

Commonwealth of Pennsylvania - Campaign Finance Report

Name of Filing Con	300		(Ma	rk X)	y Cand	lidate		Committee			bÿist
Lobbyist Street Address	nmittee, Ca	ndidate or					KIS KU	NAUCHIE			
	Manage			P.O B	W 424						
City	117	TS busely			State		IA	Zip Code	15203		
Type of Report (Pla											
1- 6 th Tuesday 2- Pre-Primary Pr	2 nd Friday e-Primary	3-30 Day Post Primary	PASSING A	Tuesday lection	5- 2 nd Frida Pre- Electi	sudi P	6-30 Day Post Election	7- Annual	Special 2 nd Friday Pre-Election		cial 30 Da t-Election
X											
Date Of Election (MM/DD/YYYY)		11/5/2019	Year		2019	100	Amendment Report		Termination Report		
Summary of Receip Expenditures	ots and	From Date		To Date				For	Office Use Only		
A. Amount Brough	t Forward F	rom Last Repor			, 59	+	-				- 4
B. Total Monetary (From Schedule I)	Contributio	ns and Receipts	\$	01) (<u>U</u>	\forall			-051/55	٦	
C. Total Funds Ava (Sum of Lines A an	errorestation, cl. J. Co. St. St. St. St. St. St. St. St. St. St	472	\$	56	2 54	1		R	ECEIVED		
D. Total Expenditu (From Schedule III)	res	7	\$	6	199	1		MA	Y 0 7 2019		
E. Ending Cash Bala (Subtract Line D fro	om Line C)		\$	50	5159			ETHICS	HEARING BOA	RD	
F. Value of In-Kind (From Schedule II)	Phone		\$		20 ce						
G. Unpaid Debts ar (From Schedule IV)		ns	\$	-7	5 —	-					
					Affidavit						
Part 1- If this is a Com								lee and helief t	rue, correct and comp	lete	
	ed before m	e this		neudica di	i paper, is to		St Of My KHOWICE)	roe, correct and comp	iete.	
SEC dayof	APRIL	20 19									
THE STATE OF THE S	_	-					Signature	of Person Subn	nitting report		
Sign Sign	nature			Γ		_	997	Deleted Nam		_	
A		10	ı	. 1			1.1	Printed Nam			
Sword to and subscribed to and subscribed to any of the subscribed to a subscr	esMO.	DAY YR.	Į.			Are	a Code		344-8875 ytime Telephone Num	ber	
Part님- If this is a repo		fate's Authorized	Comm	ttee, cand	idate shall sie	n here					
I gwear (or affirm) tha	t to the best	of my knowledge	and bel	ief this pol	itical committ	ee ha	s not violated any	provisions of	the Act of June 3, 1937	(P.L. 13	33, NO.320
Sworn to and subscrib	ed before me	e this					1/1	2	20		
30 day of	AVRIL	20 19	_	٠,		L	his 7	Eman	S		
	-	*****************					CHRIJ	Kunnich	date		
Sign Sign Sign Sign Sign Sign Sign Sign	nature	6 2	ı	١,		C.,	12	Printed Name	20.1-4115	374	
My Eogmission expire	es <u>()</u> MO.	DAY YR.	_				a Code		794-8875 time Telephone Numb		
Penr									s - orași rena traitia		
28.5							10.00		100		
Vivania - Notary Seal Notary Public Ounty											
- Notary											
> F C											

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

Filer identification Number	0		194	1 -	-
	8EDPUE	FIR	CHRIS	Funno Sotic	

1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor		QIII.	
Total for the reporting period	(1)	\$	1790
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)			
Contributions Received from Political Committees (Part A)		\$	1000
All Other Contributions (Part B)		\$	250 12
Total for the reporting period	(2)	\$	3500
3. Contributions Over \$250.00 (From Part C and Part D)			
Contributions Received from Political Committees (Part C)		\$	-D -
All Other Contributions (Part D)		\$	-0-
Total for the reporting period	(3)	\$	<i>−</i> ŏ <i>−</i>
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)	1983		
Total for the reporting period	(4)	\$	——————————————————————————————————————
Total Monetary Contributions and Receipts during this reporting period (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Rep Cover Page, Item B)	ort	\$	528 co

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.

PEDRE FOR CHESKUM	NCHIK	
		Amount
Committee DUL WILL OF GRAPHIC GIVE	4-15-2019	900 ce
3W SALINE STREET	Teate (MIN/OF/MAN) \$	
PITTSARCH PA ZINCON 15207	Date (MM/DD/M/W)	
Foll Nemes of Contributing and Committee	Date (MM/DD/AXAVITE	e Soon en de despesant ones A
Speet Address	Date MAYOD/AAAA	
Tilly Z A Code	DERES EMINY D'OVA PARE S.	
Committee	Date [MIM/DD/AVAX] , \$	
House # Street Address	Para (MIM/ DD/A/A/A) (*)	
State Zjp.coda	Parimmod/mmil 3	
Foll Name of Contributing (Committee Four Street Address	BASE MINUTES WWW	
	Date (MM/V/DD/AXAV))	
State Zip Code	Date DVM/ED/2004	
Eul Rithme of Coff tributing	Darte (GHNVLD)D /YYYYY (
House # Street Address	Date (MM/DD/ANNA)	
City Zip Code	DETC [MM/DD7ADANA \$	
Tull Name of Christian (Committee) Follow # Street Andress	Date, [MM-ob/8588]	
	Data (NIMYO 7/10/19)	V
City State 74 Code	P. P. S.	56 S

PART B All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

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

Filer Identification Number:	PEUPLE	FOR	CHEIS	Kummeltik	
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THE RESERVE OF THE PERSON OF T						
Full Name of Co	Michigan	-21-11	F L	Date [MM/DD/YYYY]	- 5	_ 01
		071199/1	C. KUNDAVETTI	4-15-2019	Per manual party	2500
House #	Street Address		E. KUNDAVETTI	Date [MM/DD/YYYY]	\$	
City	MINROEIRE	State /A	Zip Code 15146	Date [MM/DD/YYYY]	\$	
Full Name of Co	ntributor			Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Co	otributor		Trine and the	Date [MM/DD/YYYY]	\$	
House #	Street Address	- 17 - 1 7		Date [MM/DD/YYYY]	\$	
City	30	State	Zip Code	Date [MM/DD/YYYY]	\$	- 1
Full Name of Co	ntributor			Date [MM/DD/YYYY]	\$	
House #	Street Address	(25 A) a) (25		Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Co	ntributor			Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/QD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YY//]	\$	W
Full Name of Co	ntributor			Date [MM/DD/NYYY]	\$	
House #	Street Address			Date [MM/DD/\\YYY]	\$	
City		State	Zip Code	Date [MM/DD/W/W]	\$	
				The state of the s		2004

2500

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECIEVED

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

Eller Identification Number:	DORE FIX CAKE	K	connelle
1. UNITEMIZEDIN-KIND CONTRI	IBUTIONS RECEIVED-VALUE OF SE	0.000	R LESSIPER CONTRIBUTOR
TOTAL for the reporting period	(1)	\$	-0-
2. IN-KIND CONTRIBUTIONS REC	EIVED-VALUE OF \$50.01 TO \$250):00'(FR	OM PART(F)
TOTAL for the reporting period	(2)	\$	-0-
3. IN-KIND CONTRIBUTION RECE	EIVED-VALUE OVER \$250.00 (FRO	MIPART	6)
TOTAL for the reporting period	(3)	\$	1,00000
TOTAL VALUE OF IN-KIND CONTRIBUTION PERIOD (Add and enter amount totals from Page 1, Report Cover Page, Item F)		\$	1,000 000

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer Identification Number:	PEUPLE FIX CHEN	Kuman P. BALL	
10 0 00 0000000000000000000000000000000	THE !	UVINIO	

Rull Name of Contributor			Date [MM/DD/YYYY] \$
	F WUND	re O	4-10-2019 1,000 w
House # 209 Street Address	Caran	7 Aut	Date [MM/DD/YYYY] 5
PITTSBERGH	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name	Done	- ATTY DEAN BIRD	
Employer Mailing Address // Principal	12418	WE THE BIRD	Description PARSA, ENCLOSES,
Place of Business		RACH-137 15233	Contribution & STAMPS
Fill Name of Contributor	Transport		Date [MM/DD/YYYY] \$
House # Street Address	2-30		Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name		Establishmen	Occupation
Employer Mailing Address / Principal Place of Business			Description of Contribution
Füll Name of Contributor			Date [MM/DD/YYYY] \$
			201
House # Street Address			Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name			Occupation
Employer Mailing Address / Principal Place of Business			Description of Contribution
Full Name of Contributor			Date [MM/DD/YYYY] \$
House # Street Address			Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name			Occupation
Employer Mailing Address / Principal Place of Business			Description of Contribution

70000

Statement of Expenditures

Piles blantification Marchaele	- 11	The second second		
Filer Identification Number:	- A - A - A - A - A - A - A - A - A - A			12
AND THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.	1/2010 -		_	
	PENCE	MK (LAIS	LUMMEHIK	
AND DESCRIPTION OF THE PERSON	7 0 0 0 0	7-12/1-	1 JUNIPULINA	

To Whom Paid					
	U. S. 8.	SM		5-1-2019	6100
House # 17-31	Street Address	E. CARSON		Description of Expenditure	
City Sit	158120H	State 814	Zip Code 15203	Posm Rx	
To Whom Paid			12	Date [MM/DD/YYYY] \$	
House #	Street Address			Description of Expenditure	
City		State	Zip Code		ACTUAL PROPERTY.
To Whom Paid				Date [MM/DD/YYYY] \$	
House #	Street Address			Description of Expenditure	
City	-	State	Zip Code		
To Whom Paid			Control of the Contro	Date [MM/DD/YYYY] \$	
House #	Street Address			Description of Expenditure	
City	to the state of the	State	Zip Code		
To Whom Paid			- Control	Date [MM/DD/YYYY] \$	
House#	Street Address			Description of Expenditure	
City		State	Zip Code		
To Whom Paid			Соре	Date [MM/DD/YYYY] \$	
House #	Street Address			Description of Expenditure	
City		State	Zip		
To Whom Paid			Code	Date [MM/DD/YYYY] \$	
House #	Street Address		20 - 10	Description of Expenditure	
City		State	Zlp		
To Whom Paid		1000	Code	Date [MM/DD/YYYY] \$	
House#	Street Address			Description of Experiditure	
City		State	Zip	Executation exhausting	
			Code		