

# Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification Number	Report Filed By (Mark X)	Candidate	Committee	<input checked="" type="checkbox"/> Lobbyist
Name of Filing Committee, Candidate or Lobbyist		Committee to elect Vanessa Belen Treasurer Junius Johnson		
Street Address		3995 Cherry Blossom Drive		
City	Erie	State	PA	Zip Code 16510

Type of Report (Place x under report type)

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

Summary of Receipts and Expenditures	From Date	To Date
	3/5/2019	5/6/2019
A. Amount Brought Forward From Last Report	\$	0
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	2684.20
C. Total Funds Available (Sum of Lines A and B)	\$	2684.20
D. Total Expenditures (From Schedule III)	\$	1532.71
E. Ending Cash Balance (Subtract Line D from Line C)	\$	1151.49
F. Value of In-Kind Contributions Received (From Schedule II)	\$	976.50
G. Unpaid Debts and Obligations (From Schedule IV)	\$	0

For Office Use Only

2019 MAY 10 PM 2:40  
ERIE COUNTY  
VOTER REGISTRATION  
FE

Affirmation Section

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 and appendices to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this 10<sup>th</sup> day of May 20 19

Junia Fernandez  
Signature

My Commission expires 4-3-23  
MO. DAY YR.

Junius F. Johnson  
Signature of Person Submitting report

Junius F. Johnson  
Printed Name

(814) 449-8840  
Area Code 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 and belief 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 10<sup>th</sup> day of May 20 19

Junia Fernandez  
Signature

My Commission expires 4-3-23  
MO. DAY YR.

Vanessa Belen  
Signature of Candidate

Vanessa Belen  
Printed Name

814 844 9932  
Area Code Daytime Telephone Number

Commonwealth of Pennsylvania - Notary Seal  
Tonia Fernandez, Notary Public  
Erie County  
My commission expires April 3, 2023  
Commission number 1288912  
Member, Pennsylvania Association of Notaries

SCHEDULE I  
**Contributions and Receipts**  
Detailed Summary Page

<b>Filer Identification Number</b>			
<b>1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor</b>			
Total for the reporting period		(1)	\$ 2184.20
<b>2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)</b>			
Contributions Received from Political Committees (Part A)		\$	
All Other Contributions (Part B)		\$	500.00
Total for the reporting period		(2)	\$
<b>3. Contributions Over \$250.00 (From Part C and Part D)</b>			
Contributions Received from Political Committees (Part C)		\$	
All Other Contributions (Part D)		\$	
Total for the reporting period		(3)	\$
<b>4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)</b>			
Total for the reporting period		(4)	\$ 0
Total Monetary Contributions and Receipts during this reporting period <i>(Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)</i>		\$	2684.20

## Contributions Received From Political Committees

**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												
<b>Full Name of Contributing Committee</b>							<b>Date [MM/DD/YYYY]</b>		\$	<b>Amount</b>		
<b>House #</b>			<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>		\$			
<b>City</b>			<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>		\$			
<b>Full Name of Contributing Committee</b>							<b>Date [MM/DD/YYYY]</b>		\$			
<b>House #</b>			<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>		\$			
<b>City</b>			<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>		\$			
<b>Full Name of Contributing Committee</b>							<b>Date [MM/DD/YYYY]</b>		\$			
<b>House #</b>			<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>		\$			
<b>City</b>			<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>		\$			
<b>Full Name of Contributing Committee</b>							<b>Date [MM/DD/YYYY]</b>		\$			
<b>House #</b>			<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>		\$			
<b>City</b>			<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>		\$			
<b>Full Name of Contributing Committee</b>							<b>Date [MM/DD/YYYY]</b>		\$			
<b>House #</b>			<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>		\$			
<b>City</b>			<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>		\$			
<b>Full Name of Contributing Committee</b>							<b>Date [MM/DD/YYYY]</b>		\$			
<b>House #</b>			<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>		\$			
<b>City</b>			<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>		\$			
<b>Full Name of Contributing Committee</b>							<b>Date [MM/DD/YYYY]</b>		\$			
<b>House #</b>			<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>		\$			
<b>City</b>			<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>		\$			

## 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:	
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Full Name of Contributor					Date [MM/DD/YYYY]		\$	
Danny jones					4/23/2019		\$	100.00
House #		Street Address	527 W 7th St.		Date [MM/DD/YYYY]		\$	
City	Erie	State	PA	Zip Code	16502	Date [MM/DD/YYYY]	\$	
Full Name of Contributor					Date [MM/DD/YYYY]		\$	
Marc Blount					3/5/2019		\$	40.00
House #		Street Address	2416 June St.		Date [MM/DD/YYYY]		\$	
City	Erie	State	PA	Zip Code	16510	Date [MM/DD/YYYY]	\$	
Full Name of Contributor					Date [MM/DD/YYYY]		\$	
Jack Daneri					4/26/2019		\$	100.00
House #		Street Address	1509 Pasadena		Date [MM/DD/YYYY]		\$	
City	Erie	State	PA	Zip Code	16505	Date [MM/DD/YYYY]	\$	
Full Name of Contributor					Date [MM/DD/YYYY]		\$	
Junius Johnson					3/12/2019		\$	100.00
House #		Street Address	3995 Cherry Blossom Dr.		Date [MM/DD/YYYY]		\$	
City	Erie	State	PA	Zip Code	16510	Date [MM/DD/YYYY]	\$	
Full Name of Contributor					Date [MM/DD/YYYY]		\$	
Vanessa Belen					4/2/2019		\$	100.00
House #		Street Address	216 Chestnut St.		Date [MM/DD/YYYY]		\$	
City	Erie	State	PA	Zip Code	16507	Date [MM/DD/YYYY]	\$	
Full Name of Contributor					Date [MM/DD/YYYY]		\$	
House #		Street Address			Date [MM/DD/YYYY]		\$	
City		State		Zip Code		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.

<b>Filer Identification Number:</b>	
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<b>Full Name of Contributing Committee</b>					<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	
<b>House #</b>		<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	
<b>City</b>		<b>State</b>		<b>Zip Code</b>	<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	
<b>Full Name of Contributing Committee</b>					<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	
<b>House #</b>		<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	
<b>City</b>		<b>State</b>		<b>Zip Code</b>	<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	
<b>Full Name of Contributing Committee</b>					<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	
<b>House #</b>		<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	
<b>City</b>		<b>State</b>		<b>Zip Code</b>	<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	
<b>Full Name of Contributing Committee</b>					<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	
<b>House #</b>		<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	
<b>City</b>		<b>State</b>		<b>Zip Code</b>	<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	
<b>Full Name of Contributing Committee</b>					<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	
<b>House #</b>		<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	
<b>City</b>		<b>State</b>		<b>Zip Code</b>	<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	

## 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)

Filer Identification Number:	
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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							
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							
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							
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							

## 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								
House #		Street Address						
City			State		Zip Code		Date [MM/DD/YYYY]	\$
Receipt Description								
Full Name								
House #		Street Address						
City			State		Zip Code		Date [MM/DD/YYYY]	\$
Receipt Description								
Full Name								
House #		Street Address						
City			State		Zip Code		Date [MM/DD/YYYY]	\$
Receipt Description								
Full Name								
House #		Street Address						
City			State		Zip Code		Date [MM/DD/YYYY]	\$
Receipt Description								
Full Name								
House #		Street Address						
City			State		Zip Code		Date [MM/DD/YYYY]	\$
Receipt Description								
Full Name								
House #		Street Address						
City			State		Zip Code		Date [MM/DD/YYYY]	\$
Receipt Description								

**SCHEDULE II**

**IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED**

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

Filer Identification Number:

**1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.00 OR LESS PER CONTRIBUTOR**

TOTAL for the reporting period

(1)

\$

**2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.00 (FROM PART F)**

TOTAL for the reporting period

(2)

\$

80.00

**3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART G)**

TOTAL for the reporting period

(3)

\$

896.50

**TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F)**

\$

976.50



SCHEDULE II  
PART F  
**In-Kind Contributions Received**  
VALUE OF \$50.01 TO \$250

Filer Identification Number:	
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Full Name of Contributor					Date [MM/DD/YYYY]		\$	80.00
Lanisha Chementi					3/16/2019			
House #		Street Address	849 Rumsey Ave		Date [MM/DD/YYYY]	\$		
City	Erie		State	PA	Zip Code	16511	Date [MM/DD/YYYY]	\$
Description of Contribution			Purchased candy to hand out in the St. Patrick's day Parade					
Full Name of Contributor					Date [MM/DD/YYYY]		\$	
House #		Street Address			Date [MM/DD/YYYY]	\$		
City			State		Zip Code		Date [MM/DD/YYYY]	\$
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]	\$
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]	\$
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]	\$
Description of Contribution								

SCHEDULE II  
Part G  
**In-Kind Contributions Received**  
VALUE OVER \$250

Filer Identification Number:	
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Full Name of Contributor					Date [MM/DD/YYYY]		\$	394.80
Junius Johnson					4/9/2019			
House #	Street Address		3995 Cherry Blossom Dr.		Date [MM/DD/YYYY]		\$	229.29
					4/16/2019			
City	Erie		State	PA	Zip Code	16510		
						5/9/2019		272.41
Employer Name			retired			Occupation		retired
Employer Mailing Address / Principal Place of Business			3995 Cherry Blossom Dr.			Description of Contribution		Banners and postcard flyers

  

Full Name of Contributor					Date [MM/DD/YYYY]		\$	
House #	Street Address				Date [MM/DD/YYYY]		\$	
City			State		Zip Code			
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			
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			
Employer Name						Occupation		
Employer Mailing Address / Principal Place of Business						Description of Contribution		

**SCHEDULE III**  
**Statement of Expenditures**

<b>Filer Identification Number:</b>	
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<b>To Whom Paid</b>		County of Erie				<b>Date [MM/DD/YYYY]</b>	\$	30.00
						3/12/2019		
<b>House #</b>		<b>Street Address</b>	140 W 6th St.			<b>Description of Expenditure</b>		
<b>City</b>	Erie	<b>State</b>	PA	<b>Zip Code</b>	16501	Petitions/voter CD		
<b>To Whom Paid</b>		KimKopy				<b>Date [MM/DD/YYYY]</b>	\$	66.78
						3/15/2019		
<b>House #</b>		<b>Street Address</b>	2040 West 8th St.			<b>Description of Expenditure</b>		
<b>City</b>	Erie	<b>State</b>	PA	<b>Zip Code</b>	16505	Buttons for the campaign		
<b>To Whom Paid</b>		County of Erie				<b>Date [MM/DD/YYYY]</b>	\$	35.00
						4/3/2019		
<b>House #</b>		<b>Street Address</b>	140 W 6th St.			<b>Description of Expenditure</b>		
<b>City</b>	Erie	<b>State</b>	PA	<b>Zip Code</b>	16501	Super voter disk		
<b>To Whom Paid</b>		American Legion				<b>Date [MM/DD/YYYY]</b>	\$	140.00
						4/6/2019		
<b>House #</b>		<b>Street Address</b>	260 E 3rd St.			<b>Description of Expenditure</b>		
<b>City</b>	Erie	<b>State</b>	PA	<b>Zip Code</b>	16507	use of building fundraiser		
<b>To Whom Paid</b>		FedEx Office				<b>Date [MM/DD/YYYY]</b>	\$	345.88
						4/9/2019		
<b>House #</b>		<b>Street Address</b>	5755 Peach St.			<b>Description of Expenditure</b>		
<b>City</b>	Erie	<b>State</b>	PA	<b>Zip Code</b>	16509	Post cards/flyers		
<b>To Whom Paid</b>		Room 33				<b>Date [MM/DD/YYYY]</b>	\$	595.05
						4/23/2019		
<b>House #</b>		<b>Street Address</b>	1033 State St.			<b>Description of Expenditure</b>		
<b>City</b>	Erie	<b>State</b>	PA	<b>Zip Code</b>	16501	use of the facility/food fundraiser		
<b>To Whom Paid</b>		Erie Dem				<b>Date [MM/DD/YYYY]</b>	\$	120.00
						5/2/2019		
<b>House #</b>		<b>Street Address</b>	1305 State St.			<b>Description of Expenditure</b>		
<b>City</b>	Erie	<b>State</b>	PA	<b>Zip Code</b>	16501	tickets to the Democratic Party dinner		
<b>To Whom Paid</b>		Cash Junius Johnson				<b>Date [MM/DD/YYYY]</b>	\$	200.00
						4/12/2019		
<b>House #</b>		<b>Street Address</b>	3995 Cherry Blossom Dr.			<b>Description of Expenditure</b>		
<b>City</b>	Erie	<b>State</b>	PA	<b>Zip Code</b>	16510	Start up cash for fundraiser at Latino's		

**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:	
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Name of Creditor						Outstanding Balance of Debt	
House #		Street Address		DATE DEBT INCURRED [MM/DD/YYYY]		\$	
City		State	Zip Code				
Description of Debt							
Name of Creditor						Outstanding Balance of Debt	
House #		Street Address		DATE DEBT INCURRED [MM/DD/YYYY]		\$	
City		State	Zip Code				
Description of Debt							
Name of Creditor						Outstanding Balance of Debt	
House #		Street Address		DATE DEBT INCURRED [MM/DD/YYYY]		\$	
City		State	Zip Code				
Description of Debt							
Name of Creditor						Outstanding Balance of Debt	
House #		Street Address		DATE DEBT INCURRED [MM/DD/YYYY]		\$	
City		State	Zip Code				
Description of Debt							
Name of Creditor						Outstanding Balance of Debt	
House #		Street Address		DATE DEBT INCURRED [MM/DD/YYYY]		\$	
City		State	Zip Code				
Description of Debt							