

Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

Filer Identification Number Name of Filing Committee, Candidate or Lobbyist Street Address City State Zip Code	Report Filed By (Mark X) Candidate Committee <input checked="" type="checkbox"/> Lobbyist PETER K. L. FETZNER Clerk of Records Committee c/o 4181 Harborview Drive Erie PA 16508
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Type of Report (Place x under report type)

1-6 th Tuesday Pre-Primary	2-2 nd Friday Pre-Primary	3-30 Day Post Primary	4-6 th Tuesday Pre-Election	5-2 nd Friday Pre-Election	6-30 Day Post Election	7-Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date of Election (MM/DD/YYYY)		Year		Amendment Report		Termination Report		
11/05/2013		2017		<input type="checkbox"/>		<input type="checkbox"/>		<input checked="" type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	11/1/2017	12/31/2017	
A. Amount Brought Forward From Last Report	\$	862.90	2018 JAN -8 PM 1:27 ERIE COUNTY VOTER REGISTRATION 15
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	0.01	
C. Total Funds Available (Sum of Lines A and B)	\$	862.91	
D. Total Expenditures (From Schedule III)	\$	862.91	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	0	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	0	

Part I- If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules on paper, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this
 15th day of DECEMBER 20 17

Michele L. Seigworth
 Signature

My Commission expires 01 13 19
 MO. DAY YR.

Michael A. Fetzner
 Signature of Person Submitting report
 Printed Name

814 864-5981
 Area Code Daytime Telephone Number

Part II- If this is a report of a Candidate's Authorized Committee, candidate sign here.

I swear (or affirm) that to the best of my knowledge and belief this report and this political committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, NO.320) as amended.

Sworn to and subscribed before me this
 15th day of DECEMBER 20 17

Michele L. Seigworth
 Signature

My Commission expires 01 13 19
 MO. DAY YR.

Patrick L. Fetzner
 Signature of Candidate
 Printed Name

814 838-8179
 Area Code Daytime Telephone Number

COMMONWEALTH OF PENNSYLVANIA

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 Identification Number			
1. Unitemized Contributions and Receipts \$50.00 or Less per Contributor			
Total for the reporting period	(1)	\$	0
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)			
Contributions Received from Political Committees (Part A)		\$	
All Other Contributions (Part B)		\$	
Total for the reporting period	(2)	\$	0
3. Contributions Over \$250.00 (From Part C and Part D)			
Contributions Received from Political Committees (Part C)		\$	
All Other Contributions (Part D)		\$	
Total for the reporting period	(3)	\$	0
4. Other Receipts: Refunds, Interest Earned, Returned Checks, ETC. (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.

Filer Identification Number	
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Full Name	First National Bank				
House #	4140	Street Address	E. State Street		
City	Hermitage	State	PA	Zip Code	16148
Date (MM/DD/YYYY)	04/13/2017	S	0.01		
Receipt Description	Interest				
Full Name					
House #		Street Address			
City		State		Zip Code	
Date (MM/DD/YYYY)		S			
Receipt Description					
Full Name					
House #		Street Address			
City		State		Zip Code	
Date (MM/DD/YYYY)		S			
Receipt Description					
Full Name					
House #		Street Address			
City		State		Zip Code	
Date (MM/DD/YYYY)		S			
Receipt Description					
Full Name					
House #		Street Address			
City		State		Zip Code	
Date (MM/DD/YYYY)		S			
Receipt Description					
Full Name					
House #		Street Address			
City		State		Zip Code	
Date (MM/DD/YYYY)		S			
Receipt Description					

SCHEDULE III
Statement of Expenditures

filer Identification Number	
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To Whom Paid	Partnership For Erie Public Schools				Date (MM/DD/YYYY)	04/04/2017	\$	200.00
House #	C/O	Street Address	1324 South Shore Drive		Description of Expenditure			
City	ERIE	State	PA	Zip Code	16505 Donation			
To Whom Paid	Kenneth J. Gamble Clerk of Records Comm				Date (MM/DD/YYYY)	08/24/2017	\$	150.00
House #	947	Street Address	West 32nd Street		Description of Expenditure			
City	ERIE	State	PA	Zip Code	16508 Contribution			
To Whom Paid	Storin Norman Memorial Fund				Date (MM/DD/YYYY)	09/01/2017	\$	300.00
House #	C/O	Street Address	5603 Bondy Drive		Description of Expenditure			
City	ERIE	State	PA	Zip Code	16509 Donation			
To Whom Paid	Kenneth J. Gamble Clerk of Records Comm				Date (MM/DD/YYYY)	10/25/2017	\$	50.00
House #	974	Street Address	West 32nd Street		Description of Expenditure			
City	ERIE	State	PA	Zip Code	16508 Contribution			
To Whom Paid	Buckell Family Fund				Date (MM/DD/YYYY)	12/14/2017	\$	50.00
House #		Street Address	P.O. Box 894		Description of Expenditure			
City	ERIE	State	PA	Zip Code	16512 Donation			
To Whom Paid	Kenneth J. Gamble Clerk of Records Comm				Date (MM/DD/YYYY)	12/14/2017	\$	112.91
House #	947	Street Address	West 32nd Street		Description of Expenditure			
City	ERIE	State	PA	Zip Code	16508 Contribution			
To Whom Paid					Date (MM/DD/YYYY)		\$	
House #		Street Address			Description of Expenditure			
City		State		Zip Code				
To Whom Paid					Date (MM/DD/YYYY)		\$	
House #		Street Address			Description of Expenditure			
City		State		Zip Code				