

# Commonwealth of Pennsylvania - Campaign Finance Report

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

|   |  |                          |           |                          |           |                                     |          |                          |
|---|--|--------------------------|-----------|--------------------------|-----------|-------------------------------------|----------|--------------------------|
| Filer Identification Number                     | 83-3710783   | Report Filed By (Mark X) | Candidate | <input type="checkbox"/> | Committee | <input checked="" type="checkbox"/> | Lobbyist | <input type="checkbox"/> |
| Name of Filing Committee, Candidate or Lobbyist | The Committee to Elect Kim Clear to County Council |                          |           |                          |           |                                     |          |                          |
| Street Address                                  | 6060 Briar Drive                                   |                          |           |                          |           |                                     |          |                          |
| City  | Erie   | State                    | PA        | Zip Code                 | 16506     |                                     |          |                          |

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)          | 05/21/2019                            | Year                     | 2019                                     | Amendment Report                        | <input type="checkbox"/> | Termination Report       | <input type="checkbox"/>                    | <input type="checkbox"/>     |

| Summary of Receipts and Expenditures                           | From Date | To Date    | For Office Use Only   |
|--|-----------|------------|---|
|  | 03/1/2019 | 05/09/2019 |   |
| A. Amount Brought Forward From Last Report                     | \$        | 0          | <div style="writing-mode: vertical-rl; transform: rotate(180deg);"> 2019 MAY 10 PM 3:42<br/> ERIE COUNTY<br/> VOTER REGISTRATION<br/> TK </div> |
| B. Total Monetary Contributions and Receipts (From Schedule I) | \$        | 8424.12    |   |
| C. Total Funds Available (Sum of Lines A and B)                | \$        | 8424.12    |   |
| D. Total Expenditures (From Schedule III)                      | \$        | 3835.70    |   |
| E. Ending Cash Balance (Subtract Line D from Line C)           | \$        | 4588.42    |   |
| F. Value of In-Kind Contributions Received (From Schedule II)  | \$        | 975        |   |
| G. Unpaid Debts and Obligations (From Schedule IV)             | \$        | 0          |   |

|  |   |
|--|---|
| 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 schedules of receipts and expenditures, is to the best of my knowledge and belief true, correct and complete.                   |   |
| Sworn to and subscribed before me this<br><u>19<sup>th</sup></u> day of <u>May</u> 20 <u>19</u><br><u>Tonia Fernandez</u><br>Signature<br>My Commission expires <u>4-3-23</u><br>MO. DAY YR. | <div style="writing-mode: vertical-rl; transform: rotate(180deg);"> Commonwealth of Pennsylvania - Notary Seal<br/> Tonia Fernandez, Notary Public<br/> Erie County<br/> My commission expires April 3, 2023<br/> Commission number 1288912<br/> Member, Pennsylvania Association of Notaries </div> <div> <u>Allen Thayer</u><br/> Signature of Person Submitting report<br/> <u>Allen Thayer</u><br/> Printed Name<br/> <u>814</u><br/> Area Code<br/> <u>882-4951</u><br/> Daytime Telephone Number </div> |

|  |  |
|--|--|
| Part II- If this is a report of a <b>Candidate's Authorized Committee</b> , candidate 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<br><u>10<sup>th</sup></u> day of <u>May</u> 20 <u>19</u><br><u>Tonia Fernandez</u><br>Signature<br>My Commission expires <u>4-3-23</u><br>MO. DAY YR. | <div style="writing-mode: vertical-rl; transform: rotate(180deg);"> Commonwealth of Pennsylvania - Notary Seal<br/> Tonia Fernandez, Notary Public<br/> Erie County<br/> My commission expires April 3, 2023<br/> Commission number 1288912<br/> Member, Pennsylvania Association of Notaries </div> <div> <u>Kimberly A Clear</u><br/> Signature of Candidate<br/> <u>Kimberly A Clear</u><br/> Printed Name<br/> <u>814</u><br/> Area Code<br/> <u>881-9270</u><br/> Daytime Telephone Number </div> |

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

|                             |            |
|-----------------------------|------------|
| Filer Identification Number | 83-3710783 |
|-----------------------------|------------|

|   |    |         |
|---|----|---------|
| <b>1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor</b>   |    |         |
| Total for the reporting period (1)  | \$ | 2357.32 |
| <b>2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)</b>   |    |         |
| Contributions Received from Political Committees (Part A)   | \$ | 0       |
| All Other Contributions (Part B)  | \$ | 271.80  |
| Total for the reporting period (2)  | \$ | 271.80  |
| <b>3. Contributions Over \$250.00 (From Part C and Part D)</b>  |    |         |
| Contributions Received from Political Committees (Part C)   | \$ | 0       |
| All Other Contributions (Part D)  | \$ | 5795    |
| Total for the reporting period (3)  | \$ | 5795    |
| <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> ) | \$ | 8424.12 |

## 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 | 83-3710783 |
|-----------------------------|------------|

|                                     |  |                |  |          |                   |    | Amount |
|-------------------------------------|--|----------------|--|----------|-------------------|----|--------|
| 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 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: | 83-3710783 |
|------------------------------|------------|

|                          |              |                 |                |                   |       |                   |
|--------------------------|--------------|-----------------|----------------|-------------------|-------|-------------------|
| Full Name of Contributor |              | Bobbi Rubin     |                | Date [MM/DD/YYYY] | \$    | 75                |
|                          |              |                 |                | 04/04/2019        |       |                   |
| House #                  | 1305         | Street Address  | Cedar Ridge Dr | Date [MM/DD/YYYY] | \$    |                   |
|                          |              |                 |                |                   |       |                   |
| City                     | Erie         | State           | PA             | Zip Code          | 16509 | Date [MM/DD/YYYY] |
|                          |              |                 |                |                   |       |                   |
| Full Name of Contributor |              | Klara Clear     |                | Date [MM/DD/YYYY] | \$    | 96.80             |
|                          |              |                 |                | 04/04/2019        |       |                   |
| House #                  | 113          | Street Address  | Dillon St.     | Date [MM/DD/YYYY] | \$    |                   |
|                          |              |                 |                |                   |       |                   |
| City                     | Beaver Falls | State           | PA             | Zip Code          | 15010 | Date [MM/DD/YYYY] |
|                          |              |                 |                |                   |       |                   |
| Full Name of Contributor |              | Mark Dombrowski |                | Date [MM/DD/YYYY] | \$    | 100               |
|                          |              |                 |                | 04/02/2019        |       |                   |
| House #                  | 4361         | Street Address  | Cooper Rd      | Date [MM/DD/YYYY] | \$    |                   |
|                          |              |                 |                |                   |       |                   |
| City                     | Erie         | State           | PA             | Zip Code          | 16510 | 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] |
|                          |              |                 |                |                   |       |                   |
| Full Name of Contributor |              |                 |                | Date [MM/DD/YYYY] | \$    |                   |
|                          |              |                 |                |                   |       |                   |
| House #                  |              | Street Address  |                | Date [MM/DD/YYYY] | \$    |                   |
|                          |              |                 |                |                   |       |                   |
| City                     |              | State           |                | Zip Code          |       | 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.

|                              |            |
|------------------------------|------------|
| Filer Identification Number: | 83-3710783 |
|------------------------------|------------|

|                                     |                |          |                   |                   |                   |    |  |
|-------------------------------------|----------------|----------|-------------------|-------------------|-------------------|----|--|
| 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)

|                                     |            |
|-------------------------------------|------------|
| <b>Filer Identification Number:</b> | 83-3710783 |
|-------------------------------------|------------|

|   |      |                       |               |                          |                          |                          |      |
|---|------|-----------------------|---------------|--------------------------|--------------------------|--------------------------|------|
| <b>Full Name of Contributor</b>                               |      | Alan Schaal           |               | <b>Date [MM/DD/YYYY]</b> |                          | \$                       | 2795 |
|   |      |                       |               | 03/07/2019               |                          |                          |      |
| <b>House #</b>  | 4242 | <b>Street Address</b> | Commadore Dr  |                          | <b>Date [MM/DD/YYYY]</b> | \$                       |      |
|   |      |                       |               |                          |                          |                          |      |
| <b>City</b>   | Erie | <b>State</b>          | PA            | <b>Zip Code</b>          | 16505                    | <b>Date [MM/DD/YYYY]</b> | \$   |
|   |      |                       |               |                          |                          |                          |      |
| <b>Employer Name</b>  |      |                       |               | <b>Occupation</b>        |                          | Business Owner, friend   |      |
| <b>Employer Mailing Address / Principal Place of Business</b> |      |                       |               |                          |                          |                          |      |
| <b>Full Name of Contributor</b>                               |      | Allan Thayer          |               | <b>Date [MM/DD/YYYY]</b> |                          | \$                       | 1000 |
|   |      |                       |               | 03/12/2019               |                          |                          |      |
| <b>House #</b>  | 4027 | <b>Street Address</b> | Zimmerly Rd   |                          | <b>Date [MM/DD/YYYY]</b> | \$                       |      |
|   |      |                       |               |                          |                          |                          |      |
| <b>City</b>   | Erie | <b>State</b>          | PA            | <b>Zip Code</b>          | 16506                    | <b>Date [MM/DD/YYYY]</b> | \$   |
|   |      |                       |               |                          |                          |                          |      |
| <b>Employer Name</b>  |      |                       |               | <b>Occupation</b>        |                          | Retired-Father           |      |
| <b>Employer Mailing Address / Principal Place of Business</b> |      |                       |               |                          |                          |                          |      |
| <b>Full Name of Contributor</b>                               |      | Judy Roth             |               | <b>Date [MM/DD/YYYY]</b> |                          | \$                       | 1000 |
|   |      |                       |               | 03/19/2019               |                          |                          |      |
| <b>House #</b>  | 6338 | <b>Street Address</b> | Stonebrook    |                          | <b>Date [MM/DD/YYYY]</b> | \$                       |      |
|   |      |                       |               |                          |                          |                          |      |
| <b>City</b>   | Erie | <b>State</b>          | PA            | <b>Zip Code</b>          | 16506                    | <b>Date [MM/DD/YYYY]</b> | \$   |
|   |      |                       |               |                          |                          |                          |      |
| <b>Employer Name</b>  |      |                       |               | <b>Occupation</b>        |                          | retired- aunt            |      |
| <b>Employer Mailing Address / Principal Place of Business</b> |      |                       |               |                          |                          |                          |      |
| <b>Full Name of Contributor</b>                               |      | Joseph Owens          |               | <b>Date [MM/DD/YYYY]</b> |                          | \$                       | 500  |
|   |      |                       |               | 04/01/2019               |                          |                          |      |
| <b>House #</b>  | 1218 | <b>Street Address</b> | W. 9th Street |                          | <b>Date [MM/DD/YYYY]</b> | \$                       |      |
|   |      |                       |               |                          |                          |                          |      |
| <b>City</b>   | Erie | <b>State</b>          | PA            | <b>Zip Code</b>          | 16501                    | <b>Date [MM/DD/YYYY]</b> | \$   |
|   |      |                       |               |                          |                          |                          |      |
| <b>Employer Name</b>  |      |                       |               | <b>Occupation</b>        |                          | retired -uncle           |      |
| <b>Employer Mailing Address / Principal Place of Business</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: | 83-3710783 |
|------------------------------|------------|

|  |       |                |    |                   |       |                   |  |                     |  |     |  |
|--|-------|----------------|----|-------------------|-------|-------------------|--|---------------------|--|-----|--|
| Full Name of Contributor                               |       | Steve LaSalvia |    | Date [MM/DD/YYYY] |       | 04/15/2019        |  | \$                  |  | 500 |  |
| House #  | 12797 | Street Address |    | State Line Rd     |       | Date [MM/DD/YYYY] |  | \$                  |  |     |  |
| City   | Corry | State          | PA | Zip Code          | 16407 | Date [MM/DD/YYYY] |  | \$                  |  |     |  |
| Employer Name  |       |                |    |                   |       | Occupation        |  | Friend/Farmer/Sheds |  |     |  |
| 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 |       |                |    |                   |       |                   |  |                     |  |     |  |
| 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: | 83-3710783 |
|------------------------------|------------|

|                     |  |                |       |  |          |  |                   |    |
|---------------------|--|----------------|-------|--|----------|--|-------------------|----|
| 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**

|                                     |            |
|-------------------------------------|------------|
| <b>Filer Identification Number:</b> | 83-3710783 |
|-------------------------------------|------------|

|  |    |     |
|--|----|-----|
| <b>1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.00 OR LESS PER CONTRIBUTOR</b> |    |     |
| TOTAL for the reporting period (1)   | \$ | 400 |

|   |    |   |
|---|----|---|
| <b>2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.00 (FROM PART F)</b> |    |   |
| TOTAL for the reporting period (2)  | \$ | 0 |

|   |    |     |
|---|----|-----|
| <b>3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART G)</b> |    |     |
| TOTAL for the reporting period (3)  | \$ | 575 |

|   |    |     |
|---|----|-----|
| 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) | \$ | 975 |
|---|----|-----|

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

|                              |            |
|------------------------------|------------|
| Filer Identification Number: | 83-3710783 |
|------------------------------|------------|

|                             |  |                |  |       |                   |          |    |  |
|-----------------------------|--|----------------|--|-------|-------------------|----------|----|--|
| 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: | 83-3710783 |
|------------------------------|------------|

|  |      |                |    |          |                             |  |                   |                   |    |                                       |
|--|------|----------------|----|----------|-----------------------------|--|-------------------|-------------------|----|---------------------------------------|
| Full Name of Contributor                               |      |                |    |          | Paul Bamberger              |  | Date [MM/DD/YYYY] | 04/04/2019        | \$ | 300                                   |
| House #  | 5851 | Street Address |    |          | Thomas Road                 |  |                   | Date [MM/DD/YYYY] | \$ |                                       |
| City   | Erie | State          | PA | Zip Code | 16506                       |  | Date [MM/DD/YYYY] | \$                |    |                                       |
| Employer Name  |      |                |    |          | Occupation                  |  |                   |                   |    | friend                                |
| Employer Mailing Address / Principal Place of Business |      |                |    |          | Description of Contribution |  |                   |                   |    | Fishing for guest at fundraiser       |
| Full Name of Contributor                               |      |                |    |          | Cynthia Bamberger           |  | Date [MM/DD/YYYY] | 04/04/2019        | \$ | 275                                   |
| House #  | 5851 | Street Address |    |          | Thomas Road                 |  |                   | Date [MM/DD/YYYY] | \$ |                                       |
| City   | Erie | State          | PA | Zip Code | 16506                       |  | Date [MM/DD/YYYY] | \$                |    |                                       |
| Employer Name  |      |                |    |          | Occupation                  |  |                   |                   |    | friend                                |
| Employer Mailing Address / Principal Place of Business |      |                |    |          | Description of Contribution |  |                   |                   |    | Asbury Nature Center Rental/fundraise |
| 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> | 83-3710783 |
|-------------------------------------|------------|

|                     |         |                          |                 |                 |       |  |    |         |
|---------------------|---------|--------------------------|-----------------|-----------------|-------|--|----|---------|
| <b>To Whom Paid</b> |         | Desantis Printing        |                 |                 |       | <b>Date [MM/DD/YYYY]</b>                 | \$ | 2579.60 |
|                     |         |                          |                 |                 |       | 03/19/2019                               |    |         |
| <b>House #</b>      | 540     | <b>Street Address</b>    | West 18th St.   |                 |       | <b>Description of Expenditure</b>        |    |         |
| <b>City</b>         | Erie    | <b>State</b>             | PA              | <b>Zip Code</b> | 16502 | Signs, stakes, badges, mailer, banner    |    |         |
| <b>To Whom Paid</b> |         | Freedom Fortune          |                 |                 |       | <b>Date [MM/DD/YYYY]</b>                 | \$ | 172     |
|                     |         |                          |                 |                 |       | 03/05/2019                               |    |         |
| <b>House #</b>      | 1190    | <b>Street Address</b>    | Bulldog Dr      |                 |       | <b>Description of Expenditure</b>        |    |         |
| <b>City</b>         | Freedom | <b>State</b>             | PA              | <b>Zip Code</b> | 15042 | t-shirts for The Choice is Clear         |    |         |
| <b>To Whom Paid</b> |         | Community Access Media   |                 |                 |       | <b>Date [MM/DD/YYYY]</b>                 | \$ | 50      |
|                     |         |                          |                 |                 |       | 04/16/2019                               |    |         |
| <b>House #</b>      | 142     | <b>Street Address</b>    | West 12th       |                 |       | <b>Description of Expenditure</b>        |    |         |
| <b>City</b>         | Erie    | <b>State</b>             | PA              | <b>Zip Code</b> | 16501 | Video for Public TV                      |    |         |
| <b>To Whom Paid</b> |         | Calimari's West Catering |                 |                 |       | <b>Date [MM/DD/YYYY]</b>                 | \$ | 619.50  |
|                     |         |                          |                 |                 |       | 04/04/2019                               |    |         |
| <b>House #</b>      | 3826    | <b>Street Address</b>    | West Ridge Road |                 |       | <b>Description of Expenditure</b>        |    |         |
| <b>City</b>         | Erie    | <b>State</b>             | PA              | <b>Zip Code</b> | 16506 | Food for Fundraiser                      |    |         |
| <b>To Whom Paid</b> |         | Custom Cocktail Service  |                 |                 |       | <b>Date [MM/DD/YYYY]</b>                 | \$ | 273.27  |
|                     |         |                          |                 |                 |       | 04/04/2019                               |    |         |
| <b>House #</b>      | 3112    | <b>Street Address</b>    | El Corto Way    |                 |       | <b>Description of Expenditure</b>        |    |         |
| <b>City</b>         | Erie    | <b>State</b>             | PA              | <b>Zip Code</b> | 16506 | Bartending at Fundraiser                 |    |         |
| <b>To Whom Paid</b> |         | Walmart                  |                 |                 |       | <b>Date [MM/DD/YYYY]</b>                 | \$ | 24.85   |
|                     |         |                          |                 |                 |       | 04/01/2019                               |    |         |
| <b>House #</b>      | 5350    | <b>Street Address</b>    | W. Ridge Road   |                 |       | <b>Description of Expenditure</b>        |    |         |
| <b>City</b>         | Erie    | <b>State</b>             | PA              | <b>Zip Code</b> | 16506 | Raffle Tickets and frames                |    |         |
| <b>To Whom Paid</b> |         | Sitter Insurance         |                 |                 |       | <b>Date [MM/DD/YYYY]</b>                 | \$ | 80.50   |
|                     |         |                          |                 |                 |       | 04/02/2019                               |    |         |
| <b>House #</b>      | 4267    | <b>Street Address</b>    | W. Ridge Road   |                 |       | <b>Description of Expenditure</b>        |    |         |
| <b>City</b>         | Erie    | <b>State</b>             | PA              | <b>Zip Code</b> | 16506 | Insurance for Asbury Nature Center Event |    |         |
| <b>To Whom Paid</b> |         | Sam's Club               |                 |                 |       | <b>Date [MM/DD/YYYY]</b>                 | \$ | 35.98   |
|                     |         |                          |                 |                 |       | 04/02/2019                               |    |         |
| <b>House #</b>      | 7200    | <b>Street Address</b>    | Peach St.       |                 |       | <b>Description of Expenditure</b>        |    |         |
| <b>City</b>         | Erie    | <b>State</b>             | PA              | <b>Zip Code</b> | 16509 | Desserts for Fundraiser                  |    |         |

**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: | 83-3710783 |
|------------------------------|------------|

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