

Reset Form

Print Form

Commonwealth of Pennsylvania - Campaign Finance Report

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

Report Filed By (Mark X)		Candidate		Committee		Lobbyist	
X		COM. TO REELECT FIORE LEONE					
Committee, Candidate or FIORÉ LEONE		Street Address 1364 W. 32 ND ST					
City ERIE		State PA		Zip Code 16508			
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
<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"/>
Date Of Election (MM/DD/YYYY) 05/21/2019		Year		Amendment Report		Termination Report	
Summary of Receipts and Expenditures		From Date 1-31-19	To Date 5-6-19	For Office Use Only			
A. Amount Brought Forward From Last Report		\$ 3017.31		2019 MAY -6 AM 9:34 ERIE COUNTY VOTER REGISTRATION 7			
B. Total Monetary Contributions and Receipts (From Schedule I)		\$ 3550.31					
C. Total Funds Available (Sum of Lines A and B)		\$ 6567.31					
D. Total Expenditures (From Schedule III)		\$ 3933.33					
E. Ending Cash Balance (Subtract Line D from Line C)		\$ 2633.98					
F. Value of In-Kind Contributions Received (From Schedule II)		\$					
G. Unpaid Debts and Obligations (From Schedule IV)		\$					

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 6th day of May 20 19

[Signature]

Commonwealth of Pennsylvania Notary Seal
Lana R. Wright, Notary Public
Erie County
My Commission expires March 10, 2022
Commission number 1182495

[Signature: Fiore Leone]

Signature of Person Submitting report
FIORÉ LEONE
Printed Name
814
Area Code
864-6306
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	<i>FIORE LEONE</i>		
1. Unitemized Contributions and Receipts - \$50.00 or Less per Contributor			
Total for the reporting period		(1)	\$ <i>50.⁰⁰</i>
<i>MIKE DEDAD</i>			
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)		\$	<i>500.⁰⁰</i>
Total for the reporting period		(2)	\$ <i>500 —</i>
3. Contributions Over \$250.00 (From Part C and Part D)			
Contributions Received from Political Committees (Part C)		\$	<i>2500.⁰⁰</i>
All Other Contributions (Part D)		\$	<i>500.⁰⁰</i>
Total for the reporting period		(3)	\$ <i>3000 —</i>
4. Other Receipts - Refunds, Interest Earned, Returned Checks, ETC. (From Part E)			
Total for the reporting period		(4)	\$ <i>—</i>
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)		\$	<i>3550.⁰⁰</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																			
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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	FIORÉ LEONE
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Full Name of Contributor	NANCY ORLAND			Date [MM/DD/YYYY]	04/12/2019	\$	
House #	4216	Street Address	TRASK AVE	Date [MM/DD/YYYY]		\$	
City	ERIE	State	PA.	Zip Code	16508	Date [MM/DD/YYYY]	\$ 250.00
Full Name of Contributor	CARL ANDERSON III			Date [MM/DD/YYYY]	04/07/2019	\$	250.00
House #	3830	Street Address	PARADE STREET	Date [MM/DD/YYYY]		\$	
City	ERIE	State	PA	Zip Code	16504	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.

File Identification Number:	FIORÉ LEONE
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Full Name of Contributing Committee	NORTHWEST GOOD GOV. PAC			Date [MM/DD/YYYY]	S	03/29/2019	2500. ⁰⁰
House #	100	Street Address	STATE ST. SUITE 440	Date [MM/DD/YYYY]	S		
City	ERIE	State	PA	Zip Code	16507	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
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	<i>FIORIE LEONE</i>
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Full Name of Contributor				Date (MM/DD/YYYY)		\$
<i>THOMAS TALARICO</i>				<i>04/17/2019</i>		
House #	Street/Address	Date (MM/DD/YYYY)		\$		
<i>230</i>	<i>WEST 6th ST.</i>					
City	State	Zip Code	Date (MM/DD/YYYY)		\$	
<i>ERIE</i>	<i>PA</i>	<i>16507</i>			<i>500.⁰⁰</i>	
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

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)		S
Receipt Description									
Full Name									
House #		Street Address							
City		State			Zip Code		Date (MM/DD/YYYY)		S
Receipt Description									
Full Name									
House #		Street Address							
City		State			Zip Code		Date (MM/DD/YYYY)		S
Receipt Description									
Full Name									
House #		Street Address							
City		State			Zip Code		Date (MM/DD/YYYY)		S
Receipt Description									
Full Name									
House #		Street Address							
City		State			Zip Code		Date (MM/DD/YYYY)		S
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

Filer Identification Number

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 E)

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)

\$

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]	\$
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						
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

Elder 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		FIORE LEONE	
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To Whom Paid		Date (MM/DD/YYYY)		\$
ERIE COUNTY		03/27/2019		35.00
House #	Street Address	Description of Expenditure		
140	W. 6TH ST.	Voter Disc CK#106		
City	State	Zip Code		
ERIE	PA	16501		
To Whom Paid		Date (MM/DD/YYYY)		\$
POSTMASTER (STAMPS)		04/01/2019		55.00
House #	Street Address	Description of Expenditure		
3607	POPLAR ST.	MAILING FOR YR SIGNS CK#107		
City	State	Zip Code		
ERIE	PA	16508		
To Whom Paid		Date (MM/DD/YYYY)		\$
DE SANTIS SIGNS		04/03/2019		700.00
House #	Street Address	Description of Expenditure		
540	WEST 18TH ST.	PARTIAL PAY FOR SIGNS CK#108		
City	State	Zip Code		
ERIE	PA	16502		
To Whom Paid		Date (MM/DD/YYYY)		\$
COM. TO ELECT ERIN CONNELLY		04/04/2019		50.00
House #	Street Address	Description of Expenditure		
	JUDGE CANDIDATE	PARTY @ YACHT CLUB CK#109		
City	State	Zip Code		
To Whom Paid		Date (MM/DD/YYYY)		\$
POSTMASTER (FIORE LEONE)		04/05/2019		110.00
House #	Street Address	Description of Expenditure		
3607	POPLAR ST.	Pd. CASH + REIMBURSED SELF CK#110		
City	State	Zip Code		
ERIE	PA	16508		
To Whom Paid		Date (MM/DD/YYYY)		\$
POSTMASTER		04/05/2019		55.00
House #	Street Address	Description of Expenditure		
3607	POPLAR ST.	MAILING - SIGNS ETC CK#111		
City	State	Zip Code		
ERIE	PA	16508		
To Whom Paid		Date (MM/DD/YYYY)		\$
BIROSCAK PRINTING		04/05/2019		50.88
House #	Street Address	Description of Expenditure		
1919	PEACH ST.	TICKETS FOR PARTY CK#112		
City	State	Zip Code		
ERIE	PA	16502		
To Whom Paid		Date (MM/DD/YYYY)		\$
DE SANTIS SIGNS		04/12/2019		772.52
House #	Street Address	Description of Expenditure		
540	W. 18TH ST	FINAL PAYMENT FOR SIGNS CK#113		
City	State	Zip Code		
ERIE	PA	16502		

SCHEDULE III
Statement of Expenditures

Filer Identification Number:	
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To Whom Paid		DESANTIS SIGNS (PAT DECK)		Date [MM/DD/YYYY]	04/12/2019	\$	100. ⁰⁰	✓
House #	540	Street Address	W. 18 TH ST.	Description of Expenditure				
City	ERIE	State	PA	Zip Code	16502	STAPLE & TAPE SIGNS CK#114		
To Whom Paid		ERIE CO. DEM. PARTY		Date [MM/DD/YYYY]	04/14/2019	\$	40. ⁰⁰	✓
House #	1305	Street Address	STATE ST.	Description of Expenditure				
City	ERIE	State	PA	Zip Code	16501	PARTY TICKET CK#115		
To Whom Paid		NUOVA AURORA		Date [MM/DD/YYYY]	04/17/2019	\$	1329.93	✓
House #	1518	Street Address	WALNUT ST.	Description of Expenditure				
City	ERIE	State	PA	Zip Code	16501	FOOD FOR PARTY CK#116		
To Whom Paid		NUOVA AURORA		Date [MM/DD/YYYY]	04/17/2019	\$	232. ⁰⁰	✓
House #	1518	Street Address	WALNUT ST.	Description of Expenditure				
City	ERIE	State	PA	Zip Code	16501	BAR COSTS CK#117		
To Whom Paid		C.A.M (T.V. CHANNEL)		Date [MM/DD/YYYY]	04/18/2019	\$	50. ⁰⁰	✓
House #	142	Street Address	W. 12 TH ST.	Description of Expenditure				
City	ERIE	State	PA	Zip Code	16501	RECORDING CK#118		
To Whom Paid		WZTF		Date [MM/DD/YYYY]	04/30/19	\$	350. ⁰⁰	
House #		Street Address	UNION CITY	Description of Expenditure				
City	ERIE	State	PA	Zip Code		RADIO TIME		
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					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						