CAMPAIGN FINANCE REPORT

PAGE 1 OF (COVER PAGE)

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

Filer Identification			Report Filed By:	—	CANDIDATE	1.	сомм	ITTEE	×	LOBE	BYIST 3.
	ittee, Candidate or Lo	obbyist:	00 1X	2					1		
Street Address:	1 27	> lo2	7 0	1	5						
City: Pllan	DAM	Sonn C	27. 14	J. I.	State:		Zip Coo	de: 510.	ζ -		
TYPE OF REPORT	BTH TUESDAY PRE-PRIMARY	1. 2ND FRIDA			DAY OST PRIMARY	3.	AMENDMENT REPORT?		YES		NO
place X to	8TH TUESDAY PRE-ELECTION	4. 2ND FRIDA	Strain	1000	DAY OST ELECTION	6.	TERMINATION REPORT?		YES		NO
the right of report type)	ANNUAL REPORT	7. YEAR			NG METHOD CHECK ONE	>	PAPER		DISK		ETTE
Name of Office Sough	nt by Candidate:			100	OATE OF ELEC	TION	District Number	Offic Code		Party Code	County
	C.M COOPICIT				5 31 2014			SEE INSTRUCTIONS FOR CO			FOR CODE
Summary of Re	AR:	М	O. DAY Y	EAR		OR OF	FICE L	JSE O	NLY		
and Expenditur		3 11 20	То	5	5 6 20	17					
A. Amount Brought			\$		2500)		9		2019 MAY	enigraf.
B. Total Monetary				1	25			E.	m		RECEIVED
C. Total Funds Ava			\$		50 9			H GF	<u> </u>	8- 7	\Box
D. Total Expenditur E. Ending Cash Bala			\$		-0-00			571	T-1	₽ P M	9
F. Value of In-Kind			\$	1. I .	50			LNIDO		;; ⊒≅	ITI
G _≥ Unpaid Debts an			lule II) \$		100			Ť	2		0
	a obligations (From			(-0					- All solli	Channe and
Sween Cer affirm) the complete. day of the complete complete. day of the complete	bed before me this	ort, treasurer sign I	ules, on paper	is a	Candidate reproputer dispette, o	h. Cature of	Person St	my kno	g Repor	78	10
		ndidate's Authorize									
W. 120) 85	ibed before me this	Commonwealth County of	of Pennsy			2L Signat	ure of Car E. A rinted Nar	John didage	fn Em	na 19L	n) 1

Member, Pennsylvania Association of Notaries

SCHEDULE I

PAGE 2 OF

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page			
Name of Filing Committee or Candidate FIRST A TO HOFFMAN	Reporting Per From 3	рој 1 <u>20 1</u> до <u>7</u>	CICK D
1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS	PER CONT	rributor	
TOTAL for the Reporting Period			5
2. CONTRIBUTIONS \$50,01 TO \$250,00 (FROM PART A AND PART E	3) Exig. =		
Contributions Received from Political Committees (Part A)		\$	\ ~
All Other Contributions (Part B)		\$ _0)
TOTAL for the Reporting Period	(2)	\$ _<	>
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)	\$	
4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHE	FCKS ETC	FROM PART	
TOTAL for the Reporting Period	(4)	\$ _ <i>O</i>	
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.)		\$ 125	500

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	1.12 - 6			Reporting Period From 3-11 2019 To 5 (2001)			
Formas of 7	206 7401	tmo		From _\	2.11 80	012) To 2 (0.001)	
Full Name of Contribution Constitution			58N 100N	DATE		AMOUNT	
Full Name of Contributing Committee			MO.	DAY	YEAR	\$	
Mailing Address			MO.	DAY	YEAR	Ψ	
						\$	
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR		
						\$	
Full Name of Contributing Committee			MO.	DAY.	YEAR		
Mailing Address			MO.	DAY	YEAR	\$	
			- M/O.	DAI	LEMI	\$	
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						\$	
manning results			MO.	DAY	YEAR	\$	
City	State	Zip Code (Plus 4)	MO			—	
		_	MO.	DAY	YEAR	\$	
Full Name of Contributing Committee	TO SERVE STREET, STREE	ALC: WALLANDS TO A	MO.	DAY	YEAR		
						\$	
Mailing Address			MO.	DAY	YEAR	\$	
City	State	Zip Code (Plus 4)				\$	
		E 0000 100 4/	MQ.	DAY	YEAR	\$	
Full Name of Contributing Committee		William Strabe Mice	MO.	DAY	YEAR		
					I LAN	\$	
Mailing Address			MO.	DAY	YEAR	\$	
Dity	State	Zip Code (Plus 4)				*	
	5.5.5		MO.	DAY	YEAR	\$	
full Name of Contributing Committee			MO.	DAY	YEAR		
			- MICE	DAT	- LCAN -	\$	
Mailing Address			: MO.	DAY	YEAR		
Dity						\$	
sity	State	Zip Code (Plus 4)	MO.	DAY	YEAR		
full Name of Contributing Committee						\$	
or rolling tommittee			мо	DAY	YEAR	\$	
Mailing Address			MO.	DAY	YEAR		
71						\$	
lity	State	Zip Code (Plus 4)	MO.	DAY	YEAR	_	
						\$	
Enter Grand Total of Part A on	Schedule 1	Detailed Summe-	N Dees	O- at		PAGE TOTAL	
Ottal Of Fait A Off	Jonedale I,	Seconed Summar	y rage,	Sectio	п 2.	\$	
EB-502 (7-99)							

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 Car			F	Reporting		(
Friends of 3	or Walman			From 3	-11-20	105 Q 201 P
			132.2(339)	DATE		AMOUNT
Full Name of Contributor			MO:	DAY	YEAR	
Mailing Address			MO.	DAY	YEAR	
City	State	Zin Code (Disse)				\$
,	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributor	And the second		MO.	DAY -	YEAR	
Mailing Address			Mo	DAW		\$
			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MQ.	DAY	YEAR	
Full Name of O-self-re					il avanges	\$
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	<u> </u>
City	State	Zip Code (Plus 4)				\$
	State	21p Code (Flus 4)	Mo.	DAY	YEAR	\$
Full Name of Contributor			MO.	DAY	YEAR	
Mailing Address			140			\$
			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	Mo.	DAY	YEAR	
Full Name of Contributor			1			\$
Tan Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	¢
City	State	Zip Code (Plus 4)				\$
279,500		=	MO.	DAY	YEAR 1	\$
Full Name of Contributor		STREET,	MO.	DAY	YEAR	
Mailing Address	The Total Control		MO.	DAY	VEAD	\$
			WO.	UAT	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	_
Full Name of Contributor			MO.	DAY	VEAD	\$
			IVIO.	, EDAT. 10	FEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	Mo.	DAY	YEAR	Ψ
		V-		DAT	TEAR	\$
Full Name of Contributor			Mo.	DAY	YEAR	\$
Mailing Address			MO,	DAY.	YEAR	Ψ
ALCO			1410,	.DATE:	TEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	A
						\$
Enter Grand Total of Part I	3 on Schadula L	Datailed Comme	, D	0		PAGE TOTAL
	on schedule I, L	Seraned Summary	rage,	Section	1 2.	\$
SEB-502 (7-99)						

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.

Name of Filing Committee or Candidate	(F)		F	Reporting	Period	1050 20 P1
Mirnas of Dre	MOH M			DATE	11.00	
Full Name of Contributing Committee			MO.	DAY	YEAR	AMOUNT
Mailing Address			- 210	200		\$
			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	
016.						\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee			-			
			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY.	YEAR	6
City	State	Zip Code (Plus 4)				\$
,	State	Zip Code (Fids 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee		CASALINI PINEME VALID	MO.	DAY	YEAR	
				J	JEAU	\$
Mailing Address			; MO.	DAY	YEAR	\$
ity	State	Zip Code (Plus 4)	MO.	DAY	-MEAD	P
			WID.	DAT	YEAR	\$
full Name of Contributing Committee			Mo.	DAY	YEAR	A
Mailing Address						\$
2004 II CONDER LINE OF GRAND GRADON			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
		_				\$
ull Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	4
			18101	DAI	/ EAR	\$
lity	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
ull Name of Contributing Committee				en () () () ()	Contract of the	Ψ
an Name of Contributing Committee			MO.	DAY	YEAR	\$
failing Address			MO.	DAY	YEAR	
ity	I Brown I	71 7 1 10 1				\$
,	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
III Name of Contributing Committee			Mo.	DAY	YEAR	
					- I EAR	\$
alling Address			MO.	DAY	YEAR	\$
ity	State	Zip Code (Plus 4)	MO.	- P. 431	NAME A TO	Ψ
		=	IVIO.	DAY	YEAR	\$
		Updated and State of the Control				PAGE TOTAL
nter Grand Total of Part C on Sc	hedule I	Detailed Summers	/ Page	Santia-		\$
B-502 (7-99)			, raye,	SECUOI	1 3.	4

PART D **ALL OTHER CONTRIBUTIONS**

PAGE _____ OF ______

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

DSEB-502 (7-99)

Name of Filing Committee or Candidate	£ 21	N.	F	Reporting	Period	1
Forends of the	1/2	ttmon		From 3	11-20	105-0-201 PIC
				DATE		AMOUNT
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer Name			Occupati	ion		
Employer Mailing Address/Principal Place of Business			1			
Full Name of Contributor			Mo.	DAY	YEAR	\$
Mailing Address			:MO.	DAY	YEAR	
					a bar at	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
Employer Name		· · · · · · · · · · · · · · · · · · ·	Occupati	ion		\$
Employer Mailing Address/Principal Place of Business						
Full Name of Contributor			Mo.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	
						\$
City	State	Zip Code (Plus 4) —	MO.	DAY	YEAR	\$
Employer Name			Occupati	on		
Employer Mailing Address/Principal Place of Business						
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	
City	State	71- 6-4- (6) to A				\$
	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer Name			Occupation	on		
Employer Mailing Address/Principal Place of Business						
Full Name of Contributor			MO.	DAY.	YEAR	
Mailing Address						\$
			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer Name			Occupation	on		
Employer Mailing Address/Principal Place of Business			•			
Enter Grand Total of Part D on Sched	iule I,	Detailed Summary	y Page,	Section	n 3.	PAGE TOTAL

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.

Friences of Jec	Haf	Francis		From	11-20	1000 ToT
Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$
Receipt Description						
Full Name			- Via 1115			
Mailing Address						
City	State	Zip Code (Plus 4) —	MO.	DAY	YEAR	Amount \$
Receipt Description				-		
Full Name						
Mailing Address						
City	State	Zip Code (Plus 4) —	MQ.	E DAY	YEAR	Amount \$
Receipt Description						
Full Name						
Mailing Address						
City	State	Zip Code (Plus 4) —	MO.	DAY	YEAR	Amount \$
Receipt Description					A. J. Se	
Full Name						
Mailing Address						
City Receipt Description	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
	#e324		La Esta			
Full Name Mailing Address						
Mailing Address City	I acces T	-1 (m ₂ , d)		The same		March Control
Receipt Description	State	Zip Code (P(us 4) -	MO.	DAY	YEAR	\$
Receipt Description				Victory C		Company of the Compan
						PAGE TOTAL

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	iod	
torends of the Wattman	From 1	PICE	TOS (0:201)
	EST W. SAW		
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$	50.00 OR L	ESS PE	R CONTRIBUTOR
TOTAL for the Reporting Period	d (1)	\$	
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$25	50.00 (FROM	PART	F)
TOTAL for the Reporting Period	d (2)	\$	100 00
3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FRO	M PART G		
TOTAL for the Reporting Period	d (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.)		\$	10000

PAGE ______ OF _____

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate			90	Reporting	Period	N. C.
Forends of the	40ffr			From	11701	J 105 (0-201)
Full Name of Contributor				DATE		AMOUNT
Ton Halle of Compositor	:] ~.		MO.	DAY	YEAR	\$ 1000
Mailing Address	176			30	ROD	100
2301 452 20-2	17		MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	VEAR	
Allentina	CA_	18:10:3	MIO.	DAY	YEAR	\$
Description of Contribution:	14.7	-IVIV		J		
Facebook Paro P	205	+				
Full Name of Contributor	AND DESCRIPTION OF THE PERSON NAMED IN COLUMN		MO.	DAY	YEAR	
			11102	LA.	TEMB	\$
Mailing Address			Mo:	DAY	YEAR	
					DECEMBER OF	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
		\$ 100 Mar 100		BFF7 to	Then	\$
Description of Contribution:				-		
Full Name of Contributor		SWALL TO THE PERSON AND THE	MO.	DAY	YEAR	
				DAT	I FEAR	\$
Mailing Address			MO.	DAY.	YEAR:	
			575369	DA.	I FOR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
		SSANTS ASSESSED IN AN ANALYSIA SANAYA	1000	DAT	TEMA	\$
Description of Contribution:				<u> </u>		
Full Name of Contributor	1 to 1 to 1	The second second	MO.	DAY	YEAR	
			11101	DAT	JEAN	\$
Mailing Address			MO.	DAY	YEAR	
			11101	- Uni	TEMP	\$
City	State	Zip Code (Plus 4)	Mo.	DAY	YEAR	
			Mio.	DAT	TEAR	\$
Description of Contribution:						
Full Name of Contributor			MO.	DAY	VEAD	
			- mo.	DAL	YEAR	\$
Mailing Address			Mo.	DAY	YEAR	
				U.S.	16/40	\$
City	State	Zip Code (Plus 4)	Mo.	DAY	YEAR	
		- Pholin I Change and Allert and		UA.	1500	\$
Description of Contribution:						
Full Name of Contributor			Mo.	DAY	VEAR	
			II.O.	DAI	YEAR	\$
Mailing Address			MO.	DAY	YEAR	
					1,007.11	\$
City	State	Zip Code (Plus 4)	Mo.	DAY	YEAR	
			MIO.	UAT	TEAR	\$
Description of Contribution:						•
					and the same of	
Enter Grand Total of Part F on Sche	adule II.	In-Kind Contributi	ions De	tailed		PAGE TOTAL
Summary Page, Section 2.	-				i i	\$ //

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate					Reporting Period				
Millends of Jor	N	Ü	ttmcn		From _	211-2	719 то 5(02)		
					DATE		AMOUNT		
Full Name of Contributor				MO.	DAY	YEAR	\$		
Mailing Address				MO.	DAY :	YEAR	\$		
City	State	Γ	Zip Code (Plus 4)	мо.	DAY	YEAR	\$		
Employer of Contributor		L		Occupat	tion				
Employer Mailing Address/Principal Place of Business				Descrip	tion of Con	tribution			
Full Name of Contributor	re bet	ide.		MO.	DAY	YEAR	\$		
Mailing Address				_MO,	DAY	YEAR			
						,	\$		
City	State		Zip Code (Plus 4)	MO.	DAY	YEAR	\$		
Employer of Contributor				Occupat	ion				
Employer Mailing Address/Principal Place of Business				Descript	tion of Con	tribution			
Full Name of Contributor				MO.	DAY	YEAR	\$		
Mailing Address				MQ.	DAY	YEAR	\$		
City	State		Zip Code (Plus 4)	MO.	DAY	YEAR	\$		
Employer of Contributor			X - 1	Occupat	ion				
Employer Mailing Address/Principal Place of Business				Descript	tion of Con	tribution			
Full Name of Contributor				MQ.	DAY	YEAR	\$		
Mailing Address				MO.	DAY	YEAR	\$		
	State		Zip Code (Plus 4)	MO.	DAY	YEAR	\$		
Employer of Contributor				Occupat	ion				
Employer Mailing Address/Principal Place of Business				Descript	tion of Con	tribution			
Full Name of Contributor				MO.	DAY	YEAR.	\$		
Mailing Address				MO.	DAY	YEAR	\$		
City	State		Zip Code (Plus 4) -	MO.	DAY.	YEAR	\$		
Employer of Contributor				Occupat	ion				
Employer Mailing Address/Principal Place of Business				Descript	ion of Con	tribution			
Enter Grand Total of Part G on Sched Summary Page, Section 3.	lule ii	l, Ir	n-Kind Contribut	ions D	etailed		PAGE TOTAL		

DSEB-502 (7-99)

SCHEDULE III

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate		Reporting Period					
	17		From				
Friend's of Joe Ho	J.++1	nen		-			
To Whom Paid				- A.V	1	Amount	
TO WHOM FAIG			MO.	DAY	YEAR	\$	
Mailing Address			Descripti	on of Expe	enditure	4	
City	State	Zip Code (Plus 4)					
		*					
To Whom Paid			MO.	DAY	YEAR	Amount	
Mailing Address			Descripti	on of Expe	- ditura	\$	
Watting Address			Description	OU OI EXPO	enarrar e		
City	State	Zip Code (Plus 4)	-		-		
		=					
To Whom Paid		SALES AND AND A SECOND	MO:	DAY	YEAR	Amount	
				-	1341	\$	
Mailing Address			Descripti	on of Expe	enditure	M	
0		-: - : In :					
Cîty	State	Zip Code (Plus 4)					
				-			
To Whom Paid			MO.	DAY	YEAR	Amount	
Mailing Address			Descripti	on of Expe	enditure	\$	
maring 700.000			Desc., p	on or any	511u1tu. 5		
City	State	Zip Code (Plus 4)	 				
		=					
To Whom Paid			MO.	DAY	YEAR	Amount	
						\$	
Mailing Address			Descripti	on of Exp	enditure		
A.1							
City	State	Zip Code (Plus 4)					
	0.00	- (vincesia - pro-fill intel(ii)	-				
To Whom Paid			MO.	DAY	YEAR	Amount \$	
Mailing Address			Descripti	on of Exp	enditure		
City	State	Zip Code (Plus 4)					
		1970	 				
To Whom Paid			Mo.	DAY	YEAR	Amount	
						\$	
Mailing Address			Descripti	on of Exp	enditure		
City	C+9+0	Zip Code (Plus 4)					
oney	State	Zip Code Irius 4/					
To Whom Paid	17 11/21		****	7 544		Amount	
TO WILDIN Fato			MO.	DAY	YE AR	\$	
Mailing Address			Descripti	on of Exp	enditura		
City	State	Zip Code (Plus 4)					
		=					
*						PAGE TOTAL	
Enter Grand Total of Expenditures on Page	ge 1, l	Report Cover Pa	age, Ite	em D.		s =	
						T 2777	

STATEMENT OF UNPAID DEBTS

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

/ / / ~	1 00		Reporting	Period	N - 2
rillends at Sm	Mother		From S	11-01	1020201
ame of Creditor					South Minds V V In XVV
and of Creditor					Outstanding Balance of D
failing Address	DATE	Mo.	DAY	YEAR	1\$
ity	DEBT INCURRED				
Try Control of the Co		State	Zip Code	(Plus 4)	
escription of Debt					
ame of Creditor				= .=	Outstanding Balance of D
ailing Address	DATE	1 110	I was	- Company	\$
	DEBT INCURRED	MO.	DAY	YEAR	
ty	INCOMES	State	Zip Code	(Plus 4)	
			×		
escription of Debt					
me of Creditor		The state			Outstanding Balance of D
					\$
ailing Address	DATE	Mo.	DAY	YEAR	公司,张祖子广西 军建建营基。
ty	INCURRED	Ctata	7:- 0-4-	(5). 0	
		State	Zip Code	irius 4)	
scription of Debt		-1			
4 0 470				T.	
me of Creditor					Outstanding Balance of D
ailing Address	DATE	Mo.	DAY	YEAR	\$
	DEBT INCURRED			1,5711	
ty		State	Zip Code	(Plus 4)	
scription of Debt					
me of Creditor					Outstanding Balance of D
piling Address	DATE	I True I I	NA Shares	Consulation and	\$
	DATE	MO.	DAY	YEAR	
	DEBT				THE LOW THE SHALL SET SET SET SHEET STEEL AND ADDRESS.
	DEBT	State	Zip Code	(Plus 4)	
У	DEBT INCURRED	State	Zip Code	(Plus 4)	
у	DEBT	State	Zip Code	(Plus 4)	
scription of Debt	DEBT INCURRED	State	Zip Code	(Plus 4)	Outstanding Ralance of D
scription of Debt me of Creditor	DEBT	State	Zip Code	(Plus 4)	Outstanding Balance of Do
scription of Debt me of Creditor	DATE	State Mo.	Zip Code	(Plus 4)	
scription of Debt me of Creditor illing Address	INCURRED	MO.	DAY	YEAR	
scription of Debt me of Creditor iling Address	DATE			YEAR	
y scription of Debt me of Creditor iling Address	DATE	MO.	DAY	YEAR	
y scription of Debt me of Creditor iling Address	DATE	MO.	DAY	YEAR	
scription of Debt	DATE DEBT INCURRED	MO.	DAY	YEAR	Outstanding Balance of De \$

Contaibutions [5000 or 1855]

3-2-19 Tom Smith 2406 South Low St Allentown RA18103

3-8-19 Sherri Deficch 380 Broad St Emmars DA 18049

3.9.19 Path Walkemengel 150 Wood Lane Breinigsville PA 18031

532 N 17th 51 11thestown 12 1810

5-1-2019 Dannielle Bact 532 N. 1941, St Allentown & 18102 \$25°

5 25 ev

85000

Total

125°0