	2, 27	1.75	2.1	27	0.0	0.07	.73	***	4	١
p.	R	۵	ć,	۱۵	1	-	٠ŕ	'n	٠.	
. 1		=	Э,	=,			/!	Д.		

**Print Form** 

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

Filer Identification Number	83-	-4364563		ort Filed B		Candid					mmittee		X	Lob	byist
Name of Filing Comn Lobbyist	nittee, Car	ididate or	÷	ls to Elect I	Lori P	ickens	Sec. (5-1)	5-6-20-2		L <u>Lúdia</u>	<u> Copyrgu</u>	<u> </u>		Total	
Street Address			1331	W. 25th St	reet	· _				···			•		
City	Erie	<u> </u>				State	PA			Zip	Code	16502			
Type of Report (Place	x under re	eport type)			•	1000000				a, the stee	.77% Turket 15, J	<u> </u>			
1-6 <sup>th</sup> Tuesday 2-2	<sup>nd</sup> Friday		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Tuesday lection	1 W 1 V	<sup>nd</sup> Friday - Election	1.0_2.0	30 Da	ay Post	7-	Annual	Specia Pre-Ele	l 2 <sup>nd</sup> Friday ection	1 1 1 1 1 1 1 1 1	cial 30 Day -Election
											$\overline{X}$				
Date Of Election (MM/DD/YYYY)		11/04/2019	Year			2019	10000	endi port	nent			Termir Report		Don't see	
Summary of Receipts Expenditures	and	From Date		To Date							For	Office U	se Only		
A. Amount Brought F	orward Fr	11/26/2019 om Last Report	\$	-	/31/2	<del></del>									
B. Total Monetary Co (From Schedule I)	ntribution	is and Receipts	\$		991.5	>8									
C. Total Funds Availal (Sum of Lines A and E	ta ti Alikawa takin 25		\$		991.5								ţ*es	<b>3</b>	
	D. Total Expenditures			\$ 0											
E. Ending Cash Baland (Subtract Line D from	The state of the state of		\$	1	.013.	95						不			
F. Value of In-Kind Co (From Schedule II)			\$		0										
G. Unpaid Debts and (From Schedule IV)	Obligation	is	\$		0									္မာ မ	
Part 1- If this is a Commi		Au	16 sl			Affidavit Se							5	u)	
I swear (or affirm) that the Sworn to and subscribed day of day of day of Tonia Fernandez, Not My Commission expires. Commission number of Pennsylvania 1980.	Lefore me  Note of the left of	this  V20  O  VSeel  23  VR. Authorized	Commit	tee, candid	date s	A shall sign he	310 rea Co	My My	gnature	of Prop	son'Subm nted Nam	itting report	ort	er	
I swear (or affirm) that to amended.  Swennite and subscribed	the best of	f my knowledge a	ind belie	ef this polit	ical c	committee l	ias no	t viol	ated any	y provi	sions of t	he Act of .	June 3, 1937 (	P.L. 13	33, NO.320) i
day of O	1-3	12000 1200 1200 1200 1200 1200 1200 120	-			<u>_</u>	S/ rea Co	y ode	20		of Candic d Name Dayti	S 11-	Hems 4172 none Number	·	
monwealth of Pennsylva Tonia Fernandez, Not Erie County													· · · ·	<u>_</u>	

My commission expires April 3, 2023 Commission number 1288912

Member, Pennsylvania Association of Notaries

#### SCHEDULE I

## **Contributions and Receipts**

Detailed Summary Page

Filer Identification Number		
82_4364562		
00-4304303	·	
A Company of the State of the State of		

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)		\$ 0
All Other Contributions (Part B)		\$ 0
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)		\$ 0
All Other Contributions (Part D)		\$ 0
Total for the reporting period	(3)	\$ 0
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC: (From Part E)		
Total for the reporting period	(4)	\$ 0.
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, Rep Cover Page, Item B)	port	\$ 0

#### 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  $% \frac{1}{2}$  the reporting period.

Filer Identification	n Number 83-436	64563			
Pulificial entities of the con-	Inter-state an	<u></u>		Amour	nt
Full Name of Co	ntributing			Date [MM/DD/YYYY] \$	
Committee					
House #	Street Address	is		Date [MM/DD/YYYY] \$	
City	I of the state of the state of	State	Zip Code	Date [MM/DD/YYYY] \$	
6 77 36 0 DAESS (				¥23	··· <u></u>
Full Name of Cor Committee	ntributing		-	Date [MM/DD/YYYY] \$	
House #	Street Address	is		Date [MM/DD/YYYY] \$	
City	Liberton ages was part	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Cor	ntributing	1000 8,198,00	1.38.68.98.87.94	Date [MM/DD/YYYY] \$	
Committee					
House #	Street Address			Date [MM/DD/YYYY] \$	
City	Manager and an area	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Con Committee	itributing	[79] 66.	P. J. Walley Marketing	Date [MM/DD/YYYY] \$	,
House #	Street Address			Date [MM/DD/YYYY] \$	
City	Letter Change	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Con Committee	tributing	Province of	. Is a market see a cond	Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City	1	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Con Committee	tributing		- hin	Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	

#### **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:

	83-436456	3			
1,000	A V C C C C C C C C C C C C C C C C C C				
Full Name of Co	intributor -			Date [MM/DD/YYYY] \$	
House #	Street Address		· · · · · · · · · · · · · · · · · · ·	Date [MM/DD/YYYY] \$	<del></del>
				100 mars 100 mars 1, 100 m 100 mars 1, 100	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
				Pare/Milk/PD/11/9-113	
Full Name of Co	ntributor	Park Section 1	(20 · 10 · 10 · 10 · 10 · 10 · 10 · 10 ·	Date [MM/DD/YYYY]   \$	
				STATE OF THE STATE	
House #	Street Address	<u> </u>		THE THE WEST PARTY AND THE STATE OF THE STAT	
	Ju cet audi			Date [MM/DD/YYYY] \$	
/City		2000	Locality in the agreement of the second		
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Cor	WEST CONTRACT				
) un rum				Date [MM/DD/YYYY] \$	
	Transmission standard for the				
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Con	tributor		Confidence and the second of t	Date [MM/DD/WWY] \$	
			•	The control of the co	•
House #	Street Address		<u> </u>	Date [MM/DD/YYYY] \$	
					•
City"		State	Zip Code	Date [MM/DD/YYYY] : \$	<u></u>
				Date [MM/DD/YYYY] (\$	
Full Name of Con	třibutoř:	T CASE SOS SERVICES	<b>金融等等的企業的政策</b>	Date (MM/DD/YYYY) \$	
House #	Street Address	<del></del>			
				Date [MM/DD/YYYY] \$	
Piers		land and the state of the state	Little and Anton Holly Copy		
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Cont	CHATCHEN .	884.584			
rumvame or co	(Illucor»			Date [MM/DD/YYYY] \$	
			<u> </u>		
House #	Street Address			Date [MM/DD/YYYY] \$	
City	I Temporary	State	Zip Code	Date [MM/DD/YYYY] \$	
				A STATE OF THE PARTY OF THE PAR	

#### 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	ion Number: 83-4364563	<b>,</b>			
<b>公在线下区域(20</b> 00年)	The second second				
Full Name of Contributing C	:ommittee			Date [MM/DD/YYYY]	<b>(\$</b>
House #	Street Address			Date [MM/DD/YYYY]	<b>\$</b>
City		State	Zip Code	Date [MM/DD/YYYY]	<b>S</b>
Full Name of Contributing Co	ommittee		-	Date [MM/DD/YYYY]	<b>\$</b>
House #	Street Address		Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	<b>\$</b>
Full Name of				Date [MM/DD/YYYY]	\$
Contributing Co					
House #	Street Address			Date [MM/DD/YYYY]	<b>\$</b>
City	ितः व्यक्तिकार्याः <u>स्थापन्ति । स्थापन्ति । स्थापन</u>	State	Zip Code	Date [MM/DD/YYYY]	<b>Š</b>
Full Name of Contributing Co	ammittee.	1524-9-0-2000-4	Egita di secono, amangangga	Date [MM/DD/YYYY]	   \$
House #	Street Address			Date [MM/DD/YYYY]	\$
City	587 - 586 - 19. st. 1454	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Co	ımmittee	A	[10] The second second second	Date [MM/DD/YYYY]	
House #	Street Address			Date [MM/DD/YYYY]	\$
City	Secretary Control of the Control of	State	Zip Code	Date [MM/DD/YYYY]	
Full Name of Contributing Co	mmittee		Kenji pakan pakan p	Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	<b>\$</b>
City		State	Zip Code	Date [MM/DD/YYYY]	<b>\$</b>
\$ 3.5				[	

## 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:

0.	3-4304303		A COLUMN TO THE PARTY OF THE PA	
Full Name of Contributor			Date [MM/DD/YYYY] \$	
House # Street	Address		Date [MM/DD/YYYY] \$	<u> </u>
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] \$	
	Address		Date [MM/DD/YYYY] \$	
City Employer Name	State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Mailing Address./ Principal Place of Business			Occupation	
Full Name of Contributor	55557000000000000000000000000000000000		Date [MM/DD/YYYY] \$	. A
House # Street A	ddress		Date [MM/DD/YYYY]	
City  Employer Name	State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Mailing Address / Principal Place of Business			Occupation	
Full Name of Contributor.	The street of th		Date [MM/DD/YYYY] \$	
Höuse # Street A			Date [MM/DD/YYYY]	
City Employer Name	State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Name Employer Mailing Address / Principal Place of Business			Occupation	

#### **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.

Full Name				
House #	Street Address			
4.31.269.331	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				
Full Name			···	
House #	Street Address			
City		State	Zip	Date [MM/DD/YYYY] \$
			Code	
Receipt Description				
Full Name				
House #	Street Address	·		
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				
Full Name	1			-
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description			Cone	
Full Name			***	
House #	Street Address	· · · · · · · · · · · · · · · · · · ·	· -	
City		State	Zip	Date [MM/DD/YYYY] \$
			Code	
Receipt Description	TAN 1			
Full Name			-	
House #	Street Address	<u>-</u>		
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description			Code (Marie Code)	

#### **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: 83-4364563							
**************************************		t i de					<u></u>
1. UNITEMIZED-IN-KIND CONTRIBUTION	S RECEIVED VALUE OF \$5	0.00 C	R LESS PER CONT	RIBUTOR			
TOTAL for the reporting period	(1)	\$	0	The second secon	a a transmit land to the land		THE REAL WHITE CHARLES THE PARTY OF THE
2. IN-KIND CONTRIBUTIONS RECEIVED-V	ALUE OF \$50.01 TO \$250.	.00 (FR	OM PART E)			TV.	
TOTAL for the reporting period	(2)	\$	0				
3 IN-KIND CONTRIBUTION RECEIVED VA	LUE OVER \$250.00 (FROM	/ PARI	'G)				
TOTAL for the reporting period	(3)	\$	0				
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DUR PERIOD (Add and enter amount totals from box	ING THIS REPORTING	\$					
on Page 1, Report Cover Page, Item F)	, -, and o, and effect		0				

#### SCHEDULE II PART F

## **In-Kind Contributions Received**

VALUE OF \$50.01 TO \$250

Filer Identification Number:		
P2 4264E62		
83-4364563		
[2년 중 [일본] [2] [2] [2] (		
1861 pm 1 1 2 pm 1 1 2 pm 2 1 2 pm 1		

Full Name of Con	tributor		· · · · · · · · · · · · · · · · · · ·	Date [MM/DD/YYYY]	(\$)
House #	Street Address			Date [MM/DD/YYYY]	<b>\$</b>
City		State	Zip Code	Date [MM/DD/YYYY]	
Description of Co	ntribution				628.45 Prince
Full Name of Con	tributor			Date [MM/DD/YYYY]	
House #	Street Address			Date [MM/DD/YYYY]	
City		State	Zip Code	Date [MM/DD/YYYY]	
Description of Co	ntribution		Total Consideration of the Consideration of		Tacolice .
Full Name of Con	tributor			Date [MM/DD/YYYY]	\$
					1 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1
House #	Street Address		<u> </u>	Date [MM/DD/YYYY]	
City	Contract and the second	State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Co					
a Garage Commercial Commercial					
Full Name of Con	tributor		· · ·	Date [MM/DD/YYYY]	\$
30-20-20 M	20.57.55(0) 20.57.55(0) 10.57.57(0) 20.57(0)		<u>.</u> .		
House #	Street Address			Date [MM/DD/YYYY]	<b>.</b>
City	<u> </u>	State	Zip Code	Date [MM/DD/YYYY]	(%) (\$)
Description of Co	ntribution				
Full Name of Cont	ributor	······································	_	Date [MM/DD/YYYY]	
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	
Description of Cor	ntribution				

#### SCHEDULE II Part G

## **In-Kind Contributions Received**

VALUE OVER \$250

Filer Identification Number:		
Trief recluication Number:		
Filer Identification Number: 83-4364563		
■ 10-10-10-10-10-10-10-10-10-10-10-10-10-1		
waster and the same of the sam	· · · · · · · · · · · · · · · · · · ·	- 1

Full Name of Contributor				
ruii Name or contributor			Date [MM/DD/YYYY] \$	
House # Stre	et Address		Date [MM/DD/YYYY] \$	- ·
GHY 1	State	Zip Code	Date [MM/DD/YYYY] \$	V 5
Employer Name			Occupation	·
Employer Mailing Address / Place of Business	/Principal		Description	
Full Name of Contributor			of. Contribution	
			Date [MM/DD/YYYY] \$	
	t Address		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/yyyyy] \$	
Employer Name  Employer Mailing Address /	7 (200 m) (200	্ৰাজন কৰা কৰা কৰাৰ কৰাৰ কৰাৰ কৰাৰ কৰাৰ কৰাৰ	Occupation	
Place of Business	Principal		Description of Contribution	
Full Name of Contributor			Date (MM/DD/YYYY) \$	-
	Address		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Name  Employer Mailing Address / I	Principa)		Occupation	
Place of Business			Description of Contribution	İ
Full Name of Contributor			Date [MM/DD/YYYY] \$	: 3
	Address		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Name Employer Mailing Address / P	fincipal		Occupation	
Place of Business			Description of Contribution	

# Statement of Expenditures

		4		 
*				 
Filer Identification Number:				,
				,
, Alaka ing Kalagarang ang Lagarang ng Paling Paling 📗 😝	33-4364563			,
	1.5-4.504503			,
allan saadan da lingga ka ka haranga na ka				,
. FALCS WILLIAM SELECTIONS CONTROL SERVICE SERVICES CONTROL CONTROL				,
[ [ ## 7 FB   See 1 C				

To Whom Paid				Date [MM/DD/YYYY] \$
77.7 18 V	DiA Constant			
House #	Street Address			Description of Expenditure
City		State	Zip	
		\$4.5000.00 \$0.500.00	Code	
To Whom Paid	No.			Date [MM/DD/YYYY] \$
/				
House #	Street Address		·	Description of Expenditure
City		State	Zip	
		State	Zip Code	
To Whom Paid	28 Cal			Date [MM/DD/YYYY] \$
	Š			
House #	Street Address			Description of Expenditure
City		State	Zip	
			Code	
To Whom Paid				Date [MM/DD/YYYY] \$
House #	Street Address			Description of Expenditure
City	1000 1000 1000	State	Zip	
City		State	Code	
To Whom Paid				Date [MM/DD/YYYY] \$
	<u></u> _			
House #	Street Address			Description of Expenditure
City	\$465000000000000000000000000000000000000	State	Zip	
7,79.9			Code	
To Whom Paid			····	Date [MM/DD/YYYY] \$
House #	Street Address			Description of Expenditure
City		State	Zip	
			Code	
To Whom Paid	je Za			Date [MM/DD/YYYY] \$
180 (180 (180 (180 (180 (180 (180 (180 (				Brand Visit
House #	Street Address			Description of Expenditure
City	TO SEE THE SEE SEE SEE SEE SEE	State	Zip	
			Code	
To Whom Paid				Date [MM/DD/YYYY] \$
House #	Street Address			Description of Expenditure
'nouse'r	Street Address			Description of Experiment
City	филод не батаричности в	State	Zip	Difference to the content of the con
			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.

	 	- · · · · · · · · · · · · · · · · · · ·	 and a controlling at the	cuia or rue reborri	ng perioa.
Filer Identification Number: 83-4364563			· · · · · · · · · · · · · · · · · · ·		

Name of Creditor			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$ 1
City  Description of Debt	Sta	te Zip Code	
Name of Creditor House #	I Service Control of the Control of	LANCE VALUE OF THE PARTY OF THE	Outstanding Balance of Debt
(City	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	<b>\$</b>
Description of Debt	Stat	te Zip Code	
Name of Creditor House #			Outstanding Balance of Debt
	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$
City  Description of Debt	Stati	Zip Code	
Name of Creditor			
House #	Street Address	DATE DEBT INCURRED	Outstanding Balance of Debt
City		[MM/DD/YYYY]	
Description of Debt	State	e Zip Code	
Name of Creditor House #	Process of the second s	The state of the s	Outstanding Balance of Debt
	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	
City Description of Debt	State	Zip Code	
Name of Creditor House #	Leading continued in a secret of the second		Outstanding Balance of Debt
	Street Address	* DATE DEBT INCURRED [MM/DD/YYYY]	The second secon
City Description of Debt	State	Zip Code	
		•	