Commonwealth of Pennsylvania

CAMPAIGN FINANCE REPORT

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identification Number:	Report Filed B		Ċ	ANDID	ATE 1.	сомм	TITEE X	LOBB))ST 3,
Name of Filing Committee, Candidate or Lobbyist: Friends of Ce-Ce Gerlach					rest				Î
Street Address:									
307 S. 16th Street			Sta	ta.		Zip Cod	le,		
Allentown			Sta	PA			102	_	
TYPE OF STATUESDAY 1. 2ND FRIDAY PRE-PRIMARY PRE-PRIMARY	RY		30 DA POST	Y PRIMA		AMENON REPORT?	CONTRACTOR STATES	ss	NO
PRE-ELECTION PRE-ELECTI	THE LOCAL PROPERTY.		30 DA POST	Y ELECTI	ON X	TERMINA REPORTS		es	NO
the right of report type) ANNUAL 7. YEAR REPORT	2019		LING	METH HECK	IOD S	PAPE	3	DISKE	ITE
Name of Office Sought by Candidate:			DAT	STREET, SQUARE,	ELECTION	District Number	Office Code	Party Code	County
Allentown City Council		- 1	MO.	DAY	YEAR	Trainise.	oth	Dem	39
			11	5	2019			RUCTIONS F	
MO. WELL	AR I	Г	MO.	DAY	YEAR	F	OR OFFIC	E USE ON	LY
Summary of Receipts	19	- 1	11	25	2019				
A. Amount Brought Forward From Last Report	=		316.2				0_	. 20	
B. Total Monetary Contributions and Receipts (From Schee	dule I)	*						! 39 ! 38	70
C. Total Funds Available (Sum of Lines A and B)		\$ 10,699.69					2019 NOV 27	CI CI	
D. Total Expenditures (From Schedule III)		\$ 2486.51				. E	27	ITI	
E. Ending Cash Balance (Subtract Line D from Line C)		\$ 8,213.18				, DC		RECEIVED	
F. Value of In-Kind Contributions Received (From Schedu	ule II)	\$ 0					UNITY	AM 8: 37	Ö
G. Unpaid Debts and Obligations (From Schedule IV)		\$ 0				L	₹,	37	
PART I If this is a Committee report, treasurer sign h	FFIDAVI	this is	a Car	ndidat	e report, ca	ndidate s	ign here.		
I swear (or affirm) that this report, including the attached and correct and complete. Sworn to and subscribed before me the shill P Ghodasara, Notary Public Commission Expires July 18, My Commission Expires July 18, Communication Number 131720		aper or o	Sompute	Shu	Signature of	Person 5	ubmitting R		ief true,
My commission expires 07 18 2021 MO. DAY YR.] -	4 :Ar	84 es Cod		Frinted Ner 55 D	3 4	494 Heliagos i Numb	ensylvania - Nosary Notany Publi
PART II - If this is a report of a Candidate's Authorize								Commission E	
I swear (or affirm) that to the best of my knowledge and belief t (P.L. 1333, No. 320) as amended.	this paliti	ical com	mittee	has no	t violated an	y provisio	ns of the A	ct of June	3, 1937
Solvil P GhoAscan	19	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	1 %	eci U	lla	ture of Co	ach	5 <i>L</i>	
My commission expires O 1 1 20 21 YR.		_	Ar	ea Cod	18	D	pytime Tele	phase Numb	er al

Sohil P Ghodasara, Notary Public Lehigh County

Department of State Bureau of Commissions, Elections and Legislation My Commission Expires July 18, 2021

210 North Office Building Harrisburg, PA 17120-0029 (717) 787-5280 Commission Number 1317200

PAGE 2 OF 13

SCHEDULE I

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period	
Friends of Ce-Ce Gerlach	From <u>10/22/2019</u>	To <u>11/25/2019</u>

LE UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS I	PER CONT	RIBL	ITOR "
TOTAL for the Reporting Period	(1)	\$	183.44

2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)		建二二苯 福
Contributions Received from Political Committees (Part A)	\$	0
All Other Contributions (Part B)	\$	200.00
TOTAL for the Reporting Period (2	3) \$	200

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	S, ETC	. (FI	ROM 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, Report Cover Page, Item 8.)	\$ 383.44
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	7		12
PAGE	D	OF	

ALL OTHER CONTRIBUTIONS

\$50.01 TO \$250.00

Use this Part to itemize all other contributions with an aggregate value from \$50.01 to \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Name of Filing Committee or Candidate				Reporting	Period	
Friends of Ce-Ce Gerlach				From _	10/22/20)19 To 11/25/2019
				DATE		AMOUNT
Full Name of Contributor Megan Skinner			мо. 10	30	YEAR 19	\$ 200
Mailing Address			Mo	DAY	YEAR	\$
2929 W. Livingston Street	State	Zip Code (Plus 4)	MO.	DAY	YEAR	4
Allentown	pa	18102 -	WIG	E DATE	TEAD	\$
Full Name of Contributor		~	MO.	DAY	YEAR	\$
Mailing Address			i Mo.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	-717	DAY	YEAR	•
	J. C.C.C.		MO.	DAY	YEAR	\$
Full Name of Contributor			MO.	DAY	YEAR "	\$
Mailing Address			MO.	DAY	YEAR	
SI						\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	
						\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO	DAY	YEAR	
A1						\$
City	State	Zip Code (Plus 4)	MO.	DAY	LYEAR	\$
Full Name of Contributor			MO.	DAY	YEAR	
Mailing Address			MO:	DAY	YEAR	\$
Control of the Contro			MIG	UAT	LEAN	\$
City	State	Zip Code (Plus 4)	MO.	5077 4	基序 、学	\$
Full Name of Contributor	-		MO.	DAY	YEAR	
Mailing Address						\$
a de fraction de la company de			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MQ.	DAY	YEAR	\$
Full Name of Contributor		CONTRACTOR OF THE STREET	MO.	DAY	YEAR	
Mailing Address						\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	Mo.	DAY	YEAR	•
	L		1	<u> </u>		\$ PAGE TOTAL
Enter Grand Total of Bort B on Salar	اماناها	Detailed Possesses	. De	O-cation.	_	_
Enter Grand Total of Part B on Sched	יו פוחו	netailed Summary	rage,	Section	1 2.	\$ 200

SCHEDULE II

PAGE 4 OF 13

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

Name of Filing Committee or Candidate: Friends of Ce-Ce Gerlach	Reporting Per		9To11/25/19
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF S	50.00 OR L	ESS-F	PER CONTRIBUTOR
TOTAL for the Reporting Period	d (1)	\$	0
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$25	50.00 (FROM	/ PAR	TF)
TOTAL for the Reporting Period	d (2)	\$	0
3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FRO	M PART G		
TOTAL for the Reporting Period	(3)	\$	0
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F.)		\$	0

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period					
Friends of Ce-Ce Gerlach	From 10/22/2019 To 11/25/2019					

		ALL DESCRIPTION OF THE PERSON				
To Whom Paid			MO.	DAY	Year	Amount
Office Depot				26	19	\$ 16.36
Mailing Address			Description	of Expe	nditure	
480 S. Cedar Crest Blvd			C	ardsto	ck for p	ostcards
Allentown	State	Zip Code (Plus 4) 18104				
	pa	10101				
To Whom Paid	-		MO.	DAY	YEAR.	Amount
Office Dept			11	19	19	\$ 22.25
Mailing Address 480 S. Cedar Crest Blyd			Description	of Expe		ness cards
City	State	Zip Code (Plus 4)			Dusii	1622 cards
Allentown	pa	1				
To Whom Paid		10107	200	19AY5	YEAR	Amount
Cecilia Gerlach			11	12	19	\$ 96.00
Mailing Address			Description	of Expe	nditure	And the second s
109 S. 9th Street			rei	mburs	ement	for website
Allentown	State	Zip Code (Plus 4)				
	pa	18102 –				
To Whom Paid Cocilia Corloch					YEAR	Amount # 47.42
Cecilia Gerlach				12	19	\$ 47.42
Mailing Address			Description	of Expe	nditure	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
109 S. 9th street	Parte	7:- 0-4- (Slue A)				
Allentown	State pa	Zip Code (Plus 4)	GOTV	/ Expe	nse(foc	od for volunteers, for poll volunteers
P. Oli . Pald	P-	18102 -		and the second of		
To Whom Paid Valerie Chambers				DAY	YEAR 2040	Amount
Mailing Address			11 Description	of Expe	2019	\$ 286.00
27 Mantzville Rd						bursement
City	State	Zip Code (Plus 4)	Liouis	JII I VIGI	It itom.	barsomone
Tamaqua	pa	18252-				
To Whom Paid			MOPEL	DAY	YEAR	Amount
Weis Markets			10 2		19	\$ 105.00
Mäiling Address			Description			
365 S Cedar Crest Blvd			Stamps	3		
Allentown	State	Zip Code (Plus 4)				
Allentown	pa	18104 -				
To Whom Paid Weis Markets					YEAR	Amount
Mailing Address			10 Description	23	19	\$ 1470.00
365 S. Cedar Crest Blvd			1		nditure	
City	State	Zip Code (Plus 4)	stamp	s		
Allentown	1 1					
To Whom Paid	pa	18104 -	The second of the	Manager 1	and the same	
Cecilia Gerlach		1	MO.	DAY	YE VR	Amount \$ 63.48
Mailing Address			Description	of Expe	nditura	3 03.40
109 S. 9th Street						eeze pops for 4th July
City	State	Zip Code (Plus 4)	10	00	10	7020 pope (0, 1 1)
Allentown	pa	18102 ⁻	1			
				19-22		PAGE TOTAL
Enter Grand Total of Expenditures on Pag	1 [Parant Course Bu	+			
Eurei Grand Loral Of Exhaudithes Off Las	је т, т	report Cover ra	age, item	D.		\$ 2,106.51

DSEB-502 (7-99)

\$ 380.00

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate				Reporting Period	
Friends of Ce-Ce Gerlach				From10/22/1	9 To <u>11/25/19</u>
To Whom Paid Sania Owens			<u>мо.</u> 11	5 2019	
Mailing Address 307 S. 16th Street			Descri	ption of Expanditure	as and expenses related
Allentown	State	Zip Code (Plus 4) 18102 —	to	yard sign prep a	nd canvassing efforts
To Whom Paid			EAMO.	DAY YEAR	Amount \$
Mailing Address			Descri	ption of Expenditure	4
City	State	Zip Code (Plus 4)		A	
To Whom Paid	o I		MO.	DAY YEAR	Amount \$
Mailing Address			Descri	ption of Expenditure	
City	State	Zip Code (Plus 4)			
To Whom Paid	MO.	DAY YEAR	Amount \$		
Mailing Address			Descri	ption of Expenditure	1
City	State	Zip Code (Plus 4)			and the second s
To Whom Paid			MO.	HEIDAY. YEAR	Amount \$
Mailing Address			Descri	ption of Expenditure	
City	State	Zip Code (Plus 4)			
To Whom Paid			MO.	DAY YEAR	Amount \$
Malling Address			Descri	ption of Expenditure	
City	State	Zip Code (Plus 4) —			
To Whom Paid			Mo.	T. DAY TIYEAT	Amount \$
Mailing Address			Descri	ption of Expenditure	
City	State	Zip Code (Plus 4)			
To Whom Paid			MO	YEAR	Amount \$
Mailing Address			Descri	ption of Expenditure	
City	State	Zip Code (Plus 4) —			
					PAGE TOTAL

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

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 Filing Commit	ttee_or Candidate +(1411/1)	of 6-6	GNast	1	Reporting From _	Period	9 to 11/05/01/9
Date of the second seco							
Name of Creditor							Outstanding Balance of Debt
Mailling Address			DATE DEST INCURRED	MG.	LEGINA	YEAR	
City			INCORNED	State	Zip Cade	(Plus 4)	
Description of Debt							The state of the s
Name of Creditor		The state of the s		- Henry		Name of Street Law	Outstanding Balance of Debt
Mailing Address			DATE	∴MO.	DAY,	YEAR	 \$
City			INCURRED	State	Zip Code	(Plus 4)	
Description of Debt							
Name of Creditor					CONTRACTOR OF THE PARTY OF THE		Outstanding Balance of Debt
Mailing Address			DATE	Mo,	DAY	YEAR	 \$
City		79	INCURRED	State	Zip Code	(Plus 4)	
Description of Debt							
#/S = 0.15 = 0.5 htt					= × × = =		
Name of Creditor							Outstanding Balance of Debt \$
Mailing Address			DATE DEBT INCURRED	Mo.	DAY	YEAR	
City				State	Zip Code	(Plus 4)	
Description of Debt							
Name of Creditor							Outstanding Balance of Debt \$
Mailing Address			DATE DEBT INCURRED	MO.	DAY	YEAR	
City				State	Zip Code	(Plus 4)	
Description of Debt							Let mark the state of the state
Name of Creditor							Outstanding Balance of Debt
Mailing Address			DATE DEBT INCURRED	MO.	DAY	YEAR	
City			INCORRED	State	Zip Code	(Plus 4)	
Description of Debt			1-1001				P. 1000 C. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10
							PAGE TOTAL
Enter Grand Total	of Unpaid Del	ots on Page 1,	Report Cover	Page, I	tem G.		\$

	\triangleleft		12
PAGE	1	OF	2

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate			Reporting Pe	eriod	
Friends of Ce-Ce Gerlach	n		From10)/22/19	To _11/25/2019
			DATE		AMOUNT
Full Name of Contributor				YEAR	\$
Mailing Address		MQ	8 2.73	(\$
City. St	tata Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer of Contributor		Occupa	ation		24440
Employer Mailing Address/Principal Place of Business	10.0	Descri	ption of Cantri	ibution	
Full Name of Contributor	And the second	MO.	DAY	YEAR	\$.
Mailing Address		MO.	DAY	YEAR	\$
City	tate Zip Code (Plus 4)	₩O.	DAY	YEAR	\$
Employer of Contributor		Occupa	ation	-	
Employer Mailing Address/Principal Place of Business		Descrip	ption of Contri	bution	18190
Full Name of Contributor		MO.	Seo.vije z	YEAR	\$
Mailing Address		MO.	DAY	YEAR	\$
City	tate Zip Code (P(us 4)	MO.	DAY	YEARE	\$
Employer of Contributor		Occupa	_l ation		We die
Employer Mailing Address/Principal Place of Business		Descrip	ption of Contri	bution	
Full Name of Contributor		MO.	DAY	YEAR	\$
Mailing Address		- MO.			\$
	Zip Code (Plus 4)		DAY	V3.03	\$
Employer of Contributor		Occupa	ition		
Employer Mailing Address/Principal Place of Business		Descrip	ption of Contril	bution	
Full Name of Contributor		MO.	DAY	XEAR 2	\$
Mailing Address		MO.	DAY	V74;72	\$
	Zip Code (Plus 4)		E PYDAYAE	YEAR ?	\$
Employer of Contributor		Occupa			
Employer Mailing Address/Principal Place of Business		Descrip	tion of Contrib		
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.					PAGE TOTAL \$

DSEB-502 (7-99)

PAGE 9 OF 3

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate		Reporting	Period			
Friends of C		From _	10/22/	19 To 11/25/19		
	:==3161		J. S. S.	DATE	2	The second secon
Full Name of Contributor	No. of Concession, Name of Street, or other		MO.		YEAR	AMOUNT
						\$
Mailing Address			MQ.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Description of Contribution:	-			1		
Full Name of Contributor			MO.	DAY	Livern	
			M.O.	DAT	YEAR	\$
Mailing Address	_		MO.	DAY	YEAR	
					1 2/312	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Description of Contribution:				-k		
Full Name of Contributor			MO.	DAY	YEAR	
						\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	PAY	YEAR	\$
Description of Contribution:		w		L		I *
Full Name of Contributor		4.	MO.	DAY	YEAR	\$
Mailing Address		1994	MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Description of Contribution:			1			
Full Name of Contributor			MQ.	DAY	YEAR	\$
Mailing Address	_		Minus Carro		1000 and 1 and 1 and 1	•
City			MU.	DAY	YEAR.	\$
	State	Zip Code (Plus 4)	MO	DAY	YEAR	\$
Description of Contribution:					···	
Full Name of Contributor	dia .		MO.	L DAY	YEAR	The state of the s
			1110	DA	- HAD	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Description of Contribution:						
and a second of the second of						7
Enter Grand Total of Box 5 and Sales		1- Ki-1 D- 4 **		47.41		PAGE TOTAL
Enter Grand Total of Part F on Sched Summary Page, Section 2.	uie II,	in-Kind Contribut	tions D	etailed		\$
· · · · · · · · · · · · · · · · · · ·						•

PAGE 10 OF 13

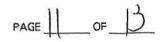
PART E OTHER RECEIPTS

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.

Friends of Ce-Ce Gerlach					0/22/19	To11/25/2019_
Full Name						
Mailing Address						
City			Parameter and	mir Translati	- Mortomas	
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Receipt Description	10					
Full Name			***			
Mailing Address						
City	State	Zip Code (Plus 4)	MO.		VEAR	Amount
	State		mo.	A BOALT N	JEAN.	\$
Receipt Description						
Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Receipt Description	1 t		la.			Tolor
Full Name			WINE TO SERVICE			
Mailing Address						
City	Level 1	7'- 0-1-1011		T CONTRACT	NAME OF THE OWNER, OWNE	Amount
city	State	Zip Code (Plus 4)	MOT	DAY	YEAH	\$
Receipt Description						
Full Name						
Mailing Address						
=24					12	
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$
Receipt Description						
Fui! Name	***************************************			15.15		
						· .
Mailing Address						
City	State	Zip Code (Plus 4)	me HO n	/aDAY(c)	YEAR	Amount \$
Receipt Description	LL_					
						DACE TOTAL
Poten Count Pot 1 - 2 - 2 - 2 - 2			_			PAGE TOTAL
Enter Grand Total of Part E on School	lule I, De	stailed Summary	Page	, Section	4.	\$

ALL OTHER CONTRIBUTIONS



OVER \$250.00

Use this Part to itemize all other contributions with an aggregate value of over \$250.00 in the reporting period.
(Exclude contributions from political committees reported in Part C.)

Name of Filing Committee or Candidate				Reporting	Period		
Friends of Ce-Ce Gerlach		From _	10/22/1	9 To11/25/2019			
				DATE		AMOUNT	
Full Name of Contributor			SEMIO)	E STATE	YEAR	\$	
Mailing Address			And the		YEAR	\$	
City	State	Zip Code (Plus 4)	DELEGIS OF		YEAR	¥	
	diplo	- Lib code it ids 4)	EFELLY.	and China	JEAN	\$	
Employer Name			Occupi	tion	•		
Employer Mailing Address/Principal Place of Business							
Full Name of Contributor			38103		HYEAL .	\$	
Mailing Address			MO.	DAY	YEAR	\$	
City	State	Zip Code (Plus 4)	MO.	DAY	HARYE	\$	
Employer Name			Occupa	l Ition		4	
F-slave Maille Address to the state of the s							
Employer Mailing Address/Principal Place of Business							
Full Name of Contributor			MO.	DAY	VEAU	\$	
Meiling Address			MO.	DAY	YEAR	\$	
City	State	Zip Code (Plus 4)	EE MO.	DAY	YEAR	\$	
Employer Name				ition			
Employer Mailing Address/Principal Place of Business							
Full Name of Contributor			MO.	DAY	Ve Velu	\$	
Mailing Address			MO.	DAY	YEAR	\$	
City	State	Zip Code (Plus 4)	£ Moy		YEAR	\$	
Employer Name				rtion			
Employer Mailing Address/Principal Place of Business							
Full Name of Contributor			MO.	E DAY	# 7 F.	\$	
Mailing Address			es Moi	DAY	YEAR		
						\$	
City	State	Zip Code (Plus 4)	MO.	DAY	SYEARS	\$	
Employer Name			Occupa	tion			
Employer Mailing Address/Principal Place of Business							
Enter Grand Total of Part D on Sched	ule i,	Detailed Summary	/ Page	. Sectio	n 3.	PAGE TOTAL	

DSEB-502 (7-99)

PART C

PAGE 2 OF 3

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.

Friends of Ce-Ce Gerlach		Reporting P		
Therids of De-De Gerlacif		From <u>10</u>	/22/19	To11/25/2019
		DATE		AMOUNT
Full Name of Contributing Committee	MO.	* DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City State Zip Code (Plus 4)	- MO.	DAY	YEAR	\$
Full Name of Contributing Committee	MA MICE	SET. V4	YEAR .	\$
Mailing Address	MO.	DAY	YEAR	s
City State Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	i Mos			\$
Mailing Address	3		YEAR	\$
City State Zip Code (Plus 4)	*2 0168		77 (A)	\$
Full Name of Contributing Committee	MO.	DAY	REARS	\$
Mailing Address	MO.	DAY	VEX	\$
City State Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	мо.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City State Zip Code (Plus 4)	Mo.	DAY	YEAR	\$
Full Name of Contributing Committee Mailing Address				\$
	MO.		YEAR	\$
-	MO.	DAY		\$
Full Name of Contributing Committee Mailing Address	MO.	14		\$
	MO.			\$
	MO.		YEAR	\$
Full Name of Contributing Committee	MO.	DAY	YEAR -	\$
Mailing Address	MO.	DAY	YEAR	\$
City State Zip Code (Plus 4)	MO.	DAY	YEAR	\$
				PAGE TOTAL
Enter Grand Total of Part C on Schedule I, Detailed Summary	Page	Section	3.	\$

PART A

Reporting Period

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.

Friends of Ce-Ce Gerlach	From <u>10/22/20</u>)19 To <u>11/25/2019</u>
	DATE	AMOUNT
Full Name of Contributing Committee	MO. DAY YEAR-	\$
Mailing Address	MO. DAY YEAR	\$
City State Zip Code (Plus 4	MO. DAY YEAR	\$
Full Name of Contributing Committee	MO. L DAY YEAR	
Mailing Address	MO. DAY YEAR	\$
City State Zip Code (Plus 4	MO. DAY YEAR	\$
Full Name of Contributing Committee	MO. DAY YEAR	\$
Mailing Address	MO. DAY YEAR	\$
City State Zip Code (Plus 4	MO. DAY YEAR	\$
Full Name of Contributing Committee		\$
Mailing Address		\$
City State Zip Code (Plus 4		\$
Full Name of Contributing Committee	MO. DAY YEAR	\$
Mailing Address	MO. DAY YEAR	\$
City State Zip Code (Plus 4	MO. DAY YEAR	\$
Full Name of Contributing Committee	MO DAY YEAR	\$
Mailing Address	MO. DAY YEAR	\$
City State Zip Code (Plus 4	MO. DAY YEAR	\$
Full Name of Contributing Committee	MO. DAY YEAR	\$
Mailing Address	MO. DAY YEAR	\$
City State Zip Code (Flus 4)	MD. DAY YEAR	\$
Full Name of Contributing Committee	MO DAY YEAR	\$
Mailing Address	MO. DAY YEAR	\$
City State Zip Code (Plus 4)	MO. DAY YEAR	\$
Enter Grand Total of Part A on Schedule I, Detailed Sumn	nary Page, Section 2.	PAGE TOTAL
CER-FA7 (7-99)	₹ · ===================================	\$

Name of Filing Committee or Candidate