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

Filer Identification 815223 499	Report Filed		ate	Committee	<u>•</u>	Lobbyist
Name of Filing Committee, Candidate or	(Mark X)	<u>lara lara da a</u>				A DEVINE
Lobbyist FRIENDS of ANDRE HO	REN					
Street Address						
City		State		Time Code		
ERIC		State	. PA.	Zip Code	16512-	6133
Type of Report (Place x under report type)						
1-6 th Tuesday 2- 2 nd Friday 3-30 Day P	The state of the s	5- 2 nd Friday	6- 30 Day Post	7- Annual	Special 2 nd Friday	Special 30 Day
Pre-Primary Primary Primary	Pre- Election	Pre- Election	Election		Pre-Election	Post-Election
Date Of Election			1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			
(MM/DD/YYYY)	Year		Amendment Report		Termination	
		<u> </u>	Report		Report	:
Summary of Receipts and From Date	To Date	e		For	Office Use Only	
Expenditures	1,0 12/	31/19				
A. Amount Brought Forward From Last Rep	nort S					
	1 213	36-64	• •			
B. Total Monetary Contributions and Recei	ipts \$	1	1			
(From Schedule I)		$\varphi_{\underline{}}$		•	Č. I	25
C. Total Funds Available (Sum of Lines A and B)	^{\$} 213	36.04	ł		f 1	<u>~</u>
D. Total Expenditures		10,01	ĺ		1	975 192
(From Schedule III)	7	Ø !	1		i	ಎ
E. Ending Cash Balance	\$ 01.		i		· 6.	**************************************
(Subtract Line D from Line C)	1 21	36.04	i	•		7
F. Value of In-Kind Contributions Received	\$ 1/1/1	11 10				
(From Schedule II)		4.67	1		$(\bigcirc$	Transport of the Community of the Commun
G. Unpaid Debts and Obligations (From Schedule IV)	\$	ch	i		* *	: 5
(Iron Schedule 14)		Affidovity Co	<u> </u>			
Part 1- If this is a Committee report, treasurer sig	n here. If this is a Ca r	Affidavit Sec				
I swear (or affirm) that this report, including the a	ittached schedules or	paper, is to the	best of my knowled	ge and belief tr	ue. correct and comple	te.
Sworn to and subscribed before me this			11	1 1	~*	
309 day g January 20 00	Commonwealth	of Pennsylvania	- Altaulis Pall	la (118)	W 2-1	
Mary Mary Mary	i Jenneer	L. Tuiller, Notar	Tubic signature o	of Person Submi	itting report	_
Signature	- Lau commesic	Erie County on expires Octob	hap 18 2020C	(A +	0°70′′	
Signature Andahale N	_ Commis	sion number 13	41887,	Printed Name	10 -000	
My Commission expires 1000000000000000000000000000000000000	Member, Penns	sylvania Associati		<u> 81.</u>	3.500v	
MO. DAY '	YR.	А	rea Code	Dayt	time Telephone Numbe	 er
Part II- If this is a report of a Candidate's Authoriz	ed Committee candi	idate shall sign be				
I swear (or affirm) that to the best of my knowledge	ge and belief this poli	itical committee l	re. nas not violated anv	provisions of th	ne Act of lune 3, 1937 (D I 1333 NO 320) as
amended.	-			provisione e	te Act of June by 155, (F.L. 1333, NO.3201 63
Sworn to and subscribed before me this						
218			11 - All C	D 91	1.7	
gly of VUVIUM 20 XV	Commonwealth	n of Pennsylvania L. Turner, No tar	CARRIEDENE	<u> </u>	ouor	
Frankus Dr.		Eria County	Au/\allaar callers	ature of Candida	te Tora	
Signature	My complission	on expires O cto	ber 18, 2022	Printed Name	OCIONO	_
Arthr & 2	A Commis	ssion number 13 sylvania Associat	V-7.100.	~	7- 1777	
My Commission expires Mo. DAY YR.	Member, Penns				<u>/ ムーノ ハラ レ</u>	_ _
MO. DAI III.		AI	rea Code	Daytin	me Telephone Number	

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

Filer Identification Number		
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)	37 (5) 13 (5)	
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 t Albert	
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 Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report

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 Identification	Number :			
"我们"。				
Përmare de de la constante	and the later of t			mount
Full Name of Cor Committee	ntributing	. 	Date [MM/DD/YYYY] \$	
			(* * * * * * * * * * * * * * * * * * *	
House #	Street Address		Date [MM/DD/YYYY] \$	
Citý	State	Zip Code	Date [MM/DD/YYYY] \$	
A POLICE CONTROL OF USE OF	A PART OF TAX OF			
Full Name of Cor Committee	ntributing	·	Date [MM/DD/YYYY] \$	
DATE OF THE PROPERTY OF THE PR				
House #	Street Address		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Con Committee	tributing		Date [MM/DD/YYYY] \$	
	e in the control of t			
House #	Street Address		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
The state of the s				
Full Name of Con Committee	tributing		Date [MM/DD/YYYY] \$	
House #	Street Address			
1 2 2	or eet Address		Date [MM/DD/YYYY] S	
City		town constituting to story		
	State	Zip Code	Date [MM/DD/YYYY] \$	
Call Name of Cons	District Control			·
Full Name of Cont Committee	ributing		Date [MM/DD/YYYY] \$	
		· .		
House #	Street Address	_	Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Cont	Contract of the contract of th	, 70 St. 1		
Committee	ributing		Date [MM/DD/YYYY] \$	
House #	Street Address			
			Date [MM/DD/YYYY] \$	
City	State	1916 ALG		
	Jack	Zip Code	Date [MM/DD/YYYY] S	

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.)

File (identification Number)				
Full Name of Contributor			Date [MM/DD/XXXX])	
	et Address		Date [MM/DD/YYYY] \$3	
Gity	State	Zip!Code	Date [MM/DD/YYYY]	
	et Address		Pate [MM/ob/xxxxx] x 3	
elty.		Industrial and the second	PatelMM/DD/YYYY)	
Gull Name of Contributor	State	Zip Code	Pate [MM/db/xxxx])	
(House ##) Stree	t Address		Date (MM/DD/AYYY)	
Gity	State	Zip Gode :	*Date([MM/DD/YYYYY] # 45*	
full/Name of Contributor			Date (MM/DD/yyyy)	
House## Street	Address	·	Date MM/DD/WWW)	
enty:	State	Zip Code	Date [MM/DD/MM/) s	
Rull Name of Contributor		Zip Code	Date [MM/DD/YYYY] \$	
House:# Street	Address		Date [MM/DD/YYYY] 8 5	
Gity	State	Zip Code	Date [MM/DD/YYYY] 35	
Full Name of Contributor			Date [MM/DD/WW] s	
House# street A	ddress		Date [MM/DD//YYYY]	
Gity.	State	Zip.Code	Date [MM/DD/YYYY] S	
19%高级推翻。 ————————————————————————————————————				

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.

File (Identification Number)				
Full Name of A. Contributing Committees			Date [MM/DD/(YYY)] \$	
House # Street Ad			Date (MM/DD/yyyyy) S	
(Giv)	State	Zip Code	Date (MM//DD//YYYY) 5	
Full Name of Contributing Committee	NAME SESSION DESCRIPT		Date [MM/DD//YYYY]	
House ## Street Ad		harts Carrier's was son cheeses	Date (MIN/bD/yyyy) A 5	
. Gfy Fault Names of	State	Zip Code	vDate(MM//DD/AYAA)	
Contributing Committee House # Street Ad			Date [MM/DD/AYAYA]	
[Gity]	state.	79-772-7-12-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-	Date [MM//DD//YYYY] S	
FulliName of		/Zip Code	Date([MM/DD/YYYY] \$	
Gontributing Committee House # Street Add	पं ट रह	·	Date [MM/DD/XXXXI]	
Gity (State	² Zip Code	Dates[MM/DD/xxxxy] 15	
Full Name of			Date [MM//DD/XYYY] 35	_
Contributing Committee House## Street Add	lrėss		Date [MM/DD/AYYY]	
Gity #	State	Zip Code	Date [MM/DD/Y/Y/] [S]	
(FÜLLIVERNE-ÖF)			Date [MM/DD/YYYY] \$3:	
Contributing Committee	TESS		Date [MM/DD/yyyyy] 2 5	
Gity:	State	«Zip Code		
			Date [MM/DD/YYYY] \$5	

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			Date [MM/Db/YYYY] \$
House # Street Address	himada verka ejanjani.	* Historia and all the description of the second of the se	*Date [MM/DD/YYYY]
City Employer-Name	State	Zip Code	Date[MM/DD/YYYY] \$
Employer/Mailing Address //			Occupation
Principal Place of Business Full Name of Contributor	-		Lead Analysis according to the property and processed and control of the property of the prope
4		_	Date[MM/DD/XYYY] .\$5
flöuse#. Street.Address			*Date (IMM/DD/YYYY)
(City)	State	Zip Code	[Date [MM/DD/\\Y\\]] \$5
Employer Name Employer Mailing Address /		Technique Contrett (A. Meeting)	Occupation
RithdipatiPlaceofBusiness			
Full Name of Contributor			Date [MM/DD/YYYY]
House # Street Address			{Date [MM/,DD/,YYYY)] \$5.}
Giv Lan	State	Zip Code	Date (MM/DD/YYYY)
Employer Name			Occupation
(Employer Mailing Address / Principal Place of Business			Leadily singles as a contract at minor of 1
Full Name of Contributor /			Date[MM/DD/YYYY] \$
	<u> </u>		
House'# Street'Address			Date [MM/DD/YYYY] \$
(Gity)	State	Zip Code	Date [MM/DD/YYYY] \$5
Employer Name Employer Mailing Address / Principal Place of Business			Occupation

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.

Aleridentification Number				
House## S Gity Receipt Description	ircet Address	State	Zip² Code	*Date [MM/DD/XYXX] *\$*
Full Name House # St City Receipt Description	reet Address	(State	Zip Code	Date [MM/DD/YYYY]
Followine House	icet/Address	State 4	Zip Code	Date [MM/DD//YYM]
iuliName	reet Address	State	Zip Code	Date [MM//DD/W/Y/Y] \$
House## Str City Receipt Description	eet*Address	State.	Zip Code	Date I MIN / DD / YYYY] \$
Full Name House # Str Gity Receipt Description	eet/Address	State	Zip Code	/Date IMM/DD/YYYY1 / S

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

Fler Identification Number	815223499				
1. AUNITEMIZED IN KIND TOTAL for the reporting period	IGONTRIBUTIONS RECEIVE	ED-VALUE OF \$50,00 G	DRUESS PER CONTRIBUTO	DR.	
2 IN KINDIGONTRIBUTION TOTAL for the reporting period	DNS RECEIVED VALUE OF	\$50.01\pi0.8250.00\fr	RGM(PARTIF)		
TOTAL for the reporting period	DN:REGEIVED VALUE OVE	R'\$250:00/(FROM)DAR	1464.6	7	
TOTAL VALUE OF IN-KIND CONT PERIOD (Add and enter amount on Page 1, Report Cover Page, It	totals from boxes 1, 2, an		1464.6	7	
AIR TRAVEL VAN to 337 Mark	715.72	(HARRISBURG)	BOART OF EDUC	(alfno)	AIR TR.
AIR TRAVEL VAN to 337 Mark VAN TO AIPPORT	62.53	- mot/En	ટાર		
	14646	7			

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Numbe				
	a bonsi			
Full Name of Contribut	of		Date [MM/DD/YYYY]	
/House/#	treet Address		Date [MIN/DD/NYYY)]	
Gity	State	Zip Code	Date [MM/DD/YYYY]; *\$*	
Description of Contribu			[himselfor.ed]	
Full Name of Contributo			Date [MM/DD/YYYY]	
	reet-Address		Date [MM/DD/XXXX] \$5	
Gity	State	Zip Code	Date [MM/DD/AWW] 53.	
Destription of Contribu				
Rull Name of Montabuto			Date (MM/DD/AYAYA)	
	reet/Address		Pate (WM/DD/XXXX)	
Gity Description of Contribut	(State	Zip)Code	Date [MM/DD/YYYY]	
GulliName of Contributo				
			Date: [MM//DD//Y/Y/Y]	
	reet Address	Japan Sul Mill We all Coulding and	Date [MM//DD/\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
(City) Describition of contribut	State:	Zip Code	Pate (MM/pD/yyyy)	
Full-Name of Contributor			Palade New Assessment Company of the Control of State Con	_
			Date IMM/DD/YYYYI S	
	eet Address	132 Mary land agreement	Date [MM//DD/YYYY]] S	
City. Description of Contributi	State:	Zip Code	(Date (MM//DD/XYXX))	

SCHEDULE II

Part G

In-Kind Contributions Received

VALUE OVER \$250

File Identification Number: 815 23499				
	Files Identification Numbers	$XI \setminus A \setminus X \cup A \cap I$		

Full Name of contributor	Incompression and the company of the
	10/29/19 1464,67
Thomas B. Hagen House # Street Address P. O Box 10905	Date [MM/DD/YYYY] \$
City State Zip Code	ZDate [MM/QD/XYYYY] * \$
ERIR PA	16514-
Employer Name Employer Mailing Addicess//Principals**	Occupation BUSINESS MAN
Place of Business	Descriptions AIR FACE / GROUND TRAGORTAINN OI GONTEIBUTION COM COILEG - PA. BOE
Full Name of contributor	Date IMM/DD/MYYYI (S)
Houses:	Date [MM/DD/AYAY) S
City State Zip Code	_Date [MM/DD/YYYY/]
Employer Name	Occupation
Hemployer Mailing Address // Principal. Place of Business	Description of Contribution
Full Name of Contributors	Date[MM/DD/YYYY] \$
House # Street Address	Date [MM/DD/YYYY] S
City State Zip Code	#Date [MM/DD/YYYY] # \$5
Employer Name	Occupation 3
Employer Mailing Address // Principal Place of Business	/Description of **
Eull Name of Contributor	Date [MM/DD/YYYY] \$
(House## Street/Address	Date [MM/DD/YYYY] \$
Gity State Zip Côde	_Date[MM/DD/YYYY]
Employer Name Employer Mailing Address / Principal	Occupation.
Place of Business:	Description of Contribution

Statement of Expenditures

	Statement of Expenditures	
entification Number:		

Fileric

	<u> </u>			
To Whom Paid				Date [MM/DD/WW]
House #	Street Address			Description of Expenditure
City		State	Zip* Code	The common the street was a second and the street of the s
To Whom Paid				:Date:[MM/DD/YYYY] \$
House #	Street Address		Destricted by our Prince	Description of Expenditure
(City:	TE:	State.	Zip) Gode	
10 WhomPaid		·		*Date [MM//DD//YYYY] \$
House##	Street Address	State	11744 CHARMICS WIPEAR	Description of Expenditure
IoWhom Paid			Zip Code	
	THE MILITER AND SHEETS COMMANDS IN LINE AND THE			Date [MM/DD/AYYY]
House#	Street Address		Tarang pagasanahan sa	Description of Expenditure
City To:Whom Paid	g	State	Zíp Codes	
				Date [MM/QD/YYYY] Sy
House#	Street Address		OF all Moderate periods of the second	Description of Expenditure
(City) Sto WhomPaid		State 5	Zip*****Code	
	THERESON FOR THE SECOND CONTRACTOR I		<u> </u>	Date [MM/DD/(ΥΥΥΥ)] → \$ 5
House##	Street Address		[18602] & HUNTERIN 18502/2755 [Description of Expenditure
City 110 Whom Paid		State	Zip «Gode	
	P.C. Act, #50 40 (20) \$20 000 (20) Col. (10) Col. (10)			Date [MM/DD/XYYY] \$
House:# Gity	Street Address		[924222 *********************************	Description of Expenditure)
nowhomPaid %		State	Zip Code	
	全型性機能は10gg を発展を対しませる。10			-Date (IMM/,DD/,YYYY) \$
House # Eity	Street Address		第5章 - 1 花園 (東西野りか)	Description of Expenditure
		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 Greditor House## Street Address [MIM/DD/7744]	of Debt 3
House# Street Address DATE DEBT: INGURED 1. 15	eof Debi k
City State Zip Code Description of Debt 200	
Name of Greditor	of Debt
House# Street Address DATE/DEBT/INCURRED \$ [MM/DD/YYYY]	
Crity State Zip. Code Code Code Code Code Code Code Code	
Name of Creditor Outstanding Balance	of Debt
House's Street'Address CMM/DD/AYYYI	
Gity State Zip. Göde Description/of/Debt	
Name of Oreditor Outstanding Balance	of Debt
Houselif Street Address DATE DEBT (NOURRED) Street Address [MMM/pd/yyyy]	Window (g.
Gity. State Code Description of Debts	
Nameor Greditor Courst and ing Balance	of Debt
House## Street Address DATE DEBT INCURRED S\$\\ [MM/DD/YYYY]	
City State Zip Code Code	
Name of Greditor.	of Debt
Street Address Street Address Street Address Street Address Street Address	
State Zip Gode Description of Debt	