Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification Number		Report Filed By Candidate (Mark X)			Committee Lobbyist			
Name of Filing Committee, Candidate or Lobbyist		Comm	·ttee	to Flee	1 100	e Peck		
Street Address		_	Summe	11	Road			
City	Enè	~ // 6 ~	State	PLI	Zip Code	16570 -	4244	
Type of Report (Place x under	r report type)			· · · · · ·				
1-6 th Tuesday 2-2 nd Frida Pre-Primary Pre-Primary		and the second second second	5- 2 nd Friday Pre- Election	6- 30 Day Post Election	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election	
Date Of Election (MM/DD/YYYY)	N/A	Year 20/9		Amendment Report		Termination Report	, <u>X</u>	
Summary of Receipts and Expenditures	0//0//20/9		12018		For		75 25 22	
A. Amount Brought Forward	From Last Report	\$ 72	1.30			e e i		
B. Total Monetary Contribution (From Schedule I) C. Total Funds Available (Sum of Lines A and B)	ons and Receipts	\$ 0	.00				TOTAL	
D. Total Expenditures (From Schedule III)		\$	/. 3°C				\approx	
E. Ending Cash Balance (Subtract Line D from Line C)		\$	O					
F. Value of In-Kind Contribution (From Schedule II)	ons Received	\$ 0.						
G. Unpaid Debts and Obligation (From Schedule IV)	ons	\$ (<u> </u>					
			Affidavit Sec	tion			11	
Part 1- if this is a Committee report, I swear (or affirm) that this report,	rt, treasurer sign here	. If this is a Candle	date report, car	ndidate sign here.				
Sworn to and subscribed before m	e this	eu scrieuales off p	aper, is to trie b	Im da	L. PW	e, correct and complet	e.	
V/Michelle	Fond	(i, -		Linaa of		tting report	_	
Signature Comm	onwealth of Pennsylva MICHELLE GONDA - Not	inia - Notary Seal	8	14	Printed Name	5-8589		
₩o.	DAY Erie Çqunty Commission Expires N		Ar	ea Code		me Telephone Number	.	
Part II- If this is a report of a Candid	late's Authorized Co.	mittee, candida	te shall sign her	e,				
I swear (or affirm) that to the best of amended.	of my knowledge and	belief this politic	al committee ha	s not violated any p	provisions of the	e Act of June 3, 1937 (P	.L. 1333, NO.320) as	
Sworn to and subscribed before me	this .				1 10/	21		
Hogy of British	20 3/10	10 1.		Signat	ture of Gandida		_	
Signature	Lope			Pr	inted Name	rec L	_	
MD.	orlwealth of Pennsylvan MICHELLE GONDA Not DAY EMB County Commission Expires M Commission Number 1	ary Public av 26. 2023	Are	a Code	Daytim	e Telephone Number	£7	
		LE 7V000						

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

Filer Identification Number Committee to Flect	1	<u>/</u> o	e Peck
1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor			
Total for the reporting period	(1)	\$	0.06
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)	\$	0.00
3. Contributions Over \$250.00 (From Part C and Part D)	1 2 2 1		
Contributions Received from Political Committees (Part C)		\$	
All Other Contributions (Part D)	-	\$	
Total for the reporting period	(3)	\$	0.00
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)	•	
Total for the reporting period	(4)	\$	0.00
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)	port	\$	10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

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.

riier identificatio	on reamber	Committee	lee to Elect	L Jue Peck		
					Aı	mount
Full Name of C	ontributing		· · · · · · · · · · · · · · · · · · ·	Date [MM/DD/YYYY]	\$	
Committee						- 1
House #	Street Address	1		Date [MM/DD/YYYY]	 _ 	
riouse ii	Stidet Address			Date [IVIN/OD/TTT]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
18 S]]	
Full Name of Co	ontributing			Date [MM/DD/YYYY]	\$	
Committee					1	{
House #	Street Address	·				
11003E #	Julear Madiless			Date [MM/DD/YYYY]	\$	
				ł		
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
					1	1
Full Name of Co	ntributing			Date [MM/DD/YYYY]	\$	-
Committee	, <u>-</u>					1
						Í
House #	Street Address			Date [MM/DD/YYYY]	\$	
						İ
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
						1
Full Name of Co	ntributing			Date [MM/DD/YYYY]	. <u></u>	
Committee				Date [ININ/DD/1111]	\$	
House #	Street Address	· · · · · · · · · · · · · · · · · ·				
House #	Street Address			Date [MM/DD/YYYY]	\$	ł
				·		1
City		State	Zip Code	Date [MM/DD/YYYY]	\$	1
4					1	i i
Full Name of Cor	tributine			Date litts for horse	· ·	
Committee				Date [MM/DD/YYYY]	\$	· i
House #	Street Address			Date [MM/DD/YYYY]	\$	
	1				1	1
City		State	Zip Code	Date [MM/DD/YYYY]		
·			zip code	Date [MM/DD/1111]	\$	1
Full Name of Con	tributing					
committee	windthis			Date [MM/DD/YYYY]	\$	1
louse #	Street Address			Date [MM/DD/YYYY]	\$	
						1
ity		State	Zip Code	Date [MM/DD/YYYY]	\$	
					Ť	
		1 1	1	1	1	l 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 Number:

Filer identificatio	A Number:	Commi	thee to the	I Toe Peck	
Full Name of C	Ontributor			Date [MM/DD/YYYY] \$	
House#	Street Address	······································		Date [MM/OD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Co	ontributor			Date [MM/DD/YYYY]	
House #					
	Street Address			Date [MM/DD/YYYY] \$	
Gity	I S the strong grown and a second	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Co	intributor	Processor of the Proces	Professional Statements	Date [MM/DD/YYYY] \$	
House #	Street Address	 ,		Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] 5	
Full Name of Co	intributor			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip.Code	Date [MM/DD/YYYY] \$	
Full Name of Cor	ntributor			Date [MM/DD/YYYY] \$	
House #	Street Address		, , , , , , , , , , , , , , , , , , ,	Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Con	Atributor		Date [MM/DD/YYYY] \$		
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip 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.

1

Filer Identificati	on Number:	Comm. He	e to the	1 See Peck	
Full Name of Contributing C	omnittee		· · · · · · · · · · · · · · · · · · ·	Date (MM/DD/YYYM \$	
House#	Street Addr	200		Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Co	omnittee			Pate [MM/DD/YYYY] \$	
House #	Street Addr	ess	- H- 44- 14	Date [MM/DD/YYYY] 5	
City		State	Zip Code	Date [MM/DD/YYYY] \$	<u></u>
Full Name of Contributing Co	ommittee			Date [MM/DD/YYYY] \$	
House #	Street Addre	255		Date [MM/DD/YYYY] \$,
Gity		State	Zip Code	Date [MM/DD/YYYY] 3	
Full Name of Contributing Co	mmittee	• his deal stationes.	TESTARCETERS, STORESTORE	Date [MM/DD/YYYY] 'S	
House #	Street Addre	55		Date [MM/DD/YYYY] \$	
City	P0/90 Mgs - M/S Angel Sec.	State	Zip Code	Date [MM/DD/YYY) \$	
Full Name of Contributing Co	mmittee			Date [MM/DD/YYYY] \$	
House #	Street Addre	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Cor				Date [MM/DD/YYYY] \$	
House #	Street Addres			Date [MM/DD/YYYY] \$	
Eity		State	Zip 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 identification Number:

and it	Commi?	Hee to Elect	Voe Peck
Full Name of Contributo			Date [MM/DD/YYYY] \$
100	treet Address		Date [MM/DD/YYYY] S
Ghy	State	Zip Codé	Date [MM/DD/YYYY] \$
Employer Name Employer Malling Addres Principal Place of Busines	<u>\$</u> /		Occupation
Full Name of Contributor	Magaza, Art (No.) (No.) (Mrs. (1997) (1997) (R.)		Date (MM/DD/YYYY) \$
House # Str	reet Address	·	Date [MIM/DD/YYYY] \$
City	State	Zip Code	Date (MM/DD/YYYY) \$
Employer Name Employer Mailing Address Principal Place of Business			Occupation
Full Name of Contributor			Date (MM/DD/YYYY) \$
House # Stre	eet Address		Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name Employer Mailing Address Principal Place of Business			Occupation
Principal Place of Business Full Name of Contributor			Date [MM/DD/YYYY] \$
House # Stree	set Address		Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name	- Particular I		Occupation
Employer Mailing Address / Principal Place of Business			_\\\\\\\\\\\

PART E

Other Receipts

REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC.

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

	. Co,	mmittee h	5 L-lat	Joe Peck
Full Name			·	
House #	Street Address			
City		State	Zip	Date [MM/DD/YYYY] \$
Receipt Descript	lon		Code	
Full Name				·
House #				
City	Street Address	In Arrayasi		
		State	Zip Code	Date (MM/DD/YYYY) \$
Receipt Descripti	On.	Bridge Communication	RECVERSE CO. N. 64	
Full Name				
House #	Street Address			
City	Name of the state	State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Descripti				
Full Name	10.25			
House #	Street Address	P. C.		
City		State	Zip Code	Date [MM/DD/YYYY] \$
Réceipt Descriptio	Jn .			
full Name				
louse #	Street Address			
ilty		State	Zip	Date [MM/DD/YYYY] \$
eceipt Descriptio			Code	
ALL COMMENT				
ull/Name				
ouse #	Street Address			
hY		State	Zip Code	Date [MM/DD/YYYY] \$
eceipt Description	,	10 A A A A A A A A A A A A A A A A A A A	48 22.5 4AL	

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD DETAILED SUMMARY PAGE

Filer Identification Number:	Committee to	I.	Let Voe	Peck	
1. UNITEMIZED IN-KIND CONT	RIBUTIONS RECEIVED-VALUE OF \$5	50.00 OR LI	SS PER CONTRIBUT	OR	
TOTAL for the reporting period	(1)	\$			
2. IN-KIND CONTRIBUTIONS RI	FCEIVED-VALUE OF \$50.01 TO \$250	.00 (FROM	PART F)		
TOTAL for the reporting period	(2)	\$			
3. IN-KIND CONTRIBUTION REC	EIVED-VALUE OVER \$250.00 (FRO)	// PART G)			Taragayaa sawaaya aa
TOTAL for the reporting period	(3)	\$			
TOTAL VALUE OF IN-KIND CONTRIBUT PERIOD (Add and enter amount totals on Page 1, Report Cover Page, Item F)	ONS DURING THIS REPORTING from boxes 1, 2, and 3; also enter	\$	6	. 60	

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

William State of Stat	and are supplied to the supplied of the suppli		VALUE OF \$30.01 TO \$		
Filer Identification	on Number:	Commit	the to Elect	Joe Peck	
Andread State of Commercial States of Commercial St	State of Control of the Control of t				
Full Name of C	contributor			Date [MM/DD/YYYY] \$	1
				7443	
House #	Street Addres			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Description of (Contribution		· · · · · · · · · · · · · · · · · · ·	\$2.50 \$2.50	
Full Name of Co	ontributor			Date [MM/DD/YYYY] \$	
40				() () () () () () () () () ()	
House #	Street Address	, s		Date [MM/DD/YYYY] 2\$	
City *		State	Zip Code		
			4p code	Date (MM/DD/YYYY) \$	
Description of C	Contribution			(2) (1/2) (2) (1/2) (3) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	
Full Name of Co	Seed of Contract of the				
				Date (MM/DD/YYYY) \$	
House #	Street Address	S		Date [MM/DD/YYYY] 5	
City	The second secon	State	Zip Code	Date [MM/DD/YYYY] \$	
Description of C	ontribution				
Full Name of Co	ntributor			Date (MM/DD/YYYY) S	
House #	Street Address	is		Date [MM/DD/YYYY], \$	
404-0464 984-5884		Å			
City	Protection to a large section	State	Zip Code	Date [MM/DD/YYYY] \$	
Description of Co					
		400 A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
Full Name of Cor	ntributor			Date [MM/DD/YYYY] \$	
		-			
House #	Street Address	Î		Date [MM/DD/YYYY] \$	
-4375.44° 0.8-11	「新教育」的股本數」と	4		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1

State

Zip Code

City

Description of Contribution

Date [MM/DD/YYYY] \$

SCHEDULE (I Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer Identification Number:

		ommittee to 1	Let Voe Peck
Full Name of	Contributor		Date [MM/DD/YYYY] \$
House #	Here was no assessment		
nouse #	Street Address		Date [MM/DD/YYYY] \$
City		State Zip Code	Date [MM/DD/YYYY] \$
			Date [MM/DD/YYYY] S
Employer Nar	ne		Occupation
Employer Mai Place of Busin	lling Address / Principal		Description
	-97991.000		of Contribution
Full Name of 0	ontributor		Date [MM/DD/YYYY] S
House #	Street Address		Date [MM/DD/YYYY] \$
City		State Zip Code	Date [MM/DD/YYYY] \$
Employer Nam	e 17	Table of the state	
	ing Address / Principal		Occupation
Place of Busine			Description of
Full Name of C			Contribution
rui valle or u	PIKTOMOF		*Date [MM/DD/YYYY] \$
House #	Street Address		Date [MM/DD/YYYY] \$
City	To Committee the Committee of the Commit	State Zip Code	Date [MM/DD/YYYY] \$
7.5			
mployer Name	the lighter of the comment of the		Occupation
mployer Maili Place of Busines	ng Address / Principal	in the second se	Description
		46 881	of Contribution
ull Name of Co	ntributor		Date [MM/DD/YYYY] \$
Duse#	Street Address		Date [MM/DD/YYYY] \$
ity	1-15-2-1-2 阿拉斯克·蒙蒙	State Zip Code	Date [MM/DD/YYYY] \$
7.019/624 			
mployer Name			Occupation
mployer Mailin lace of Busines:	g Address / Principal		Description
		2 2	of Contribution

Statement of Expenditures

		316	itement of expe	naitures
Filer (dentifica	tion Number:	Committee	ech the	I Soe Peck
	POST TO THE COMPANIES FOR F	<u> </u>	2 /3 / (6)	VIE / EI/F
To Whom Pa		10 10	1	Date [MM/DD/YYYY] \$
House #		VC Bona		09/03/2019 128.00
	Street Addres	4488 13	Ala Kus	Description of Expenditure But Lees Gecombled
City	Ene	State	Zip	
To Whom Pa		[3 m m]	(2) Code (6) 7	
	\mathcal{L}_{-}	-1 1	18 1 5	Date [MM/DD/YYYY] \$ /06.05
House #	Street Address	ids of	15 / 2 / 2 00 m	Description of Expenditure
City				Comment touchouse
		State	Zip Code	
To Whom Pai	d , _	/ /	1 1 1	, Date [MM/DD/YYYY] \$
10 10 10 10 10 10 10 10 10 10 10 10 10 1	Eriè	(ourty &	Denocratic Por	04/2019 100.00
House #	Street Address	/		Description of Expenditure
City	Company Service Company	State	Zip	Spiras Dinne-
To Whom Pak	1 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1		Code	
7.0x 4.	Frank	2	nds Meyer	Date [MM/DD/YYYY] \$ /00.65
House #	Street Address		not orger	Description of Expenditure
City				Conpury Fondress
		State	Zip Code	
To Whom Paid	- 1990 Maria - 1	10	1 1	Date (MM/DD/YYYY) :: \$
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House #	Street Address	,	, , , , ,	Description of Expenditure
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	Hoborc	1 / L	To floor	04/2018 4330
louse #	Street Address	reen ,	, . c /0 9// .	
jty		State		Description of Expenditure
			Zip Code	
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	Street Address			Description of Expenditure
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ouse#	Street Address	· · · · · · · · · · · · · · · · · · ·		Description of Expenditure
ty	在學術學等	Senta 1		
		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 Cred	ltor			Outstanding	Balance of Debt
House #	Street Address	16.672	DATE DEBT INCURRED [MM/DD/YYYY]		
City		State	Zip Code		
Description of	Debt			(ASSERT)	
Name of Credi	tor			Outstanding I	lalance of Debt
House#	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$	
City		State	Zip Code		
Description of	Debt				
Name of Credit				Outstanding B	alance of Debt
House#	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$	A () () () () () () () () () (
City		State	Zip		
Description of (Debt		Code	§ 0.70	
Name of Credit	or			Outstanding Ba	alance of Debt
House #	Street Address		ATE DEBT INCURRED [MM/DD/YYYY]	\$	
City		State	Zip Code		
Description of D	ebt		(2000年) (2000年)		
Name of Credito				Outstanding Ba	larice of Debt
louse #	Street Address	D	ATE DEBT INCURRED [MM/DD/YYYY]	3	
ity		State	Zip Code		
escription of D	ebt	100 MIN - W H	(Buckston ESC)	1053	
ame of Credito				Outstanding Ba	ance of Debt
ouse #	Street Address	עם	ATE DEBT INCURRED [MM/DD/YYYY]	.	
	[241 자전에 이용하고요요] : 기본등 전하 세				