Commonwealth of Pennsylvania

CAMPAIGN FINANCE REPORT

PAGE 1 OF /2 (COVER PAGE)

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

Filer Identification Number:				Report Filed By:		CANDIDATE	X	сомм	ITTEE	2.	LOBBY	/IST	3.
Name of Filing Comm	ittee, Candidate or Lo	55											
Street Address:	DE YOKK	man		ų.	k .	~							-
13/0/	57.	50/nr	1 5	54.	10	2							
city: Allow	Jam				1	State		Zip Cod	18 L() }-			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	PR	D FRIDA	543.5	2.3	DAY ST PRIMARY	3.	AMENDA REPORT?		YES		NO	
(place X to	6TH TUESDAY PRE-ELECTION	PR	D FRIDA	- X		DAY ST ELECTION	6.	TERMINA REPORT?		YES		NO	
the right of report type)	ANNUAL REPORT	7. Y	'EAR	2019		NG METHOD CHECK ONE		PAPE	R		DISKE	TTE	
Name of Office Sough	nt by Candidate:	val			23/27	OATE OF ELEC O. DAY YE	AR	District Number	Offic Code OTW (SEE IN	R	Party Code E P TIONS F	3,	de
Summary of Reand Expenditur		MO. DAY	Y YE	-		0. DAY YE	AR 1	E	OR OF	FICE (JSE ON	ILY	
A. Amount Brought	Forward From Las	st Report		\$		-0-							
B. Total Monetary	Contributions and F	Receipts (Fro	m Sche	dule I) \$		-0 -							
C. Total Funds Ava	ilable (Sum of Line	es A and B)		\$		-() -							
D. Total Expenditur	es (From Schedule	III)		\$		-0-							
E. Ending Cash Bala	ance (Subtract Line	D from Line	e C)	\$		-0-							
F. Value of In-Kin	d Contributions Re	ceived (From	Schedu	ıle II) \$		-0-							
G. Unpaid Debts an	d Obligations (Fron	n Schedule IV	V)	\$	-	-0 -			- / P/ #			¥ 6, = 1.0	
PART I - If this is	a Committee rep	ort treasure		FFIDAVIT S			ort ca	ndidate s					
I swear (or affirm) the correct and complete.	et this report, includi							20			and bel	ief tri	ue,
Sworn to and subscri	bad before me this												
day of			20]	2	Signe	ature of	Person S	ubmittin	g Repoi	rt	-	-
7 	Signature			— }	-		P	rinted Nar	ne				-
My commission expl	resMO.	DAY	YR.	-]		Area Code	- 4	D	aytime 1	Telepho	ne Numb	er	_
	100 mm 200 2/6								nus nee				
PART II of If this is			belief t	his political	commit				ns of th	e Act o	of June :	3, 193	7
weer (anonweed the property of	res MO.	20 20 DAY	20_	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	<u> </u>	Juseph 1094-pl 484 Area Code	Signat J L P	rinted Nar	Sidate Figure 1 Sidate Sidate Sidate	nan MM GC Telepho	O To Numb	er	
Not ubi													

SCHEDULE I

PAGE 2 OF 12

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

	eporting Per		0/08-18-01 or PC
1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS F	PER CONT	RIBUT	OR
TOTAL for the Reporting Period	(1)	\$	0 -
2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B			
Contributions Received from Political Committees (Part A)		\$	_0-
All Other Contributions (Part B)		\$	() -
TOTAL for the Reporting Period	(2)	\$	() -
3. CONTRIBUTIONS OVER \$250,00 (FROM PART C AND PART D)		7. 11.	
Contributions Received from Political Committees (Part C)		\$	-0'
All Other Contributions (Part D)		\$	
TOTAL for the Reporting Period	(3)	\$	_0-
	- 10 - 210 - 10 - 10 - 10 - 10 - 10 - 10		
4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHE			DM PART E)
TOTAL for the Reporting Period	(4)	\$	_0-
			TO I WAS TAKEN THE WAS A STATE OF
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 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.

Name of Filing Committee or Candidate		specific federal filters	F	Reporting	Period	0
Joe Hoffman				From 1	2-11-25	P105-15-01 0T P10
And the second s	FE TAXES			DATE		AMOUNT
Full Name of Contributing Committee	K-I-		MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee		cold, we stalk an owner	MO.	DAY	YEAR	PERSONAL PROPERTY OF THE PERSON OF THE PERSO
Mailing Address			340	DAV	VEAD	\$
Mothing Colors			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO:	DAY	YEAR	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			мо.	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 (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	Planting and		MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	A COLOR		MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4) —	MO.	DAY	YEAR	\$
Enter Grand Total of Part A on Sched	lule I,	Detailed Summary	y Page,	Sectio	п 2.	PAGE TOTAL \$

PAGE 1/ OF /2

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			TF	Reporting	Period	200
The Hot	fm	CA.		From 🕻	1-11-2c	P105 15-01 or P11
	214 ₁₁ , 21		10-11-11-11	DATE		AMOUNT
Full Name of Contributor		Hidlehous feet by heading to the	MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MQ.	DAY	YEAR	\$
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MQ.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	Mo	DAY	YEAR	\$
Full Name of Contributor	Mr. Day		MO.	DAY	YEAR	\$
Mailing Address			·MO.	DAY	YEAR	\$
City	State	Zip Code (Pius 4)	MO.	DAY	YEAR	\$
Full Name of Contributor	W-015-0		MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	Mo	DAY	YEAR	\$
Full Name of Contributor	ALC: NO PERSON NAMED IN		: 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	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributor	49		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	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Enter Grand Total of Part B on Sched	iule I,	Detailed Summary	Page,	Section	1 2.	\$ ()

DSEB-502 (7-99)

Reporting Period

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.

The Moffmer				From 🕼	<u> W-11-</u>	1 TO 1021-2014
			L ABO IV	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.	DAY	YEAR	\$
Mailing Address		- 110	Mo.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	A TOTAL PROPERTY.		MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	39		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 (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			MO.	DAY	YEAR	\$
-			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Enter Grand Total of Part C on Sched	lute I,	Detailed Summary	/ Page,	Section	n 3.	\$

Name of Filing Committee or Candidate

PAGE 0 OF 12

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 Fining Committee of Candidate		From (2-11-20	P105-15-01 0T P1
		DATE	3.00	AMOUNT
Full Name of Contributor	MO.	The second section in	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City State Zip Code (F	lus 4) MO	DAY	YEAR	
Sealow New Control of the Control of	0.000			\$
Employer Name	Occup	ation		
Employer Mailing Address/Principal Place of Business				
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO	DAY	YEAR	\$
City State Zip Code (F	lus 4) MO.	DAY	YEAR	¢.
Employer Name	Occup	ation		\$
Employer Mailing Address/Principal Place of Business				
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City State Zip Code (P	lus 4) MO.	DAY	YEAR	\$
Employer Name	Occup	ation		
Employer Mailing Address/Principal Place of Business	7			
Full Name of Contributor	I Mo.	DAY	YEAR	TO BE THE RESERVE OF THE PARTY
U N	1	M/		\$
Mailing Address	MO:	DAY:	YEAR	\$
City State Zip Code (P	lus 4) MO.	DAY	YEAR	\$
Employer Name	Occup	ation		
Employer Mailing Address/Principal Place of Business				
Full Name of Contributor	MO.	DAY	YEAR	
Mailing Address	MO.	DAY	YEAR	\$
		DAT	1	\$
City State Zip Code (P	lus 4) MO.	DAY	YEAR	\$
Employer Name	Occup	ation	***	
Employer Mailing Address/Principal Place of Business	-			
Enter Grand Total of Part D on Schedule I, Detailed S	ummary Page	Section	n 3	PAGE TOTAL

DSEB-502 (7-99)

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.

In the state of th	Filing Committee or Candidate	hoffn		Rep	rom(g-1)	-501 ₆	1051501 ot
State Zip Code (Plus 4) MO. DAY YEAR AMOUNT Secription UII Name Isling Address Ity State Zip Code (Plus 4) MO. DAY YEAR AMOUNT Secription UII Name Isling Address Ity State Zip Code (Plus 4) MO. DAY YEAR AMOUNT Secription UII Name Isling Address Ity State Zip Code (Plus 4) MO. DAY YEAR AMOUNT Secription UII Name Ity State Zip Code (Plus 4) MO. DAY YEAR AMOUNT Secription UII Name Ity State Zip Code (Plus 4) MO. DAY YEAR AMOUNT Secription UII Name Ity State Zip Code (Plus 4) MO. DAY YEAR AMOUNT Secription UII Name Isling Address Ity State Zip Code (Plus 4) MO. DAY YEAR AMOUNT Secription UII Name Iti Na				de le Koelling			
State Zip Code (Plus 4) MO. DAY VEAR AMOUNT. State Zip Code (Plus 4) MO. DAY VEAR AMOUNT.							
seceipt Description State Zip Code (Plus 4) MO, DAY YEAR Amount	iress						
seceipt Description State Zip Code (Plus 4) MO, DAY YEAR Amount		State	Zin Code (Plus 4)	I MO I	DAY I VI	AR A	mount
teiling Address ity State Zip Code (Plus 4) MO. DAY YEAR Amount \$ secipt Description ull Name tailing Address ity State Zip Code (Plus 4) MO. DAY YEAR Amount \$ secipt Description ull Name tailing Address ity State Zip Code (Plus 4) MO. DAY YEAR Amount \$ secipt Description ull Name tailing Address ity State Zip Code (Plus 4) MO. DAY YEAR Amount \$ secipt Description ull Name tailing Address ity State Zip Code (Plus 4) MO. DAY YEAR Amount \$ secipt Description ith Name tailing Address ity State Zip Code (Plus 4) MO. DAY YEAR Amount \$ secipt Description ith Name tailing Address ity State Zip Code (Plus 4) MO. DAY YEAR Amount \$ secipt Description ith Name			=		UAT I		
Tailing Address Ity State Zip Code (Plus 4) MO. DAY YEAR AMOUNT \$ Amount \$	cription	a de			****		
State Zip Code (Plus 4) MO. DAY YEAR AMOUNT \$ secipt Description Will Name Italling Address Ity State Zip Code (Plus 4) MO. DAY YEAR AMOUNT \$ sacipt Description Will Name Italling Address Ity State Zip Code (Plus 4) MO. DAY YEAR AMOUNT \$ sacipt Description Will Name Italling Address Ity State Zip Code (Plus 4) MO. DAY YEAR AMOUNT \$ sacipt Description Will Name Italling Address Ity State Zip Code (Plus 4) MO. DAY YEAR AMOUNT \$ sacipt Description Will Name State Zip Code (Plus 4) MO. DAY YEAR AMOUNT \$ sacipt Description Will Name Amount \$ State Zip Code (Plus 4) MO. DAY YEAR AMOUNT \$ Sacipt Description				3 /= 0.0			
State Zip Code (Plus 4) MO. DAY YEAR AMOUNT \$ secipt Description Will Name Italling Address Ity State Zip Code (Plus 4) MO. DAY YEAR AMOUNT \$ sacipt Description Will Name Italling Address Ity State Zip Code (Plus 4) MO. DAY YEAR AMOUNT \$ sacipt Description Will Name Italling Address Ity State Zip Code (Plus 4) MO. DAY YEAR AMOUNT \$ sacipt Description Will Name Italling Address Ity State Zip Code (Plus 4) MO. DAY YEAR AMOUNT \$ sacipt Description Will Name State Zip Code (Plus 4) MO. DAY YEAR AMOUNT \$ sacipt Description Will Name Amount \$ State Zip Code (Plus 4) MO. DAY YEAR AMOUNT \$ Sacipt Description							
seceipt Description uil Name failing Address ity	iress						
tecipt Description uil Name tailing Address ity State Zip Code (Plus 4) MO. DAY YEAR Amount \$ secipt Description uil Name tailing Address ity State Zip Code (Plus 4) MO. DAY YEAR Amount \$ secipt Description uil Name tailing Address ity State Zip Code (Plus 4) MO. DAY YEAR Amount \$ secipt Description uil Name tailing Address ity State Zip Code (Plus 4) MO. DAY YEAR Amount \$ secipt Description uil Name tailing Address ity State Zip Code (Plus 4) MO. DAY YEAR Amount \$ secipt Description iil Name telling Address ity State Zip Code (Plus 4) MO. DAY YEAR Amount \$ secipt Description	1	State	Zip Code (Plus 4)	MO.	DAY Y		
tailing Address ity State Zip Code (Plus 4) MO. DAY YEAR Amount \$ secipt Description uil Name tailing Address ity State Zip Code (Plus 4) MO. DAY YEAR Amount \$ secipt Description uil Name tailing Address ity State Zip Code (Plus 4) MO. DAY YEAR Amount \$ secipt Description uil Name tailing Address ity State Zip Code (Plus 4) MO. DAY YEAR Amount \$ secipt Description uil Name tailing Address ity State Zip Code (Plus 4) MO. DAY YEAR Amount \$ secipt Description iii Name	cription			11		- 1	
Ity State Zip Code (Plus 4) MO. DAY YEAR Amount \$ seceipt Description UII Name Italiang Address Ity State Zip Code (Plus 4) MO. DAY YEAR Amount \$ seceipt Description UII Name Italiang Address Ity State Zip Code (Plus 4) MO. DAY YEAR Amount \$ seceipt Description UII Name Ity State Zip Code (Plus 4) MO. DAY YEAR Amount \$ seceipt Description UII Name Ity State Zip Code (Plus 4) MO. DAY YEAR Amount \$ seceipt Description UII Name Ity State Zip Code (Plus 4) MO. DAY YEAR Amount \$ seceipt Description				T-1011			
State Zip Code (Plus 4) MO. DAY YEAR Amount \$ seceipt Description Uil Name lailing Address Ity State Zip Code (Plus 4) MO. DAY YEAR Amount \$ seceipt Description Uil Name lailing Address Ity State Zip Code (Plus 4) MO. DAY YEAR Amount \$ seceipt Description Uil Name lailing Address Ity State Zip Code (Plus 4) MO. DAY YEAR Amount \$ seceipt Description State Zip Code (Plus 4) MO. DAY YEAR Amount \$ seceipt Description Ith Name Ity State Zip Code (Plus 4) MO. DAY YEAR Amount \$ seceipt Description Ity State Zip Code (Plus 4) MO. DAY YEAR Amount \$ seceipt Description							
seceipt Description International Content of the	fress						
seceipt Description International Content of the							
aceipt Description UII Name Isiling Address Ity State Zip Code (Plus 4) MO. DAY YEAR Amount \$ seceipt Description UII Name Isiling Address Ity State Zip Code (Plus 4) MO. DAY YEAR Amount \$ seceipt Description UII Name Isiling Address Ity State Zip Code (Plus 4) MO. DAY YEAR Amount \$ seceipt Description UII Name Isiling Address Ity State Zip Code (Plus 4) MO. DAY YEAR Amount \$ seceipt Description Ity State Zip Code (Plus 4) MO. DAY YEAR Amount \$ seceipt Description		State	Zip Code (Plus 4)	MO.	DAY Y	_	
lailing Address Ity State Zip Code (Plus 4) MO. DAY YEAR Amount \$ seceipt Description Ity State Zip Code (Plus 4) MO. DAY YEAR Amount \$ seceipt Description Ity State Zip Code (Plus 4) MO. DAY YEAR Amount \$ seceipt Description Ity State Zip Code (Plus 4) MO. DAY YEAR Amount \$ seceipt Description Ity State Zip Code (Plus 4) MO. DAY YEAR Amount \$ seceipt Description	cription						
lailing Address Ity State Zip Code (Plus 4) MO. DAY YEAR Amount \$ seceipt Description Ity State Zip Code (Plus 4) MO. DAY YEAR Amount \$ seceipt Description Ity State Zip Code (Plus 4) MO. DAY YEAR Amount \$ seceipt Description Ity State Zip Code (Plus 4) MO. DAY YEAR Amount \$ seceipt Description Ity State Zip Code (Plus 4) MO. DAY YEAR Amount \$ seceipt Description						e was to see	
State Zip Code (Plus 4) MO. DAY YEAR Amount \$ secipt Description It Name It I Name It I Name It I Name State Zip Code (Plus 4) MO. DAY YEAR Amount \$ secipt Description It Name It I							
seceipt Description Ity State Zip Code (Plus 4) MO. DAY YEAR Amount seceipt Description Ity State Zip Code (Plus 4) MO. DAY YEAR Amount seceipt Description Ity State Zip Code (Plus 4) MO. DAY YEAR Amount seceipt Description Ity State Zip Code (Plus 4) MO. DAY YEAR Amount seceipt Description	iress						
seceipt Description Ity State Zip Code (Plus 4) MO. DAY YEAR Amount seceipt Description Ity State Zip Code (Plus 4) MO. DAY YEAR Amount seceipt Description Ity State Zip Code (Plus 4) MO. DAY YEAR Amount seceipt Description Ity State Zip Code (Plus 4) MO. DAY YEAR Amount seceipt Description		State	Zip Code (Plus 4)	MO.	DAY Y	AR A	mount
lailing Address ity State Zip Code (Plus 4) MO. DAY YEAR Amount \$ seceipt Description uil Name lailing Address ity State Zip Code (Plus 4) MO. DAY YEAR Amount \$ seceipt Description State Zip Code (Plus 4) MO. DAY YEAR Amount \$ seceipt Description			<u> </u>				
Ity State Zip Code (Plus 4) MO. DAY YEAR Amount \$ seceipt Description It Name State Zip Code (Plus 4) MO. DAY YEAR Amount \$ It Name It Name State Zip Code (Plus 4) MO. DAY YEAR Amount \$ seceipt Description	cription						
State Zip Code (Plus 4) MO. DAY YEAR Amount \$ acceipt Description State Zip Code (Plus 4) MO. DAY YEAR Amount \$ acceipt Address State Zip Code (Plus 4) MO. DAY YEAR Amount \$ acceipt Description							==41/0141===============================
State Zip Code (Plus 4) MO. DAY YEAR Amount \$ acceipt Description State Zip Code (Plus 4) MO. DAY YEAR Amount \$ acceipt Address State Zip Code (Plus 4) MO. DAY YEAR Amount \$ acceipt Description	FARE						
seceipt Description Will Name Walling Address State Zip Code (Plus 4) MO. DAY YEAR Amount \$ Seceipt Description	1033						
all Name In land Address Ity State Zip Code (Plus 4) MO. DAY YEAR Amount \$ Security Description		State	Zip Code (Plus 4)	Mo.	DAY Y		
State Zip Code (Plus 4) MO. DAY YEAR Amount sceipt Description	cription						
State Zip Code (Plus 4) MO. DAY YEAR Amount sceipt Description							
State Zip Code (Plus 4) MO. DAY YEAR Amount \$							
aceipt Description	ress				_		
aceipt Description				1 1	Local Pro-	- Property	
eceipt Description		State		MO.	DAY YE		
PAGE TOTAL	cription						
				TINK NOT NEED		P.	AGE TOTAL-
Inter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.						8	

SCHEDULE II

PAGE _ \$\ OF \ 17

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	Reporting Per	11 2019 TO	P105-1501
LINUTERALIZED IN KIND CONTRIDUTIONS RESERVED. VALUE OF 4	250 00 OB 1	TOO DED O	PONTRIBLITOR 1
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$ TOTAL for the Reporting Period		\$	O -
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$25	50.00 (FROM	PART F)	
TOTAL for the Reporting Period	d (2)	\$	0-
3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FRO	OM PART G		
TOTAL for the Reporting Period	d (3)	\$	0 -
		87011 801	
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.)		\$	6-

SCHEDULE II PART F

IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate			R	eporting	Period	
THE MOTEUR	0 -			From (211-25	PRS15-01 OT PK
V 10+C/F	Cor	CONTRACTOR OF THE CORE		THE RESERVE	-10 - 12 - X-4	
Full Name of Contributor	-//		÷	DATE	Lycas	AMOUNT
run Name of Contributor			MO.	DAY	- YEAR	\$
Mailing Address			Mo.	DAY	YEAR	- 6
014.						\$
City	State	Zip Code (Plus 4) 	MO.	DAY	YEAR	\$
Description of Contribution:					!	
Full Name of Contributor		ontra sur la vanjant	Mo.	DAY	YEAR	
					1	\$
Mailing Address			MO.	DAY	YEAR	¢
						\$
City	State	Zip Code (Plus 4)	MQ.	DAY	YEAR	\$
Description of Contribution:			1			
	- Uncil					
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	
						\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Description of Contribution:			1 1			
Full Name of Contributor	1000	CHICAGO INCIDENCE OF THE PARTY	Mo.	DAY	YEAR	C
						\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
					7.57.111	\$
Description of Contribution:						
Full Name of Contribution			y= .== = = = =	v -3x		Still a least to the street of the state of
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			Mo.	DAY	YEAR	
						\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Description of Contribution:		 				Ψ
Full Name of Contributor		- Verice - earlier - earlier - earlier	MO.	DAY	YEAR	
						\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
		(-)				\$
Description of Contribution:						
		1/8 N/1 - 1 - 10 15/2	======	-		10405 TOTAL
Enter Grand Total of Part F on Schedu	ıle II,	In-Kind Contributi	ons De	tailed		PAGE TOTAL
Summary Page, Section 2.						\$
					1	

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate	At.	men	F	Reporting From	Period -)1- (P105-15 01 07 P109	
Manager Apply Services	ionimino)ka	Maria Ma	and the second	DATE	in since and	AMOUNT	
Full Name of Contributor			MO.	DAY	YEAR	\$	
Mailing Address			MO.	DAY	YEAR		
						\$	
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$	
Employer of Contributor			Occupati	on			
Employer Mailing Address/Principal Place of Business			Descript	ion of Con	tribution		
Full Name of Contributor	O#15		Mo.	DAY	YEAR		
Y					12/11	\$	
Mailing Address			MO.	DAY	YEAR	\$	
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR		
\	1					\$	
Employer of Contributor			Occupati	on			
Employer Mailing Address/Principal Place of Business			Description of Contribution				
Full Name of Contributor			MO.	DAY	YEAR	\$	
Mailing Address			Mo.	DAY	YEAR		
						\$	
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$	
Employer of Contributor			Occupati	on			
Employer Mailing Address/Principal Place of Business			Descripti	on of Con	tribution		
Full Name of Contributor			MO.	DAY	YEAR	\$	
Mailing Address			MO.	DAY	YEAR	Ψ	
			11.0	300		\$	
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$	
Employer of Contributor			Occupati	on			
					^\	No.	
Employer Mailing Address/Principal Place of Business			Descripti	on of Con	tribution		
Full Name of Contributor	400		MO.	DAY	YEAR		
Full Name of Contributor			-1010.	DAI	LEAR	\$	
Mailing Address			MO.	DAY	YEAR	\$	
City	State	Zip Code (Plus 4)	MO.	DAY:	YEAR	-	
						\$	
Employer of Contributor			Occupation	on		1	
Employer Mailing Address/Principal Place of Business			Descripti	on of Con	tribution		
PUBLICATION OF THE WIND WITH WHAT WERE ARREST	AL PLANE	Const.					
Enter Grand Total of Part G on Schedu Summary Page, Section 3.	ile II,	In-Kind Contribut	tions De	etailed		PAGE TOTAL	

DSEB-502 (7-99)

SCHEDULE III

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate				Paparting	Pariod	
			l'	- Ling	1.11.7	P15-15-01 07P10
Sur Notera	Y)			From \	9 / 1 1	71 710 10 01 01 1
To Whom Paid	A-14-16	verilation skillseldig	MO.	DAY	YEAR	Amount
						\$
Mailing Address			Descript	ion of Exp	enditure	
City	State	Zip Code (Plus 4)				
	State	Zip Code (Fids 4)	1			1
				-	and the same	Amount
To Whom Paid			MO.	DAY	YEAR	Amount \$
Mailing Address			Descript	lon of Expe	enditure	3
State Newscare						
City	State	Zip Code (Plus 4)				
		7:				
To Whom Paid	-	re la company de la company	MO:	DAY	YEAR	Amount
						\$
Mailing Address			Descript	ion of Expe	enditure	
Class	1					
City	State	Zip Code (Plus 4)				
	L			V	TH-14 CUS	
To Whom Paid			MO.	DAY	YEAR	Amount
Mailing Address			Descript	on of Expe	enditure	\$
City	State	Zip Code (Plus 4)				
		(-)				
To Whom Paid			MO:	DAY	YEAR	Amount
						\$
Mailing Address			Descript	on of Expe	enditure	
City	State	Zip Code (Plus 4)				
	211192111			, II - U-1/7.	Name of Street	
To Whom Paid			MO.	DAY	YEAR	Amount
Mailing Address			Descripti	on of Expe	onditure	L \$
morning Address			Descript.	on or cap	- morture	
City	State	Zip Code (Plus 4)			-	
		÷==			1	
To Whom Paid	-		MO.	DAY	YEAR	Amount
						\$
Mailing Address			Descripti	on of Expe	enditure	
						\
City	State	Zip Code (Plus 4)				
		-				
To Whom Paid			MO.	DAY	YEAR	Amount
Mailine Address			Descript:		and to the second	\$
Mailing Address			vescripti	on of Expe	anditure	
City	State	Zip Code (Plus 4)			_	
		. = .				
				a line la es		PAGE TOTAL
Enter Crand Total of Evennditures on Bu-	4 •	Denois Course Di		D		
Enter Grand Total of Expenditures on Page	ge I, I	report Cover Pa	ige, ite	in D.		\$ ~~

STATEMENT OF UNPAID DEBTS

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

			Reporting	Period	10 11 21 216
Dat Jothnan			From _	11/0	1) 9 TO 10-11-2119
Name of Creditor					0
Name of Granton					Outstanding Balance of De \$
Mailing Address	DATE DEBT	MO.	DAY	YEAR	
city	INCURRED	State	Zip Code	(Plus 4)	
				# 02%	
Description of Debt					
lame of Creditor		THE WORLD	-		Outstanding Balance of De
Mailing Address					\$
isining Address	DATE DEBT	MO.	DAY	YEAR	
ity	INCURRED	State	Zip Code	(Plus 4)	
Description of Policy			-	5	
Description of Debt					
ame of Creditor			ale le le Samo	No el VI	Outstanding Balance of De
Tailing Address	I a	Press -	T		\$
	DATE DEBT INCURRED	MO.	DAY	YEAR	
ity	INCORNED	State	Zip Code	(Plus 4)	
escription of Debt				n 	
ame of Creditor				No.	Outstanding Balance of De
lailing Address	10475	VI	To service	To Disc. N. O.C. S.	\$
	DATE DEBT INCURRED	MO.	DAY	YEAR	
ity	THOOMILE	State	Zip Code	(Plus 4)	
escription of Debt					
Control Contro			- /		
ame of Creditor					Outstanding Balance of De
ame of Creditor					
5 55 (1) 44 (1) 45 (1)	DATE	мо.	DAY	YEAR	\$
ailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	
ailing Address	DEBT	MO.	DAY Zip Code		
ailing Address	DEBT				
ailing Address ty escription of Debt	DEBT				\$
ailing Address ity escription of Debt	DEBT				\$ Outstanding Balance of De
ailing Address ty escription of Debt me of Creditor	DEBT INCURRED				\$
ailing Address ty escription of Debt eme of Creditor ailing Address	DEBT INCURRED	State Mo.	Zip Code	(Plus 4)	\$ Outstanding Balance of De
ailing Address escription of Debt eme of Creditor ailing Address	DATE DEBT	State	Zip Code	(Plus 4)	\$ Outstanding Balance of Del
ailing Address ty scription of Debt me of Creditor ailing Address	DATE DEBT	State Mo.	Zip Code DAY Zip Code	(Plus 4)	\$ Outstanding Balance of Del
ailing Address escription of Debt eme of Creditor ailing Address	DATE DEBT	State Mo.	Zip Code DAY Zip Code	(Plus 4)	\$ Outstanding Balance of Del
lailing Address ity escription of Debt ame of Creditor ailing Address ity escription of Debt escription of Debt escription of Debt	DATE DEBT INCURRED	State MO.	Zip Code DAY Zip Code	(Plus 4)	\$ Outstanding Balance of Det