

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

				i legible. It sno			
Filer Identification Number		eport Filed B Mark X)	By Candida	te X	Committee		Lobbyist
Name of Filing Committee, Candi Lobbyist	date or	DAVE	N C	GREGOR	y'		, , , , , , , , , , , , , , , , , , ,
Street Address			W LA	KE ROL			
City FALI	RVIEW		State	PA	Zip Code	16415	
Type of Report (Place x under repo	ort type)	· ·			· · · · · · · · · · · · · · · · · · ·		
1-6 th Tuesday 2- 2 nd Friday 3-	30 Day Post 4- 6	th Tuesday	5- 2 nd Friday	6-30 Day Post	7- Annual	Special 2 nd Friday	Special 30 Day
 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	无语: 1985年第二天 A Line 19 基地 20	- Election	Pre- Election	Election		Pre-Election	Post-Election
					X		
Date Of Election (MM/DD/YYYY)	Ye	ar		Amendment Report		Termination Report	
上力 アラー・スカ保護 たいさん じんたいきゃんし だたにえい ぬらげん だい	om Date	To Date			For (Office Use Only	
Expenditures /	1/26/19	12/3	1/19				
A. Amount Brought Forward From		\$ 20	HALLE	992.45	<u> </u>	<u>and Stiller State</u>	etrologija kielogija kielogija je um je
B. Total Monetary Contributions a (From Schedule I)	ind Receipts	\$		<i>y</i> ,			
C. Total Funds Available (Sum of Lines A and B)		\$				Ĉ	202
D. Total Expenditures (From Schedule III)		\$				(a) j	2020 JAN
E. Ending Cash Balance (Subtract Line D from Line C)		\$					29
F. Value of In-Kind Contributions F (From Schedule II) G. Unpaid Debts and Obligations (From Schedule IV)	Received	\$					्र स्
Haoin Schedule 187			Affidavit Sect	tion		<u> </u>	<u> </u>
Part 1- If this is a Committee report, tre			didate report, car	ndidate sign here.			
Swear (or affirm) that this report, inclusively swear to and subscribed before me this day of Variable Signature	s	schedules on	paper, is to the b	Haird	of Person Submi	tting seport	ete.
,	0 2020 DAY YR.	COM		ea Code	Dayt	60 - 1788 Sime Telephone Numb	
Part II- If this is a report of a Candidate! I swear (or affirm) that to the best of mamended. Sworn to and subscribed before me this		elief this poli CITY OF CO COMMISSION	ARA PARIS SIGN NET AND ARA PARIS SEAL OLD VISCUSO PARY, ERIE COUNTY EXPIRES OCI 20, 2	re. as not violated any NUMANA Signa	provisions of the		(P.L. 1333, NO.320) as
Signature					Printed Name	*	
My Commission expires MO. DAY	YR.		Are	ea Code	Daytir	me Telephone Numbe	er .

SCHEDULE I Contributions and Receipts

Detailed Summary Page

Filer Identification Number	i	
1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor		
Total for the reporting period	(1)	\$ White State Charles and Advanced to the Control of Co
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)		
Contributions Received from Political Committees (Part C)		\$
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)	\$
Total Monetary Contributions and Receipts during this reporting period (Add and enter amount totals from Bayes 1, 2, 3 and 4; also enter this amount on Page 1, Rei	port	\$

Cover Page, Item B)

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 Identificatio	on Number				
					Amount
Full Name of Co	ontributing			Date [MM/DD/YYYY]	Š
Committee					
House #	Street Address			Date [MM/DD/YYYY]	
City	1e_le Netslatia e gereag	State	Zip Code	Date [MM/DD/YYYY]	S .
					: (항) ※: (항)
Full Name of Co Committee	ontributing			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	<u>6.7</u> . \$:
				A STATE OF THE STA	[] [2] (2]
City	Total service of	State	Zip Code	Date [MM/DD/YYYY]	ී.
	<u> </u>				- 1965 1976
Full Name of Co	ontributing	<u> </u>	To the description of	Date [MM/DD/YYYY]	S
Committee				New York Constitution Constitut	- (3) (1-3)
House #	Street Address		The second secon	Date [MM/DD/YYYY]	\$
				Part of the contract of the co	
City	\$\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	State	Zip Code	Date [MM/DD/YYYY]	\$
	J			2. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10	
Full Name of Co	ontributing	200912	19.8% Nethod 2 201	Date [MM/DD/YYYY]	\$
Committee				Taka and San California (1977) (1987)	- Tal Signs
House #	Street Address			Date [MM/DD/YYYY]	\$
				[::	
City	<u> </u>	State	Zip Code	Date [MM/DD/YYYY]	\$
	1			18 (12 feb. 2003) - 18 (12 feb. 28 feb	
Full Name of Co	ontributing	And the second	. Protesta a successi	Date [MM/DD/YYYY]	\$
Committee				**************************************	
House #	Street Address		 	Date [MM/DD/YYYY]	<u>୍</u> ରତ୍ତି । ଓଡ଼ି
City	April Anna Service	State	Zip Code	Date [MM/DD/YYYY]	\$
	ľ			<u>- 三京できいる。</u>	Ž.
Full Name of Co	intributing	2.70. Tay. 2	And the state of t	Date [MM/DD/YYYY]	\$
Committee					Agent Park VA
House #	Street Address			Date [MM/DD/YYYY]	\$
City	Patriotica Control and P	State	Zip Code	Date [MM/DD/YYYY]	\$\\ \$\
	:			i i i i i i i i i i i i i i i i i i i	

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	n Nümber:			
Full Name of Co	antributor			Date [MM/DD/YYYY] \$
House #	Street Address	· · · ·		Date [MM/DD/YYYY] \$
			· ·	
City		State	Zip Code	Date [MM/DD/YYYY] \$
Full Name of Co	antributors	Militain Company	Market de la	Date [MM/DD/YYYY] \$
				S. Carlotte Co. Ca
House #	Street Address			Date [MM/DD/YYYY] \$
City		State	Zip Code	Date [MM/DD/YYYY] \$
Full Name of Cor	ntributor	San de de		Date [MM/DD/MYY] \$
				Secretary Control of the Control of
House #	Street Address			Date [MM/DD/YYYY] \$
City		State	Zip Code	Date [MM/DD/YYYY] S
Full Name of Cor	walburora			Date [MM/DD/YYYY] S
egewant in the share				
House#	Street Address			Date [MM/DD/YYYY] \$
City		State	Zip Code	Date [MM/DD/YYYY] S
Full Name of Con	ntributor	The State of the S	MARKET STATE OF STATE	Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
			·	
City		State	Zip Code	Date [MM/DD/YYYY] \$
Full Name of Con	ntributor	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Date (MM/DD/YYYY) \$
House #	Street Address			Date [MM/DD/YYYY] \$
City	All and a second a	State	Zíp Code	Date [MM/DD/YYYY] \$

PART C

Contributions Received From Political Committees

Over \$250.00

Filer Identification Number:

Use this Part to itemize only contributions received from Political Committees with an aggregate value over \$250.00 in the reporting period.

			· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·
Full Name of Contributing Co	ommittee			Date [MM/DD/YYYY] \$	· · · · · · · · · · · · · · · · · · ·
		COALS COALS			*****
House #	Street Addr	ress		Date [MM/DD/YYYY] \$	
			The same of the sa		
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of	vantanin asiquatika	<u> </u>			
Contributing Co				Date [MM/DD/YYYY] \$	
House #	Street Addr	ess		Date [MM/DD/YYYY] \$	
		J. S.			
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of				Date [MM/DD/YYYY] \$	
Contributing Co	mmittee				
House #	Street Addr	ess	**************************************	Date [MM/DD/YYYY] \$	
City	132322222222222222222222222222222222222	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of		Distribution orang	SASIMANIES SASTRAS	Date [MM/DD/YYYY] \$	
Contributing Co	mmittee				
House #	Street Addre	ess		Date [MM/DD/YYYY] \$	
in a second					
City	Physics of the most	State	Zip Code	Date [MM/DD/YYYY] \$	• • • • • • • • • • • • • • • • • • • •
JAMES J. S. C. S.	The second of		(Plant) 17.		_
Full Name of Contributing Co	mmittee			Date [MM/DD/YYYY] \$	
House #	Street Addre	ess		Date [MM/DD/YYYY] \$	
City	18. je uzenjan naktorinskih fran	State	Zip Code	Date [MM/DD/YYYY] 5	
Full Name of		Sir i Sir il Carro		Date [MM/DD/YYYY] \$	
Contributing Co	mmittee				
House #	Street Addre	ess	· · · · · · · · · · · · · · · · · · ·	Date [MM/DD/YYYY] \$	
				Effect Factor Transfer and Language Transfer and Language Transfer and Language Lang	
City	The Different Production of Control	State	Zìp Code	Date [MM/DD/YYYY) \$	

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 Identificatio	n Number:			
Full Name of Co	intributor:			Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
City		State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name	化有效性 机电池			Occupation
Employer Mailir Principal Place o	of Business			
Full Name of Co	ntributor			Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] 5
City	JOBN BOOM OF THE	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name Employer Mailin				/ Occupation
Principal Place o	of Business			
Full Name of Co	Atributor.			Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
City	P A A A A A A A A A A A A A A A A A A A	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name				Occupation
Employer Mailin Principal Place o				
Full Name of Cor	tributor			Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
City	Proceeds and contract and 1	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name		F.35079283679 1401	Formula (Alexander 2000 Alexandra)	Occupation
Employer Mailing Principal Place of				Processing and Control of 1950.

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.

Filer identification Num	iber:			
Full Name				
House #	Street Address			
City		State	Zip	Date [MM/DD/YYYY] \$
			Code	
Receipt Description		···		
Full Name				
House #	Street Address	No. Company of Property of Pro		
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		Tel Verbograge and	SOMMERS OF STORE	47, 574
Full Name	100			
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		Testing States	Byte con Proceedings on a	FEMAL
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		To structure segicine	Designation (C)	1

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 CONT	DIDUTION CONCENTRATION	LUE OF \$50.00 OR LESS PER CONTRI	
TOTAL for the reporting period	(1)	\$	BUTUK
2. IN-KIND CONTRIBUTIONS RE	CONCENTABLE AFAFA	1 TO \$250:00 (FROM PART F)	
TOTAL for the reporting period	(2)	\$	
3. IN-KIND CONTRIBUTION REC	ENVENSYWWE/AVCERSOL	OOO (EPIONA PART G)	
TOTAL for the reporting period	(3)	\$	
TOTAL VALUE OF IN-KIND CONTRIBUTI	ONS DURING THIS REPO	RTING \$	
PERIOD (Add and enter amount totals on Page 1, Report Cover Page, Item F)			

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

			VALUE OF \$30.01 10 ;	\$230	
Filer identification	n Number:				
Full Name of Co	<i>i</i> ntributor	-		Date [MM/DD/YYYY] \$	
House#	Street Address			Date [MM/DD/YYYY] \$	
	Jul 22	5		Bost China Solver	
City	128person and	State	Zip Code	Date [MM/DD/YYYY] \$	
Description of C	Contribution				
Full Name of Co	ontributor			Date [MM/DD/YYYY] \$	
				The state of the s	
House #	Street Address	.s		Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
				277-77-7-18-518-6-78-6-3-3-3-8-7-18-3-3-8-8-8-8-8-3-3-3-3-3-3-3-3-3-3-3-	
Description of G					
Full Name of Cor	ntributor			Date [MM/DD/XYYY] \$	
House #	Street Address	s		Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Description of Co	ontribution	ACTION OF THE PARTY OF THE PART	ENVISOREMENT VAL	Transist .	
Full Name of Con	ntributor	STEP CARE		Date [MM/DD/YYYY] \$	
Teather and and	The second second	N. 18	<u></u>		
House#	Street Address			Date [MM/DD/YYYY] \$	
City	NEW STANSON CONTRACTOR	State	Zip Code	Date [MM/DD/YYYY] \$	-
Description of Co	ontribution				
Full Name of Con	Atributor			Date [MM/DD/YYYY] \$	
					Na-1-244
House #	Street Address			Date [MM/DD/YYYY] \$	
City	SPATION CONTRACTOR	State	Zip Code	Date [MM/DD/YYYY] \$	
Description of Co	ontribution				
Charles and the state of the second	และได้เกิดที่ ที่ ที่ ที่ ได้เกิดที่สะดังสะดังเทียงที่สามารถ เมลา ค.ศ	adebase)			,

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer Identification Number:			
Filer Identification Number:			
DESCRIPTION OF THE PROPERTY			
\$25 \tag{2} \t			

To accomplish the first state of the state o				
Full Name of Cont	ributor			Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
				in the state of th
City	A Committee of the comm	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name			1 part of the second se	Occupation
	Address / Principal			Description
Place of Business		\$ \$		of Contribution
Full Name of Conti	A TOTAL CONTRACTOR	<u>1</u>		Contribution
Full Maine Or Con	Mouto			Date (MANAO) 11101
	Tourse with a bot of the grad		· · · · · · · · · · · · · · · · · · ·	
House #	Street Address			Date [MM/DD/YYYY] \$
City	\$75.577.500 to 16.575.57 to 1	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name		# # # # # # # # # # # # # # # # # # #	LEOSETTOS SETEMA	Occupation
Employer Mailing / Place of Business	Address / Principal			Description
Place of pushiess				of Contribution
Full Name of Contr	ributor	<u>n</u>		Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
City	The second second	State	Zip Code	Date [MM/DD/YYYY] \$
		4		
Employer Name	pulating production of the second of the sec	S AND	R. C. Santana	Occupation)
Employer Mailing A Place of Business	Address / Principal			Description of
	de la companya de la La companya de la co			Contribution
Full Name of Contr	libutor .	<u> </u>		Date [MM/DD/YYYY] \$
House #	Street Address		www.asaasaasaasaasaasaasaasaasaasaasaasaasa	Date [MM/DD/YYYY] S
			·	
City		State	Zip Code	Date [MM/DD/YYYY] \$
		PARAMETERS IN	#200#20#20#25#20#20#E	₩.jrgx
Employer Name				Occupation
Employer Name	\ddress / Principal			
	kddress / Principal			Occupation Description of Contribution

SCHEDULE III Statement of Expenditures

Filer Identification Number:	 		

To Whom Paid				Date [MM/DD/YYYY] \$
House #	Street Address			Description of Expenditure
City		State	Zip	
To Whom Paid	**************************************		Code	
ro wnom Palo				Date [MM/DD/YYYY] \$
House #	Street Address			Description of Expenditure
City		State	Zip Gode	
To Whom Paid				Date [MM/DD/YYYY] \$
House #	Street Address			Description of Expenditure
City		State	Zip	
To Whom Paid				Date [MM/DD/YYYY) \$
House #	Street Address			Description of Expenditure
City		State	Zip Code	
To Whom Paid				Date [MM/DD/YYYY] \$
House#	Street Address			Description of Expenditure
City		State	Zip Code	
To Whom Paid				Date [MM/DD/YYYY] \$
House #	Street Address			Description of Expenditure
City		State	Zip Code	
To Whom Paid				Date [MM/DD/YYYY] \$
House #	Street Address			Description of Expenditure
City		State	Zip Code	
To Whom Paid				Date [MM/DD/YYYY] \$
House #	Street Address			Description of Expenditure
City		State	Zíp Code	The second secon

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 Number:

Name of Creditor			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	5
City	Ste	rte Zip Code	
Description of Debt		N. Sections of I	Essan
Name of Creditor			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [IMM/DD/YYYY]	\$
City	Sta	te Zip Code	
Description of Debt			
Name of Creditor			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$
City	Sta	te Zip Code	
Description of Debt			
Name of Creditor			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$
City Description of Debt	Stal	te Zip Code	
Description of Dest			
Name of Creditor			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	•
City	Stat		
Description of Debt			
Name of Creditor			Outstanding Balance of Debt
House #	Street Address	DATE DEBT-INCURRED [MM/DD/YYYY]	\$
City	Stat	e Zip Code	
Description of Debt			