### Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification Number  Number  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)	-
Name of Filing Committee, Candidate or Lobbyist.  Committee to Elect Jason Gibbs  Street Address  9515 Babbitt Road  City Cranesville State PA Zip Code: 16410	•
Lobbyist Committee to Elect Jason Gibbs  Street Address  9515 Babbitt Road  City Cranesville State PA Zip. Code: 16410	
Street Address 9515 Babbitt Road City Cranesville State PA Zip. Code 16410	
City Cranesville State PA Zip Code 16410	
City Cranesville State PA Zip Code: 16410	
The Control of the Co	
Type of Report (Place x under report type)	
Later than the state of the sta	
1 6 Tuesday 2-2 de Friday 3-30 Day Post 4-6 h Tuesday 5-2 de Friday 6-30 Day Post 7-Annual Special 2 de Friday Special 30 Da	y Page
Pre-Primary Pre-Primary Primary Pre-Election Pre-Election Election Pre-Election Pre-Election	
	322
Date Of Election 05/21/2019 Year 2019 Amendment Termination	
(MM/DD/YYYY) Report Report	
Summary of Receipts and From Date To Date For Office Use Only	in S
Expenditures 5-6-2019 5-6-2019	$F_{i}(y)$
A Amount Brought Forward From Last Report \$	
B Total Monetary Contributions and Receipts \$ ( - 0 0 11	
が発音を表現する。	
(Sum of Lines A and B)	
F.F. Friding Cash Ralance	
(Subtract Line D from Line C)	
E-Valua of in-Kind Contributions Parainad	
(From Schedule II)	
Ga Unipaid Debts and Obligations \$	
(From Schedule IV)	
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	
6 day of May 20 19 - 1 Jennyer My	
Signature of Person Submitting report	+2
Jana R. Wright - Jenniter Gibbs	
Signature Printed Name  Commonwealth of Pennsylvania - Notary Seal Printed Name	
My Commission expires Lana R. Wright, Notary Public 814 844-4266	
MO. Erie Apunty YR. Area Code Daytime Telephone Number	
My commission expires March 19, 2022	
Part II- If this is a report of the state of	
I swear (or affirm 外界限制的 18-20-19-19-19-19-19-19-19-19-19-19-19-19-19-	)) as
amended.	
Sworn to and subscribed before me this	
19	
6 day of V \ Q \ 20   (	
Jason Gibos	
Signature Signature Sasow 5, 65	
The agreed production of the contract of the c	
My Commission Wiffingnwealth of Pennsylvania - Notary Seal 814 449-9311	
Mana R. Wright, Notery Public Area Code Daytime Telephone Number	
Erie County My commission expires March 19, 2022	
Commission number 1182495	
Member, Perinsylvania Association of Notaries	

### SCHEDULE I

## **Contributions and Receipts**

**Detailed Summary Page** 

Filer Identification Number				
。 1. 10 10 10 10 10 10 10 10 10 10 10 10 10				
			_	

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)	ng panggang ang panggang panggang panggang Panggan Kalanggang
Contributions Received from Political Committees (Part A)	\$ 0.00
All Other Contributions (Part B)	\$ 140.00
Total for the reporting period (2)	\$ <b>6</b> 9.5. 140.00
3. Contributions Over \$250,00 (From Part C and Part D)	
Contributions Received from Political Committees (Part C)	\$ 6.00
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 N	imber)	1			
	•				Amount
Full Name of Contr Committee	ibuting			Date [MM/DD/YYYY] \$	
	H ( 158)				
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY) \$	
Full Name of Contr					
Committee	IOUCINE			(Date [MM/DD/YYYY] \$	
House#	Street Address			(Date [MM/DD/YYYY] \$	
		SV-21-21-21-31	Zip Code		
City	•	State	Zip.code	Date [MM/DD/YYYY] \$	·
Full Name of Contr Committee	lbuting:			"Date [MM/DD/YYYY] S	
House #	Street Address			Date [MM/DD/YYYY) \$5	
4.00		•		Sare (Milder) 19-19-19	
City	[2005.000.000.000.000.000.000]	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contri	buting	ekrantana na	(中国) (中国中国) 中国中国 (中国) (中国) (中国) (中国) (中国	Date [MM/DD/YYYY] S	
Committee					
House #	Street Address			Date [MM/DD/YYYY] 5	
Gby 3		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contri Committee	buting			Date [MM/DD/YYYY] \$	
House #					
IIDUSE#	Street Address			Date [MM/DD/YYYY] S	
Gity	12000年五年12000日日本日本日本日本日本日本日本日本日本日本日本日本日本日本日本日本日本日	State	·Zip Gode	Date [MM/DD/YYYY] S	
Full Name of Contri	búting	<b>建筑商家</b> 型	<b>李明</b> 200 年 100 年 100 日	Date [MIM/DD/YYYYY] \$	
Committee	The state of the s				
House#	Street Address			Date [MM/DD/YYYY] \$	
Gity	Printeger Control	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.  Jase	on 6:64	o S	0a/26/2019	140.00
	on Gibb Babbit	+ 124	(Date [MM/DD/AYYYY]) \$	
Cranesville	State PA	Zip Gode 16410	429240	
Full Name of Contributor.	d .		Date [MM/DD/YYYY]	
Hause## Street/Address			Date [MM/DD/XYYXY] S	STATES CONTRACTOR
Gity	State	»Zip Godė	Date[MM/DD/YYYY]	
FULLName of Contributor			Date [MM/,DD/YYYY] \$	Separate Sep
House# Street Address			Date [MM/DD/XXXX]. S	
eių.	State	Zip Code	*Date(MM/DD/YXXX)** \$5	
Full Name of Contributo			Date [MM/DD/XXXX] S	
House## Street Address			Date [MM/DD/XXXX] \$	
Gity	(State)	Zip Code	Date [MM/DD/YYYY] \$	
Rull Name of Contributor	[4] (A) [4] [4] [4] [4] [4] [4] [4] [4] [4] [4]	BOOM TO THE THE PROPERTY OF TH	(Date [MM/DD/YYYY]) s	
House# Street Address			Date [MM/DD/YYYY] \$	
Gity	State	Zip Code	Date [MM/DD/YYYY)] \$	
FUII Name of Contributor	[EMXTO, raths (sees-ar.)	(A) hit was a conditional and a condition of the conditio	Date [MM/DD//YYYY] \$	
Hguse# Street Address			Date (MM/DD/MYM) S	
Catyvi	State	7Zip Gode	Date:[MM/DD/XYYYY] \$	

#### 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.

- File: I dentification Number(				
<u></u>				
tsull'Name of Contributing Committee			Date (MM7/0D/AYXX)	\$
House# Street/Address			Date [MM/DD/WWX]	*\$ *** ********************************
City	State	Zip,Code	Date [MM/DD/YYYY]	<b>\$5</b> (
Gull Name of S Contributing Committee		THE CONTRACTOR OF THE CONTRACT	Date [MM/DD/MW]	*\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
House #a Street Address			*Date [MM/DD/XWY]	<b>.</b>
CGG	State	Zip Code	Date [MM//DD//Y/YY]	**************************************
Gull-Name of Contributing Committee			Date [MM/DD/YWW]	<b>\$</b>
House:# Street:Address			*Date [MM//DD/YYYY)	<b>5</b>
olty.	/State	Zip Code		\$
Full Name of Contributing Committee			Date [MM//DD///////	
House# Street-Address				<b>S</b>
(git)	State	Zíp:Gode		i <b>S</b>
Fulliname of Contributing Committee				<b>\$5</b>
## Street/Address		:		<b>(\$)</b>
(City)	(State)	(Zip Code	Date [MM/DD/YMY]	( <b>\$</b>
Full Name of Contributing Committee			®Date[MM/DD/AAAA]®	
House# Street Address				<b>(\$</b>
(G(ty))	State	Zip Code	Date [MM/DD///Y/W]	<b>(\$</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:	
Edll Name of Contributor	Date [MM/DD/WW/]
House## Stree-Address	Date [MM/DD/XYYY] S
State Zip/Code	Date [MM//DD/YYYYY] \$\$
Employer.Name	Occupation
Employed Mailing Address //	
Rinnelpal Place of Business	
Full Name of Contributors	*Date:[MM/DD/YYYY] *\$*
House # Street Address	Date [MM/DD/MYY/] \$
Gty State Zip Code	Date [MM/DD/YYYY] 25.
Employer/Name	(Occupation)
Employer Mailing Address // Plincipal Place of Business	DONAL PORTO DE PORTO
Fullshame of Contributor's	Date [MM/DD/AYAY]
(House#/ Street/Address	Date [MM/DD/WYY] \$5
City Zip:Code	&Date [MM/DD///////) \$
Employer/Name	Occupation/
Employa Mailing Address / Poncipal Place of Business	
Total Incompanies	Date [MM/DD/XXXX] 24 \$ 1
House# Street/Address	Date [MM/DD/YWY]
Gity ZipiCode ZipiCode	Date [MM/DD/YYYY] \$
	Date [MM//DD/XYYY/] \$
-Employer Name	*Occupation

#### 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.

Eller identilie tron Kumber

	<u> </u>			
Full Name				
	eet Address	}		,
City		State	Zip Code	Date (MM//OD/AYYY)
Receipt Description				
Füll Vame				
Prouse II Sur	al eet Address	· · · · · · · · · · · · · · · · · · ·		
Gity		State	Zlp Code	Date MM//00//WW/
Receipt Description		[16099997033]	E A STOCKET A STOCKET	[25,357]
Füll(Name	e de la companya de l			
	eet/Address			
City	Section and the second section and the sectio	State	Zip Code	Date (MM/DD/XYYYY) \$
Receipt Description	STATE OF THE STATE	新國次安全後後	14 marson March	
GullName	es and the second secon			
	eet Address	Fold Sharm of the	Lan appropria	
(City)	The water than the same of the	State	Zip Code	Date [MM/DD/YYYY] \$
Receipt (Description	A CONTRACTOR OF THE CONTRACTOR	13072-1012-10-2		Disco-1
Fi(II/Name	A STATE OF THE STA			
	eet Address	Engantura (1996)	The second state of the second	Security of the security of th
city	The control of the co	State	Zip Code	Date [MW/DD/AYYY] \$ \$
Receipt Description	A STATE OF THE STA			
Rull Name	Name of the state			
	eet/Affdress	122 102 2001		
GhV		State /	Zip Code	Date [MM/DD/MW]
Receipt Description	- A MACCOLLAN			

#### **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

Eller Identification Number	·		
:			
1. UNHEMIZED INMIND CONTRIBI	INONS REGEIVED WALLIF OF	DESO 00 OF PESSIPERICONTRIBUTION	
TOTAL for the reporting period	(1)	\$ 160.00	
2. IN KIND CONTRIBUTIONS RECEN	ALD VALUE OF \$50.01 TO \$2	5250(00/(FR@MIPARTIF)	
TOTAL for the reporting period	(2)	\$	
S SINKINDICONTRIBUTION RECEIVE	ED-VACUE-GWER \$250.00 (FF	FROMPARTG)	
TOTAL for the reporting period	(3)	\$	
TOTAL VALUE OF IN-KIND CONTRIBUTIONS PERIOD (Add and enter amount totals from on Page 1, Report Cover Page, Item F)		1 ' 1	

### SCHEDULE II

### **In-Kind Contributions Received**

VALUE OF \$50.01 TO \$250

## Identification Number (2)				
FilerIdentification Number(*)				
经通过数据的未免费的证明的证明的证明	Filer dentification Numbers			

Full Name of Contributor Periwinkle C	onsignment	Date [MM/DD/XXXX] \$ 03/03/2019	40.00
House # 146 Street Address Main St.	West	Date (MM/DD/WWY) 5 03/03/2019	40.00
Girard PA	16417	Date [MM/DD/YYYY] \$ :	40.00
Descriptions of Contribution # tutting bea	ord, Painting,	Birdhouse	
Ettlinamedi@ontdbutoja		Date [MM/DD/MYYY]	
Peri winkle	Cothsignment	03/03/2019	40.00
HOUSE # 146 Street Address Mail of 51	. west	Date [MM/DD/XYYY] \$	
Girard State PA	7ip:Code: 16417	Date [MM/DD/YYYY] \$	
Description of Contribution	3 as ket		
Eull Name of Contributor		Date IMM/DD////////	
Street Address		Date [MM/DD/YYYYY] \$	
	Zip/Gode	Date [MM/DD/XXYX)], *\$	
Description of Contribution			
Full Name of Contributor		Date [MM/DD/MXM] \$	
Street-Address	29 25 25	Date [MM/DD//YYYY] \$	
		Date [MM/DD/XXXX] \$5	
Gtv State	ip Code	pate (IMIO/PDP////1010) 3	
Description of Contribution			
Full Name of Contillator		Date [MM/DD/YYYY] \$	·
House# Street/Address		Date:[MM/DD/YWY/]。	
(city) State	ip Code	Date [MM/DD/YYYY] S	
Description of Contribution		1.73 7011	

### SCHEDULE II Part G

### In-Kind Contributions Received

VALUE OVER \$250

Effection of the community of the commun	· ·	A Company of the Comp	
	i i	"	
NAME OF THE PARTY			

	·
Gull/Name of Contributor	*Date [MM/DD/YYYY] \$
House:# Street:Address	Date [MM/DD/YYYY] \$
Glty State Zip Code	*Date [MM/DD/YYYY] \$
Employer Name	2 Occupation
Employer Mailing Address // Principal *** Places of Business	Description of Contribution
Hull®Name of Contributors	*Date (MM//DD/XXXXI) \$
House#: Street:Address	Date [MM/DD/MYYY]    \$   \$   \$   \$   \$   \$   \$   \$   \$
Gty State Zip:Code	Oate [MM/DD/YYYY)] \$5
EmployerNames	Ogcupation
Employer: Mailing Address // Principal): Place of Business	Description of Contribution
Full Name of Contributor	Date [MM/DD/XXYY]
Street Address	Date (MM//DD/YYYY)
Gity Zip Code	Date [MM/DD/\\\Y\Y\] \$
(Employer Name	Occupation
Employer Malling Address // Principal Place of Business	Description  of  Contribution
FUI Name of Contributor	*Date [MM/DD/YYYY] \$
House #1 Street/Address	Data [MM//DD/YYYY]
(City State) \$Zip:Code	*Date (MM/DD//YYYY) \$
, Fin player Name	Occupation
EmployecMailing Address / Principal. Place of Business	Description  of  Contribution

# SCHEDULE III Statement of Expenditures

Fler/dentification:Number-

ESTABLIAN TO AND STANSON		Date MM/DD//A//A/	<u></u>
House# 540 Street: Address West 18th	5	02/26/2019	
	s t.	Description of Expenditure	
Colty, Erie State PA	zip Code 1650a	Banner + Sigr	1
Towns De Santis Signs		Date [MM/DD/YWY] \$	422,94
50 3 W (13 ) 1 ( W )		Description of Expenditure	
House# 540 Street Address west 1877	5+.	Description of Expenditure	
	Zip Code 16502	Yard Sirn	, S
Moion Boro Offi	i'ce	Date [MM/DD/YYYY] す \$!  ロス/ ス5/ みの 1 9	Oo. OP
House # 26 Street Address Smack Ave		Description of Expenditure	
City Albion State PA	Zip Code 16401	Hall Rental	
Tio Whom Paid	(1) (1) (1)	(Date)(MM//DD//MM)	
House # Street Address		Description of Expenditure	
[CIDY   State	Zip.		
	Code		
To Whom Paid		Date [MM/,DD/,YYYY] \$	
House# Street Address		Description of Expenditure	
	Zip Gode		
Tro.Whom!Paid:		Date [MM/DD/XYYY)] I \$	
House# Street Address	·	Description of Expenditure	
(1996) [1996] [1	Zip Code		
iTo:Whom:Paid.		Date [MM/,DD/,YYYY)] S	i i
House# Street Address		Description of Expenditure	
	Zip Code		
To:WhomPald		Date [MW/DD/WYY]	
Elouse # Street Address		(Description of Expenditure	
	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.

aller dentitication Numbers		
Name of Creditor		Outstanding Balance of Debt
Hpuse:#.	et Address DATE(DEBT INCURRED (MM//DD//YYYY)	55
. Glty	State Zip. Code	
Description of Debt		
Name o Creditor	DESISTANCE - PAGE FAMILIAN AND AND AND AND AND AND AND AND AND A	Outstanding Balance of Debt
House## Stree	et Address   DATE DEBT INCURRED   [MM/DD/YYYY]	
Giy	State Zip Code Code Code Code Code Code Code Code	
Description of Debt	M. M. C. Mariano	BashCourt
Name of Greditor	er Address	Outstanding Balance of Debt
House# Stree	et Address   DATE DEBT INCURRED	
Gity	State Zip Code	
Description of Debt.	PERMONANTANAN I PANANTANAN SERIA M	
Name of Creditor House #1 Street	et Address DATE DEBT INCURRED	Outstanding Balance of Debt
	[MM/DD/XXXX]	
(Gity) Description of Debt	State Zip. Godez	
Name of Graditor		Outstanding/Balance of Debt
	er Address DATE DEBT INCURRED (MM/DD/VVVV)	
TCITY CONTRACTOR OF THE CONTRA		
Description of Debt	State: Zip Code	
Nemeson Greditor		«Outstanding:Balance of Debt
	et Address DATE DEBT INCURRED [MM/DD/YYYY]	\$
<b>Chy</b> s		
Description of Debt	Gode	