New

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

	port Filed By Candidat Mark X)	e Rober	ommittee	Löbbyist
Street Address City Cype of Report (Place x under report type)	P. O. Box 86	19	o Code 165	25
1-6 th Tuesday 2- 2 nd Friday 3-30 Day Post 4-6		6-30 Day Post 7- Election	Annual Special 2 nd Fri Pre-Election	day Special 30 Day Post-Election
Date Of Election Year (MM/DD/YYYY) ///6 Summary of Receipts and From Date		Amendment Report	Termination Report For Office Use Only	
	1431/2014 q \$ 3938.78			
(From Schedule I) C. Total Funds Available (Sum of Lines A and B)	1050.00 \$ 4988.78			2070 J
E. Ending Cash Balance (Subtract Line D from Line C) F. Value of In-Kind Contributions Received (From Schedule II)	821.16			1 (May 1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1
G. Unpaid Debts and Obligations (From Schedule IV) Part 1- If this is a Committee report, treasurer sign here. If the proof for affirm that the proof of a ffirm that the proof for a ffirm that the proof of a ffirm that the proof for a	Affidavit Section	idate sign here		5 5 3
- Toduku Th	Commonwealth of Pennsylvanik Jennifer L. Turner, Notal Erie County My commission expires Octo • Commission number 1 Viember, Pennsylvania Associat	y Public Setal V Print Setal V Public Setal V Print Setal	son Submitting report a Karows 5 Konted Name B 38-66 Daytime Telephone No.	35
Part II- If this is a report of a Candidate's Authorized Comm I swear (or affirm) that to the best of my knowledge and bel amended.	ittee, candidate shall sign here. lief this political committee has	not violated any provi	sions of the Act of June 3, 19	937 (P.L. 1333, NO.320) as
Augusture My co	nonwealth of Pennsylvania - No Jenni er L. Turner, Notary F Erie County ommission expires October Commission number 134 18 Der, Pennsylvania Association	Signature 187420 Printe	d Name Daytime Telephone Num	3 0 nber

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

Filer Identification Number			
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)	ř.p.		
Contributions Received from Political Committees (Part A)		\$	
All Other Contributions (Part B)		\$	450.00
Total for the reporting period	(2)	\$	450.00
3. Contributions Over \$250.00 (From Part C and Part D)			
Contributions Received from Political Committees (Part C)		\$	
All Other Contributions (Part D)		\$	300.00
Total for the reporting period	(3)	\$	300.00 300.00
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC: (From Part E)			
Total for the reporting period	(4)	\$	300,00
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, Report

Cover Page, Item B)

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/YYYY] \$	4
House ## Street Address	gald Angas	s Currie II	10/25/2019	200,00
House # Street Address	Wolf Run Ville	asolano	Date [MIN/DD/YYYY]	
Gity Erie	Wolf Run Ville State PA	16505	_Date [MM/DD/YYYY] 5	
out that the control of the control	se M. Currie		Date [MM/DD/YYYY] \$ \$ 10/28/2019	250.00
Street Address	Wolf Rd		Date [MM/DD/YYYY] S	
Giry Erie	State PA Zip Code	16505	=Date[MM/DD/YYYY) = S	
Eull Name of Contributor	Process and a second a second and a second a		Date (MM/DD//Y/Y) 5	
House#, Street Address			Date [MM/DD/YYYY] S	
CLEY	State Zip Gode		Date [MM//DD/YYW/] \$	
Full Name of Contributor.	TARK METAL STATE OF THE STATE O		Date [MM/,DD/,YYYY] S	
House # Street Address		<u> </u>	Date [MM/DD/MYY/)	
effy	State Zip Code		Date MM/DD/XXXXI s.	
Full Name of Contributor	and the second control of	3	Date (MM/DD//////) 55	
House # 3 Street Address			Date [MM/DD/YYYY] - S	
(cliv)	State Zip Code	25	Date [MM/DD/Y/YY] 35	
EUIJ!Name of Contributor			Pate [MM/DD//YYYY/]	
House# Street Address			Date [MM/DD//YYY) 5	
Gity	State Zip Code		Date [MM/DD/YYYY] \$3	

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/DD/YYYY)]
House # Street Addres	-ica+Gc	erald Rhone e Pl.	e 10/31/2019 300.00
ST21 Silview	terndal State	e PI. Zip code: 164	Date[MM/DD/YYYY] \$
Employer/Mailing/Address//			Occupation
Principal Place of Business (Full Name; of Contributor,			/Date[MM/DD/YYYY]
House # Street Addres	25 25 26 26 26 26 26 26 26 26 26 26 26 26 26		Date [MM/DD/YYYY] \$
Refry	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name a			Occupation 2
Principal Place of Business Full Name of Contributor			*Date [MINI/DD//YYYY]
House # Street Address	S.		Date [MM/DD/YYYY] 75
City Control C	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name Employer Mailing Address /	Pin Services (Occupation
Principal (Place of Business Fall INE metol (Contributo)	5000 1000 1000 1000 1000 1000 1000 1000		Date [MM/DD/XYYYY] \$
House #: Street Address	-1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		Date [MM/DD/YYYY]
Gity .	State	Zip/Gode	Date [MM/DD/XYYY] 5
Employer Name Employer Mailing Address / * * * *			Occupation
Principal Place of Business? " See			

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.

Full Name	Millera	ok Tai	13.15 - []		
1 1 0 0 0 V	eet Address Wast	26th	unship St		
City	Erie	State PA		Date [MM/DD/YYYY] \$ 10/14/2019	300.00
Receipt Description				110/17/2017	
FulliName (House#1 Str.					
Gity.	eet Address	State	₽ Z ip	Date (MM/DD/;www) \$	
Receipt Description			Code		
leuleveine .		 			
Mouse# Str	et/Address				
Gity		State	Zip. Gode	Date [MM/DD/YYYY] \$	
Receipt Description	•		448		
(Full)Name					
House # Stre	et Address		78	 	
City		State	Zip Gode	Date (MIM/DD/VYYY) \$.	
Receipt Description	1-11-11-11-11-11-11-11-11-11-11-11-11-1				
FullName	Andrew Color Control Control				
	et Address	State	ZĺĎ	Date [MIM/DD/YYYY] \$	
$\frac{1}{2} \left(\frac{1}{2} \left(\frac{1}{2} \right) + \frac{1}{2} \left(\frac{1}{2} \right) \right) = \frac{1}{2} \left(\frac{1}{2} \left(\frac{1}{2} \right) + \frac{1}{2} \left(\frac{1}{2} \right) \right)$			Code		
Receipt Description					
Full Name House # Stre	ēt Address				
Cliy"		State	Zip, Gode,	Date MM/DD/YYYY] \$	
Receipt: Description			Code		

Statement of Expenditures

Fileracentification Number:

To Whom Paid	Date MM/DD/YYYYI S
HOUSE # Street Address 12 (CT)	10/30/2013 263. 94 Description of Expenditure
House,# Street Address (2) 19 to 5	Description of Expenditure
Gity \mathcal{E}_{40} state \mathcal{E}_{54}	9. 3.2
CYTE TA CODE 1250E	Signs
ToWhom Paid	Date [MM/DD/YYYM] \$
House # Street Address	11/1/2019 768.00 Description of Expenditure
House# Street Address	Description of expenditure
Gitv. State Zip	
ToWhom:Paid	radio ads
	Date [MM/DD/YYYY] 5. 57. 90
House # Street Address Distance	10/30/2019 57, 90 Description of Expenditure
1504 Pittsburgh Ave	
City Erie PA Goode 16505	truck rental
AND CONTRACTOR OF THE CONTRACT	Pate IMM/0D/XXXXI SS
House # Street Address / Place	11/5/2019 1261.73
House # Street Address	Description of Expenditure
Gity State 20 Zip 15 15	
Gity Erre State DA Gode 16505	wrap no party
TōWhom Paid	Date [MM/DD/XYM] 15
Condor Creative	11/4/2019 \$ 800,00
House # Street Address condorcrective agmail. con	Description of Expenditure
State 210 2210 2210 2210 2210 2210 2210 2210	
Code :	Video
Townson Paid:	Date[MM/DD/MYY] \$
House# Street Address The T	11/11/2015 J.Z.O.OV Description of Expenditure
15424 W. 26 " St	
State 20	
TOWNom Paid Code 16506	graphic designs
Copywright	11/15/209 19.6/
House# Street Address	Description of Expenditure
Gity Zip	
Code	
No Whom Palid	Date [MM/DD/YYYY] \$
Tostase.	11/18/2019 33.00
House# Street Address J	Description of Expenditure
City State Zip Gode	
Gode	

Statement of Expenditures

Filer identification (lûmber.			
To Whom Paid House #	Street Address on debit	card	Date [MM/DD/YYYY] S ////Z/20/9 *Description of Expenditure	43.40
Gity Jownom Paid		Code:	Moulas Supp Date [MM/db/yyyy) 5:	1:es 11,22
House# House# Gity	Street Address	ubit eard	Description of Expenditure	
Tio Whom Paid	Flect Great	Zip. Gode	505 Date IMM/DD/MYWI 1 SY 1/15/2027	500.00
House (A)	Elect Greg F street:Address State	Tayes	Description of Expenditure	
Ita Whom Paid Itause #	Wegman Street Address W. Ridge R.	O ACCEMPANCE REPORTED FOR	Campaign con Date [MM/QD/AYYY] S 12/31/2019 S Description of Expenditure	7
City Eria	e State PA	Zip Gode 16506	cards	A THE NEW WAY TO SHE WAY
Tic, Whom Raid House #.	Senior News Street Address P.O. Box 30) 5%	Date [MM/DD/YYYY] SS 1 / - / 20 / 9 Description of Expenditure	270.00
Gity. En ;	Crata	(2001) Gode 1650 8	ad *Date:IMM/DD/XXXXI 3553	
(House:#		Zip	Description of Expenditure	
(Gity Tro Whom Paid	State Sales	-ZIB Gode	Date (MM/DD/YYYY) 35	
House ##	Street Address State	Zip Code	Description of Expenditure.	
To Whom Paid		Code	Date [MM/DD/YYYY) S	
(House #	Street Address State	Zip Gode	Description of Expenditure	

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.

Filer Identification Number	
Name of Greditor	/Outstanding Balance of DeBt
House#	et Address DATE DEBT (INCURRED. \$ \$ [MIM/DD/YYYY] \$
Gity	State, Ziĝ
Description of Debt	
Name of Greditor House # Stre	Outstanding Balance of Debt set Address DATE DEBT INCURRED \$3
	[MM/DD/XYYY]
City Description of Debt	State Zip Code
Name of Greditor House # Stre	Outstanding Balance of Debt at Address DATE DEBT/INCURRED 25
	/[MIM/DD/YYYY]
City	State Zip Gode
Description of Debt Name of Graditor	Outstanding Balance of Debt
	et Address DATE DEBT INCURRED S [MM/DD/YYYY]
Gity 10	
Description of Debt	Code (1)
Name of Creditor	Outstanding Balance of Debt.
House # Stree	DATE DEBT INGURRED. S
Gity	State Z.jp. Code
Description of Debt	
Name of Greditor	Outstanding Balance of Debt
House # Stree	At Address DATE DEBT INCURRED \$
City	State Zip Code
Description of Debt.	