

Commonwealth of Pennsylvania - Campaign Finance Report

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

Report Filed By (Mark X)	Candidate	<input checked="" type="checkbox"/> Committee	<input type="checkbox"/> Lobbyist
Committee, Candidate or			
Gwendolyn Cooley			
Address			
639 East 10th St			
City	State	Zip Code	
Erie	PA	16503	

Type of Report (Place x under report type)

1-6 th Tuesday Pre-Primary	2-2 nd Friday Pre-Primary	3-30 Day Post Primary	4-6 th Tuesday Pre-Election	5-2 nd Friday Pre-Election	6-30 Day Post Election	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
<input type="checkbox"/>	<input 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		Termination Report		
05/21/2019		2019						

Summary of Receipts and Expenditures	From Date	To Date
A. Amount Brought Forward From Last Report		\$ 0
B. Total Monetary Contributions and Receipts (From Schedule I)		\$ 200.00
C. Total Funds Available (Sum of Lines A and B)		\$ 200.00
D. Total Expenditures (From Schedule III)		\$ 516.22
E. Ending Cash Balance (Subtract Line D from Line C)		\$
F. Value of In-Kind Contributions Received (From Schedule II)		\$ 0
G. Unpaid Debts and Obligations (From Schedule IV)		\$ 316.22

For Office Use Only

2019 MAY 10 PM 3:50
ERIE COUNTY
VOTER REGISTRATION

Affidavit 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 on paper, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

10th day of May 20 19
Susan M. Kraft
Signature

Gwendolyn Cooley
Signature of Person Submitting report
Gwendolyn Cooley
Printed Name

My Commission expires Aug 13 2019
MQ DAY
NOTARIAL SEAL
SUSAN M. KRAFT, NOTARY PUBLIC
ERIE, ERIE COUNTY, PENNA.
MY COMMISSION EXPIRES ON AUGUST 13, 2019

814 520 3475
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

day of 20

Signature

My Commission expires
MO. DAY YR.

Signature of Candidate

Printed Name

Area Code

Daytime Telephone Number

SCHEDULE I
Contributions and Receipts

Detailed Summary Page

Filer Identification Number	
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1. Unitemized 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 B)		
Contributions Received from Political Committees (Part A)		\$
All Other Contributions (Part B)		\$
Total for the reporting period	(2)	\$
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, Returned Checks, ETC. (From Part E)		
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.

Filer Identification Number																											
										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

Full Name of Contributor

Rev. Dale B. Snyder, Sr

Date [MM/DD/YYYY]

04/15/2019

\$

100.00

House #

236

Street Address

East 11th St

Date [MM/DD/YYYY]

\$

City

Erie

State

PA

Zip Code

16503

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]

\$

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									
Full Name of Contributing Committee						Date [MM/DD/YYYY]		S	
House #		Street Address				Date [MM/DD/YYYY]		S	
City		State		Zip Code		Date [MM/DD/YYYY]		S	
Full Name of Contributing Committee						Date [MM/DD/YYYY]		S	
House #		Street Address				Date [MM/DD/YYYY]		S	
City		State		Zip Code		Date [MM/DD/YYYY]		S	
Full Name of Contributing Committee						Date [MM/DD/YYYY]		S	
House #		Street Address				Date [MM/DD/YYYY]		S	
City		State		Zip Code		Date [MM/DD/YYYY]		S	
Full Name of Contributing Committee						Date [MM/DD/YYYY]		S	
House #		Street Address				Date [MM/DD/YYYY]		S	
City		State		Zip Code		Date [MM/DD/YYYY]		S	
Full Name of Contributing Committee						Date [MM/DD/YYYY]		S	
House #		Street Address				Date [MM/DD/YYYY]		S	
City		State		Zip Code		Date [MM/DD/YYYY]		S	

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	
-----------------------------	--

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 RECIEVED

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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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)	\$

3. IN-KIND CONTRIBUTION RECEIVED VALUE OVER \$250.00 (FROM PART G)		
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]	S
House #	Street Address	Date [MM/DD/YYYY]	S
City	State	Zip Code	Date [MM/DD/YYYY]

Description of Contribution	
------------------------------------	--

Full Name of Contributor		Date [MM/DD/YYYY]	S
House #	Street Address	Date [MM/DD/YYYY]	S
City	State	Zip Code	Date [MM/DD/YYYY]

Description of Contribution	
------------------------------------	--

Full Name of Contributor		Date [MM/DD/YYYY]	S
House #	Street Address	Date [MM/DD/YYYY]	S
City	State	Zip Code	Date [MM/DD/YYYY]

Description of Contribution	
------------------------------------	--

Full Name of Contributor		Date [MM/DD/YYYY]	S
House #	Street Address	Date [MM/DD/YYYY]	S
City	State	Zip Code	Date [MM/DD/YYYY]

Description of Contribution	
------------------------------------	--

Full Name of Contributor		Date [MM/DD/YYYY]	S
House #	Street Address	Date [MM/DD/YYYY]	S
City	State	Zip Code	Date [MM/DD/YYYY]

Description of Contribution	
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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			

SCHEDULE III
Statement of Expenditures

Filer Identification Number	
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To Whom Paid	Desantis Signs	Date (MM/DD/YYYY)	\$	148.40
House #	Street Address	Description of Expenditure		
546	West 18 th St			
City	State	Zip Code		
ERIE	PA	16502	Badges / Rally signs	

To Whom Paid	DeSantis Signs	Date (MM/DD/YYYY)	\$	367.82
House #	Street Address	Description of Expenditure		
540	West 18 th St			
City	State	Zip Code		
ERIE	PA	16502	Yard Signs	

To Whom Paid		Date (MM/DD/YYYY)	\$	
House #	Street Address	Description of Expenditure		
City	State	Zip Code		

To Whom Paid		Date (MM/DD/YYYY)	\$	
House #	Street Address	Description of Expenditure		
City	State	Zip Code		

To Whom Paid		Date (MM/DD/YYYY)	\$	
House #	Street Address	Description of Expenditure		
City	State	Zip Code		

To Whom Paid		Date (MM/DD/YYYY)	\$	
House #	Street Address	Description of Expenditure		
City	State	Zip Code		

To Whom Paid		Date (MM/DD/YYYY)	\$	
House #	Street Address	Description of Expenditure		
City	State	Zip Code		

To Whom Paid		Date (MM/DD/YYYY)	\$	
House #	Street Address	Description of Expenditure		
City	State	Zip Code		

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: <i>DeSantis Signs</i>					Outstanding Balance of Debt:	
House #:	Street Address:	DATE DEBT INCURRED [MM/DD/YYYY]		\$	120.00	
<i>540</i>	<i>W. 18th St</i>	<i>05/10/2019</i>				
City:	State:	Zip Code:				
<i>Erie</i>	<i>PA</i>	<i>16502</i>				
Description of Debt: <i>Balance on yard Signs / Buttons</i>						

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:						