Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

	is report must be		,	Committee		Lobbyist
Filer identification Number	Report Filed By ( Mark X)	Candidate		Collitatree		
Name of Filing Committee, Candidate or Lobbyist	M	NERI	FOR	DA		
Street Address	P.O.	BOX	344			
City ERIE		State	PA	Zip Code	16512	
Type of Report (Place x under report type)					The second secon	
1-6 <sup>th</sup> Tuesday   2-2 <sup>nd</sup> Friday   3-30 Day Post			6-30 Day Post Election	7- Annual	Special 2 <sup>nd</sup> Friday  Pre-Election	Special 30 Day Post-Election
Pre-Primary Primary Primary	Pre-Election Pr	e <sub>r</sub> Election	Ciection	N 2		<u> </u>
					Termination	
Date Of Election	Year	1	Amendment Report		Report	
(MM/DD/YYYY) ×	To Date	<u> </u>		For	Office Use Only	and the second second second second
Summary of Receipts and From Date Expenditures						
01/01/20		12020				*C - N
A. Amount Brought Forward From Last Repor	1911	5.90				
B. Total Monetary Contributions and Receipts (From Schedule I)	\$ - C	) — _ [				JAN 28 ER RE CO
C. Total Funds Available	\$ 14 11	5.90				E 2
(Sum of Lines A and B) D. Total Expenditures	् ।				•	e / series
(From Schedule III)	_     1,3	00.00				AN IO: 37
E. Ending Cash Balance	\$ 12	815.90				<b>a</b> ` e
(Subtract Line D from Line C) F. Value of In-Kind Contributions Received	\$	,			÷	<u> </u>
(From Schedule II)		)				
G. Unpaid Debts and Obligations	\$ 0	(			·	
(From Schedule IV)		Affidavit Se				
Part 1- If this is a Committee report, treasurer sign I swear (or affirm) that this report, including the att	here. If this is a Candi	date report, ca	andidate sign here	edge and bellef	true, correct and comp	lete.
I swear (or affirm) that this report, including the att	ached schedules on p	laher, is to the	11			
Sworn to and subscribed before me this  The sworn to and subscribed before me this						
20 day of January 20 2 (  Janhan L Hornes  Printed Name						
Signature				Printed Na	me 🔏	
My Commission expires 11 - 10 - 20	24	· ·	412_	6	28-203	
MO. DAY YI	₹,	•	Area Code	D	aytime Telephone Num	INCI
Part II- If this is a report of a Candidate's Authorize	d Committee, candid	ate shall sign h	ere.		fthe Act of lune 3 103	7 (P.L. 1333, NO.320) a
Part II- If this is a report of a Candidate's Authorize I swear (or affirm) that to the best of my knowledg amended.	e and belief this politi	ical committee	has not violated a	iny provisions o	I tile Not of Julie 3/ 255	. (
Sworn to and subscribed before me this			< 1)	11	7)	
19 day of JANUARY 20 BY	'1	$\geq$	s) oh	7	didate .	<u></u>
A. Otan		(_	120H	ignature of Can		
Signature			∕ ⊘1U	Printed Nam	297-17	つり
My Commission expires OC 24 202	<u>4</u>	_	OLT Area Code		Sytime Telephone Num	ber
MÖ, DAY YR.			Area Code	Da	Amile Leichtenin itali	
			Commonwe	aith of Pennsylv	vania - Notary Seal	
Commonwealth of Pennsylvania - Notary S	eat		Jonath	an L. Horner, I	40 (dily i dono	

Erie County
My commission expires June 24, 2024
Commission number 1269685

My commission expires November 10,2024 Commission number 1377683

Member, Pennsylvania Association of Notaries

## Statement of Expenditures

Filer Identification Number:		
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To Whom Paid	_		Date [MM/DD/YYYY] - 5	
House # Street Address	Soul S	ATWODAY	02/29/2020	250.00
Street Address ?	O. BOX 1	772	Description of Expenditure	
ERIE	State PA	Zip: Code 16512	PROGRAM S	PONSOR
To Whom Paid Comm 177	EE TO ELEC	T LAUGHLIN	Date [MM/DD/YYY] S 07/24/2620	250.00
House# Street Address 40	ol9 Augure	JWOOD TRAIL	Description of Expenditure	
	State PA	Zip Gode 16506	FUNDRAISER	
To Whom Paid.	ELIC		Date MM/DD/AMA	σ <sub>λ</sub>
House:# Street Address	LAIE SCO	TISH RITE	08/06/2020	රිථප. වෙ
47		UCK ROAD	Description of Expenditure	
ERIE	State PA	Zip. 16506	GOLF TEAMS.	sportson
To Whom Paid			Date (MIN/DD)/YYYY) S	
House #/ Street Address			Description of Expenditure	nga ang sa
(City	State	Zip Code		Andrew Market and Comment of the State of the Comment of the Comme
To Whom Paid			Date [MM/DD/YYYY] \$	
House'# Street Address			Description of Expenditure	
City (	State	Zip Code		
To Whom Paid			Date [MIM/DD/YYYY] \$	
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Gity	State	Zip Code		Marine (1945) - Marine (1945) - Marine (1946) - Marine (1946) - Marine (1946) - Marine (1946) - Marine (1946) Marine (1946) - Marine (1946)
To Whom Paid			Date (MM/DID/MWM) \$	
House# Street Address			Description of Expenditure	
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To Whom Paid			Date [MM/DD/YYYY] \$	
House# Street Address			Description of Expenditure	
Gity	State.	Zip Code		