



Reset Form

Print Form

## 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)	<input checked="" type="checkbox"/> Candidate	<input type="checkbox"/> Committee	<input type="checkbox"/> Lobbyist
Name of Filing Committee, Candidate or Lobbyist	Rita F Bishop				
Street Address	10172 Barney Rd				
City	Albion	State	PA	Zip Code	16401

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	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	1/1/19	5-6-19	
A. Amount Brought Forward From Last Report	\$	0	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	250.00	
C. Total Funds Available (Sum of Lines A and B)	\$	250	
D. Total Expenditures (From Schedule III)	\$	257.59	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	-7.59	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	257.59	

Part I- If this is a <b>Committee</b> report, treasurer sign here. If this is a <b>Candidate</b> report, candidate sign here.	
I swear (or affirm) that this report, including the attached schedule, is true to the best of my knowledge and belief true, correct and complete.	
Sworn to and subscribed before me this 7 <sup>th</sup> day of May 20 19 Daria Fernandez Signature	 Signature of Person Submitting report Rita F Bishop Printed Name
My Commission expires 4-3-23 MO. DAY YR.	814 Area Code 881-9679 Daytime Telephone Number

Part II- If this is a report of a <b>Candidate's Authorized Committee</b> , candidate's authorized committee 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 ____ day of _____ 20____ _____ Signature	_____ Signature of Candidate _____ Printed Name
My Commission expires _____ MO. DAY YR.	_____ Area Code _____ Daytime Telephone Number

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)	\$
<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)		\$
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)	\$
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>		\$

**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.

<b>Filer Identification Number</b>											
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										Amount	
<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.)

<b>Filer Identification Number:</b>	Rita F Bishop
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<b>Full Name of Contributor</b>		Sue Weber		<b>Date [MM/DD/YYYY]</b>	4/12/19	\$	50.00
<b>House #</b>	5338	<b>Street Address</b>	Norris Dr.	<b>Date [MM/DD/YYYY]</b>		\$	
<b>City</b>	Erie	<b>State</b>	PA	<b>Zip Code</b>	16509	<b>Date [MM/DD/YYYY]</b>	
<b>Full Name of Contributor</b>		Nicole Sloane		<b>Date [MM/DD/YYYY]</b>	4/13/19	\$	100.00
<b>House #</b>	12738	<b>Street Address</b>	Route A	<b>Date [MM/DD/YYYY]</b>		\$	
<b>City</b>	Corry	<b>State</b>	pa	<b>Zip Code</b>	16407	<b>Date [MM/DD/YYYY]</b>	
<b>Full Name of Contributor</b>		Maria Goellner		<b>Date [MM/DD/YYYY]</b>		\$	100.00
<b>House #</b>	1242	<b>Street Address</b>	West 8th	<b>Date [MM/DD/YYYY]</b>		\$	
<b>City</b>	Erie	<b>State</b>	PA	<b>Zip Code</b>	16502	<b>Date [MM/DD/YYYY]</b>	
<b>Full Name of Contributor</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 Contributor</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 Contributor</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 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.

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

**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							

## 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:	
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<b>1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.00 OR LESS PER CONTRIBUTOR</b>		
TOTAL for the reporting period	(1)	\$

<b>2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.00 (FROM PART F)</b>		
TOTAL for the reporting period	(2)	\$

<b>3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART G)</b>		
TOTAL for the reporting period	(3)	\$

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)		\$
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**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]		\$	
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								
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]	\$	
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				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]	\$			
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	Date [MM/DD/YYYY]	\$			
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	Date [MM/DD/YYYY]	\$			
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	Date [MM/DD/YYYY]	\$			
Employer Name				Occupation			
Employer Mailing Address / Principal Place of Business				Description of Contribution			

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

<b>Filer Identification Number:</b>	Rita F Bishop
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<b>To Whom Paid</b>		Erie County		<b>Date [MM/DD/YYYY]</b>		\$		10.00	
				2/16/19					
<b>House #</b>	140	<b>Street Address</b>	West Sixth Street		<b>Description of Expenditure</b>				
<b>City</b>	Erie	<b>State</b>	PA	<b>Zip Code</b>	16501	Fee for Petion			
<b>To Whom Paid</b>		GoPrint.com		<b>Date [MM/DD/YYYY]</b>		\$		37.58	
				2/28/19					
<b>House #</b>	7651	<b>Street Address</b>	N San Fernando Rd		<b>Description of Expenditure</b>				
<b>City</b>	Burbank	<b>State</b>	CA	<b>Zip Code</b>	91505	Campaing postcards			
<b>To Whom Paid</b>		GoPrint		<b>Date [MM/DD/YYYY]</b>		\$		72.46	
				3/8/19					
<b>House #</b>	7651	<b>Street Address</b>	N San Fernando RD		<b>Description of Expenditure</b>				
<b>City</b>	Burbank	<b>State</b>	CA	<b>Zip Code</b>	91505	Magnetic signs			
<b>To Whom Paid</b>		GoPrint		<b>Date [MM/DD/YYYY]</b>		\$		125.31	
				3/14/19					
<b>House #</b>	7651	<b>Street Address</b>	San Fernando Rd		<b>Description of Expenditure</b>				
<b>City</b>	Burbank	<b>State</b>	CA	<b>Zip Code</b>	91515	Yard Signs			
<b>To Whom Paid</b>		Staples		<b>Date [MM/DD/YYYY]</b>		\$		18.01	
				3/20/19					
<b>House #</b>		<b>Street Address</b>			<b>Description of Expenditure</b>				
<b>City</b>	Erie	<b>State</b>	PA	<b>Zip Code</b>	16509	Labels			
<b>To Whom Paid</b>		Hobby Lobby		<b>Date [MM/DD/YYYY]</b>		\$		4.23	
				3/20/19					
<b>House #</b>		<b>Street Address</b>			<b>Description of Expenditure</b>				
<b>City</b>	Erie	<b>State</b>	PA	<b>Zip Code</b>	16509	Buttons			
<b>To Whom Paid</b>				<b>Date [MM/DD/YYYY]</b>		\$			
<b>House #</b>		<b>Street Address</b>			<b>Description of Expenditure</b>				
<b>City</b>		<b>State</b>		<b>Zip Code</b>					
<b>To Whom Paid</b>				<b>Date [MM/DD/YYYY]</b>		\$			
<b>House #</b>		<b>Street Address</b>			<b>Description of Expenditure</b>				
<b>City</b>		<b>State</b>		<b>Zip Code</b>					

**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.

<b>Filer Identification Number:</b>	Rita F Bishop
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<b>Name of Creditor</b>		Rita F Bishop				<b>Outstanding Balance of Debt</b>	
<b>House #</b>	10172	<b>Street Address</b>	Barney Rd	<b>DATE DEBT INCURRED [MM/DD/YYYY]</b>		\$	257.59
				02/28/19			
<b>City</b>	Albion	<b>State</b>	PA	<b>Zip Code</b>	16501		
<b>Description of Debt</b>		Start moneies					

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

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

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

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

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