

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

	nis report must					
Filer identification Number	Report Filed By (Mark X)	/ Candida	te X	Committee		Lobbyist
Name of Filing Committee, Candidate or Lobbyist	Friend	s of	MARY	Jo CAM	PBELL	
Street Address	5431 6	inden	Ave		· · · · · · · · · · · · · · · · · · ·	
City Edinboro	, , , , ,	State	PA	Zip Code	16415	ν
Type of Report (Place x under report type)						
1- 6 th Tuesday 2- 2 nd Friday 3-30 Day Post Pre-Primary Primary	I the same of the	5- 2 nd Friday Pre- Election	6-30 Day Pos Election	t 7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
Date Of Election (MM/DD/YYYY)	Year		Amendment Report		Termination Report	
Summary of Receipts and From Date Expenditures	To Date	/19		For	Office Use Only	
A. Amount Brought Forward From Last/Report	12/8	06			<u> </u>	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$ 376	.00				
C. Total Funds Available (Sum of Lines A and B)	\$ 150	3,06)
D. Total Expenditures	\$					
(From Schedule III) E. Ending Cash Balance		0.00			bad bud isa maranga	ज १ ५
(Subtract Line D from Line C)	\$ 191	3.06			Mil 4	-
F. Value of In-Kind Contributions Received	\$ /	5 10			Constant	•
(From Schedule II) Service Fee G. Unpaid Debts and Obligations	\$ -00%	5.00				• .
(From Schedule IV)	897	,				~
Part 1- If this is a Committee report, treasurer sign he	G if the is a Candi	Affidavit Sec			T o)
I swear (or affirm) that this report, including the attac	hed schedules grip	paper, is to the b	est of my knowle	edge and belief tr	ie, correct and compl	ete.
Sworn to and subscribed before me this	Pealth of P DA S. He DA S. He minission i	4	Post !	()/bu	chell	
day of Junuary 20 19	of Pent Enle C		Ma Signatur	e of Person Submi	tting report	<u></u>
Signature	- Barra		7.59	Printed Name	· VDVC	
My Commission expires 4 24 21	April April	\mathcal{L}	14		11-096	2
MO. DAÝ YR.	Public 24, 2	År	ea Code	Dayı	ime Telephone Numb	er
Part II- If this is a report of a Candidate's Authorized (I swear (or affirm) that to the best of my knowledge a	Committee, candid			ny provisions of th	ne Act of June 3, 1937	(P.L. 1333, NO.320) as
Sworn to and subscribed before me this						
	4 .					
day of20	-		Sig	gnature of Candid	ate	
Signature			- 14	Printed Name		<u> </u>
My Commission expires	-		on Cod-	<u> </u>	T. T. Lauten	
MO. DAY YR.		Ar	ea Code	Daytii	ne Telephone Numbe	Γ

SCHEDULE I Contributions and Receipts

Detailed Summary Page

Filer Identification Number	i dipera serio com conserva e o com indicato di disputa				
1.Unitemized Contributions and Receipts-\$50.00 or less per	Contributor				
	reporting period	(1)	\$		
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)			Ĺ		
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)	a teritoria (il periodi period		\$	en kuning tahun sa a makaki sa sa kunin sa	a specifical models of constructions of a model construction of the specific o
All Other Contributions (Part D)			\$		
Total for the	reporting period	(3)	\$,
4. Other Receipt's-Refunds, Interest Earned, Returned Check	, ETC: (From Part E				
Total for the	reporting period	(4)	\$	entere en entre de la companya de l	erig Komente (a. 1911 – 1914 – 1914) im 18 <u>Supplemente in some det e</u> n bestelle ste general <mark>egiff (e.g.</mark> 1926)
Total Monetary Contributions and Receipts during this reportienter amount totals from Boxes 1, 2, 3 and 4; also enter this at Cover Page, Item 8)	ng period (Add and mount on Page 1, Re	port	\$		

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 Nu	mber	And 1 Property of the Control of the	and and an experience of the second		
Control of the Contro					Amount
Full Name of Contril	buting			Date [MM/DD/YYYY] 5	
Committee					
House#	Street Address			Date [MM/DD/YYYY] \$3	
City	(1988) Annual (1988)	State	Zip Code	Date [MM/DD/YYYY]	
					o por provincia de carello del registro de sua esperimente de carello de carello de carello de carello de care
Full Name of Contrib	outing 4.	1		Date [MM/DD/YYYY] \$	
Committee					
House #	Street Address			Date [MM/DD/YYYY] S	
City	(a strange of Conference Security)	State	Zip Code	Date [MM/DD/YYYY] \$	
					Nacional International Control of Control
Full Name of Contrib Committee	outing	,		Date [MM/DD/YYYY] \$	
committee					
House #	Street Address			Date [MM/DD/YYYY] \$	
City	E contract of the second secon	State	Zip Code	Date [MM/DD/YYYY] \$1	
Full Name of Contrib Committee	outing			Date [MM/DD/YYYY] \$	
House#	Street Address			Date [MM/DD/YYYY] \$	
nouse#	Street Address			Pare IMM/DD/11111	
Zerrania i		48 2 September	[.e41-802-2-9-2866-8]	55 1846 (55 0800)	
City		State	Zip Code	Date [MM/DD/YYYY] S	
Full Name of Contrib Committee	outing			Date [MM/DD/YYYY] \$	
House#	Street Address		•	Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
				Date [MM/DD/YYYY] S	
Full Name of Contrib Committee	оципв .	•		Date[IMIM/DD/1111]	
House #	Street Address	······································		Date [MM/DD/YYYY] S	
		. •		The section of the se	-
City		State	Zip Code	Date [MM/DD/YYYY] \$	
	4				

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:			
THE PARTY OF THE PROPERTY OF THE PARTY OF TH	istan etikas mikitis airo era pesiriskalaskemen projekti nairot hämiseni. Arette dirembrilga etik raspet etik takinis shikishiri.	CONTRACTOR OF THE PROPERTY OF	ACTION PRODUCTION OF THE PRODUCT OF
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and the state of t			

	• ,			
Full Name of Contributor			Date [MM/DD/YYYY]	\$
House # Street Address	· · · · · · · · · · · · · · · · · · ·		Date [MM/DD/YYYY]	\$ (
City .	State	Zip Code	Date [MM/DD/YYYY]	\$ 7 \$ 7
Full Name of Contributor			Date [MM/DD/YYYY]	\$
House # Street Address			Date [MM/DD/XXYY]	(\$ f)
City,	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributor	Property of the Control of the Contr		Date [MM/DD/YYYY]	5 (
House # Street Address			Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributor			Date [MM/DD/YYYY]	\$
House # Street Address			Date [MM/DD/YYYY]	\$
City	State	Zip Code		\$
Full Name of Contributor	TO COLOR THROUGH TO SHEET A SACRETARY		Date [MM/DD/XXXY]	\$ 1
House# Street Address				\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Full-Name of Contributor	anns near sea a comparti o vije soom compart	ili Bada da saman 2 3999 ili san ka-na kaman kasan da sama kabupatan kanan da kabupatan kanan da kabupatan ka	Date[MM/DD/YYYY]	*
House # Street Address			Date [MM/DD/YYYY]	\$ 1
City	State	Zip Code	Date [MM/DD/YYYY]	\$

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.

Eller Identification Number:

						eran properties se serie <mark>parties questimente en properties consesses en p</mark>
Full Name of Commit				Date [MM/DD/YYY	YI S	
House #	Street Address	<u></u>	•	Date (MM/DD/XXX)	<u>/] \$ </u>	
City		Staté	Zip Code	(Date MM/DD/YYY)	<u>/</u> 1 \$	
Full Name of Contributing Commit	98.944 Fail			Date [MM/pD//yyxy	<u> </u>	
House #	Street Address	<u> </u>		Date (MM/DD/YYYY	1 5	
City City		State	Zip Code	Date [MM/DD/YYYY	<u> </u>	
Full Name of Contributing Committ	ee			Date [MM/DD/YYYY	I S	
House #	Street Address			Date (MM/DD/YYYY] <u> </u>	
Cirý "		State	Zip Code	Pate [MM/DD/YYYY	l \$	e e
Full Name of Contributing Committe	3.82X			®Date [MM/DD/YYYY)]	ikkovinus prosidenta arabi kana panta kana panta p
House #	Street Address			Date [MM/DD/YYYY	<u> </u>	
City.		State	Zip Code	Date [MM/DD/XYYY]	.\$	
Full Name of Contributing Committe	ee.			Date [MM/DD/YYYY]	5	
	Street Address			.Date [MM/DD/YYYY]	35	
City.		State	Zip Code	Date [MM/DD/YYYY]		
Full Name of Contributing Committe				Date [MM/DD/XYXX]		
	Street Address	PROC CONTRACTOR ON	[SVZ-Vijijas vi as y conjunction	¿Date:[MM/DD/YYYY]		÷
City		*State	Zip Code	Date (MM/DD/XXXX)	\$	

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 Numbers

		er kan en state en de state	
			Date [MM/DD/YYYY] \$
Full Name of Contributor			Sats way series at the same of
			Daté [MIM/DD/YYYY] \$
House # Street Address			Date Init// DB/3-14-17 3-5
	Jaco (See Gerral (S))		Date [MM/DD/YYYY] \$
(City)	State	Zip Code	Date (WWW/DD/)11121
Employer Name	76 (6.55)		Occupation
Employer Mailing Address /			Of the second
Principal Place of Business			
Full Name of Contributor	A STATE OF THE PARTY OF THE PAR		Date [MM/DD/YYYY] \$
House # Street Address			Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
			*Occupation \
Employer Name			
Employer Mailing Address / Principal Place of Business			
Full Name of Contributor	and the second second section of the second	an market महाने प्रदेश महाने अस्ति महाने प्रदेश कर के प्रदेश कर के प्रदेश कर के प्रदेश कर कि किस के किस के कि	Date [MM/DD/YYYY] \$
House # Street Address			Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
			25 T
Employer Name			Occupation
Employer Mailing Address /			
Principal Place of Business Full Name of Contributor:	त्तरका अञ्चलको स्थान का सामाना का प्रतिकृतिक स्थान का सम्बद्धित स्थान स्थान स्थान स्थान स्थान स्थान स्थान स्था स्थान		Date (MM/DD/YYYY)
ruii varie oi contributor			2.70 Chart Tyring a tree for the second and the second at
House# Street Address			Date [MM/DD/YYYY] \$
House # Street Address			
TOE.	State	Zip Code	Date [MM/DD/YYYY]
Gity			
Employer Name			*Occupation
Employer Mailing Address / Principal Place of Business			

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.

			atenti all'entita i figura della all'interiore nella figura della sulla	
Full Name				
House # City	Street/Address			
		State	. Zip Code	Date [MM/DD/YYYY] \$5
Receipt Description		14886-1000 18-14-14		
Full Name 4 House #	Street Address			
Citŷ		State	Zip	Date [MM/DD/YYYY]
Receipt Description			Code	
Full Name			TO NAME OF THE PROPERTY OF THE	
House #	Street Address		<u> </u>	
City		Stäte /	Zip Gode	:Date*[MM/DD/YYYY] :\$
Receipt Description				
Full Name			शास्त्रकार के स्थान पूर्व के स्वापन कर के पूर्व के स्वापन करने के दिल्ली के उनके कर के पूर्व के स्वापन कर की व प्राचित्रकार के स्थान पूर्व के स्वापन के	
House #	Street Address	state	//Zip	
Receipt Description			Gode -	Date [MM//DD/YYYY] \$
Full Name				
House #	Street Address			
city		State	Zip Code	Pate [MM/DD/YYYY] \$
Receipt Description				
üll Name		ating conserved and have been proper de more equi	and the state of t	
louse #	Street Address	The state of the s	Name of the same	
eceipt Description		State	Zip Code	Date MM/DD/YYYY] \$
escipt Description				1 22-24

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:		a puedicion constante vincon e planta el 1911 de por la montación y está de 111 de 1810 en 1810 de 1810 de 181		नावत्ता । कारणां मुक्तिकार विकास स्वतान	
1 UNITEMIŽEDIN-KIND G	ONTRIBUTIONS RECEIVED VALU	JE: OF \$50.00 OR LESS	PER CONTRIBUTOR		
TOTAL for the reporting period	(1)	\$		·	
2 IN KIND CONTRIBUTIO	NS:REGEIVED:VALUE OF \$50.01	TO \$250.00 (FROM PA	(RT F)		
TOTAL for the reporting period	(2)	\$			COLUMN TO THE PARTY OF THE PART
107/12767 1110 1220 1111/03				NO.C. LY ALL BUILDING CONTROL OF THE STATE O	
3. IN-KIND CONTRIBUTIO	N RECEIVED-VALUE OVER \$250.	00 (FROM PART G)			
TOTAL for the reporting period	(3)	\$			
TOTAL VALUE OF IN-KIND CONTI	PIRITIONS DURING THIS REPOR	RTING \$		enter franzische Transport und aus 1944 Frenzie gebaut 1994 aus 1994 aus der	Control of the Contro
PERIOD (Add and enter amount on Page 1, Report Cover Page, It	totals from boxes 1, 2, and 3; al	so enter			
on Page 1, Nepoli Cover Page, it	COI 1 J		and the state of t	CONTRACTOR SECTIONS CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CO	NATIONAL MATERIAL PROPERTY OF THE PROPERTY OF

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Fliër (dentification Number:			
Full Name of Contributor.		Dațe (MM/DD/YYYY) \$	
House # Street Address		*Date[IMM/DD/YYYY] \$:	
City.	State Zip Code	Date [MM/DD/YYYY] \$	
Description of Contribution			
Full Name of Contributors		Date [MM/DD/YYYYY] S	омительного в распрости на подрава на полительного се под
House# Street Address		Date [MM/DD/YYYY]	
City	State Zip Gode	Date [MM/DD/YYYY]	
Description of Contribution	が最高的を表現中で「 「DOMESTICATE SEASON TO AND	(NeW and)	
Full Name of Contributor		Date [MM/DD/YYYY] \$	
House# Street Address	1 Tr	Date [MM/DD/YYYY) #\$	
	State Zip Code	Date [MM/DD/YYYY] *\$	
Description of Contribution	On majo kalas 1992 - sakaji kilikirken messas pasatapayen kilikirtak kansa na manoapaya kilikirtak ja kalas k		
Full Name of Contributor		Datë:[MM/DD/YYYY] \$	STEPPERSON TO SERVICE STATE OF THE SERVICE STATE STATE OF THE SERVICE ST
House:# Street Address		Date [MM/DD/YYYY] : \$	A CONTRACTOR OF THE CONTRACTOR
Gity: Description of Contribution	State Zip Code	Date [MM/DD/YYYY] \$	
Full:Name of Contributor		[Date [MM/DD/XXXX] \$)	and the state of t
House:#Street Address		©Date [MIM/DD/YYYY] \$	
Gity Description of Contribution	State Zip Code	Date:[MM/DD/YYYY] \$	

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer Identification Number:			
			Date [MM/DD/YYYY]
Full Name of Contributor			
House # Street Address			Date [MM/DD/YYYY] \$
	187192192	Zip Code	Date [MM/DD/YYYY] \$
City	State	Z/p code	**************************************
Employer Name		(2004)	Occupation
Employer Mailing Address / Principal Place of Business			Description of
and the second second		tigge anners surrescontrate this transmission are according to the contrate the	Contribution Date [MM/DD/YYYY] \$ \$
Full Name of Contributor			53.
House # Street Address			/Date [MM/DD/YYYY] \$
- The state of the	Lot Street at	F	Date [MM/DD/YYYY] \$ \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name			Occupation
Employer Mailing Address / Principal			Description of
Place of Business			Contribution
Full Name of Contributor			Date [MM/DD/YYYY] \$
House # Street Address			Date [MM/DD/YYYY] \$
	State	Zip Code	Date [MM/DD/YYYY] \$ \$
/City			Action Control of the Control of
Employer Name			Occupation
Employer Mailing Address / Principa Place of Business	1. "		Description
		que no recentar e considerat princip de nocamentatura estadología e cido como termo en Se	Contribution Date [MM/DD/YYYY] \$
Full Name of Contributor			Date-IMW/DD/Rivini
House'# Street Address			Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name			Occupation
Employer Mailing Address / Principa	I,		Description .
Place of Business			of Contribution

schedule III Statement of Expenditures

File (in dentification Number)	
ToWhom Paid 3	
Friends of Bob Merski	Date [MM/DD/YYY] \$ 100, 06
	Description of Expenditure
City Zip Code .	Fundalsing Event
To Whom Paid . ERIE County Democrate tarty	Date [MM/DD/XYXX] \$ 5 100,00
House # Street Address	Description of Expenditure
Clity State Zip Code	Petition Party for Carriet
To Whom paid Committee to Blent Vi Nicola	Date [MM/DD/MM] 51 150 00
House# Street Address	Description of Expenditure
City. Zip. Code	Fardransing Party
To Whom Paid Erie Crawford Central / abor Council	Date [MM/DD/YYYY] S
House # Street Address	Description of Expenditure
City State Zip Code	Political Ad
Tổ Whôm Páid	Date [MM/DD/WYY] S
House # Street Address	Description of Expenditure
Zip Zip Gode	Band for DiNicola Fendraises
To Whom Paid 10 10 1	Date [MM/DD/YYYY]: \$
House:# Street Address	9/0/18 -/3/5/39 /5.00 Pescylption of Expenditure
City WARRIEN State PA Gode 16365	Server Phone
To Whom Paid	Deville Charge
House# Street Address	Description of Expenditure
City State Zip	
To Whom Paid	«Daté [MM/DD/YYYY] \$
House # Street Address	Description of Expenditure
Gode	

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 Identification Num	ber:		
Name of Creditor			Outstanding Ballance of Debt
House #	Street Address	DATE DEBT INCURRED [IMM/DD/YYYY]	\$
City	Stat		1
Description of Debt		<u>Code</u>	
Name of Greditor			Outstanding Balance of Debt
House #	Street Addréss	DATE DEBT INCURRED [MM/DD/YYYY]	5
City	Sta	ite Zip	
Description of Debt 1		/Code	
Name of Creditor			Outstanding Balance of Debt
aratic de la company	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	5
City	642	The property of the second sec	
City Description of Debt	Stat	te Zip · · · Code	
Name of Creditor			Outstanding Balance of Debt
⁽ House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$
City	Stat		
Description of Debt		TE ZIP. Code	
Name of Creditor			Outstanding Balance of Debt
the second control of	Street Address	DATE DEBT INCURRED	Outstanding palatices.
		[MM/DD/YYYY]	
City Description of Debt	Stat	te Zip Code	
Name of Creditor House #	Street Address	DATE DEBT INCURRED	Outstanding Balance of Debt §
		[MM/pb/yyyy]	
City	State	te Zip Code	
Description of Debt		Section 1	200 E1