COMMONWEALTH OF PENNSYLVANIA

CAMPAIGN FINANCE STATEMENT

File this in lieu of a full report *only if* aggregate receipts, expenditures, or liabilities incurred *each* <u>did not exceed \$250.00</u> during the reporting period.

FILER IDENTIFICATION NUMBER		REPORT FILED	CANDIDATE	LA	2
NAME OF FILING COMMITTEE, C	77 1	ON BEHALF OF	DANOIDATE	COMMITTEE	LOBBYIST
STREET ADDRESS	-ROH				
603	MONTPELLER AVE	_			•
CP.	18	STATE PA		ZIP CODE	
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE	DISTRICT NO.	PARTY		E OF ELECTION
6TH TUESDAY PRE-PRIMARY	SUPERVISOR		Dem	Mo. //	S 19
2ND FRIDAY 2. PRE-PRIMARY 3.	DATES OF REPORTING PERIOD // 26 19 TO	MO. DAY YEAR 12 31 19		FOR C	office use only
FOST-PRIMARY STHITUESDAY PRE-ELECTION	CASH BALANCE AT END OF REPORTING PERIOD:	\$		80 00 00 00 00 00 00 00 00 00 00 00 00 0	2020 JAN
2ND FRIDAY FRE-ELECTION 30 DAY	TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:	\$		101.1 201.1 201.1	23 PH
POST-ELECTION ANNUAL REPORT	TERMINATION				1:20
	AFFIDA	/IT SECTION			
statement is filed on	behalf of a <u>Political Committee</u> or Cand behalf of a <u>Candidate</u> , the Candidate m behalf of a <u>Contributing Lobbyist</u> , the Lo	lidates's Commiti oust sign here. obbyist must sign	here.		
I SWEAR (OR AFFIRM) THAT T	HE AGGREGATE RECEIPTS OR DISBURSEMENTS OR LIABILI FIFTY DOLLARS (\$250.00) AND THIS REPORT IS, TO THE			3 PERIOD INDICATE	D ABOVE DID NOT
SWORN TO AND SUBS	CRIBED BEFORE ME THIS	(/1	931		
DAY OF _C	1 1 00 00 00 00 00 00 00 00 00 00 00 00	SIGNATUR	e of person TOHN	SUBMITTING REF	PORT
pnwealth of Pannsylvanias Ponia Fernandez, Notary P Erie County	me, pai in.	8/9	PRINTED 44 DAYTH	NAME 9-726 ME TELEPHONE N	IMPER
commission expires April 3 ARTINI ssion number 1288	012				
stelenyealileatlecton l	্বিত্র ক্রিনারিক a <u>Candidate's Authorized Com</u>	<u>mittee,</u> Candidat	e must sig	n here.	
I SWEAR (OR AFFIRM) TO JUNE 3, 1937 (P.L. 1	AT TO THE BEST OF MY KNOWLEDGE AND BELIEF THIS PO 333, No. 320) AS AMENDED.	LITICAL COMMITTEE HAS	NOT VIOLATED	ANY PROVISIONS	OF THE ACT OF
SWORN TO AND SUBSC	ribed before me this				
DAY OF	20	SI	GNATURE OF	CANDIDATE	
	SIGNATURE	· · · · · · · · · · · · · · · · · · ·	PRINTED N	NAME	
MY COMMISSION EXPIRE	MO. DAY YR.	AREA CODE	DAYTIM	E TELEPHONE NU	MBER
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