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

				ort Filed	Ву	Candida	ite	Committee		Lobbyist
Number Name of Filing Comm	l nittee, Cand	didate or	(IVIa	ırk X)						
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treet Address				140	3	1	· A			
lity	Be	thlehe.	<u>~</u>			State	Campsit an Ave	Zip Code	18018	
Type of Report (Place										
		- 30 Day Post		Tuesday lection		Friday Election	6- 30 Day Post Election	7- Annual	Special 2 nd Frid Pre-Election	ay Special 30 Day Post-Election
		X								
Date Of Election MM/DD/YYYY)	6	5/2//2019	Year	619			Amendment Report		Termination Report	
Summary of Receipts	and F	rom Date	7	To Date	e			For	Office Use Only	
xpenditures								101	Office ose Only	
A		05/67/261	-		110/2	619		<u> </u>		
A. Amount Brought Fo	orward Fror	m Last Report	\$		6			19		
3. Total Monetary Cor	ntributions	and Receipts	\$		6					
From Schedule I)										
. Total Funds Availab Sum of Lines A and B			\$	6						
). Total Expenditures			\$	<u> </u>						
From Schedule III)			1	6	•					
. Ending Cash Balance			\$	0						
Subtract Line D from . Value of In-Kind Cor		Pacaiuad								
From Schedule II)	1101100110113	Received	5	0						
i. Unpaid Debts and C	Obligations		\$							
From Schedule IV)				0						
rioni schedule iv j		Sec. Line Sec.				Sile de Ce				
PARTY IN THE	tten sees t					fidavit Sec				Mei A
Part 1- If this is a Commit	ttee report, to	reasurer sign her	re. If th	his is a Car	ndidate	report, ca	ndidate sign here	ga and holister	TIO COSTOR C-3-	My co
Part 1- If this is a Commit swear (or affirm) that th worn to and subscribed	nis report, inc	luding the attach	e. If the	nis is a Car hedules o	ndidate	report, ca	ndidate sign here	ge and belief tr	rue, correct and con	Ommonwee Angel. My comm Comm
- Parker St. Co.	nis report, inc	luding the attach	e. If the	his is a Car hedules o	ndidate	report, ca	ndidate sign here	ge and belief tr	rue, correct and con	omnonwealth of Angela G. Angela G. Ny commit Comm
art 1- If this is a Commit swear (or affirm) that th worn to and subscribed	nis report, inc	luding the attach	re. If the	nis is a Car hedules o	ndidate	report, ca	ndidate sign here	ge and belief tr	rue, correct and con	Angela G. Stru No Mar My commis Comm Member, Penr
art 1- If this is a Commit swear (or affirm) that th worn to and subscribed	nis report, inc	luding the attach	re. If th	nis is a Car hedules o	ndidate	report, ca	ndidate sign here	ge and belief tr	rue, correct and con	Angela G. Strohl, Northernate V. Comm Therrite Therrite The comm The com
art 1- If this is a Commit swear (or affirm) that th worn to and subscribed	nis report, inc	luding the attach	e. If the	nis is a Car hedules o	ndidate	report, ca	ndidate sign here	ge and belief tr	rue, correct and con	Angela G. Strohl, Northernate V. Comm Therrite Therrite The comm The com
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art 1- If this is a Commit swear (or affirm) that th worn to and subscribed	nis report, inc	luding the attach	re. If th	his is a Car hedules o	ndidate	report, ca	ndidate sign here	ge and belief tr	rue, correct and con	Angela G. Strohl, Notary Notary Notary Notary Notary Commit Comm
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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	(1) \$
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	(2) \$
3. Contributions Over \$250.00 (From Part C and Part D)	
Contributions Received from Political Committees (Part C)	\$
All Other Contributions (Part D)	\$
Total for the reporting period (3	3) \$
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)	
Total for the reporting period (4	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, Repor Cover Page, Item B)	prt \$

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]	\$
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/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	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	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.)

	A1 8				
Full Name of C					
ruii Name of C	ontributor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/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]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co	ontributor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$1
Full Name of Co	entributor				
Tun Name of Co	inti ibutor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/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]	\$
gradia.					
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co	ontributor			Date [MM/DD/YYYY]	\$
House #	Street Address	<u>-</u> -		Date [MM/DD/YYYY]	\$
City					4:11
City		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 I	Number:				
Full Name of				D. Jacob Con Jacob	
Contributing Com	mittee			Date [MM/DD/YYYY]	\$
contributing com					
House #	Street Address			Date [MM/DD/YYYY]	\$
				Bace [www/BB/1111]	
City		State	Zip Code	Date [MM/DD/YYYY]	\$
		- 13			
Full Name of					
Contributing Com	mittee			Date [MM/DD/YYYY]	\$
continuating con	initiee				
House #	Street Address			Date [MM/DD/YYYY]	\$
				5 dec [mm/50/1111]	
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of				Date [MM/DD/YYYY]	\$
Contributing Com	mittee			Date [MM/DD/1111]	3
					111
House #	Street Address			Date [MM/DD/YYYY]	\$
1					1
City		15			
City		State	Zip Code	Date [MM/DD/YYYY]	\$
					118
Full Name of				Date [MM/DD/YYYY]	\$
Contributing Com	mittee				1
House#	5				
110036#	Street Address			Date [MM/DD/YYYY]	\$
1 ,					31
City		State	Zip Code	Date [MM/DD/YYYY]	\$
			di = 0	[, 22,]	{ []
Full Name of	9, 17, 10, 6			S. Jacob Joseph Joseph	
Contributing Com	mittee			Date [MM/DD/YYYY]	\$
out the contract t					C.
House #	Street Address			Date [MM/DD/YYYY]	\$
F et Berei					
City		State	Zip Code	Date [MM/DD/YYYY]	\$
energia de		100			
Full Name of	T28 0 00			Date [MM/DD/YYYY]	IV.
Contributing Com	mittee			Date [IVIIVI/DD/1111]	\$
House#	Street Address			Date [MM/DD/YYYY]	\$
	Will be a second				
					No.
City		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)

ull Name of Co	ntributor			Date [MM/DD/YYYY]	\$
House #	Street Addres	S		Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name				Occupation	
Employer Mailin					
Principal Place o Full Name of Cor					
ruii Naille Oi Coi	itributor			Date [MM/DD/YYYY]	\$
11					
House #	Street Address	S		Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name					
				Occupation	
Employer Mailin Principal Place o					
Full Name of Con				Date [MM/DD/YYYY]	\$
	=				
House #	Street Address	s		Date [MM/DD/YYYY]	\$
=					
City		State	Zip Code	Date [MM/DD/YYYY]	\$
		3			
Employer Name	9"			Occupation	<u> </u>
Employer Mailing	g Address /				
Principal Place of					
Full Name of Con	itributor			Date [MM/DD/YYYY]	\$
House #	Street Address	5		Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
				•	
Employer Name				Occupation	
		1		1, 24-17, 1912	

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.

Filer Identification	Number:			
Full Name			, -	
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Descript	tion			
Full Name			Such Such	
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Descript	tion			
Full Name			****	
House #	Street Address		50 TO 1	
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Descript	ion			
Full Name		-	- 100 A-10 A	
House #	Street Address			
City		State	Zîp Code	Date [MM/DD/YYYY] \$
Receipt Descript	ion			
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Descript	ion			
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Descript	tion			

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

Filer Identification Number:	·····		
Ther identification Number.			
UNITEMIZED IN-KIND CONTR	IBUTIONS RECEIVED-VALUE OF	\$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the reporting period	(1)	\$	
2. IN-KIND CONTRIBUTIONS REC	CEIVED-VALUE OF \$50.01 TO \$2	50.00 (FROM PART F)	
TOTAL for the reporting period	(2)	\$	
3. IN-KIND CONTRIBUTION REC	EIVED-VALUE OVER \$250.00 (FF	DM PART G)	
TOTAL for the reporting period	(3)	\$	
TOTAL VALUE OF IN-KIND CONTRIBUTION	ONS DURING THIS REPORTING	\$	30
PERIOD (Add and enter amount totals f on Page 1, Report Cover Page, Item F)	rom boxes 1, 2, and 3; also ent	r	
on age 1, report cover rage, item r)			

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification	n Number:				
= = = 1					
Full Name of Co	ntributor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of C	ontribution				
Full Name of Co	ntributor				
	11.100101			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Co	ontribution				
Full Name of Cor	ntributor			Date [MM/DD/YYYY]	\$
House #			=		
	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Co					
Full Name of Cor	ntributor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Co	ontribution				
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	ontribution				
		3.5			

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer Identification	on Number:				
Full Name of C	ontributor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Nam	e			Occupation	
	ng Address / Principal				
Place of Busine	SS			Description of Contribution	
Full Name of Co	ontributor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name	3			Occupation	
Place of Busine				Description of Contribution	
Full Name of Co	ontributor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name	9			Occupation	
Employer Maili Place of Busine	ng Address / Principal ss			Description of Contribution	
Full Name of Co	ontributor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name				Occupation	FT.
Employer Maili Place of Busine	ng Address / Principal ss			Description of Contribution	

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:

	tor			Outstanding Balance of De
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State	Zip Code	
Description of	Debt		code	
Name of Credi	tor			Outstanding Balance of Del
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State	Zip Code	
Description of	Debt .			-
Name of Credit	cor			Outstanding Balance of Del
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State	Zip Code	
Description of	Debt			
Name of Credit	cor			Outstanding Balance of Deb
	T		DATE DEBT INCURRED	\$
douse #	Street Address		[MM/DD/YYYY]	
City		State		
City		State	[MM/DD/YYYY]	
City Description of	Debt	State	[MM/DD/YYYY]	Outstanding Balance of Del
City Description of I	Debt	State	[MM/DD/YYYY]	
City Description of I Name of Credit House #	Debt or Street Address	State	[MM/DD/YYYY] Zip Code DATE DEBT INCURRED	Outstanding Balance of Del
City Description of I Name of Credit House #	Debt or Street Address		Zip Code DATE DEBT INCURRED [MM/DD/YYYY]	Outstanding Balance of Del
Description of Name of Credit	Debt Or Street Address Debt		Zip Code DATE DEBT INCURRED [MM/DD/YYYY]	Outstanding Balance of Del
Description of I	Debt Or Street Address Debt		Zip Code DATE DEBT INCURRED [MM/DD/YYYY]	Outstanding Balance of Del

Reset Form

Print Form

Commonwealth of Pennsylvania - Campaign Finance Report

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

513 2 2	
Type of Report (Place x under report type) 1. 6th Tuesday 2. 2nd Friday 3. 3.0 Day Post 4.6th Tuesday 5. 2nd Friday Pre-Primary Pre-Primary Pre-Primary Pre-Election Pre-Elec	-U
Type of Report (Place x under report type) 1. 6th Tuesday 2. 2nd Friday 3. 3.0 Day Post 4.6th Tuesday 5. 2nd Friday Pre-Primary Pre-Primary Pre-Primary Pre-Election Pre-Elec	
Type of Report (Place x under report type) 1. 6th Tuesday 2. 2 and Friday 3. 3. 30 Day Post 4. 6th Tuesday 5. 2th Friday Pre-Pimary Pre-Pimary Pre-Pimary Pre-Election Pre-El	300
Pre-Primary Pre-Primary Primary Pre-Election	
Amendment Report Termination Termina	Dav
MM/DD/YYY) Cyal/2019 Cyal/2019 Amount Brought Forward From Last Report Source Street Street Amount Brought Forward From Last Report Source Street To Date For Office Use Only Cyal/2019 Amount Brought Forward From Last Report Source Street Source Stre	
MM/DD/YYY) Cyal/2019 Cyal/2019 Amount Brought Forward From Last Report Source Street Street Amount Brought Forward From Last Report Source Street To Date For Office Use Only Cyal/2019 Amount Brought Forward From Last Report Source Street Source Stre	
Amount Brought Forward From Last Report \$ 3, 3) & 86 Total Monetary Contributions and Receipts \$ 5 4 6 0 0 0 Total Funds Available \$ 7 7 8 4 8 6 0 Total Expenditures \$ 3 6 5 6 3 9 Total Expenditures \$ 5 7 6 5 0 0 Total Expenditures \$ 5 7 6 0 0 0 Total Expenditures \$ 5 7 6 0 0 0 Total Expenditures \$ 5 7 6 0 0 0 Total Expenditures \$ 5 7 6 0 0 0 Total Expenditures \$ 5 7 6 0 0 0 Total Expenditures \$ 5 7 6 0 0 0 Total Expenditures \$ 5 7 6 0 0 0 Total Expenditures \$ 5 7 6 0 0 0 Total Expenditures \$ 5 7 6 0 0 0 Total Expenditures \$ 5 7 6 0 0 0 Total Expenditures \$ 5 7 6 0 0 0 Total Expenditures \$ 5 7 6 0 0 0 Total Expenditures \$ 5 7 6 0 0 0 Total Expenditures \$ 5 7 6 0 0 0 Total Expenditures \$ 5 7 6 0 0 0 Total Expenditures \$ 5 7 6 0 0 0 Total Expenditures \$ 5 7 6 0 0 0 Total Expenditures \$ 7 7 8 0 0 Total Expenditures	
A. Amount Brought Forward From Last Report B. Total Monetary Contributions and Receipts From Schedule I) Crotal Funds Available Sum of Lines A and B) Crotal Expenditures From Schedule III) Ending Cash Balance Subtract Line D from Line C) Value of In-Kind Contributions Received From Schedule III) Cupaid Debts and Obligations From Schedule IV) Affidavit Section	-
Amount Brought Forward From Last Report Total Monetary Contributions and Receipts From Schedule I) Total Funds Available Sum of Lines A and B) Total Expenditures From Schedule III) Value of In-Kind Contributions Received From Schedule IV Affidavit Section	
S. Total Monetary Contributions and Receipts From Schedule I) Total Funds Available Sum of Lines A and B) Total Expenditures From Schedule III) Ending Cash Balance Subtract Line D from Line C) Value of In-Kind Contributions Received From Schedule III) Unpaid Debts and Obligations From Schedule IV) Affidavit Section art 1- If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here. Available of In-Kind Contributions Affidavit Section Total Funds Affidavit Section Affidavit Section Affidavit Section Total Funds Affidavit Section Total Funds Affidavit Section	
From Schedule I) Total Expenditures From Schedule III) Total Expenditures From Schedule IIII) From Schedule IIII) From Schedule IIII From Schedule IIIII From Schedule IIII From	
Sum of Lines A and B) 7. Total Expenditures From Schedule III) 8. Ending Cash Balance Subtract Line D from Line C) 8. Value of In-Kind Contributions Received From Schedule II) 9. Unpaid Debts and Obligations From Schedule IV) Affidavit Section art 1- If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here. Nowar for affirm) that this report, including the attached schedules on paper, is to the best of my knowledge and belief true, correct and complete.	
Total Expenditures From Schedule III) Ending Cash Balance Subtract Line D from Line C) Value of In-Kind Contributions Received From Schedule III) Unpaid Debts and Obligations From Schedule IV) Affidavit Section Affidavit Section Affidavit Section But 1- If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here. Swear (or affirm) that this report, including the attached schedules on paper, is to the best of my knowledge and belief true, correct and complete.	
From Schedule III) From Schedule III) From Schedule III Value of In-Kind Contributions Received from Schedule III Unpaid Debts and Obligations From Schedule IV Affidavit Section art 1- If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here. Swear (or affirm) that this report, including the attached schedules on paper, is to the best of my knowledge and belief true, correct and complete.	
Subtract Line D from Line C) Value of In-Kind Contributions Received From Schedule II) Unpaid Debts and Obligations From Schedule IV) Affidavit Section art 1- If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here. Swear (or affirm) that this report, including the attached schedules on paper, is to the best of my knowledge and belief true, correct and complete.	
Value of In-Kind Contributions Received From Schedule II) Unpaid Debts and Obligations From Schedule IV) Affidavit Section art 1- If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here. In the section of the sec	
Affidavit Section Affidavit Section Affidavit Section art 1- If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here. Swear (or affirm) that this report, including the attached schedules on paper, is to the best of my knowledge and belief true, correct and complete. A orthogonal complete in the co	
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SCHEDULE I

Contributions and Receipts

Detailed Summary Page

Filer Identification Number		
1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor		
	(1)	\$ 1,328.66
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		9
Contributions Received from Political Committees (Part A)		\$ 600 00
All Other Contributions (Part B)		\$ 540.00
	(2)	\$ 1,140.00
3. Contributions Over \$250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)		\$ 2,400.00
All Other Contributions (Part D)		\$ 2,400.00 \$ 600.60 \$ 3,000.00
	(3)	3,000.00
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		
	(4)	5,468 00
Total Monetary Contributions and Receipts during this reporting period (Add and	- 5	\$

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					
					Amount
Full Name of Contributing		Kerin Lott	Date [MM/DD/YYYY]	\$	
			05/65/2619		250.00
House # 62/ Street Address	Durham	St.	Date [MM/DD/YYYY]	\$	
City Hellertown	State PA	Zip Code 18055	Date [MM/DD/YYYY]	\$	
Full Name of Contributing	- /	.4	Date [MM/DD/YYYY]	\$	
Committee + 7/	rnds ct.	Bub Poncher	Mean war grandy	1	150.00
House # Street Address	Devonst	hire Dr.	Date [MM/DD/YYYY]	\$	
City Bethlehem	State MA	7:- 6-4-	Date [MM/DD/YYYY]	\$	
Full Name of Contributing			Date [MM/DD/VVVV]	\$	
Committee F,	riends of	F Bryan Callahan	05/cs/2019	7	266.60
House # 633 Street Address	Main St		Date [MM/DD/YYYY]	\$	
City	State	Zin Code	Date [MM/DD/YYYY]	\$	
Bethlehen	PA	18018			
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	Date [MM/DD/YYYY]	\$	
Full Name of Contributing			Date [MM/DD/YYYY]		
Committee				\$	
House # Street Address			Date [MM/DD/YYYY]	\$:
City	State	Zip Code	Date [MM/DD/YYYY]	\$	
rillion	80	San as Lien			

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 [MM/DD/YYYY]	I c	
Paul Pateka	05/68/2619	۶	76.60
			70.00
House # Street Address	Date [MM/DD/YYYY]	\$	
City State CA Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributor	Date [MM/DD/YYYY]	\$	
Jack Burke	05/18/4619		70.00
ANT AND	C 3 C 3 / C	12	
House # 526 Street Address West St. Apt. 441	Date [MM/DD/YYYY]	\$	8
City Bethlehen State PA Zip Code /8618	Date [MM/DD/YYYY]	\$	
Full Name of Contributor	Date [MM/DD/YYYY]	\$	
Martha (ox Pepichak			100.00
House # 1632 Street Address Main St.	Date [MM/DD/YYYY]	\$	
City State Zip Code	D. A. Freez (DD (10 und		
City Brithlehem State PA Zip Code 18818	Date [MM/DD/YYYY]	\$	
Full Name of Contributor	Date [MM/DD/YYYY]	\$	
George Traisner	05/08/2019		100.60
House # Street Address	Date [MM/DD/YYYY]	Š	
236 F. Ettuen St.			
City Betaleheno State PA Zip Code 18018	Date [MM/DD/YYYY]	\$	
Full Name of Contributor	Date [MM/DD/YYYY]	Ś	
latrice Swartzman	05/17/2019	1	100.00
House # 523 Street Address Paxinisa Rd.	Date [MM/DD/YYYY]	\$	
City Easten State PA Zip Code 18696	Date [MM/DD/YYYY]	\$	
Full Name of Contributor	Date [MM/DD/YYYY]	\$	
Ed Gallagher	05/08/2019		100.00
House # Street Address	Date [MM/DD/YYYY]	\$	
Street Address W. Greenwich St		7	
City State Zip Code Code		A	
Bethlehem State PA Zip Code 18018	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.

Full Name of						
Contributing Committee	11 11 1 64	· L 1	IF 1 the	Date [MM/DD/YYYY]	\$	
Contributing committee	United sie	eelworkers - Lo	of Commiller	05/68/2019		460.00
House # Str	reet Address		~ 1	Date [MM/DD/YYYY]	Ś	
53	F	- Lehigh -	St.	Date [wint Do]	7	
City h	/ / State	Zip Code	И	Date [MM/DD/YYYY]	\$	
SEASSES!	lehen sine	PA Zip Code	18018			
Full Name of	/	1		Date [MM/DD/YYYY]	\$	
Contributing Committee		ters Union		0		1,600.00
House # Str	reet Address		<u></u>	Date [MM/DD/YYYY]	\$	
1803		singgarden.	J+			
City Philade	Iphia State	MA Zip Code	19130	Date [MM/DD/YYYY]	\$	
Full Name of	1921 E-1720			Date [MM/DD/YYYY]	\$	
Contributing Committee	Oper	ating thgl.	neers, 5-47	05/22/2018		1,000.00
House # Str	reet Address		46(a/) / +	0,	è	//
/3 75	Kir	ating Engli	ite 160	Date [MM/DD/YYYY]	\$	
City Ft. Washir				Date [MM/DD/YYYY]	\$	
	19/011	17T	19634			
Full Name of Contributing Committee				Date [MM/DD/YYYY]	\$	
House # Stre	eet Address			Date [MM/DD/YYYY]	\$	
City	State	Zip Code		Date [MM/DD/YYYY]	\$	
Full Name of	10.450			no desta (no honori		
Contributing Committee				Date [MM/DD/YYYY]	\$	
House # Stre	eet Address			Data (BARA/DD /WWW)		
	set Addiess			Date [MM/DD/YYYY]	\$	
City	State	Zip Code	-	Data [BABA/DD/VVVV]	Ċ	
		Zip 5555		Date [MM/DD/YYYY]	\$	
Full Name of				Date [MM/DD/YYYY]	\$	
Contributing Committee				-		
House # Stre	eet Address			Date [MM/DD/YYYY]	\$	
			Ī	and framed and 1		
City	State	7'n Codo		to a deminance		
City	State	Zip Code		Date [MM/DD/YYYY]	\$	
A CHEE	成形形成型			I	1	

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)

Full Name of Contributor	1	•	Date [MM/DD/YYYY]	\$	
ACHARD MACADOT MACADO POR A TOMAN DESIGNATION OF THE PROPERTY	rat Go			600.	- 00
House # Street Address //3 9	Lehigh	Ave. #360	Date [MM/DD/YYYY]	\$	
City Whitehall	State	A Zip Code /f C	Date [MM/DD/YYYY]	\$	
Employer Name	5.00878		Occupation	克基	
Employer Mailing Address / Principal Place of Business			A SECURIOR		
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			Occupation		
Employer Mailing Address / Principal Place of Business					
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	Edwar van	(100 x 172 x 185 x 1	Occupation	66	
Employer Mailing Address / Principal Place of Business			Transference and an artist		
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			Occupation		

Statement of Expenditures

	
Filer Identification Number:	

To Whom Paid	- , ,		Date [MM/DD/YYYY]	
13).	s wholesal	, (-	05/08/2019	89.51
House # Street Address	1 /1/1	port Rd.	Description of Expenditur	re
City Allentown	State PA	Zip Code	Supplies - Fine	draiser
To Whom Paid	Ber's Acto	7	Date [MM/DD/YYYY] \$	y
	ALTO	1095	05/10/2019	15.00
House # 5treet Address			Description of Expenditure	
City Bethlehem	State PA	Zip Code	Notary servi	ices
To Whom Paid / //	The second secon		Date [MM/DD/YYYY] \$	7
APPROPRIATE TO LOCALIZATION	Print Con	TEL	05/15/2019 \$	2553.16
House # Street Address			Description of Expenditure	
City	State	Zip Code	Campaign Ma	ilings
To Whom Paid			Date [MM/DD/YYYY] \$	0) (1
THE ACCUMULATION OF THE PARTY.	ISPS		05/15/2019	33.00
House # Street Address			Description of Expenditure	
City Easton	State PA	Zip Code	Stamps	
To Whom Paid	5/ 0/		Date [MM/DD/YYYY] \$	
	StaPle,		05/17/2019	19.66
House # Street Address			Description of Expenditure	
City Easten	State MA	Zip Code	supplies	
To Whom Paid	i u n		Date [MM/DD/YYYY] \$	
	LU Prin	+ Center	05/17/2019	2553.16
House # Street Address			Description of Expenditure	
City	State	Zip Code	Campaign me	ailings
To Whom Paid Grace	Cal hast +	From Check deposit	Date [MM/DD/YYYY] \$	
		/	6)11715617	3100
House # 1963 Street Address	Lurain Au	ب	Description of Expenditure	
City Bethkhen	State PA	Zip Code /80/8	miscellaneous)	Supplies
To Whom Paid	Broadcasting	140	Date [MM/DD/YYYY] \$	11511
TEXAS PROPERTY OF THE PROPERTY			05/17/2019	45.00
House # 2311 Street Address	Easten A	re.	Description of Expenditure	
City Bethlehen	State PA	Zip Code /SU/7	Radia Ad	

Statement of Expenditures

Filer Identification Number:	

To Whom Paid		_					
10 Whom I ald	Poss	evelt	(2/	L		Date [MM/DD/YYYY]	\$
House #						05/21/2019	
	Street Address	EI	rabe	th A	re.	Description of Expend	liture
The second secon	Hehem	State	PA	Zip Code		Food- Elect.	ion Night
To Whom Paid	1	/				Date [MM/DD/YYYY]	\$
	IN	1x com				05/28/2019	14.50
House # 40	Street Address	twest.	271	2 5%		Description of Expendi	
City //cu	York	State	ハヴ	Zip Code		Website	-
To Whom Paid						Date [MM/DD/YYYY]	\$
Danie II	<u> </u>						
House #	Street Address				2	Description of Expendi	ture
City		State		Zip Code			
To Whom Paid						Date [MM/DD/YYYY]	\$
							1
House #	Street Address					Description of Expendi	ture
City		State		Zip Code			
To Whom Paid						Date [MM/DD/YYYY]	\$
1						Bate [IMM/BB/1111]	٦
House #	Street Address					Description of Expendi	ture
City		State		Zip			
				Code			
To Whom Paid						Date [MM/DD/YYYY]	\$
House #	Street Address					Description of Expendit	ture
City		State		Zip			
				Code			
To Whom Paid						Date [MM/DD/YYYY]	\$
House #	Street Address					Description of Expendit	cure
City		State		Zip			
1 /		12.7		Code			
To Whom Paid		18.93				Date [MM/DD/YYYY]	\$
House #	Street Address						
	Street Address					Description of Expendit	ure
City		State		Zip			
- Torre		Territoria de la compansión de la compan		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 Credit	or Grace (minosia Imi	Ph	Outstanding Balance of Debt
House # // 0	1403 Loran Ave IMM			\$ 1,000
City	Bethlehen	State	02/19/2019 PD Zip Code 18010	1000
Description of D	Bethlehem Camp	aign /can	Coue	Mary 1
Name of Credito				Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City Description of D		State	Zip Code	
Description of D	lebt			
Name of Credito	or			Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State	Zip Code	
Description of D				
Name of Credito				Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City Description of De		State	Zip Code	
Description of D	ebt			
Name of Credito	of .			Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State	Zip Code	
Description of De	abt			
Name of Creditor	The state of the s			Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
	CONTROL OF	E		

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.

Filer Identification N	lumber:	at		
CASSEST SERVICES	(CASS)			
Full Name				
House #	Street Address			
City	23.77	State	Zip	Date [MM/DD/YYYY] \$
		State	Code	Date [MM/DD/YYYY] \$
Receipt Description	on		S. C. C. S.	1000
Full Name		<u> </u>		
House #				
	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description	on		6.000	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description	on	0.032.40		
Full Name				
House #	Street Address			
City		State	Zip	Date [8688/DD bound A
		State	Code	Date [MM/DD/YYYY] \$
Receipt Descriptio	on			
Full Name				
House #	Street Address		<u>.</u>	
City		State	Zìp	Date [MM/DD/YYYY] \$
			Code	Sate [mm/pb/1411]
Receipt Descriptio	n		03.05.09W	
Full Name				
House #	Street Address			
City		Sana	Land Section 1	
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Descriptio	n			280

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

Filer Identification Number:			
UNITEMIZED IN-KIND CONTR	IBUTIONS RECEIVED-VA	UE OF \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the reporting period	(1)	\$	
2. IN-KIND CONTRIBUTIONS REC	CEIVED-VALUE OF \$50.0	LTO \$250.00 (FROM PART F)	
TOTAL for the reporting period	(2)	\$	
3. IN-KIND CONTRIBUTION RECE	EIVED-VALUE OVER \$250	.00 (FROM PART G)	
TOTAL for the reporting period	(3)	\$	
TOTAL VALUE OF IN-KIND CONTRIBUTION (Add and enter amount totals for Page 1, Report Cover Page, Item F)			

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification	n Number:				
Full Name of Co	ntributor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City	TERMINATE CONS	State	Zip Code	Date [MM/DD/YYYY]	\$
Description of C	ontribution		IN STREET,		
Full Name of Co	ntributor			Date [MM/DD/YYYY]	\$
House #	Street Address	,		Date [MM/DD/YYYY]	\$
City	City		Zip Code	Date [MM/DD/YYYY]	\$
Description of C	ontribution	ESS STATE			
Full Name of Co	ntributor	MARINE TO THE RESERVE		Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City	Hall British	State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Co	ontribution		STERRIFFEREN		(2) [2]
Full Name of Cor	ntributor			Date [MM/DD/YYYY]	\$
House #	House # Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Co	ontribution		Table to the second second		The second secon
Full Name of Cor	itributor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City	N-SHEET STREET	State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Co	ntribution	Der Saut	MIPS/DAMPSE		23

SCHEDULE II

Part G

In-Kind Contributions Received

VALUE OVER \$250

	- A			
Full Name of Contributor			Date [MM/DD/YYYY] \$	
House # Street Addres	SS		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Name			Occupation	
Employer Mailing Address / Principa Place of Business	a I		Description of Contribution	
Full Name of Contributor			Date [MM/DD/YYYY] \$	
House # Street Addres	s		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Name	TO DEC		Occupation	
Employer Mailing Address / Principa Place of Business	il		Description of Contribution	
Full Name of Contributor			Date [MM/DD/YYYY] \$	
			pare familiari 1111	:
House # Street Address	S		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Name		国在共享的国际	Occupation	
Employer Mailing Address / Principa Place of Business	1		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] \$	
Employer Name		H-127 128 22	Occupation	
Employer Mailing Address / Principal Place of Business			Description of Contribution	