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V62G1	LOHI

Print Form



Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification Number	Report Filed By (Mark X)	y Candida	te X	Committee		Lobbyist
Name of Filing Committee, Candidate or		10 1	- LV			
Lobbyist	Paige	Van l	VIT			
Street Address	042	2 W 1	Market.	St.		
City Befulek	u-	State	PA	Zip Code	18018	
Type of Report (Place x under report type)						
1- 6 th Tuesday 2- 2 nd Friday 3- 30 Day Post Pre-Primary Primary Primary		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) OS 21 2019	Year	299	Amendment Report		Termination Report	
Summary of Receipts and From Date	To Date			For	Office Use Only	10.00
Expenditures 4/1/2019	5/10	12019				
A. Amount Brought Forward From Last Report	\$					
	I NIA					I
B. Total Monetary Contributions and Receipts	L NIA					
(From Schedule I)	\$ N [A					
(From Schedule I) C. Total Funds Available	\$ O					
(From Schedule I) C. Total Funds Available (Sum of Lines A and B)	\$ O					
(From Schedule I) C. Total Funds Available	\$ O	0,02				
(From Schedule I) C. Total Funds Available (Sum of Lines A and B) D. Total Expenditures	\$ O	60.02				
(From Schedule I) C. Total Funds Available (Sum of Lines A and B) D. Total Expenditures (From Schedule III) E. Ending Cash Balance (Subtract Line D from Line C)	\$ 0 \$ 0 \$ 174 \$-174	60.02 (0.02				
(From Schedule I) C. Total Funds Available (Sum of Lines A and B) D. Total Expenditures (From Schedule III) E. Ending Cash Balance (Subtract Line D from Line C) F. Value of In-Kind Contributions Received	\$ O	0.02				
(From Schedule I) C. Total Funds Available (Sum of Lines A and B) D. Total Expenditures (From Schedule III) E. Ending Cash Balance (Subtract Line D from Line C) F. Value of In-Kind Contributions Received (From Schedule II)	\$ 0 \$ 0 \$ 174 \$ -174	(0.02 (0.02				
(From Schedule I) C. Total Funds Available (Sum of Lines A and B) D. Total Expenditures (From Schedule III) E. Ending Cash Balance (Subtract Line D from Line C) F. Value of In-Kind Contributions Received	\$ 0 \$ 0 \$ 174 \$-174	(0,02 (0.02				
(From Schedule I) C. Total Funds Available (Sum of Lines A and B) D. Total Expenditures (From Schedule III) E. Ending Cash Balance (Subtract Line D from Line C) F. Value of In-Kind Contributions Received (From Schedule II) G. Unpaid Debts and Obligations (From Schedule IV)	\$ 0 \$ 0 \$ 174 \$ -174 \$ 0) Affidavit Sec	tion			

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) \$	PATE PARTY (PATE)
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) \$	
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) \$	
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, Report Cover Page, Item B)	
	22

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 N	Ungber	-		 .:: <u>-</u> :	
inclination it					
The state of the s		99			Amount
Full Name of Cont Committee	ributing	20	8 =	Date [MM/DD/YYY	<u>Y]</u> \$
House #	Street Address			Date [MM/DD/YYY	Y] \$
City		State	Zip Code	Date [MM/DD/YYY	Y] \$
Full Name of Cont Committee	ributing	X	,	Date\MM/DD/YYY	Υ] \$
House #	Street Address			Date [MM/DD/YYY	Υ] \$
City		State	Vip Code	Date [MM/DD/YYY	Υ] \$
Full Name of Cont Committee	ributing			Date [MM/DD/YYY	Y] \$
House #	Street Address	<u> </u>	/	Date [MM/DD/YYY	Υ] \$
City	1	State	Zip Code	Date [MM/DD/YYY	Υ] \$
Full Name of Cont Committee	ributing			Date [MM/pD/YYY	
House #	Street Address			Date [MM/DD/YYY	Y] \$
City		State	Zip Code	Date MM/DD/YYY	Υ] \$
Full Name of Cont Committee	ributing			Date MM/BD/YYY	Υ] \$
House #	Street Address			Date [MM/DD/YY	\$ 5
City	ne drawn par	State	Zip Code	Date [MM/DD/YYY	Y] 3
Full Name of Cont Committee	ributing	<u> </u>		Date [MM/DDXYYY	Υ] \$
House #	Street Address			Date [MM/DD/YY	γ] \$
City	*15** S*** LT 107 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	State	Zip Code	Date [MM/DD/YYY	Y] \$
1 11 2 3 4 1		10 A	计图像 经经济的	~	113

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 Identificatio	n lumber:			31 30	
Full Name of Co	ontributor			Date [MM/DD/YYYY]	\$
	//			The second secon	
House #	Street Address	\		Date [MM/DD/YYYY]	\$
		//		(e	
City	INVESTIGATION OF	State	Zip Code	Date [MM/DD/YYYY]	\$
		11		1	
Full Name of Co	ontributor		X	Date [MM/DD/YYYY]	\$
					> 2
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co		/ (RESNE)		Date [MM/DD/YYYY]	\$
Full Name of Co	ontributor			Date [MM/DD/1111]	
House #			//	Date [MM/DD/YYYY]	\$
nouse #	Street Address		\		
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co	ontributor	V Section 1		Pate [MM/DD/YYYY]	\$
House #	Street Address	_		Date MM/DD/YYYY]	\$
City		State	Ztp Code	Date [MMXDD/YYYY]	\$
Full Name of Co	ontributor			Date [MM/DD/YYYY]	\$
				\\	
House #	Street Address			Date [MM/DD/YYYY]	1
City		State	Zip Code	Date [MM/DD/YYYY]	5
Full Name of Co	ontributor		Ingest Automobile	Date [MM/DD/YYYY]	\$
House #	Street Address		· · · · · · · · · · · · · · · · · · ·	Date [MM/DD/YYYY]	\$
					\
City	POYGRADINAL SAPES	State	Zip Code	Date [MM/DD/YYYY]	\$
22.40					

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	umber:	r r _a		2	
	- 2			27	
Full Name of Contributing Com	mittee			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City	11, 10, 100, 101	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Com	mittee	X		Date [MM/QD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYY]	\$
Full Name of Contributing Com	mittee) N		Date [MM/DD/YY/Y]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Com	mittee			Date [MM/DD/YYYY]	\$
House #	Street Address		8	Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM) DD/YYYY]	\$
Full Name of Contributing Com	mittee			Date [MM/DD/9YYN]	\$
House #	Street Address		9	Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Com	mittee		8 0	Date [MM/DD/YYYY]	\$
House #	Street Address		¥	Date [MM/DD/YYYY]	\$
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)

Filer Identification Number:				
	11 11			
Full Name of Contributor			Date [MM/DD/YYYY] \$	
House # Street Address			Date [MM/DD/YYYY] \$	- 72
City	State Zip	p Code	Date [MM/DD/YYYY] \$	
Employer Name	11	1	Occupation	
Employer Mailing Address / Principal Place of Business			1	
Full Name of Contributor			Date\[MM/DD/YYYY] \$	1
House # Street Address	/ .		Date [MM/DD/YYYY] \$	
City	State	p Code	Date [MM/DD/YYYY] \$	
Employer Name			Occupation	
Employer Mailing Address / Principal Place of Business				
Full Name of Contributor			Date [M/M/DD/YYYY] \$	
House # Street Address			Dist [MM/DD/YYYY] \$	
City	State Zip	p Code	Date [MMXDD/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	p Code	Date [MM/DD/YYYY] \$	
Employer Name			Occupation	
			CARLES AS CONTRACTOR AND	

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 Identi cation Nur	nber:
Full Name	
House #	Street address
City	State Zip Date [MM/DD/YYYY] \$
Receipt Description	
Full Name	
House #	Street Address
City	State Zip Date [MM/Db/YYYY] \$
Receipt Description	
Full Name	
House #	Street Address
City	State Zip Date [MM/DD/YYYY] \$
Receipt Description	
Full Name	
House #	Street Address
City	State Zip Date MM/DD/YYYY] \$
Receipt Description	
Full Name	
House #	Street Address
City	State Zip Date [MM/DD/YYYN] S
Receipt Description	
Full Name	
House #	Street Address
City	State Zip Date [MM/DD/YYYY] \$
Receipt Description	

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECIEVED

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

Filer Identification Number:	
UNITEMIZED IN-KIND CONTRIBUTIONS	RECENTED-VALUE OF \$50.00 OR LESS PER CONTRIBUTOR
TOTAL for the reporting period (1) \$
2. IN-KIND CONTRIBUTIONS RECEIVED-VA	ALUE OF \$50.01 TO \$250.00 (FROM PART F)
TOTAL for the reporting period ((2) \$
3. IN-KIND CONTRIBUTION RECEIVED-VAL	UE OVER \$250.00 (FROM PART G)
TOTAL for the reporting period ((3) \$
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURI PERIOD (Add and enter amount totals from boxe on Page 1, Report Cover Page, Item F)	NG THIS REPORTING \$ ss 1, 2, and 3; also enter

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 Abdr	ess		Date [MM/DD/YYYY] \$	·
City	State	ZIp Code	Date [MM/DD/YYYY] \$	2
Description of Contribution				
Full Name of Contributor			Date [MM/DD/YYYY] \$	
House # Street Add	ress		Date [MM/bD/YYYY] \$	1)
City	State	Zip Code	Date [MM/DD/YYY] \$	
Description of Contribution				
Full Name of Contributor			Date [MM/DD/YYYY] \$	
House # Street Addi	ress		Date [MM/DD/YYYY] \$	-
City	State	Zip Code	Sate [MM/DD/YYYY] \$	
Description of Contribution				
Full Name of Contributor			Date [NM) D/YYYY] \$	
House # Street Add	ress		Date [MM/hD/YYY] \$	
City	State	Zip Code	Date [MM/DD/WYY]	
Description of Contribution				
Full Name of Contributor			Date [MM/DD/YYYY]	
House # Street Add	ress		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Description of Contribution				

SCHEDULE II

Part G

In-Kind Contributions Received

VALUE OVER \$250

Her Identification Number:					
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			Description of Contribution		
Full Name of Contributor			Date [MM/DD/YYYY] \$		
House # Street Address			Date [MM/DD/YYY] \$		
City	State	Zip ode	Date [MM/DD/YYYY] \$		
Employer Name	SPI .	1000000	Occupation		
Employer Mailing Address / Principal Place of Business	ì	1	Description of Contribution		
Full Name of Contributor	100		Date [MM/DD/YYYY] \$		
House # Street Address	\	· · · · · · · · · · · · · · · · · · ·	Date [MM/DD/YYYY] \$		
City	State	Zip Code	Date [MM/DD/YYYY] \$		
Employer Name	A STATE OF THE PARTY OF THE PAR	[Market Programme]	Occupation		
Employer Mailing Address / Principal Place of Business			Description of Contribution		
Full Name of Contributor			Date [MM/DD/YYY) \$		
House # Street Address	*		Date [MM/DD/YYYY]		
City	State	Zip Code	Date [MM/DD/YYYY] \$		
Employer Name		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	Occupation		
Employer Mailing Address / Principal Place of Business			Description of Contribution		

Statement of Expenditures

Filer Identification Number:			

To Whom Paid	Date [MM/DD/YYYY] \$			
cennedy triating	04/01/2019 217.90			
House # 553 Y Street Address Baltimore Arence	Description of Expenditure			
City Philadelphia State PA Zip Code 19143	Palm cards			
To Whom Paid	Date [MM/DD/YYYY] \$			
To Whom Paid bligh Valley Cabor Council	250, is			
House # Street Address Po Box ZOZZE	Description of Expenditure			
City leus Me State PA Zip Code (8002	AdreAisment			
To Whom Paid	Date [MM/DD/YYYY] \$ (/O.1/			
to Whom Paid Clundy Pounting	04/15/2019 494.61			
House # 5534 Street Address Ball, mi Are	Description of Expenditure			
City Ruladelpha State PA Zip Code 9143	Yard Signis			
To Whom Paid	Date [MM/DD/YYYY] \$ 494.61			
cennedy Printing				
House # 55-3 Street Address But more fre	Description of Expenditure			
	1 0 5			
City Puladelpha State PA Zip Code (9143)	Yard Signs			
To Whom Paid	Date [MM/DD/YYYY] \$			
KenndyVrutun	04/29/2019 217.91			
House # STSF Street Address Dollyman Are	Description of Expenditure			
City Puladuphi State PA Zip Code 19143	Polin Cords			
To Whom Paid	Date [MM/DD/YYYY] \$			
USIS Local	65			
House # 53 Street Address E. Chief St	Description of Expenditure			
City Behleher State PA Zip Code 18018	Dinner-O'Bren			
To Whom Paid	Date [MM/DD/YYYY] \$			
House # Street Address	Description of Expenditure			
City State Zip Code				
To Whom Paid	Date [MM/DD/YYYY] \$			
House # Street Address	Description of Expenditure			
City State Zip				
Code	12			

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 Credito	P. 10 10 10 10 10 10 10 10 10 10 10 10 10		Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRE [MM/DD/YYYY]	
City		State Zip Code	
Description of D	ebt		
Name of Credito	or		Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRE [MM/DD/YYYY]	ED \$
City		State Zip Code	
Description of D	ebt		
Name of Credito	pr		Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRE [MM/DD/YYYY]	ED \$
City		State Zip Code	4
Description of D	ebt		
Name of Credito	or		Outstanding Balance of Debt
House #	Street Address	DATE DERT INCURRE [MM/DD/YYYY]	ED \$
City		State Zip Code	
Description of D	ebt	ii ii	\
Name of Credito	or	2	Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRI [MM/DD/YYYY]	ED \$
City		State Zip Code	
Description of D	ebt.		n 1 m n n n
Name of Credito	or		Outstanding Talance of Debt
House #	Street Address	DATE DEBT INCURRI [MM/DD/YYYY]	ED \$
City		State Zip Code	
Description of D	ebt		