

Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)							
Number (Mark X)	ndidate: **	cobbyist -					
Name of Filling Committee, Candidate or Potenck L. Fo	tener Clark of Records Com	nittee					
Street Address: C/O 418/ 14	Arborulew Drive						
City ERIE Sta	te PA Zip. Göde 16508						
Type of Report (Place x under report type)	Confidence of the Confidence o	an saabbahasaanaa geessa saabahasaab bababah					
11-6 th Tuesday, 2-2 nd Friday 3-30/0ay Post 4-6 th Tuesday, 5-2 nd Fri	day 6-30 Day Post 7-Annual Special 2 ⁰⁰ Friday (pecial 30.Day					
Pre-Primary Pre-Primary Primary Pre-Election Pre-Elec	tion Election Pre-Election i	ost-Election .					
II US AU 3 Year AU 17	7 Amendment Termination Report Report	X					
Summary of Receipts and From Date Y To Date	For Office Use Only?						
Expenditures 1/1/2017 12/31/2017	7						
A Amount Brought Forward From Last Report \$ \$6 a. 9	\wedge						
(B. Fotal Monetary Contributions and Receipts (From Schedules)).	7	•					
IC: Total Funds Available \$							
(Sum of Lines A and B) 86 a. 9 a. 10	mn s	,					
(Erom Schedule III) 86 J. 4/							
(Subtract Line D'from Line C)							
F: Value of In Kind Contributions Received: \$ (From Schedule II)		\ \ \					
G-Unipald Debts and Obligations \$ (From schedule IV)	1101	\ \hat{\sigma}					
& .Q Affila	It Section	<u></u>					
Part 1- If this is a Committee report, treasurer sign here. If this is a Cardidate of I swear (or affirm) that this report, including the attached scoon ules of paper, is to	rt, candidate sign here,						
Sworn to and subaggibad before me this	the best of my knowledge and belief true, correct and complete.						
The day of DELEM BER 2017 Muchole & Sought Ith	Journa Helit						
Muhole & Sorgunith O HES SEIN	Michael H- 176-12NSR						
	Printed Name C/ (1 - C 9 6 /						
My Commission expires O/ 13 /9 MO. DAY YR. MO. DAY YR.	Area Code Daytime Telephone Number						
Part II- If this is a report of a Candidate's Authorized Committee, candidate sell sign	gn here.						
I swear (or affirm) that to the best of my knowledge and bear this perical commit amended.	tee has not violated any provisions of the Act of June 3, 1937 (A.L.	1333, NO.320) as					
Sworn to and subscribed before me this	$G \times I$,					
15 day of Drochage 20 17	Fatrick L. Fetru)					
Michaele L. Sergerith.	Patrick L. retzner						
Signaturé /	814 838-8179	İ					
My Commission expires O1 13 19 MO. DAY YR.	Area Code Daytime Telephone Number	j 1					
COMMONWEALTH OF PENNSYLVANIA	baytane receptorie number						
NOTARIAL SEAL							

Michele L. Seigworth, Notary Public Erie, Erie County My Commission Expires January 13, 2019

SCHEDULE I Contributions and Receipts

Detailed Summary Page

File: (dentification Number)	All Projecti	
	Estapa june	
1. Uniterrized Contributions and Receipts \$50:00 or less per Contributor		eran i manda arran de la companione de la c
Total for the reporting period (1)	\$	
2. Contributions of \$50.01 to \$250.00 (From Part Aland Part B)		
Contributions Received from Political Committees (Part A)	\$	
All Other Contributions (Part B)	\$	
Total for the reporting period (2)	\$	X
3. Contributions Over \$250.00 (From Part Cland Part D)		
Contributions Received from Political Committees (Part C)	\$	
All Other Contributions (Part D)	\$	
Total for the reporting period (3)	\$	8
.'4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETG. (From Part E)		
Total for the reporting period (4)	\$	0.01
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)	\$	0.01

PART E

Other Receipts

REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.
Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer. Bleskenilleation Numbers

Hulk Name:		eritinisentile ennoscoppionies mesoparitamen	0 V	
House# 4140 Stree	et/Address	stote	Stuat	
City	First No etAddress E. Hranctage	State P (Zíp	Date MM/DD/NYAYI \$ 0.01
Receipt Description 3.7	HERMITAGE Intellet		16148	0.01
FÜll Name	311.01291			
House # Sire	et/Address			
City 17	Paratementosucceptismes)	Stare	Zib I Gode #	Date (MN/DD/WYY) \$ 55
Receipt Description	ATTO TO THE POST OF THE POST O	MONTH STATE OF THE		
	žvAddress			·
Gluy Transport		State	Zipra	· Date (MM/DD/YYW) 3 (\$)
			Code	
Receipt Description	illian kann som gestama kassinggi bolika banca album usa			
Housest Stree		70.40		
Giv		State	Zp	Date IMM/DD/MAYA
Keceipt Description			Code	The second contract of the second sec
Full Name	onto the second			
	r/Address			
Gity is		State :	Zijo Mark	Date MM/OD/AYYYI S.S.
Receipt Description			-Code	
FulliName				
	Address			
gity.		state	Zip Gode	#Date/MINV/DD//YY/YI
Raceipt: Description :			REOGE TO	

Statement of Expenditures

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Partnership For Eric Public Schools	04/04/2017 200-00
SHOUSE# C/O Street Address 1324 South Show Drive	Description of Expenditure
10 70 7007 0102 01102	
	Donation
Kennett J. Gamble Clerkof Reads Com	903/24/2017 150-00
Hause # 941 Street Address WLST 32 NA Street	Description of Expenditure
C C C C C C C C C C C C C C C C C C C	Contribution
Stomin Norman Memorial Fond	09(01/2017 300-00
House # 40 Stireet Additions S603 Bondy Drive	Description of Expenditure
CAVS STATES	
ERIE PA Gode 16509	Danation
Kenneth J. Gamble Cleek of Records Comp	10/25/2017 50-00
House 17 974 Street Additions West 32N4 Street	Description of Expenditure
Chy. State Zio	Cartal trans
ERIE PA Code 16508	Contribution
Burkell Family Fund	12/14/2017. 50 -00
House # Street Address P.D. Box 894	Description of Expenditure 1
City ERIE State PA Code 16512	Donation
Jio Wham Paid A	Date MM/DD/AWWIS S
House House Street Address Comp	12/14/2017 112.91 Description of Expenditure
947 WEST 32Nd Street	
ERIE State PA Good 16508	Contribution
Fire Whem Raids	.pate (Miv/ADD/XXXVV); s \$
Thatse# Street Additiess	Description of Expenditure
/Codes	
Tio Whom Paid 4	Date [MM/DD/XXYY] \$ 5
Thouse:#. Street-Address .	Description of Expenditure
State Zip Gode	
Gode	