### Commonwealth of Pennsylvania

## CAMPAIGN FINANCE REPORT

PAGE 1 OF \_

| (NOTE: This report must be clear and legib   | le. It may be typed or printed in blue or black ink.)  |
|--|--|
|  | ort CANDIDATE: 1. COMMITTEE: 2 LOBBYIST 3.   |
| Name of Filing Committee, Candidate or Lobbyist:   | 666 Gerlach  |
| Street Address: 1925 Sun XI Or   | a via Eliva.   |
| city:  | State: DA Zip Code:  |
| TYPE OF REPORT  PRE-PRIMARY  BTH-TUESDAY  (place X to the right of ANNIEA)  1. 2ND FRIDAY  PRE-PRIMARY  4. 2ND FRIDAY  PRE-ELECTION  7. YEAR | 2. 30 DAY AMENDMENT YES NO X 5. 30 DAY 6. TERMINATION YES NO NO REPORT?  |
| the right of report type) REPORT 7. YEAR 20  | DAN FILING METHOD PAPER DISKETTE   |
| Mayor of Allentaun   | DATE OF ELECTION  MO. DAY YEAR  ADDAY  (SEE INSTRUCTIONS FOR CODES)  |
| Summary of Receipts and Expenditures from:   | To 6 7 202)  |
| A. Amount Brought Forward From Last Report   | 1 2 1 5 3 1 5  |
| B. Total Monetary Contributions and Receipts (From Schedule  |  |
| C. Total Funds Available (Sum of Lines A and B)  | • 39,509,15  |
| D. Total Expenditures (From Schedule III)  | \$ 30.856.37   |
| E. Ending Cash Balance (Subtract Line D from Line C)   | \$ 8.652,78  |
| F. Value of In-Kind Contributions Received (From Schedule II)  |  |
| G. Unpaid Debts and Obligations (From Schedule IV)   | \$ 0   |
| AFFID.  PART II - If this is a Committee report treasurer sign here.   | AVIT SECTION  If this is a Candidate report, candidate sign here.  |
|  |  |
| Sworn to and subscribed before me this  O day of JONE 20 21  | n paper or computer diskette, are to the best of my knowledge and belief Gruenil P. Ghoda Lenics on Lenics on  |
| Som P Chodagara  Signature  My commission expires 07 18 2021  MO. DAY YR.  | Signature of Person Submitting Report  Printed Name  Printed Name  Daytime Telephone Number 28.3  Area Code  Daytime Telephone Number 28.3   |
| PART III - it this is as epore of a Candidate's Authorized Co  |  |
| I swear (or affirm) that to the best of my knowledge and belief this po<br>(P.L. 1333, No. 320) as amended.                                  | olitical committee has not violated any provisions of the Act of June 3, 100   |
| Sworn to and subscribed before me this   | M. Son   |
| O day of June 20 2   | Commi P.   |
| Somi Pohodosona  | Signature of Candidate Sonii P. Choday   |
| My commission expires O7 18 2021  MO. DAY YR.  | Signature of Candidate  Committee has not violated any provisions of the Act of June 3, Solill P. Choda Borns, Not Lening Borns, Not Lenin |
| Department of State   Bureau of  | Commissions, Elections and Legislation   |

PAGE 2 OF 10

### SCHEDULE I

### CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

| Name of Filing Committee or Candidate  Friends of 6-Ce Gerlach  Reporting Per  From 51  | 1/21 To 6/7/21   |
|---|------------------|
|   |                  |
| 1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONT   | RIBUTOR          |
| TOTAL for the Reporting Period (1)  | \$ 778           |
| 2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)   |                  |
| Contributions Received from Political Committees (Part A)   | s ()             |
| All Other Contributions (Part B)  | \$ 100           |
| TOTAL for the Reporting Period (2)  | \$ 100           |
| TOTAL for the Reporting Feriod 127  | 1, 100           |
|   |                  |
| 3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)   |                  |
| Contributions Received from Political Committees (Part C)   | \$ 12,100        |
| All Other Contributions (Part D)  | \$ 5,000         |
| TOTAL for the Reporting Period (3)  | \$ 17,100        |
|   |                  |
| 4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC  | C. (FROM 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 B.) | \$ 17,978        |

### PART B 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 |             |  | IA                                  | eporting                | Period   | / /  |
|---------------------------------------|-------------|--|-------------------------------------|-------------------------|--|--|
| trients of                            | 6           | To Corlace   | 6                                   | From _                  | 5/4/   | al To 97/21  |
|                                       |             |  | alvania de                          | DATE                    |  | AMOUNT   |
| Full Name of Contributor              | -           | DICAD  | Semo                                |                         | YEAR   | 2  |
| Mailing Address                       | - 4         | 1.1961   | L D                                 | DAY                     | A /  |  |
| (3/8 (and                             | )           | Meeting Rd   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                         |  | \$   |
| City Mu Tripolili                     | State       | Zip Code (Flus 4)  | a.Mo.                               | DAY                     | YEAR   | \$   |
| Full Name of Contributor              | richinores. | 110-60   | . No.                               | DAY                     | <br>  YEAR   |  |
|                                       |             |  |                                     |                         |  | 1 \$   |
| Mailing Address                       |             |  | MO-                                 | DAY                     | YEAR   | \$   |
| City                                  | State.      | Zip Code (Plus 4)  | l<br>Mo                             | DAY                     | YEAR   |  |
|                                       |             | _  |                                     |                         |  | \$   |
| Full Name of Contributor              |             | i i provincia de la composició de la com | ON                                  | DAY                     | YEAR.  | \$   |
| Mailing Address                       |             |  | Mo.                                 | PN9444455               |  |  |
|                                       |             |  | 0.5.200 (20.5.)                     | DAY                     | YEAR   | \$   |
| City                                  | State       | Zip Code (Plus 4)  | WO.                                 | DAY                     | YEAR   |  |
|                                       |             | The state of the s |                                     | a properties of tention | A TOTAL STREET   | \$   |
| Full Name of Contributor              |             | 31   | MO.                                 | DAY                     | YEAR   | \$   |
| Mailing Address                       |             | ·  | DEMON!                              | DAY                     | YEAR   |  |
| City                                  | State       | Zip Code (Plus 4)  |                                     |                         | V200000-00-00-00-00-00-00-00-00-00-00-00-  | \$   |
| only .                                | Joeces      | - in code it its a   | MO:                                 | DAY                     | YEAR   | \$   |
| Full Name of Contributor              | NEWS MOR    |  | MO.                                 | · DAY                   | YEAR   | Some a line of a substitute light in which were  |
| Mailing Address                       |             |  | 325 S.T. W. W. W. W. S. T. T. T.    |                         |  | \$   |
| manning Address                       |             |  | // MOZA                             | DAY                     | YEAR A   | \$   |
| City                                  | State       | Zip Code (Plus 4)  | 22MQ.23                             | DAY                     | YEAR   |  |
|                                       |             |  |                                     |                         |  | \$   |
| Full Name of Contributor              |             |  | NO                                  | V DAY.                  | YEAR   | \$   |
| Mailing Address                       |             | The or Wayperphantist and Aprilla and Co.  | MO:                                 | DAY                     | ::YEAH   |  |
| 61.                                   |             |  |                                     |                         |  | \$   |
| City                                  | State       | Zip Code (Plus 4)  | MO                                  | DAY                     | YEAR   | \$   |
| Full Name of Contributor              |             | COMPANY OF THE PROPERTY OF THE | - Mo:                               | DAY                     | YEAR   | W Commence of the Commence of  |
|                                       |             |  |                                     |                         |  | \$   |
| Mailing Address                       |             |  | MO.                                 | DAY                     | YEAR   | \$   |
| Gity                                  | State       | Zip Code (Plus 4)  | Mo.                                 | DAY                     | YEAR   | *  |
|                                       |             | equina.  |                                     |                         |  | \$   |
| Full Name of Contributor              |             |  | Мо.                                 | DAY                     | YEAR   | \$   |
| Mailing Address                       |             |  | MOL                                 | DAY.                    | SYEARS   | op   |
|                                       |             |  | CONTRACTOR STATE                    | or seriot (second       |  | \$   |
| City                                  | State       | Zip Code (Plus 4)  | XXMO.                               | DAY                     | YEAR   | dis.   |
|                                       |             |  | All the Assessment                  | 76                      | 10000000   | \$   |
| Ember Overd Total of Fort Barrier     |             | Patallad S.  |                                     |                         | 19   | PAGE TOTAL   |
| Enter Grand Total of Part B on Sched  | uie i,      | Detailed Summary   | rage, S                             | ection                  | 2.   | s IVU  |
| CER-E02 (7-00)                        |             |  |                                     |                         | Alexander and Al | The second secon |

| P | AGE | OF |      |
|---|-----|----|------|
|   |     |    | <br> |

#### 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 |                  | The second section of the second section of the second section | T                  | Reporting  | Period            |                  |
|---------------------------------------|------------------|--|--------------------|--|-------------------|------------------|
|                                       | 20               | •  |                    |  |                   | To               |
|                                       |                  |  | * YUR KAN          | DATE   | TEST STATE OF THE | AMOUNT           |
| Full Name of Contributing Committee   |                  |  | NO.                | DAY  | YEAR              | s                |
| Mailing Address                       |                  |  | ≠ MO:              | DAY  | YEAR              |                  |
| City                                  | State            | Zip Code (Plus 4)  | : Mo:              | DAY  | YEAR              |                  |
| Full Name of Contributing Committee   | inne producer in | Microsophus Pales Chelicon   | l Mo               | -  | YEAR              | \$               |
| •                                     |                  |  | 1.00 1911.00       | A STATE OF THE STA | a southerness     | \$               |
| Mailing Address                       |                  |  | Mo                 | DAY  | YEAR              | \$               |
| City                                  | State            | Zip Code (Pius 4)  |                    |  | YEAR              | 1 \$             |
| Full Name of Contributing Committee   |                  |  |                    | DAY  | XEAR              | \$               |
| Mailing Address                       |                  |  | MO. A              | DAY  | ∴YEAR®            | \$               |
| Çity                                  | State            | Zip Code (Plus 4)  | Eavons             | DAY  | YEAU              | \$               |
| Full Name of Contributing Committee   | Marc marc        |  | Mo/s               | DAY  | YEAR              | \$               |
| Mailing Address                       |                  |  | ≪ Moss             | DAY  | YEAR              | \$               |
| Gity                                  | State            | Zip Code (Plus 4)  | мо                 | DAY  | YEAR              | \$               |
| Full Name of Contributing Committee   |                  |  | MO                 | DAY  | YEAR              | \$               |
| Mailing Address                       |                  | is was some and distributed the specific and commence of the specific and specific  | . Mo⊸              | DAY  | YEAR              | \$               |
| City                                  | State            | Zip Cade (Plus 4)  | MO                 |  |                   | \$               |
| Full Name of Contributing Committee   | A                |  | . Mo.s             | DAY  | YEAR              | \$               |
| Mailing Address                       |                  |  | MO:                | DAY  | YEAR              | \$               |
| City                                  | State            | Zip Code (Plus 4)  |                    | DAY  | YEAR              | \$               |
| Full Name of Contributing Committee   |                  | The Carlot Man of The Control of the | Mo. a              | ₹ DAY  | YEAR              | \$               |
| Mailing Address                       |                  |  | ) MO               | DAY  | YEAR              | \$               |
| City                                  | State            | Zip Code (Plus 4)  | - <b>34</b> 00 - 1 | * DAY  | YEAR              | \$               |
| Full Name of Contributing Committee   | TOTAL SECTION    | O P. P. (A. LOW) A DESCRIPTION   | SEMOSE             | B-D (9)349   | %YE%-PA#2         | \$               |
| Mailing Address                       |                  |  | SPW034             | E-DAYCE  | YEAR              | \$               |
| Dity                                  | State            | Zip Code (Plus 4)  | MO.                | DAY  | YEAR              | \$               |
| Enter Grand Total of Part A on Schei  | dule I,          | Detailed Summary   | / Page,            | Section  | 1 2.              | PAGE TOTAL<br>\$ |

#### 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.

| Friends of Goldon   | Reporting Period      | AL TO 6/7/21 |
|---|-----------------------|--------------|
|   | DATE                  | AMOUNT       |
| Full Name of Contributing Committee the Collective PAC      | MO DAY LYEAR          | \$ 51000     |
| Mailing Address 2101 LSt NW Ste 800                         | MO. DAY YEAR          |              |
| City Washington DC 2 0037-                                  | MO. PAY YEAR          | \$           |
| Full Name of Contributing Committee TPOW Chr C PAC          | MO. DAY YEAR          | \$ 1,500     |
| Mailing Address 3614 Lehigh St                              | OMONE GAYES EVEAR     | \$           |
| (1) Phall PA 18050 -  | SMO. DAY YEAR         | \$           |
| Full Name of Contributing Committee                         | MO DAY YEAR           | \$ 1,000     |
| Selv healthrare papac  1500 N. 2nd 57                       | MÖ, <i>D</i> AY, YEAR | \$           |
| Harrisburg PA 17100 -                                       | MO DAY YEAR           | \$           |
| Full Name of Contributing Committee  Crass roots Law PAC    | S A A                 | \$ 7,500     |
| Waiting Address   | MO. DAY YEAR          | \$           |
| City State Zip Code (Plus 4)                                | MO. DAY YEAR          | \$           |
| Full Name of Contributing Committee Way to Lead PAC         | O O O                 | \$ DX 1,500  |
| Mailing Address   | MG, DAY YEAR          | \$           |
| City State Zip Code (Plus 4)                                | MO. DAY YEAR          | \$           |
| Full Name of Contributing Committee A 301H BOOMDAC          | S 9 31                | \$ 600       |
| SOSO (11. TILANMAN S)                                       | MO DAY YEAR           | \$           |
| AINDM State Zp Carle (Pius 4)                               | MOS 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          | \$           |
| Enter Grand Total of Part C on Schedule I, Detailed Summary |                       | \$ 12,100    |
| EB-502 (7-99)   | E,                    |              |

# ALL OTHER CONTRIBUTIONS

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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                |                   | Grlach   | R          | eporting<br>From | Period<br>S/4/a | 21 TO 6/7/21                            |
|--|-------------------|--|------------|------------------|-----------------|---|
| 1 11 miles 1/4 (0-1)                                 | <u> </u>          | 31900  |            | DATE             |                 | AMOUNT                                  |
| Full Name, of Contributor                            |                   |  | Mo-        | MADAYAL          | YEAR            | \$ 5,000                                |
| Mailing Address                                      | line              |  | S<br>MO.   | DAY              | YEAR            |   |
| Mailing Address A352 W.                              | tall              | WIW ST   | 33.57      | 81,11            |                 | \$                                      |
| all entown   | State<br>PA       | Zip Code (Plus 4)  | MO.        | DAY              | YEAR            | \$                                      |
| Employer Name  |                   |  | Occupation | on 14            | tind            |   |
| Employer Mailing Address/Principal Place of Business | 1                 | etild  |            |                  |                 |   |
| Full Name of Contributor                             | Mr. t. o moder da | The book and the second | MO.        | DAY              | YEAR            | \$                                      |
| Mailing Address                                      |                   |  | % MO       | DAY              | YEAR            | \$                                      |
| City   | State             | Zip Code (Plus 4)  | Ma.        | DAY              | YEAR            | \$                                      |
| Employer Name  |                   |  | Occupation | on               |                 | . — · — — — — — — — — — — — — — — — — — |
| Employer Mailing Address/Principal Place of Business |                   |  |            |                  |                 |   |
| Full Name of Contributor                             |                   |  | мо         | 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 |                   |  |            |                  |                 |   |
| 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               | - 11114         |   |
| Employer Mailing Address/Principal Place of Business |                   |  |            |                  |                 |   |
| Full Name of Contributor                             |                   |  | MO:        | DAY              | YEAR            | \$                                      |
| Mailing Address                                      |                   |  | Mo.        | / DAY 7          | YEAR            | \$                                      |
| City   | State             | Zip Code (Plus 4)  | MO.        | DAY              | YEAR            | \$                                      |
| Employer Name Occupation                             |                   |  |            |                  |                 |   |
| Employer Mailing Address/Principal Place of Business |                   |  |            |                  |                 |   |
| Enter Grand Total of Part D on Sched                 | lule I,           | , Detailed Summary   | y Page,    | Section          | n 3.            | PAGE TOTAL<br>\$ S/////                 |

DSEB-502 (7-99)

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# 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  From S  Reporting Per  From S  | SHRI TO 617/2)   |
|---|--|
| 1. UNITEMIZED INCKIND CONTRIBUTIONS RECEIVED EVALUE OF \$50.00 OR   | ESS PER CONTRIBUTOR  |
| TOTAL for the Reporting Period (1)  | \$ 0   |
| 2 IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM   | A PARTED   |
| TOTAL for the Reporting Period (2)  | <b>\$</b> U  |
| 3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G   |  |
| TOTAL for the Reporting Period (3)  | \$ 0   |
|   | Service and the service of the servi |
| 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.) | \$   |

| PAGE | OF |  |
|------|----|--|
|      |    |  |

Reporting Period

# 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.

Name of Filing Committee or Candidate

DSEB-502 (7-99)

|                           |  |                         | . From   | То   |
|---------------------------|--|-------------------------|--|--|
| Full Name                 |  |                         |  |  |
|                           |  |                         |  |  |
| Mailing Address           |  |                         |  |  |
| City                      | State  | Zip Code (Plus 4)       | MOSS (e)DAY (e)Y   | Amount \$  |
| Receipt Description       | id.  |                         |  |  |
| Full Name                 |  |                         | All a constant de partir de la constant de la const |  |
| Mailing Address           |  |                         |  | 7 - 11 - 11 - 11 - 11 - 11 - 11 - 11 -   |
| City                      | State  | Zip Code (Plus 4)       | MO. DAY Y  | Amount \$  |
| Receipt Description       |  |                         |  |  |
| Full Name                 |  |                         |  | ork. Married II. merementerskriver strekter i forskriver og store strekter strekter forskriver |
| Mailing Address           |  |                         | - Calendario   |  |
| City                      | State  | Zip Code (Plus 4)       | MO. DAY Y  | AR Amount  |
| Receipt Description -     |  | Newer                   |  | \$   |
| Full Name                 |  |                         |  |  |
| Mailing Address           |  |                         | ~  |  |
| City                      | State  | Zip Code (Plus 4)       | MO. DAY SY   |  |
| Participal Philosophics   |  | NAME -                  |  | \$   |
| Receipt Description       |  |                         |  |  |
| Full Name                 | service de la Salesca Reservice de la Nova de la Salesca d |                         |  |  |
| Mailing Address           |  |                         | AND THE RESERVE TO STATE OF THE PARTY OF THE |  |
| City                      | State  | Zip Code (Plus 4)       | MO. DAY  | AR Amount  |
| Receipt Description       |  |                         |  |  |
| Full Name                 |  | in a line of the second |  |  |
| Mailing Address           | (exchain   |                         |  | A SECULIAR SECULIAR  |
| City                      | State  | Zip Code (Plus 4)       | MO. DAY: YE  | AR Amount  |
| Receipt Description       |  |                         |  |  |
|                           |  |                         |  | PAGE TOTAL   |
| Enter Grand Total of Part | t E on Schedule I,   | Detailed Summa          | y Page, Section 4  | 4  |
|                           |  |                         | •  | I have been supplied to begin any or or your species and the                                   |

## STATEMENT OF EXPENDITURES

| Name of Filing Committee or Condidate                        | Reporting Period From S 4 1 To 6 7 8 1       |
|--|--|
| Frenks of 66 Gerla   | (1) 10 10 10                                 |
| To Whom Paid Cothy Martinez                                  | 5 00 0 \$ 570.16                             |
| Malling Address 1144 N. Allin St                             | CAMBUGA PLD                                  |
| Allentum RA 18108 -  |  |
| To Whom Paid   | Mo.   FDAY   YEAR   Amount 500               |
| Mailing Address 1600 Amphitheathe Phury                      | Description of Expenditure                   |
| Maytam Vigu State Zip Code (Flus 4) (A 94043                 |  |
| To Whom Paid Goode   | Me. 1947 (SAB) Amount 38.70                  |
| Mailing Address 1600 Amph Hhidle Phwy                        | Description of Expenditure.                  |
| City Muntain VIW (CA 94043 -                                 |  |
| To Whom Paid fan Covne                                       | 5 18 at \$ 600                               |
| Mailing Address 810 Nylemore Way                             | Description of Expenditure                   |
| City  State Zip Code (Plds 4)                                | 10111  |
| To Whom Paid WS  | 5 14 21 \$ 58,30                             |
| Mailing Address 365 > ( Plar ( NH Blud                       | Description of Expenditure Stamp S           |
| City State Zip Code (Plus 4)  ANN PA                         |  |
| To Whom Paid Allen Jown Bry Works                            | MD. DAY YEAR Amount \$ 250                   |
| Mailing Address 812 Haml from Ut                             | Description of Expenditure PPC-1(M NIGH DUTY |
| All (1) Reun PA 1917 -                                       | deposit                                      |
| To Whom Paid Study   | Mg. DAY YEAS Amoun 50.87                     |
| Mailing Address 3300 LeMsh St                                | Description of Expenditure                   |
| City State Zip Code (Plus 4) PA 12103-                       |  |
| To Whom Paid GAICE DOD!                                      | 5 3 3 8 5 38 16                              |
| Mailing Address 480 S. (plar (HS blud                        | Description of Expenditure                   |
| All wown PA 18104  |  |
| Enter Grand Total of Expenditures on Page 1, Report Cover Pa | ge, Item D.   PAGE TOTAL   \$3,098,19        |

| P | \GE | OF |  |
|---|-----|----|--|
|   |     |    |  |

# 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 Committee or Candidate  |  |                   | Reporting          | Period                                   | 1,100,100,100  |
|--|--|-------------------|--------------------|--|--|
|  |  |                   | From _             |  | То   |
|  |  | Mar Notestan 3 11 |                    | 10.5 No. 20                              | rain de la company de la compa |
| Name of Creditor   | induction to the second of the second of   |                   | · (* 6)   (Ve      |  | Outstanding Balance of Debt  |
| Mailing Address  | DATE<br>DEBT<br>INCURRED   | MoV               | DAY                | YEAR                                     |  |
| City   | INCOMED  | State             | Zip Code           | (Plus 4)                                 |  |
| Description of Debt  | The state of the section of the sect |                   |                    |  |  |
| Name of Creditor   |  |                   |                    | good of all one of the                   | Outstanding Balance of Debt  |
| Mailing Address  | DATE   |                   | DAY.               | Loean :                                  | \$   |
|  | DEBT   |                   | Pate               | A SAN                                    |  |
| City   |  | State             | Zip Code           | (Plus 4)                                 |  |
| Description of Debt  |  |                   | tromates           |  | J.   |
| the state of the s |  |                   | Total Control      | add to the UPI                           | Outstanding Balance of Debt  |
|  |  |                   |                    |  | \$   |
| Moiling Address  | DATE<br>DEBT   | MJ.               | DAY                | YEAR                                     | and the second s |
| City   | INCURRED   | State             | Zip Code           | (Plus 4)                                 |  |
| Description of Debt  | 997-00000 A  |                   |                    |  |  |
| Name of Creditor   |  |                   |                    | delouet per                              | Outstanding Balance of Debt  |
|  |  |                   |                    |  | S Salaring Dalarine of Debt  |
| Mailing Address  | DATE<br>GEST<br>INCURRED   | . Mo.             | DAY                | YEAR                                     |  |
| City   | INCORNED   | State             | Zip Code           | (Plus 4)                                 |  |
| Description of Debt  |  |                   |                    |  |  |
| Name of Creditor   |  |                   | Carl Mark Co.      | 20 C C C C C C C C C C C C C C C C C C C | Outstanding Balance of Debt  |
|  |  |                   |                    |  | \$   |
| Mailing Address  | DATE<br>DEBT<br>INCURRED   | MO                | DAY                | YEAR                                     | The second secon |
| City   |  | State             | Zip Code           | Plus 4)                                  |  |
| Description of Debt  | ry y market property of the first of the fir |                   | CTC HIS COMMISSION | ,-301176                                 |  |
| Name of Creditor   |  |                   |                    |  | Outstanding Balance of Debt  |
| Mailing Address  | DATE<br>DEBT   | Mo/               | DAY                |  | <del></del>  |
| Сіту   | INCURRED   | State             | Zip Code (         | Plus 4)                                  |  |
| Description of Debt  | a wondom with the  | 1                 |                    |  |  |
|  |  |                   |                    |  |  |
| Enter Grand Total of Unnaid Dahia on Base 1 B  | lanart Cover   | Dane le           | one for            |  | PAGE TOTAL   |
| Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.  |  |                   |                    |  | \$   |

## STATEMENT OF EXPENDITURES

| Name of Filing Commi | Friends of G-Ce E                            | Reporting Period  Reform 5141 To (1781   |
|----------------------|--|--|
|                      |  |  |
| To Whom Paid         | Paypal                                       | MO. DAY YEAR Amount \$9.36   |
| Mailing Address      | 2211 N. 15+ 5+                               | Description of Expenditure + PeS   |
| City                 | San 308 State Zip Code (Plus 4)  Ca 9513 -   |  |
| To Whom Peld         | Debbie Stewart                               | 5 (1) a) \$ 198  |
| Mailing Address      | 829 N. Man St                                | Description of Expenditure  Shawa RelWallspurn   |
| City                 | Aller Jam DA 1809 -                          | The state of the s |
| To Whom Pald         | Faceback                                     | 5 10 2 \$ 400  |
| Mailing Address      | 1 Hacher way                                 | Description of Expenditure   |
| City                 | Wanto Pary CA 94/35 -                        | 110  |
| To Whom Paid         | LV Print                                     | S 7 2 \$ 850.46  |
| Mailing Address      | 1701 yman Blud                               | Description of Expenditure   |
| City                 | All (Nava State Zip Code (Plus 4)            | Janificon Poor (din)   |
| To-Whom-Paid-        | Act blue                                     | MO DAY YEAR Amount \$ 8.95   |
| Mailing Address      | 10 Box 44114                                 | Description of Expenditure   |
|                      | SUMPRIVICE State Zip Code (Plus 4)           |  |
| To Whom Paid         | WPIS   | S 4 31 \$ 316  |
| Mailing Address      | 365 Cedar (184 Blud                          | Description of Expenditure   |
| City                 | State Zip Code (Plus 4)  A NICU-             | Y -  |
| To Whom Paid .       | Allenbun brullery                            | MO DAY (YEAR) Amount 944.90  |
| Mailing Address      | 812 Hamiltonst                               | Description of Expenditure   |
| City                 | All (Moun YA 186) -                          |  |
| To Whom Paid         | Fairbock                                     | 5 (5 0) \$ 600   |
| Mailing Address      | Hacter Way                                   | Description of Expenditure a/S   |
| City MING            | State Zip Code (Plus 4)                      |  |
| Enter Grand Total    | of Expenditures on Page 1, Report Cover Page | age, Item D. PAGE TOTAL \$ 4,337.57  |

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## STATEMENT OF EXPENDITURES

| Name of Filing Committee of Candidate                                   | Reporting Period                        |
|---|---|
| thends of 6-60 Genlac   | h From 5/4/01 To (17/01)                |
|   |   |
| To Whom Paid ACH BUC  | MO. SOAV VEAN Amount 9.27               |
| Mailing Address   | Description of Expenditure              |
| Semeralle State Zip Code (Plus 4)                                       |   |
| To Whom Paid GOOGLE   | (0 1 21 \$ 43.60                        |
| Mailing Address 1600 Amphit legte Phway                                 | PMail Sery 6 541 H                      |
| Manfain Wiw CA 9408 -   | 0                                       |
| Facebook  | Ma DAY YEAR Amount 558-02               |
| Mailing Address   | Description of Expenditure.             |
| MINIO DANN State Zip Code (Plus 4)                                      |   |
| To Whom Paid Slara Gutleritz  | S 24 AT \$ 204.32                       |
| Mailing Address 720N. 8+NJ  | Description of Expenditure              |
| Alluhum PA 18102-   |   |
| To Whom Paid Sennifer Alpha   | S 24 21 \$ 21000                        |
| Mailing Address  2015 W. Farviw St                                      | Campalan hold                           |
| Allen DA 19101-   |   |
| To Whom Paid UP Wile Stewart  | 5 24 21 \$ 250                          |
| Sag NMain 5+  | COMPAIS N PIO                           |
| Allinton PA 18104-  |   |
| Grassroots Analytics  | S 2 2 \$ Amount 304                     |
| Mailing Address  (245 Prospect Hill Rd  City  State   Zin Code (Plus 4) | Description of Expenditure              |
| Mutland VT 0 Stot   | ι                                       |
| To Whom Paid Aprily Stym COMMUNITY Las                                  | 5 2 2 8 734.43                          |
| Mailing Address  City State 7 in Code (Plus 4)                          | Description of Expenditure SUPPLY       |
| City State Zip Code (Plus 4)  |   |
| Enter Grand Total of Expenditures on Page 1, Report Cover Pa            | 1998, Item D.   PAGE TOTAL   \$6,057,64 |

| PAGE | OF |  |
|------|----|--|
|      |    |  |

# 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 Committee or Candidate   |   |             | Reporting  | 7 01 10 W                  | ***  |
|---|---|-------------|--|----------------------------|--|
|   |   |             | From   |                            | То   |
|   |   |             | Charles of the State of the Sta | والمراسوات والمالة والمالة |  |
| Name of October   |   | T. P. L. J. |  |                            | Outstanding Balance of Debt  |
| Name of Creditor  |   |             |  |                            | \$   |
| Mailing Address   | DATE  | 1           | - 5 Mg   | WE AD-                     | The same of a contract of  |
| Maning Address  | DEBT  | MO.         | DAT  | YEAR                       | 1  |
| City  | INCURRED  | State       | Zip Code   | (Plue A)                   |  |
| άθλ   |   | State       | zip oous   | - (1 100 7)                |  |
|   |   |             |  |                            |  |
| Description of Debt   |   |             |  |                            |  |
|   |   |             |  |                            |  |
| Name of Creditor  |   |             |  |                            | Outstanding Balance of Debt  |
|   |   |             |  | A v comment                | 1\$  |
| Mailing Address   | DATE  | Mo.         | DAY  | YEAR                       |  |
|   | INCURRED  |             |  |                            |  |
| City  |   | State       | Zip Code   | (Plus 4)                   |  |
|   |   |             | -  | -                          |  |
| Description of Debt   |   |             |  |                            |  |
|   |   |             |  |                            | - H  |
| Name of Creditor  |   |             |  |                            | Outstanding Balance of Debt  |
| Trume of Orealton   |   |             |  |                            | \$   |
| Mailing Address   | DATE  | 8825        | DAY  | YEAR                       |  |
| Maring Address  | DEBT  | "IVIU.      | UAT  | TEAR                       |  |
|   | INCURRED  |             |  | (7)                        |  |
| City  |   | State       | Zip Code   | (Plus 4)                   | 事を一般の行法の政権というというという。 とうかい スラカメカー ぬってい アンドカッド   |
|   |   |             |  |                            |  |
| Description of Debt   |   |             |  |                            |  |
|   |   |             |  |                            |  |
|   |   |             |  |                            | The state of the s |
| Name of Creditor  |   |             |  |                            | Outstanding Balance of Debt  |
| Name of Creditor  |   |             | hand discourse of the same   |                            | Outstanding Balance of Debt  |
| Name of Creditor  Mailing Address   | DATE  | , ₹ Mo. á   | Y DAY  | YEAR                       | \$   |
| Name of Creditor  | DEBT  | . ™o.⊹      | Y OAY  | YEAR                       | s  |
| Name of Creditor  |   | MO.         | ₩¥<br>Zip Code   |                            | \$   |
| Name of Creditor  Mailing Address   | DEBT  |             |  |                            | \$   |
| Name of Creditor  Mailing Address   | DEBT  |             |  |                            | s  |
| Name of Creditor  Mailing Address  City   | DEBT  |             |  |                            | \$   |
| Name of Creditor  Mailing Address  City  Description of Debt  | DEBT  |             | Zip Code   |                            | \$   |
| Name of Creditor  Mailing Address  City  Description of Debt  | DEBT  |             | Zip Code   | (Plus 4)                   | \$ Outstanding Balance of Debt   |
| Name of Creditor  Mailing Address  City  Description of Debt  Name of Creditor  | DEBT<br>INCURRED                                  | State       | Zip Code   | (Plus 4)                   | Sutstanding Balance of Debt  |
| Name of Creditor  Mailing Address  City  Description of Debt  | DEBT INCURRED                                     |             | Zip Code   | (Plus 4)                   | S Outstanding Balance of Debt  |
| Name of Creditor  Mailing Address  City  Description of Debt  Name of Creditor  Mailing Address   | DEBT<br>INCURRED                                  | State       | Zip Code   | (Plus 4)                   | S Outstanding Balance of Debt  |
| Name of Creditor  Mailing Address  City  Description of Debt  Name of Creditor  Mailing Address   | DEBT INCURRED                                     | State       | Zip Code   | (Plus 4)                   | S Outstanding Balance of Debt  |
| Name of Creditor  Mailing Address  City  Description of Debt  Name of Creditor  Mailing Address  City   | DEBT INCURRED                                     | State       | Zip Code   | (Plus 4)                   | S Outstanding Balance of Debt  |
| Name of Creditor  Mailing Address  City  Description of Debt  Name of Creditor  Mailing Address  City   | DEBT INCURRED                                     | State       | Zip Code   | (Plus 4)                   | S Outstanding Balance of Debt  |
| Name of Creditor  Mailing Address  City  Description of Debt  Name of Creditor  Mailing Address   | DEBT INCURRED                                     | State       | Zip Code   | (Plus 4)                   | Outstanding Balance of Debt.   |
| Name of Creditor  Mailing Address  City  Description of Debt  Name of Creditor  Mailing Address  City   | DEBT INCURRED                                     | State       | Zip Code   | (Plus 4)                   | \$ Outstanding Balance of Debt \$ Outstanding Balance of Debt  |
| Name of Creditor  Mailing Address  City  Description of Debt  Name of Creditor  Mailing Address  City  Description of Debt  | DEBT INCURRED                                     | State       | Zip Code   | (Plus 4)                   | Outstanding Balance of Debt.   |
| Name of Creditor  Mailing Address  City  Description of Debt  Name of Creditor  Mailing Address  City  Description of Debt  | DEBT INCURRED  DATE DEBT INCURRED                 | State       | Zip Code   | (Plus 4)                   | \$ Outstanding Balance of Debt \$ Outstanding Balance of Debt  |
| Name of Creditor  Mailing Address  City  Description of Debt  Name of Creditor  Mailing Address  City  Description of Debt  | DEBT INCURRED                                     | State       | Zip Code   | (Plus 4) YEAB (Plus 4)     | \$ Outstanding Balance of Debt \$ Outstanding Balance of Debt  |
| Name of Creditor  Mailing Address  City  Description of Debt  Name of Creditor  Mailing Address  City  Description of Debt  | DEBT INCURRED  DATE DEBT INCURRED  DATE DEBT DEBT | State       | Zip Code   | (Plus 4) YEAB (Plus 4)     | \$ Outstanding Balance of Debt \$ Outstanding Balance of Debt  |
| Name of Creditor  Mailing Address  City  Description of Debt  Name of Creditor  Mailing Address  City  Description of Debt  Name of Creditor  Mailing Address                                     | DEBT INCURRED  DATE DEBT INCURRED  DATE DEBT DEBT | State State | Zip Code  Zip Code   | (Plus 4) YEAB (Plus 4)     | \$ Outstanding Balance of Debt \$ Outstanding Balance of Debt  |
| Name of Creditor  Mailing Address  City  Description of Debt  Name of Creditor  Mailing Address  City  Description of Debt  Name of Creditor  Mailing Address  City  City  City  City             | DEBT INCURRED  DATE DEBT INCURRED  DATE DEBT DEBT | State State | Zip Code  Zip Code   | (Plus 4) YEAB (Plus 4)     | \$ Outstanding Balance of Debt \$ Outstanding Balance of Debt  |
| Name of Creditor  Mailing Address  City  Description of Debt  Name of Creditor  Mailing Address  City  Description of Debt  Name of Creditor  Mailing Address                                     | DEBT INCURRED  DATE DEBT INCURRED  DATE DEBT DEBT | State State | Zip Code  Zip Code   | (Plus 4) YEAB (Plus 4)     | \$ Outstanding Balance of Debt \$ Outstanding Balance of Debt  |
| Name of Creditor  Mailing Address  City  Description of Debt  Name of Creditor  Mailing Address  City  Description of Debt  Name of Creditor  Mailing Address  City  City  City  City             | DEBT INCURRED  DATE DEBT INCURRED  DATE DEBT DEBT | State State | Zip Code  Zip Code   | (Plus 4) YEAB (Plus 4)     | Outstanding Balance of Debt \$ Outstanding Balance of Debt \$  |
| Name of Creditor  Mailing Address  City  Description of Debt  Mailing Address  City  Description of Debt  Name of Creditor  Mailing Address  City  Description of Debt  City  Description of Debt | DATE DEBT INCURRED  DATE DEBT INCURRED            | MQ. State   | Zip Code  Zip Code   | (Plus 4) YEAB (Plus 4)     | \$ Outstanding Balance of Debt \$ Outstanding Balance of Debt  |
| Name of Creditor  Mailing Address  City  Description of Debt  Name of Creditor  Mailing Address  City  Description of Debt  Name of Creditor  Mailing Address  City  City  City  City  City       | DATE DEBT INCURRED  DATE DEBT INCURRED            | MQ. State   | Zip Code  Zip Code   | (Plus 4) YEAB (Plus 4)     | Outstanding Balance of Debt \$ Outstanding Balance of Debt \$  |

# STATEMENT OF EXPENDITURES

| Name of Filing Committee or Candidate  | Ce-le Gerlai              | Reporting Period From 514101 To 61710              |
|--|---------------------------|--|
| To Whom Paid Dald Canyos SP F-   | J 5/7/21-5/14             | 5 13 21 \$ 3,598,01                                |
| Mailing Address  | - of thir origin          | Description of Expenditure                         |
| City   | State Zip Code (Plus 4)   | d  |
| To Whom Paid GOTV paid Canva   | sserad callers            | S 3 2 \$ -4, 556,71                                |
| Number of Automotive Control of Automotive C | State   Zip Code (Plus 4) | get at the vote dan                                |
| To Whom Said   |                           | Whocking Calls                                     |
| Mailing Address Election Day expende.  | 5                         | Description of Expenditure.                        |
| City   | State   Zip Code (Plus 4) | Fransportation incidentals                         |
| To Whom Paid Rep Office D  | 1000+                     | 5 19 31 \$ 1600.62                                 |
| Malling-Address 480 S. Sedar   | r ( rest Blud             | Description of Expenditure electron day (GOTV      |
| Allenbun   | State Zip Code (Plus 4)   | Matrial  |
| To Whom Paid  Mailing Address  |                           | MO. DAY YEAR Amount  Description of Expenditure    |
|  | State   Zip Code (Plus 4) |  |
| To Whom Paid   |                           | MC X DAY YEAR Amount                               |
| Mailing Address  |                           | Description of Expenditure                         |
| City   | State Zip Code (Plus 4)   |  |
| o Whom Paid  |                           | MOV DAY YEAR Amount                                |
| Mailing Address  |                           | Description of Expenditure                         |
| o Whom Paid  | State Zip Code (Plus .4)  | Amount Amount                                      |
| Mailing Address  |                           | Mov DAY YEAR Amount  S  Description of Expenditure |
| Sity   | State   Zip Code (Plus 4) |  |
| Enter Grand Total of Expenditures on Page  | 1, Report Cover Pa        | ge, Item D. \$ 17362.97                            |

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