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	Reset Form	Print Form

Commonwealth of Pennsylvania - Campaign Finance Report (Note: This report must be clear and legible, it should be typed)

(Note: I	his report must be clear and legible. It should be typed)
Figure 86-2603162	Esegon Filed By: Candidate Committee Localyist
e prince dellina Committee (Candidate of a	committee to elect Rita Bishop
	24 East washington street
Albion	SRIS pa ZP.Code 16401
Type of Report (Place x under report type)	
i de 1925 (de 2008) i dia escultar rosi Para transia de 1920 (de 1921) de dinary	responses and experiment possible profit in Paintell (1998). It is the second state of the State of State of the State of State o
05/18/2021	
3/9/2021	5/3/2021
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	5
	\$ 3,883.28
	\$
	\$ 3,000
7-15 25 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	3 S Affidavit Section
Part 1- If this is a Committee report, treasurer sign h I swear (or affirm) that this report, including the atta	re. if miggs a samuldage geport, candidate sign nere. :hed sche mules on paragrafisto the best of my knowledge and belief true, correct and complete.
Sworn to and subscribed before me this 4 day of May 20 21	ched scheduling paragraphs to the best of my knowledge and belief true, correct and complete. The scheduling paragraphs to the best of my knowledge and belief true, correct and complete. The scheduling paragraphs to the best of my knowledge and belief true, correct and complete. The scheduling paragraphs to the best of my knowledge and belief true, correct and complete. The scheduling paragraphs to the best of my knowledge and belief true, correct and complete. The scheduling paragraphs to the best of my knowledge and belief true, correct and complete. The scheduling paragraphs to the best of my knowledge and belief true, correct and complete. The scheduling paragraphs to the best of my knowledge and belief true, correct and complete. The scheduling paragraphs to the best of my knowledge and belief true, correct and complete. The scheduling paragraphs to the best of my knowledge and belief true, correct and complete. The scheduling paragraphs to the best of my knowledge and belief true, correct and complete. The scheduling paragraphs to the best of my knowledge and belief true, correct and complete. The scheduling paragraphs to the best of my knowledge and belief true, correct and complete. The scheduling paragraphs to the best of my knowledge and belief true, correct and complete. The scheduling paragraphs to the best of my knowledge and belief true, correct and complete. The scheduling paragraphs to the best of my knowledge and belief true, correct and complete. The scheduling paragraphs to the best of my knowledge and belief true, correct and complete. The scheduling paragraphs to the best of my knowledge and belief true, correct and complete. The scheduling paragraphs to the best of my knowledge and belief true, correct and complete. The scheduling paragraphs to the best of my knowledge and belief true, correct and correct
Barban Solventer	Resignature of Person Submitting report
Donial Cheriaciones	T-TENE X A TENE
My Commission expires MO 2 DAY 2 YR.	29 Tradition of No. 128,891,20 Area Code Area Code 434-63.08 Daytime Telephone Number
Part II- If this is a report of a Candidate's Authorized	Committee candidate shall sign here.
I swear (or affirm) that to the best of my knowledge a amended.	and belief this political cores ittee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, NO.320) as
Sworn to and subscribed before me this	
4 day of May 20 21	Signature of Caddidate
Bachara S. Hershelman Signature	Printed Name
My Commission expires Nov. 11 202	3 <u>814</u> <u>881 - 96 79</u> Area Code Daytime Telephone Number
MOI DAI III	Sayana raspina ranga

Commonwealth of Pennsylvania - Notary Seal BARBARA S HERSHELMAN - Notary Public

Erie County
My Commission Expires Nov 11, 2023
Commission Number 1290415

SCHEDULE I **Contributions and Receipts**

Detailed Summary Page

Filer identification Number 86-2603162	
1: Uniternized Contributions and Receipts-\$50.00 or Less per Contributor	
Total for the reporting period (1)	\$
2. Contributions of \$50.01 to \$250:00 (From Part A and Part 8)	
Contributions Received from Political Committees (Part A)	\$ 250.00
All Other Contributions (Part B)	\$ 650.00
Total for the reporting period (2)	\$ 900,00
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)	\$ ·
4: Other Receipts-Refunds, Interest Earned, Refumed Checks, ETG. (From Part E)	
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, Report Cover Page, Item B)	\$ 900.00

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.

Filer Identification Number

_:::	<u></u>				Amount
	of Contributing			Date [MM/DD/YYYY]	\$
Committee	Cor	nmittee to elect John Lo	pomis	3/15/2021	250.00
House #	Street Addr	ess		Date [MM/DD/YYYY]	\$
and the second of the second o	5706	Jones Lane			
City	<u> </u>	State	Zip Code	Date [MM/DD/YYYY]	\$
erie		pa	16505		
	of Contributing			Date [MM/DD/YYYY]	\$
Committee					
House #	Street Addı	ess		Date [MM/DD/YYYY]	\$
City	<u> </u>	State	Zip Code	Date [MM/DD/YYYY]	\$
		1. 5 A + 2021. +		<u> </u>	
	of Contributing	1 2000 1	The second secon	Date [MM/DD/YYYY]	\$
Committee					
House #	Street Addr	ess		Date [MM/DD/YYYY]	
City		State	Zip Code	Date [MM/DD/YYYY]	
Full Name o	f Contributing	la selection and	Andreas Albert	Date [MM/DD/YYYY]	***** ***
Committee	2 - 31 Mg				
House #	Street Addr	ess		Date [MM/DD/YYYY]	S
City	<u> </u>	State	Zip Code	Date [MM/DD/YYYY]	\$
				te de jaren eterner et er genommer i en nier	*11
Full Name o	f Contributing	[exec Mass]		Date [MM/DD/YYYY]	
Committee				- 12 m 2 m 2 m 2 m 2 m 2 m 2 m 2 m 2 m 2	
House #	Street Addr	nee .		Date [MM/DD/YYYY]	\$
	Sueer Addi	533 10 11			्रहरू (31)
City			Zip Code	Date [MM/DD/YYYY]	<u> </u>
City,		State	zip code	Pare finini/DD/11/41	\$
Full Name o	f Contributing		Market Market	Date [MM/DD/YYYY]	[::::] [:\$::]
Committee				A Section of section 2	
House #	Street Addre	255	1	Date [MM/DD/YYYY]	\$
City	<u> </u>	State	Zip Code	Date [MM/DD/YYYY]	Ş
				Frankli pol 11 1.11	

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 (Gentification Number 86-2603162	

		50-50-50-00-19977-0-51 (VASCAVII 60-80A)	31
Füll Name of Contributor Maria Goelin	er	Date (MM/OD/AXXX)	100.00
		04/30/2021	
House'# Street Address	West 8th Street	Date [MM/DD/YYM] S	30 31 32
Cuty Erie	State Zip Code PA 1502	Pate IMM/OD/ANA/I	
Fulinamesticontibutor	校院後年	Pateliyiyyepyayayi 195	
Nicole Sloane		199	100.00
House # Street Address		03/21/2021	
	Route 6		
City	67 HV 22 H2006	E.	
Corry	State	Date (MN/OP/AVA))	
Enlivanes icontinuo).	[李达479年851] [5020年10年125]]	PatelMM/DP/MMNES	e Li
Michael & Rel	becca Weich	03/20/2021	100.00
House 45		Date IMM/PP/YXYYL S	
ALCOHOLOGICAL AND ACCOUNTS OF THE PROPERTY OF	emitar Road SW	04/19/2021	100,00
	State	pate(MM/bb/yyyy) s) }
Deming	State ZIP Code NM 88030		
Full Name of Contributor	[25] [25] [25] [25] [25] [25] [25] [25]	Date(MM/dd/////)	
Rebecca Mars	ha ll	03/31/2021	50,00
Tiguses#: Street Address		Date (MM/DD/MM)	
	ast Washington Street		
	State Zp Gode 1	Date (MN/OD/WYY)] -
Albion	State PA 2 1 16401	AND WEST AND PERSONS ASSESSED FOR THE SECOND PROPERTY OF THE SECOND	
(EU) Name of Contributors		Oate(MM/DD/AYYY)	
James Trocki		03/29/2021	100.00
Group Street Address		Date IMM/DD/VYYYI S	
10256 Street Address	leadville Street		
ich.	State Zip Code	Patelmm//DO/AYAYA	
Albion	State PA Zip Code 16401		
Tull Pane of son doutors		PareINM/DD/AYME (\$	
Scott Seaton	·	04/20/2021	50.00
House # Street Address		Date (MM/DD/YYYY) \$	
**************************************		4	i
24 Ea	ist Washington Street		
24 Ea	State PA 21p.Code 16401	Date(IMM/DO/MM): \$	

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.)

OF THE ATT DESCRIPTION OF THE PROPERTY OF THE				
Files Identification Number 86	-2603162		`	
GS-16 V P-VA-VICAGRED TO BIT SILVER FOR SELVEN				
Full-NamelorContributor	nn and Eileen Hosey		Date [MIN/DD/AYYY]	50.00
	• •		04/15/2021	
67	Address Park Avenue			
City Albion	Sierie PA	Zip Code 16401	Date [MM/DD/MM]	881 381 683
		10401	W ₁	.201
Fulliname of Contributor			TDAte [MM/DD/XXXX]	
Houseld Street	Address		Date (MM//DD/WW)	
(GEV.)	State	Zip Code	Date (MM/DD/AYYY)	
and Name of Contributors	业		20ate IMM/OD//37/11 8	
Policy Street	invaluta Address		Date [MM/DD/YYYY] :	38
	State	Zip Code	Date (MM/DD/AYAY)	
			PRICHAMA DIA CAMPA	
House's Strain.	kddress	-	Pate (V/M/PD/XXXXI)	
经		FOR CONTRACTOR OF THE PROPERTY		
	State	Zip Code	Date [MM/DD/XYMX]	
Full Name of Contributor.	(1999-64-Construct)	Deviced a convergence of	Date [MM/DD/YYYY]E	74 M
House # Street A	ddress		Date [MM/DD//WY]	Ų .

Date [MM/OD/WW]. S

Date [VIM/DD/YYYY] \$

Date [MM/DD/YYYY] ... \$

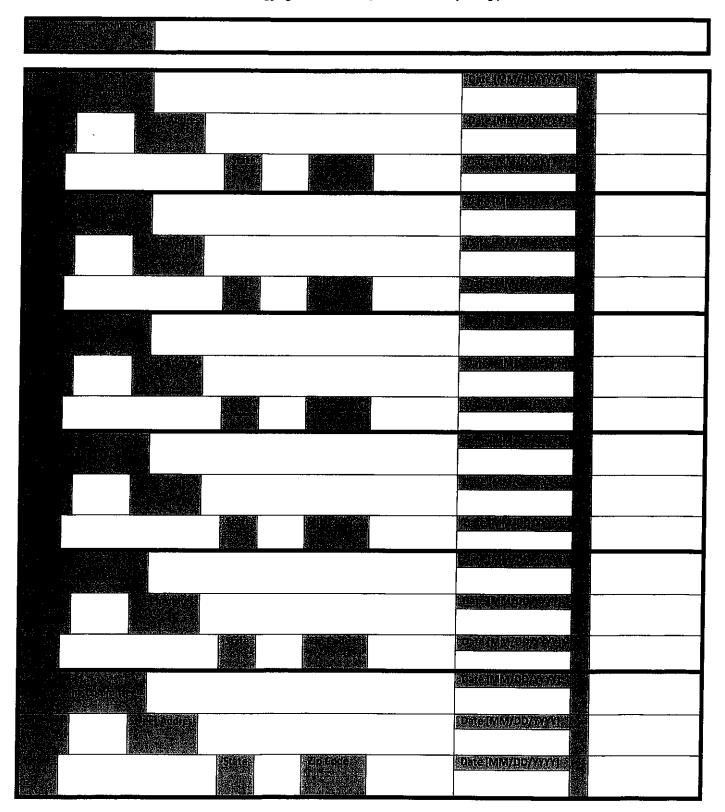
Date [MM/DD/YYYY]

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.

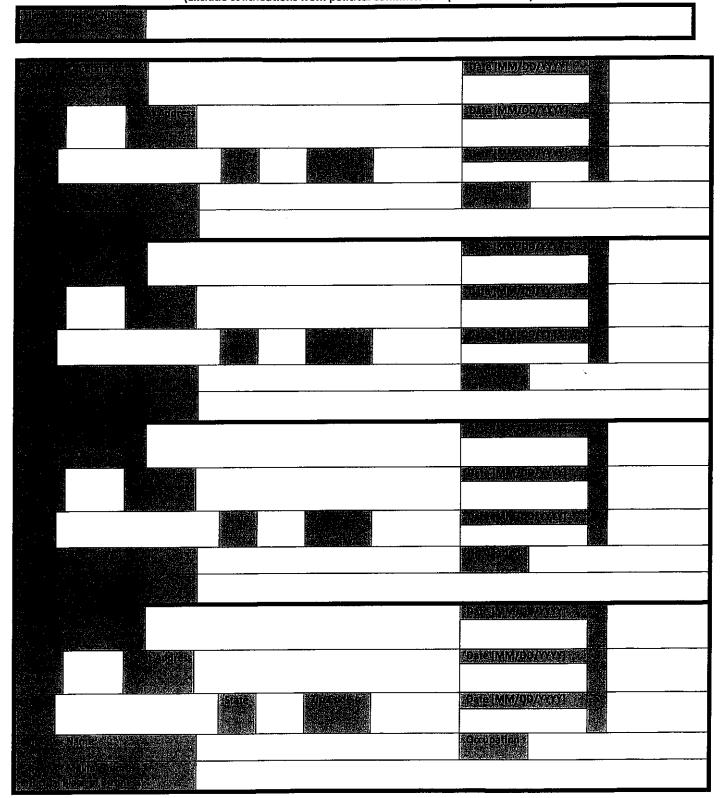


PART D

All Other Contributions

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period. (Exclude contributions from political committees reported in Part C)

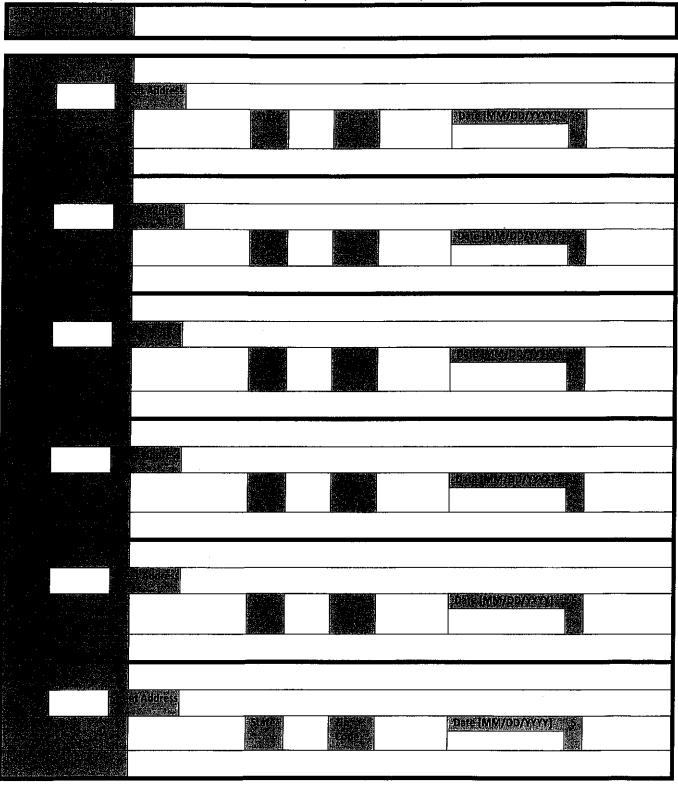


PART E

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.



SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECIEVED

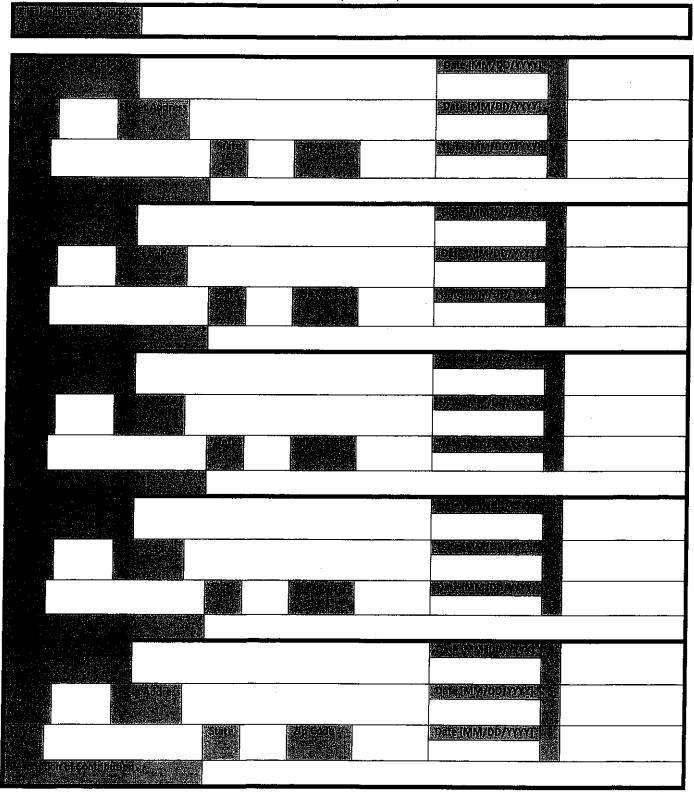
USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD DETAILED SUMMARY PAGE

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per en en en la	ije gola zagania ve		
TOTAL for the reporting period	(1)	\$	
TOTAL for the reporting period	(2)	\$	
TOTAL for the reporting period	(3)	\$	
TOTAL VALUE OF IN-KIND CONTRIBUTION (Add and enter amount totals from Page 1, Report Cover Page, Item F)		1 1	

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

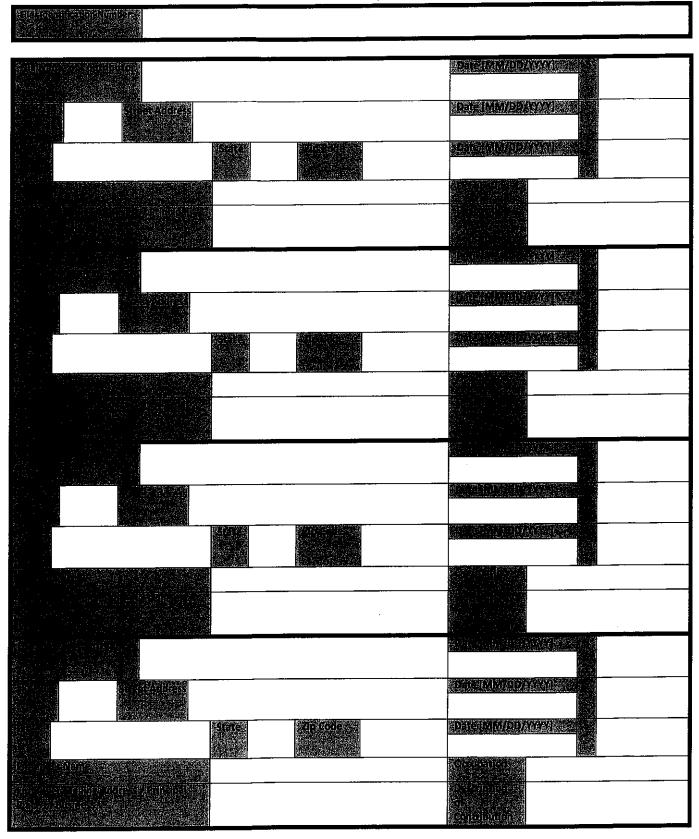


SCHEDULE II

Part G

In-Kind Contributions Received

VALUE OVER \$250



Statement of Expenditures *

(SELECTION PROGRAMMENT OF THE SELECTION		
ADMINISTRAÇÃO PROJECTOR DE PROPERTOR DE LA COMPANSIONA DEL COMPANSIONA DEL COMPANSIONA DE LA COMPANSIONA DEL COMPANSIONA DE LA COMPANSIONA DE LA COMPANSIONA DE LA COMPANSIONA DEL COMPANSIO		
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NOTE OF THE PROPERTY OF THE PR		
共主義には、大学などは、大学の大学を表現している。	 	

Erie County Courthouse - Voters Registration	Date[MM/DD/YYM] 3 03/09/2021 100.00
HGUSE # 140 Street Additions West 6th Street	Description of Expenditure
City Erie State PA Code 16501	Filing fee to run for County Executive
To Villam Pald Desantis Signs and Graphics, Inc	Date [MM/DD/XXYY] \$- 03/12/2021 1,305.50
House 546 Street Address West 18th Street	Description of Expenditure
State PA Code 16502	Signs
TOWNOM Paid () GoPrint.com	Date [MM/DD/XY/27] 58 134.96 134.96
7651 Street Address N. San Fernando Rd	Peso psionic i supendiruic
Burbank State CA Gode 91505	Car signs and banners
GotPrint,com	03/10/2021 237.38
House 18 7651 Stress Address N. San Fernando Road	Description of Expenditure
Burbank State CA Code 91505	Car signs and banners
TSW/Torn Fix	03/16/2021 1,000.00
HGUI 540 Street Address West 18th Street	Description of Expenditure
City Erle State PA Code 16502	Signs
J.S Retro Eatery	Date:(MM/PD//**M) \$ 33.35
198 Street Address Wiles Street #100	Description of Expenditure
Union City State PA Gode 16438	Lunch campaign help with signs
Totylnoin if a Land Bushnell Store	04/20/2021 28.90
Street Address Bushnell Road	Description of Expenditure
Conneaut State OH Code 44030	Gas .
Bushnell Store	Date [WM/015/MAM] \$ 04/25/2021 33.15
5915 Stree Address Bushnell Road	Description of Expenditure
Conneaut State OH Code 44030	Gas

Statement of Expenditures

21 (161 H) (16

			74.2	
The state of the s	ntls Signs		3/27/2021 A T	
540	West 18 Th Street	(Scientification of Norman)		
erie	Zin i PA	16502	Car magnets	
Bush	nell Store		4/27/2021 25.75	
5915	Bushnell Road			
Conneaut	Oh	44030	Gas	
Conneaut	No. Section 19	MODELLE S 1974	Subsequely PUVA-ASSECTOR	
Marq	uette Savings Bank		3/24/2021	
920	Peach Street			
Erie	pa	16501	New Acct Stratup checks	
	No. 11 (Mary Colorest Color			
3.2	. (.) (. (.) (.) . (.) (.) (.)			
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	Special Control Special Control Contro			(CHANGE OF THE
	et/Acidigs		Pescapoloji of Supendiduge	
	Sare	erd.		

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.

Filer Identification Number:

Name of Creditor		Candidate Rita Bishop					Outstanding Balance of Debt
House # 10172	Stre	eet Address Barney Road		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	TE DEBT INCURR [MM/DD/YYYY]	Market Company of the	
Gity	1-05000 55739 1-1500	albion	State	pa	Zip Code 16401)1	3000.00
Description of Debt	77 136 57 353 58 330	Start up to pay for Signs and ma	agnet, etc.				
Name of Creditor	PATRICI LESSE						Outstanding Balance of Debt
House #	Strei	et Address		100 to 10	TE DEBT INCURR [MM/DD/YYYY]	and the second second second	.
City	Material Alforda Alfor		State		Zip Code	A Company of the Comp	
Description of Debt							
Name of Creditor						100 mg	Outstanding Balance of Debt
House #	Stre	et Address		10 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -	TE DEBT INCURR [MM/DD/YYYY]		5
Сіву			State		Zip Code		
Description of Debt							
Name of Creditor						16	Outstanding Balance of Debt
House #	Stree	et Address	7777 CAN	1,13,175,116,17	E DEBT INCURRI MM/DD/YYYY]	(B)是是在17 (5) (4) (1) (1) (1)	\$
City		<u>\$2000000000000000000000000000000000000</u>	State		Zip Code		
Description of Debt	17 17 17 18 18 18 18 18 18 18 18 18 18 18 18 18	ı					
Name of Creditor	100000 1000000						Outstanding Balance of Debt
House#	Stree	et Address			E DEBT/INCURRI MM/DD/YYYY]		\$
City		<u>2,2000)e3</u>	State		Zip Code		
Description of Debt			•				
Name of Creditor						Î	Outstanding Balance of Debt
House #	Stree	et Address			E DEBT INCURRE MM/DD/YYYY]	ED 3	•
City		2020/201	State		Zip Code		
Description of Debt							