



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)	Candidate	<input type="checkbox"/>	Committee	<input checked="" type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist	Committee to Elect Jason Gibbs							
Street Address	9515 Babbitt Road							
City	Cranesville	State	PA	Zip Code	16410			

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
	2-1-2019	5-6-2019	
A. Amount Brought Forward From Last Report	\$	0	2019 MAY 10 PM 12:56 ERIE COUNTY VOTER REGISTRATION 9211
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	622.94	
C. Total Funds Available (Sum of Lines A and B)	\$	622.94	
D. Total Expenditures (From Schedule III)	\$	622.94	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	0.00	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	160.00	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	0	

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

6 day of May 20 19

Lana R. Wright
Signature

Commonwealth of Pennsylvania - Notary Seal
My Commission expires Lana R. Wright, Notary Public
MO. Erie County YR.
My commission expires March 19, 2022
Commission number 1182495

Jennifer Gibbs
Signature of Person Submitting report

Jennifer Gibbs
Printed Name

814
Area Code

844-4266
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

6 day of May 20 19

Lana R. Wright
Signature

Commonwealth of Pennsylvania - Notary Seal
My Commission expires Lana R. Wright, Notary Public
MO. Erie County
My commission expires March 19, 2022
Commission number 1182495
Member, Pennsylvania Association of Notaries

Jason Gibbs
Signature of Candidate

Jason Gibbs
Printed Name

814
Area Code

449-9311
Daytime Telephone Number

SCHEDULE I
Contributions and Receipts
Detailed Summary Page

Filer Identification Number		
1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor		
Total for the reporting period (1)	\$	512.94
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		
Contributions Received from Political Committees (Part A)	\$	0.00
All Other Contributions (Part B)	\$	140.00
Total for the reporting period (2)	\$	0.00 140.00
3. Contributions Over \$250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)	\$	0.00
All Other Contributions (Part D)	\$	0.00
Total for the reporting period (3)	\$	0.00
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		
Total for the reporting period (4)	\$	0.00
Total Monetary Contributions and Receipts during this reporting period (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)		\$ 652.94

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																			
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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]	\$	
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	
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Full Name of Contributor	Jason Gibbs				Date [MM/DD/YYYY]	02/26/2019	\$	140.00
House #	9515	Street Address	Babbitt Rd		Date [MM/DD/YYYY]		\$	
City	Cranesville	State	PA	Zip Code	16410	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]	\$	
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	
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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)

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

PART E

Other Receipts

REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

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

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**

EJF 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)	\$ 160.00

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)		\$ 160.00
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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]		\$	
Periwinkle Consignment					03/03/2019			40.00
House #	Street Address		City		State	Zip Code	Date [MM/DD/YYYY]	\$
146	Main St. West		Girard		PA	16417	03/03/2019	40.00
Description of Contribution					Date [MM/DD/YYYY]		\$	
#1 cutting board, #2 Painting, #3 Birdhouse					03/03/2019			40.00
Full Name of Contributor					Date [MM/DD/YYYY]		\$	
Periwinkle Consignment					03/03/2019			40.00
House #	Street Address		City		State	Zip Code	Date [MM/DD/YYYY]	\$
146	Main St. West		Girard		PA	16417		
Description of Contribution					Date [MM/DD/YYYY]		\$	
Gift Basket								
Full Name of Contributor					Date [MM/DD/YYYY]		\$	
House #	Street Address		City		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contribution					Date [MM/DD/YYYY]		\$	
Full Name of Contributor					Date [MM/DD/YYYY]		\$	
House #	Street Address		City		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contribution					Date [MM/DD/YYYY]		\$	
Full Name of Contributor					Date [MM/DD/YYYY]		\$	
House #	Street Address		City		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contribution					Date [MM/DD/YYYY]		\$	

SCHEDULE II

Part G

In-Kind Contributions Received

VALUE OVER \$250

Rear 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]	02/26/2019	\$	140.00
House #	540	Street Address	West 18 th St.		Description of Expenditure
City	Erie	State	PA	Zip Code	16502
Banner + Sign					

To Whom Paid	DeSantis Signs	Date [MM/DD/YYYY]	04/07/2019	\$	422.94
House #	540	Street Address	West 18 th St.		Description of Expenditure
City	Erie	State	PA	Zip Code	16502
Yard Signs					

To Whom Paid	Albion Boro Office	Date [MM/DD/YYYY]	02/25/2019	\$	90.00
House #	26	Street Address	Smock Ave		Description of Expenditure
City	Albion	State	PA	Zip Code	16401
Hall Rental					

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.

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

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

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

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

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

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