Commonwealth of Pennsylvania

Campaign Finance Statement

File this in fleu of a full report only if aggregate receipts, expenditures, or liabilities, incurred each did not exceed \$250,00 during the reporting period.

Daytime Telephone Number	Area Code		DAY YEAR	MO.	
Printed Name					My Commission Ayrinas
				Signatura	
Signature of Person Submitting Report	Signature			day of	

•	;	,	yn (1333, No 320) as amended. Sworn to and subscribed before me this	1333, No 320) as amended. Sworn to and subscribed
If statement is filed on behalf of Candidate's Authorized Committee, the Candidate must sign here. I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the Act of June 3, 1937 (P.L.	gn here. ; not violated any pr	If statement is filed on behalf of <u>Candidate's Authorized Committee</u> , the Candidate must sign here. I swear (or affirm) that to the best of my knowledge and belief this political committee has not viol	s Authorized Committe owledge and belief th	on behalf of Candidate hat to the best of my kr	If statement is filed I swear (or affirm) t
					PART II -
		AVIT S			
Daytime Telephone Number	Area Code	122 11 3 11 5 10 (29 10 (29	DAY YEAR	MO.	
105.0800	مي کړ ۔	1- oth			My Commission expires
Kinser	Holly E	TOPEL OCENI OCENI NAME		Signature	40/
Synature of Person Submitting Report	, / ,/Signature	Enne-G M. TT Prices Price Prices Prices Prices Prices Prices Price Prices Price Pric	* 20 20	day of Dept	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
Kisa	toller	t of i REO ston l	, >	1.56	.
and belief, true, correct and complete.	ief, true, correct an	SSIUM SSIUM SNOT SNOT SNOT SNOT SNOT SNOT SNOT SNOT	report is, to the best	hundred and fifty dollars (\$250.00) and this report is, to the best o Sworn to and subscribed before me this	hundred and fifty do
eriod indicated above did not exceed two	ing the reporting pe	ist must signam	the Lobbyst, the Lob pts or disbursements	I swear (or affirm) that the aggregate receipts or disbursements of	I statement is filed I swear (or affirm) t
re.	ne Treasurer must sign here	s Committee gn ye re.	ommittee or Candida e, the Candidate must	If statement is filed on behalf of a Political Committee or Candidate if statement is filed on behalf of a Candidate, the Candidate must s	If statement is filed If statement is filed
					PART1
		AFFIDAVIT SECTION			
SEP 2	¤0.00	lities	ing Debts or Liabi	Total Amount of Filer's Outstanding Debts or Liabilities at End of Reporting Period:	Total Amount at End of Rep
	#1,0/J.20	Y	n remon:	cash balance at the of reporting refron	Cash Dalance
TO A STATE OF THE	1 675 26	*	n Pariad.	at End of Ronartin	Cach Ralanco
	2020	9 14	3 2020	6 23	Period
FOR OFFICE USE ONLY	Y YEAR	MO. DAY	DAY YEAR	ng MO.	Dates of Reporting
Office Party County Code: Code: Code: OTH OTH 51	Number: 232	DATE OF BLECHON DAY YEAR 3 2020	мо. 11	ght by Candidate:	Name of Office Sought by Candidate: Other
		2020	YEAR 20	Amnual Report 7.	Other Amm
tion Yes No X	6. Termination Report?	30 Day Post Election	2nd Friday 5. Pre-Election	6th Tuesday 4. Pre-Election X	
nent Yes No X	 Amendment Report? 	30 Day Post Primary	2nd Friday 2. Pre-Primary 2.	6th Tuesday 1. Pre-Primary	TYPE OF Pre-
Code: 103	Zip Code: 19103	9:	State: PA		^{City:} Philadelphia
				Street No 200	Street Address: 2400 Market Street No 200
			bbyist:	mittee, Candidate or Lobbyist: PAC	Name of Filing Committee, Kinser Group PAC
TEE 2. LOBBYIST 3.	COMMITTEE	CANDIDATE 1	Report Filed By:	on 20130091	Filer Identification Number:

Department of State Bureau of Commissions, Elections and Legislation 210 North Office Building Harrisburg, PA 17120-0029 (717)787-5280

Based on BSEB-503

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