURRED [MM/DD/YYYY]	\$
City	State Zip.	
Description of Debt		W
Name of Creditor	L	Outstanding Balance of Debt
House # Stre	et Address DATE DEBT (NCURRED [MM/DD/YYYY]	S
Glty	State Zip Code	
Description of Debt		<u> </u>
Name of Creditor	STEE STEE STEEL	Outstanding Balance of Debt
House # Stree	et Address DATE DEBT (NCURRED [MM/DD/XYYY]	
City	State Zip	
Description of Debt	Code	