

Commonwealth of Pennsylvania - Campaign Finance Report

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

10/2

Filer Identification Number	Report Filed By Candidate (Mark X)	Committee	Lobbyist
Name of Filing Committee, Candidate or Lobbyist	Priends of 17	Tohn Persince	
Street Address	P.O. Box 195	स	
City Ene	State D	A Zip Code 1651	$\overline{\mathcal{A}}$
Type of Report (Place x under report type)		eracinati Likiti kikin opa annowi	
		30 Day Post 7- Annual Special 2 nd Fri	
Pre-Primary Pre-Primary Primary	Pre- Election Pre- Election Ele	ection Pre-Election	Post-Election
			N. Salakana ar gragogy)
Date Of Election (MM/DD/YYYY) [1]07		nendment Termination port Report	
Summary of Receipts and From Date	To Date	For Office Use Only	
Expenditures			
A. Amount Brought Forward From Last Report	\$ 48,837.20	Manual Harris and Assessment Company of the Company	·
B. Total Monetary Contributions and Receipts (From Schedule I)	\$ 23,0000	- and	
C. Total Funds Available	\$ 51.527.75	[7]	TETT - Law Down Dise
(Sum of Lines A and B) D. Total Expenditures	\$ 62 839.00		
(From Schedule III) E. Ending Cash Balance	62,001,99		
(Subtract Line D from Line C)	\$ 9,797,26	##### 	:
F. Value of In-Kind Contributions Received (From Schedule II)	\$ 2839,00		
G. Unpaid Debts and Obligations (From Schedule IV)	\$	r	Q.
C	Affidavit Section		
Fart 1- If this is a Committee report, treasurer sign here swear (or affirm) that this report, including the attack	ere. If this is a Candidate report, candida ched schedules on paper, is to the best p	ate sign here. of my knowledge and belief true, correct and co	omolete.
Sworn to and subscribed before me this	A	1 pp	AA
anuary 20 19	- I - <u>- v</u>	Signature of Person Submitting report) /	Kln_
Signature Swats	<u>~</u>	Themas D. Fendle	to
7	. 1	riiileu Naiile	
My Commission expires 12 08 /9 MO. DAY YR.	Area C	Code Daytime Telephone N	lumber
Part II- If this is a report of a Candidate's Authorized			·
2 swear (or affirm) that to the best of my knowledge a mended.	and belief this political committee has no	ot violated any provisions of the Act of June 3, 1	1937 (P.L. 1333, NO.320) as
Symmetric and subscribed before me this 3/ State Game	6	(100)	
3/ St day of January 20 19	- 1	Mary V. Mindel	
How Swator	_	J Jan M. Pel Singer	
Signature	, .I _{0:72}	Printed Name 1	
My Commission expires MO. DAY YR.	Area C	ode Daytime Telephone Nu	ımber
N. Carlotte and Ca		, ,	

NOTARIAL SEAL
Lorie S. Watson, Notary Public
City of Erie, Erie County
My Commission Expires December 08, 2019

NOTARIAL SEAL
NOTARIAL SEAL
Lorie S. Watson, Notary Public
City of Erie, Erie County
My Commission Expires December 08, 2019

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor		
. Total for the reporting period	(1)	\$ 0
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)	\$ 0
3. Contributions Over \$250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)		\$ 23,000
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, ReCover Page, Item B)		\$ 23,000

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

	Amount
Full Name of Contributing Committee	Date [MM/DD/YYYY] \$
House # Street Address	Date [MM/DD/YYYY] S
City State Zip Code	Date [MM/DD/YYYY] S
Full Name of Contributing Committee	Date [MM/DD/YYYY] 5
House # Street Address C	Date [MM/DD/YYYY]
City State Zip Code	Date (MM/DD/YYYY) S
Full Name of Contributing Committee	- Date [MM/DD/YYYY] S
House # Street Address	Date (MM/DD/YYYY)
City Zip Code	Date [MM/DD/YYYY] S
Full Name of Contributing Committee	Date [MM/DD/YYYY] S
House # Street Address	Date [MM/DD/YYYY] \$
City State Zip Code	Date [MM/DD/YYYY]
Full Name of Contributing Committee	Date [MM/DD/YYYY] \$
House # Street Address	Date [MM/DD/YYYY] \$
City State Zip.Code:	Date [MM/BD/YYYY] 5
Full Name of Contributing Committee	Date [MM/DD/YYYY] \$
Flouse # Street Address	Date [MM/DD/YYYY) 5
City State Zip Code	Date [MM/DD/YYYY] 5

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:

Full Name of Contributor		Date [MIN/DB/WYY] \$	
		Date [WW/DD/1111]	
House # Street Address		Date [MM/DD/YYYY] \$	
City	State Zip Code	Date [MM/DD/YYYV] \$	
Full Name of Contributor	Ch	Date [MM/DD/YYYY] \$	
House # Street Address		Bate [MM/DB/YYYY] S	и
11.1.1.1.1.	XC ,		
City	State Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributor		Date [MM/DD/YYYY] \$	
	\U,y	Segre florroven versit 3	
House# Street Address	1	Date [MM/DD/YYYY] \$	
		\$4.) ·	
City.	State Vip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributor		Date [MM/DD/YYYY] \$	
House # Street Address		Date [MM/DD/YYYY] \$	
City.	State Zip Code	Date [MM/DD/YYYY] \$	
ing market		APR	
Eull Name of Contributor		Date [MM/DD/YYYY] \$	
House # Street Address		Date [MM/DD/YYYY] \$	
City	State Zip Code	Date [MM/DD/YYY/] \$	
Full Name of Contributor		Date [MM/DD/YYYY] \$	
House # Street Address		Date [MM/DD/YYYY] \$	
Alexander Expression	Bloogin de Marchet		
Gity	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.

Filer Identification Number:				
Full Name of Contributing Committee	Heart	Party of PA Weet	Date [MM/DD/YYYY]. Of Jod Jobs	23, <i>occ</i>
House # Street Address			Date (MM/DD/XYYY)	
Hatrisburg	State P9	2ip Code 17/01	10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	. 1.
Full Name of Contributing Committee			Date [MM/DD/YYYY]	\$.
House # Street Address			Date [MIVI/DB/YYYY]	5 4.5 4.6
City	State	Zip Gode	Date [MM/DD/YYYY]	
Full Name of Contributing Committee		, , , , , , , , , , , , , , , , , , , ,	Date [MM/DD/YYYY]	
House # Street Address			Date [MM/DD/YYYY]	\$
(City !	State	Zip Code	Date [MM/DD/YYYY]	
Full Name of Contributing Committee			Date [MM/DD/YYYY]	
House # Street Address			Date [MM/DD/YYYY]	
City	State	Zip Code		
Full Name of Contributing Committee			Date [MM/DD/YYYY] - 3	S
House# Street Address			Date [MM/DD/YYYY]	4
City (State .	Zip Code	Date [MM/DD/YYYY])
Full Name of Committee		***************************************	Date [MM/DD/YYYY] 3	
House # Street Address			- Date [MM/DD/YYYY]	
Gisy :	State.	Zip Code	Date [MM/DD/YYYY]	

PART D

All Other Contributions

6 of D

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/DD/YYYY] 5	
House # Street Address		Date [MIW/DD/YYYY] \$	
City State Employer Name	Zip Gode	Date [MM/DD/YYYY] 5	
	~?	* Vecapation	_ [
Employer Mailing Address / Principal Place of Business	N	CENTRAL PROPERTY OF THE CONTRACT OF THE CONTRA	
Full Name of Contributor	(· G.A)	Date [MIM/DD/YYYY] \$	
House# Street Address	V.	Date [MM/DD/YYYY] (\$	
City State:	Zip Code	Date [MM/DD/YYYY] \$.	
Employer Name		Occupation	_
Employer Mailing Address / Principal Place of Business	120	- Indian control of the control 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] \$	
Employer Name Employer Mailing Address /		Occupation :	_
Principal Place of Business			
Full Name of Contributor		Date [MM/DD/YYYY] .\$	
House # Street Address		Date [MM/DD/YYYY] \$	
City	Zip Code	Date [MM/DD/YYYY] \$	
Employer Name Employer Mailing Address /		Occupation	
Principal Place of Business			

PART E

Other Receipts

REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.

7 of 12

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Filer Identification Number;

Full Name' /				
House# Sti	reet Address			
City		State	Zio «	Date [MM/DD/YYYY] \$
Egyptischer in Short alle ver Ein Shollanes wie eine Nach	\mathbb{N} // \mathbb{N}		Zip Code	Date [MM/DD/YYYY] \$
Receipt Description	X			
Eul Name		 		
Full Name				
House# Str	eet Address	-h-V		
City		State	Zip Code	Date [MM/DD/YYYY] \$
City			Code	
Receipt Description		1	ろ	
Full Name				
	eet Address	$\overline{}$		
		State	The second secon	Date [MM/DD/YYYY] \$
City the second of the second		State	Zip Code	Date [MM/9D/YYYY] S
Receipt Description				
Receipt Description			<i></i>	
Full Name				
	eet Address			9
City		State	Zip d	Date [MM/DD/YYYY] \$
en Paris de Production de la Company de la C			Code	
Receipt Description			<u> </u>	
Full Name				•
	eet Address			
City		State	Zip	Date [MM/DD/YYYY] \$
digiralitzako kun			Code	
Receipt Description		Edition and annual angua	1.0000000000000000000000000000000000000	10000 mes
Full Name				
请求资源省级价格表价	eet Address			
A STATE OF THE STA		**************************************	The state of the s	Number 1 1990 1990 1990 1990 1990 1990 1990 1990 1990 1990 1990 1990 1990 1990 1
City (1)		. State	Zip Code	Date [MM/DD/YYYY] S
Receipt Description		alegit (#		
distribution de la constantina de la c				

SCHEDULE II

8 of 12

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 CONTRIBUT	IONS RECEIVED-VALUE C	220 TO OK TE22 KEN COM I KIRO LON	a kirjin din jeru kapateppini sepila.
TOTAL for the reporting period	(1)	\$	
2. IN-KIND CONTRIBUTIONS RECEIV	ED-VALUE OF \$50.01 TO	250.00 (FROM PART F)	
TOTAL for the reporting period	(2)	\$	
3. IN-KIND CONTRIBUTION RECEIVE	D-VALUE OVER \$250.00 (ROM PART G)	providence de partir des provides de la companya del companya de la companya de l
TOTAL for the reporting period	(3)	\$ 2839. 窟口	10
TOTAL VALUE OF IN-KIND CONTRIBUTIONS PERIOD (Add and enter amount totals from		ter \$,
on Page 1, Report Cover Page, Item F)		2,839, OC	ク

SCHEDULE II

PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Number:	
Full Name of Contributor	Date [MM/DD/YYYY] \$
House # Street Address	Date [MM/DD/YYYY] \$
City State Zip Gode	Date [MM/DD/YYYY] \$
Description of Contribution	
Full Name of Contributor	Date [MM/DD/YYYY] \$
House # Street Address	-Date [MM/DD/YYYY] \$
City State ZipCode	Date [MM/DD/YYYY] \$
Description of Contribution	/
Full Name of Contributor	Date [MM/DD/YYYY] \$
House # Street Address	Pate [MM/DD/YYYY] \$
City State Zip Code	Bate [MM/DD/XYYY] S
Description of Contribution	
Full Name of Contributor	Date [MM/DD/YYYY] \$
House# Street Address	Date (MM/DD/YYYY) \$
City State Zip Code	Date [MM/DD/YYYY] S
Description of Contribution	
Full Name of Contributor	Date [MM/DD/YYYY] \$
House # Street Address	Date [MM/DD/YYYY] \$
City State Zip Code	Date [MM/DD/YYYY] \$
Description of Contribution	

SCHEDULE II

Part G

In-Kind Contributions Received

10 of 12

VALUE OVER \$250

Filer Identification Number:

State of the second from the second		
City 5 A A	Second Street, PL2	Date [MM/DD/YYYY] \$ 2,839, 18 Date [MM/DD/YYYY] \$
Employer Name Employer Mailing Address / Principal Place of Business	PA 1-1-17/01	Description Payment of Lawold for Telephane Calles
Full Name of Contributor House # Street Address		Date [MM/DD/YYYY] \$
City State Employer Name Employer Mailing Address / Principal Place of Business	ate Zip Code	Date [MM/DD/YYYY] \$ Occupation Description of
Full Name of Contributor House # Street Address		Contribution : Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$
City Sta Employer Name Employer Mailing Address / Principal	Zip Code	Date [MM/DD/YYYY] \$ Occupation Description
Place of Business Full Name of Contributor		of Contribution Date [MM/DD/YYYY] \$
House # Street Address Gity Sta	ite Zip Code	Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Occupation
Employer Mailing Address / Principal Place of Business		Description of in the Contribution

Statement of Expenditures

Filer identification Number:

To Whom Paid	Red	Mavorck	Medialle	0108/2018	60,200
House# 403	Street Address	V. Second	Street, FL2	Description of Expenditure	er serielije uli
city May	misbus	State PA	Zip Code 17/01	Alverbising	
To Whom Paid	John	M. Persins		Date [MM/DD/YYYY] TS	1,839.9
House# 100	Street Address		ect, Suite 700	Description of Expenditure	
City. Eric	2	State PA	Zip Code: 16507		
To Whom Paid		,		Date [MM/DD/YYYY] \$	
House#	Street Address			Description of Expenditure	
City	1	State	Zip Code		
To Whom Paid				Date (MM/IDD/YYYY) \$	
House#	Street Address			Description of Expenditure	
City	Vicini Con - or Programme and Con - or -	State	Zip Code		
To Whom Paid				Date [MM/DD/YYYY] 5	
House#	Street Address			Description of Expenditure	inder of the engineering Alternative to Autoria
City		State	Zip Code		
To Whom Paid				Date [MM/DD/YYYY] : \$	
House#	Street Address			Description of Expenditure	and a Clare to the Control of the Co
City :	Board and controlled configuration and a state of the sta	State	Zip Code		
To Whom Paid				Date [MIM/DD/XYYY] \$	
House #	Street Address			Description of Expenditure	
City		State	Zip Code		
To Whom Paid				Date [MM/DD/MYYI] \$	
House #	Street Address			Description of Expenditure	dependent på med et Gesterdet gas med et
Sity		State	Zip Code		

SCHEDULE IV Statement of Unpaid Debts

120-12

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Filer Identification Number:

armentament in its	
Name of Creditor	Outstanding Balance of Debt
	eet Address DATE DEBT INCURRED 5
	[MM/DD/YYYY]
City	State Zip
Description of Debt	Code
Name of Creditor	
• (245-24)	eet Address DATE DEBT INCURRED \$
Spring private Part Programs Part Private Priv	[MM/DD/YYYY]
City (a fix of the fix	State Zip
Description of Debt	Code
Name of Creditor House # Stree	Outstanding Balance of Debt DATE DEBT INCURRED \$
HOUSE #	eet Address DATE DEBT INCURRED [MM/DD/YYYY]
Gity .	State Zip
Description of Debt	Code
Name of Creditor	Outstanding Balance of Debt
grand the second	eet Address DATE DEBT INCURRED 5
And the second s	[MM/DD/YYYY] :
Gity States and the	State Zip Code
Description of Debt	- Code
Name of Creditor	Outstanding Balance of Debt
	eet Address DATE DEBT INCURRED \$
Attaba Maragan	[MM/DD/YYYY]; in the second of
City of the control o	State Zip
Description of Debt	Gode G
Name of Craditor	Outstanding Balance of Debt 112
A FRANCISCO	et Address DATE DEBT INCURRED \$
nas Patier Lincollago	[MM/dD/YYYY]
City sit 1 at a property and the	State Zip.
Description of Debt.	Code