



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	83-3284846	Report Filed By (Mark X)	<input type="checkbox"/>	Candidate	<input type="checkbox"/>	Committee	<input checked="" type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist	COMMITTEE TO ELECT JASON DEAN								
Street Address	5454 PEPPERWOOD CIRCLE								
City	ERIE	State	PA	Zip Code	16506				

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

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	02/10/2019	05/06/2019	
A. Amount Brought Forward From Last Report	\$	0	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	3,350	
C. Total Funds Available (Sum of Lines A and B)	\$	3,350	
D. Total Expenditures (From Schedule III)	\$	3,040.58	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	309.42	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	4,437.5	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	0	

Affidavit Section

Part 1- 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

Margie A. Husted

Signature

NOTARIAL SEAL

MARGIE A. HUSTED 30 2020

Notary Public MO. DAY YR.

Christopher A. Ewell

Signature of Person Submitting report

CHRISTOPHER A. EWELL

Printed Name

814 572-4646

Area Code Daytime Telephone Number

MILLCREEK TWP. ERIE COUNTY

My Commission Expires Oct 30, 2020

Part 2- If this is a report of a Candidate, 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

10th day of May 20 19

Margie A. Husted

Signature

My Commission expires 10 30 2020

MO. DAY YR.

NOTARIAL SEAL

MARGIE A. HUSTED

Notary Public

Jason Dean

Signature of Candidate

JASON DEAN

Printed Name

814 833 4762

Area Code Daytime Telephone Number

MILLCREEK TWP. ERIE COUNTY

My Commission Expires Oct 30, 2020

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		83-3284846									
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											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:		83-3284846									
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Full Name of Contributor		SHARON Gornall					Date [MM/DD/YYYY]		03/05/2019		\$	100	
House #	17	Street Address		NIAGARA PIER			Date [MM/DD/YYYY]				\$		
City	ERIE	State	PA	Zip Code		1650		Date [MM/DD/YYYY]				\$	

Full Name of Contributor		KAITYLYN HRDLICKA					Date [MM/DD/YYYY]		03/06/2019		\$	100	
House #	306	Street Address		SHENLEY DRIVE			Date [MM/DD/YYYY]				\$		
City	ERIE	State	PA	Zip Code		16505		Date [MM/DD/YYYY]				\$	

Full Name of Contributor		HELEN GITMEZ					Date [MM/DD/YYYY]		03/06/2019		\$	100	
House #	3996	Street Address		SOLAR DRIVE			Date [MM/DD/YYYY]				\$		
City	ERIE	State	PA	Zip Code		16506		Date [MM/DD/YYYY]				\$	

Full Name of Contributor		MIKE SMILEY					Date [MM/DD/YYYY]		03/06/2019		\$	100	
House #	1324	Street Address		SOUTH SHORE DRIVE # 207			Date [MM/DD/YYYY]				\$		
City	ERIE	State	PA	Zip Code		16505		Date [MM/DD/YYYY]				\$	

Full Name of Contributor		LAURA GORNALL					Date [MM/DD/YYYY]		03/06/2019		\$	100	
House #	5631	Street Address		CULPEPPER DRIVE			Date [MM/DD/YYYY]				\$		
City	ERIE	State	PA	Zip Code		16506		Date [MM/DD/YYYY]				\$	

Full Name of Contributor		RICHARD VANTASSEL					Date [MM/DD/YYYY]		03/06/2019		\$	100	
House #	5446	Street Address		LUCKY LANE			Date [MM/DD/YYYY]				\$		
City	ERIE	State	PA	Zip Code		16509		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:	83-3284846
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Full Name of Contributor		MIKE FETZNER		Date [MM/DD/YYYY]	05/03/2019	\$	250
House #	4681	Street Address		HARBORVIEW DRIVE		Date [MM/DD/YYYY]	\$
City	ERIE	State	PA	Zip Code	16508	Date [MM/DD/YYYY]	\$
Full Name of Contributor		JOE WEUNSKI		Date [MM/DD/YYYY]	05/12/2019	\$	100
House #	6012	Street Address		TUSCANY LANE		Date [MM/DD/YYYY]	\$
City	FAIRVIEW	State	PA	Zip Code	16415	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]	03/06/2019	\$	
House #		Street Address				Date [MM/DD/YYYY]	\$
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributor				Date [MM/DD/YYYY]	03/06/2019	\$	
House #		Street Address				Date [MM/DD/YYYY]	\$
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributor				Date [MM/DD/YYYY]	03/06/2019	\$	
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:	83-3284846
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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]	\$	

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	83-3284846
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Full Name of Contributor				JASON DEAN		Date [MM/DD/YYYY]	02/11/2019	\$	100
House #	5454	Street Address	PEPPERWOOD CIRCLE			Date [MM/DD/YYYY]	02/15/2019	\$	900
City	ERIE	State	PA	Zip Code	16506	Date [MM/DD/YYYY]		\$	
Employer Name				GENERAL ELECTRIC TRANSPORTATION		Occupation	ENGINEER		
Employer Mailing Address / Principal Place of Business				2901 EAST LAKE ROAD ERIE, PA 16531					
Full Name of Contributor				JACK GORNALL		Date [MM/DD/YYYY]	03/22/2019	\$	1,000
House #	17	Street Address	NIAGARA PIER			Date [MM/DD/YYYY]		\$	
City	ERIE	State	PA	Zip Code	16507	Date [MM/DD/YYYY]		\$	
Employer Name				NOT APPLICABLE		Occupation	RETIRED		
Employer Mailing Address / Principal Place of Business				NOT APPLICABLE					
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	83-3284846
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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 I
Contributions and Receipts
Detailed Summary Page

Filer Identification Number	83-3284846		
1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor			
Total for the reporting period		(1)	\$ 400
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)			
Contributions Received from Political Committees (Part A)			\$ 0
All Other Contributions (Part B)			\$ 950
Total for the reporting period		(2)	\$ 950
3. Contributions Over \$250.00 (From Part C and Part D)			
Contributions Received from Political Committees (Part C)			\$ 0
All Other Contributions (Part D)			\$ 2,000
Total for the reporting period		(3)	\$ 2,000
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)			
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>			\$ 3,350

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	83-3284846
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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)	\$	250

3. IN-KIND CONTRIBUTION RECEIVED VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the reporting period	(3)	\$	4,187.5

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)		\$	4,437.5
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SCHEDULE II
PART F
In-Kind Contributions Received
VALUE OF \$50.01 TO \$250

Filer Identification Number:	83-3284846
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Full Name of Contributor				JOYFUL EXPRESSIONS PHOTOGRAPHY		Date [MM/DD/YYYY]		\$	250
						02/10/2019			
House #	9870	Street Address	DONATION ROAD			Date [MM/DD/YYYY]		\$	
City	WATERFORD		State	PA	Zip Code	16441	Date [MM/DD/YYYY]	\$	
Description of Contribution				PROMOTIONAL PHOTOGRAPHY					
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:	83-3284846
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Full Name of Contributor					TUNGSTEN CREATIVE GROUP		Date [MM/DD/YYYY]	04/29/2019	\$	4,187.5
House #	510	Street Address	WEST 7TH STREET			Date [MM/DD/YYYY]		\$		
City	ERIE	State	PA	Zip Code	16502	Date [MM/DD/YYYY]		\$		
Employer Name					NOT APPLICABLE		Occupation	NOT APPLICABLE		
Employer Mailing Address / Principal Place of Business					NOT APPLICABLE		Description of Contribution	CREATIVE SERVICES		
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:	83-3284846
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To Whom Paid	EMERALD PRINTING	Date [MM/DD/YYYY]	02/14/2019	\$	104.26
House #	3212	Street Address	CHERRY STREET	Description of Expenditure	
City	ERIE	State	PA	Zip Code	16508
POLITICAL FOLD OVER CARD					
To Whom Paid	EMERALD PRINTING	Date [MM/DD/YYYY]	02/20/2019	\$	158.28
House #	3212	Street Address	CHERRY STREET	Description of Expenditure	
City	ERIE	State	PA	Zip Code	16508
DOOR HANGER					
To Whom Paid	CREATIVE IMPRINT SYTEMS	Date [MM/DD/YYYY]	02/22/2019	\$	144.45
House #	2670	Street Address	WEST 11TH STREET	Description of Expenditure	
City	ERIE	State	PA	Zip Code	16505
CLOTHING					
To Whom Paid	FACEBOOK	Date [MM/DD/YYYY]	02/26/2019	\$	194.53
House #	1601	Street Address	WILLOW ROAD	Description of Expenditure	
City	MENLO PARK	State	CA	Zip Code	94025
SOCIAL MEDIA					
To Whom Paid	CREATIVE IMPRINT SYSTEMS	Date [MM/DD/YYYY]	03/04/2019	\$	53
House #	2670	Street Address	WEST 11TH STREET	Description of Expenditure	
City	ERIE	State	PA	Zip Code	16505
CLOTHING					
To Whom Paid	U PICK 6 PUBLIC HOUSE	Date [MM/DD/YYYY]	03/05/2019	\$	315.67
House #	4575	Street Address	WEST 26TH STREET	Description of Expenditure	
City	ERIE	State	PA	Zip Code	16506
KICK OFF EVENT CATERING					
To Whom Paid	EMERALD PRINTING	Date [MM/DD/YYYY]	03/18/2019	\$	500.39
House #	3212	Street Address	CHERRY STREET	Description of Expenditure	
City	ERIE	State	PA	Zip Code	16502
To Whom Paid	MCDOWELL MEN'S VOLLEYBALL BOOSTERS	Date [MM/DD/YYYY]	03/22/2019	\$	100
House #	2553	Street Address	GOLF CLUB ROAD	Description of Expenditure	
City	ERIE	State	PA	Zip Code	16509
ADVERTISING					

SCHEDULE III
Statement of Expenditures

Filer Identification Number:	83-3284846
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To Whom Paid	DESANTIS SIGNS	Date [MM/DD/YYYY]	\$	1,470
House #	540	Street Address	WEST 18 TH STREET	
City	ERIE	State	PA	Zip Code
				16504
Description of Expenditure				
YARD SIGNS				
To Whom Paid		Date [MM/DD/YYYY]	\$	
House #		Street Address		
City		State		Zip Code
Description of Expenditure				
To Whom Paid		Date [MM/DD/YYYY]	\$	
House #		Street Address		
City		State		Zip Code
Description of Expenditure				
To Whom Paid		Date [MM/DD/YYYY]	\$	
House #		Street Address		
City		State		Zip Code
Description of Expenditure				
To Whom Paid		Date [MM/DD/YYYY]	\$	
House #		Street Address		
City		State		Zip Code
Description of Expenditure				
To Whom Paid		Date [MM/DD/YYYY]	\$	
House #		Street Address		
City		State		Zip Code
Description of Expenditure				
To Whom Paid		Date [MM/DD/YYYY]	\$	
House #		Street Address		
City		State		Zip Code
Description of Expenditure				

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:	83-3284846
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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					

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