Reset Form	Drine Came
Military	Print Form

Commonwealth of Pennsylvania - Campaign Finance Report

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	(Mark X)	Candi	date	Committe	e I	Lobbyist
ong Committee, Candidate or					11	
CELANDER LEON	E COM	To	RE 516	NT -	<u> </u>	EONE
City E D / E D / ST			1-Lu	21 /	ORE L	15 ONE
City ERIE						- ONE
LILIE		State		7in Cod		
Type of Report (Place x under report type)		174		Zip Code	1	
1-6th Tuesday 2 and						
1-6 th Tuesday 2- 2 nd Friday 3-30 Day Po Pre-Primary Pre-Primary Primary	ost 4-6th Tuesday	5- 2 nd Friday	6-20 D-40	-		
Pre-Primary Primary	Pre- Election	Pre- Election		7- Annual	Special 2 nd Frid	lay Special 30 Da
	┈ ├──┌══╕ ┈┈┤			1	Pre-Election	Post-Election
Nato Of Fi	1 1 1 1	- 1 7		 		
Date Of Election 05/21/2019	Year			i [·		
(WANT) DD/ 4444) - 5 / 24/26/9	100	ļ	Amendment		Termination	<u></u>
Summary of Receipts and From Date			Report	1111	Report	
Expenditures From Date	To Date					
1-31-1	a 1			For C	Office Use Only	
A. Amount Brought Forward From Last Repo	1112-6-	-/9			-	
		17 31				
B. Total Monetary Contributions and Receipt	11201	1.				
r - om ocifeante li		- 2/				
. Total Funds Available	355	0.3/			a	r=a
Sum of Lines A and B)	\$	721	-		ධි	~~ ~~ ~~
). Total Expenditures	656	7.31			tanned taning	no die Name
From Schedule III)	\$ 700	7 7 7				78,600 40.07
. Ending Cash Balance	1373	3,33	•		z N	1
Subtract Line D from Line C)	\$ 263	3. 98				Ċ
Value of In-Kind Contribution	1 (4.10.7)					
with Contributions Received		08 00				
Value of In-Kind Contributions Received rom Schedule II)	\$	08 60		÷	to the second se	JACOBA Company Company
Unpaid Debts and Obligations	\$	J# 10			****	
rom Schedule II) Unpaid Debts and Obligations rom Schedule IV)	\$	J ₂ 10		•	****	÷
Unpaid Debts and Obligations rom Schedule IV)	\$				****	
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SCHEDULE I Contributions and Receipts

Detailed Summary Page

Filer Identification Number	 FIORE	LEONE
Report of the contract of the section was the recommendation of the contract o		

March State (March March March 1994)		
1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor		
Total for the reporting period (1) $M \in DEDAD$	\$	50,00
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)	\$	500,00
Total for the reporting period (2)	\$	500-
3. Contributions Over \$250.00 (From Part C and Part D)	(1) (1) (1)	
Contributions Received from Political Committees (Part C)	\$	2500.00
All Other Contributions (Part D)	\$	500,00
Total for the reporting period (3)	\$	3000
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 (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)	\$	3550,00

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.

	The second of th				Amount
Full Name of Con	tributing			Date [MM/DD/YYYY] \$	ount
Committee					
House #	Street Address			Date [MM/DD/YYYY] \$	
City	WAR 100 100 100 100 100 100 100 100 100 10	State	Zip Code	Date [MM/DD/YYYY] S	<u> </u>
Full Name of Con Committee	itributing	province and a transfer of the	A come of the residence	Date [MM/DD/YYYY] 5	
House #	Street Address			Date [MM/DD/YYYY] 5	<u>. </u>
City 1		State	Zip Code	Date [MM/DD/YYYY] \$.	
Full Name of Con Committee	ıtributing	,		Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] . S.	
City	1493 (1493) (1493) (1493) (1493) (1493) (1493) (1493) (1493) (1493) (1493) (1493) (1493) (1493) (1493) (1493)	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Con Committee				Date [MM/DD/YYYY] S	- ————————————————————————————————————
House #	Street Address			Date [MM/DD/YYYY] \$	
City	per spenjenske det distribute	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Con Committee	ntributing		e e samel	Date [MM/DD/YYYY] \$	
House # :	Street Address			Date [MM/DD/YYYY] \$,
City		State	Zip Code	Date [MM/DD/YYYY]	
Full Name of Con Committee				Date [MM/DD/YYYY] 5	
House #	Street Address			Date [MM/DD/YYYY] \$	
City	noncome to an empire registration of final	State	Zip Code	Date [MM/DD/YYYY] : 55	, — — —

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.)

SALERIDE (Idea (Idea) (FIORE LEONE
AFUILINAME OF GONT PULL OF LAND	04/12/2019
House ## 4216 Street Address TRASK AVE	Date [MIVI/DD/AAAAI]
CITY ERIE State PA. Paperolle 16508	Date MM/DD/MAMI \$ 250, 00 Date MM/DD/MAMI \$ 250, 00
CARL ANDERSON III	- 1 / California
3830 STREET PARADE STREET	Date (MM/SD/WWW)
City ERIE State PA 210 Code 16504	Date MIN/Dely/AMAI S
Full Manner of Control of the Contro	Date IMM/PD/MAMIL S
Giouse## Street Aldriness	DECE [MINIMONYAAAN] \$
Guy Zipidotta	i idente ([MIN/MIDIN/ANA)] \$
Jauli Nerrae of Contribution	Dage [MIXI/PDV/MAM] \$
Dongo:::: Sireot:Addixes	TEACE INDIVIDED/ANNAME S
(diay)	Data MIXIADO (AAAA) S
Full Name of Connection	Data (MIM/DDM/MANA) S
Hitouse III Surgal/Addicss	Date (MIXIADDY VANAU) S
©tay Zipocide	DECONOMINATION S.
Hull Name of Contributor	GET G [KNIXNOTON, WAVAN] \$
House ## Sincet Additions	IDEKO IMININDIDAYANANI S
Guy Sinis Zip(Gode	(Bata MM/DD/AXXXII \$

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

	FIORE LEONE
Contributing Committee: NORTHWEST GOOD GOV, PAC PHOUSE #1 100 Street Address STATE ST. SUITE 440	03/29/2019 2500.5
House # 100 Street Address STATE ST. SUITE 440	Date [MM/DD/YYYY] # \$5
ERIE State PA ZID COBE 16507	Date MM/DD/YYYY)
हिंगीहें Nameroi Contributing Committee	Date [MM//DD/YYYY)] . S
House:# Sueet/Address	Date MIV/DD/AAAA
(Glay	TOETCH [MIM//DDY/YYYYY]
fiulkNemeof ContabutingCommittee	Datter MIM//DD//Y6AAAA)
House#1 Street:Address	DETCHIMINI/DDAYAYAYII
Gliv Zip/Codes	Detelly IV No DAY AND S
Special Alluft Committud (committee	Date [MM/JDD/YWY/] \$
(House:#) Strices/Address	Apates(MIXI/DD/NANA)). S
Gity State Zip/Gode	Dete (MM//DDYXXAM)
failliNameof ContributingCommittee	¿Date [MM//DD/Y/AM]. \$
House# Street:Address	Date (MM/DD/WWW)
(city Zipcode	**Deiter[MIM/ADD/A/A/A/] \$
Hellhitemerof Ganadorting Committee	Date (MIM/DD/MAM)
Rouse∰ Street Address	Date (MIXI/DD/MMM) S
(City State //Zip/60de.	Date[MIMADDAWAA][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)

aedminostenii destrontumber:

			FIORE	LEONE
Hulli Namelo i Contributor	MAS TAL	CARICO	Date [MM/DD/M/M] \$	•
(House::) Street Address 230	WEST O	CARICO ST ST-	Date [MM7/DD/AYAYA] \$	-
ERIE .	State PA	Zip code 16507	(1809/202	500,00
leimployer(leime leimployer(l/leilling/Addhess// Puineipell/Rleueof/Business			(Occupation)	.,
Figure Contributor	<u></u>		(Date-/[MIM//DD/AAAAA)] S	
REGINDS (;) Street (;)			Date (MIN/ADD/ATAYAN): S	
Gtay	Sare	ZIp@de	Date([VIIV//DD/A^AAA]) S	4
Employer Name			्र (व्यान्त्र) विकास	
amployer Vieilling/Addicess// Principell/Hace of Business				
Fall Neme of Contributor			[Deate [[VIIVI/Jeld//www]] 55	
House:: Street Address			Date ([VILVI)/DD/AVAVA) \$	
(Gray	State	, <u>শ্র</u> াত (তর্গ (ভ	Date (MM/MOD/MMA) S	
Engloyer (Ene			(Glegtletzigieit)	
lämpleyer Mailing Address // Rämelgel Riece of Business				
Rull KennerokConntburok				
Street Address			Octo- [XIM/ODD/MAXA] S	
Gity	(State)	ZipCoda -	Dete (ivini/ody/mmm) S	
Employer (kimie	****		Qaujetijon	
िक्स्मूर्गकर्मा (XEITTing (Address // । अग्रेजनाम्बी (शिक्षक जोसिम्बानस्ड				

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			
House # Street Address City Receipt Description	State :	Zip. Code	@Date:[MM/DD/YYYY]] \$
FullVame			
(dity) Receipt Description	State	Zip Godey	#Date IMM/DD/\A/\/) \$
Rull(Neme			
Street:Address (Glay) (Glay) (Glay) (Glay)	State	Zijo Godle	Date [MM//DD/AAAAA] \$
iiuli Name			
Street/Address (disy	State	Zip Gode	Date (MM/DD/AYAYA) \$
(Full (Name			
Street/Address (City) Iteaclpt: Description	Sette	Zio Gode	Date (MM/DD/AYAA)
Saulh Varme			
Blouse:## Street/Addiress (ब्रोहर) Receipt: Description	State	Zip Gode	/Date:(MIM/DD/AYAY)

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

าสใครใช้คุณที่โดยของสังษณ์อักระ			
I. UNITEMIZEDÄN-KINDÆGNTRIBUTION	S REGEIVED VALUE OF SSO	.00.O	RILESS PERICONTRIBUTOR
TOTAL for the reporting period	(1)	\$	
2IN-KIND CONTRIBUTIONS:RECEIVEDA	ALUE/ORS5001TIOS250()0 (FR	(OVERARDE)
TOTAL for the reporting period	(2)	\$	
3 IN KIND CONTRIBUTION RECEIVED V	ALUE OMERIS 250:00 (FROM	PAR	I (S)
TOTAL for the reporting period	(3)	\$	
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DUI PERIOD (Add and enter amount totals from box on Page 1, Report Cover Page, Item F)		\$	

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer dentification Number				
Full Name of Contributor	# P		Date [MM/DD/YYYY] \$	
House# Street Addres	SS.		Date [MM/DD/YYYY]	
Gry	State	Zip Code	Date [MM/DD/YYYY] \$	
Description of Contribution		(1) (2) (2) (2) (2) (2) (2) (2) (2) (2) (2		
Full Name of Contributor	and account of		Date [MM/DD//////] \$	
House## Street-Addres			[Date [MM/DD/WW]] \$.	
হোয়ু	Siate	Zip Code	(Date:[MIM/DD/(W/W)) \$	
Description of Contribution				
Suitdifficeaconal/fluid			(Date:(MM/DD/AAAA)) \$\$	
Rouse(i) Street/Addre	SS		(Date(IMIM)/pD/AAAA)	
(Giy)	State	Zip@ode	(Date)(IVIVI/DD/MAM) (SS)	
Description of Contillution				
fallinemeof@antfibutor			pate(MM/PD/MYM)	
House: Street/Addre			Date(MM/ADD/AAAA) (\$	
(elty)	State	Zip/code	DateIMM/DD/WWIII	
Description of Contribution				
fulliNemeoif@oitalbutor			*Date MM//DD/A/A/M \$	
Florse# Street/Addre			/loate MM/Job/AAAAI \$	
City	Siate	2/4[p/(600 lex	(Date [MIM//DD/AAAAA)) \$	
Description of Gontilloution				

SCHEDULE II

Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer identification Number

(Full Name of Contributor	[Date IMM/DD/YYYY] 55]
House # * Street Address	Date [MM/DD/YYYY] \$5
(Gity Zip Code	Date [MM/DD/YYYY] *5
Employer Name	Occupation (1)
Elimployer/Mailing/Address/JBrincipal () Place of Business	Description (1) or (1) Contribution
RulliName/of/Contributor/	/Date(IMM/DD/MXXVI)
House ::	Date [MM//DD//WAYA]
GLY State Zip Gode	.Date:[MIVI/DD/AYAYA] \$2
Hamployar Nemie	Occupation
Hamployer(Yeilling/Address /Halindipel) Place of Business	Pestedption of Contribution
Taulkikimeoikicointiilbutor	Date (MIV)/DD///////
(flouse:#) Street Address	Date [MM//DD//YYYY]
Clty State Zip(Gode	Date [MM//DD/AWAI]
Employer (kine)	(Oddipation
(Employer Wallfing Address // Rimelpall Plane of Business	्राज्य । १०१३ - (द्वाना अधिकार)
Full (Vame of Acont id buttor	Date (MW/DD/MM)
House# Street Address	Date/[MIXI/DD/AYYYY) \$
State Zip Code	Pates [MIM/DD/ANYA/] \$5.
Employer/Name	ા ભારત કરાયા
बिच्चित्रप्रदा Mailling/Addicess //Pidiodical Places of Business	Description । जर विकास विभाग

Statement of Expenditures

HeadentificationNumber:	FIORE LEONE
	地元で発信機・高等では16円で発行で発行して発展 中央主義
ERIE COUNTY	03/27/2019 35.00
House 140 Street Address W. GTUST.	Description / fri knenditure
ERIE PA COR 16501	VOTER DISC CK#
ROST MASTER (STAMPS)	04/01/2019 55.
Housert 3607 Street Address POPLAR 5T-	Desaglotion of Aspenditure
COLLY ERIE STATE PA COOLS 16508	MAILING FOR YO STGNS CK#107
TOWNOMIPAILE PRESANTIS SIGNS	04/03/2019 700.00
HOUSE # 540 Street Address WEST 18 12 ST.	Description of Expenditure
City ERIE State PA Choice 1650Z	PARTIAL PMY FORSIGNS CK#108
COM-TO ELECT ERIN CONNELLY	04/04/2019 50.00
Houself Street Address JUDGE CANDIDATE	Desaigitor/offskyrandluna
(Gity)	PARTY@ YACHTCLUB 109
POSTMASTER (FIORE LEONE)	04/05/2019 145.
House iii 3607 Street Address Poplar ST.	Description of Expenditure
ERIE State PA Code 16508	PA-CASH+REIMBURSEP SELF CK#-110
ROSTMASTER	04/05/2018 55, 00
Glouise fit 36 07 Street Address PopLAR ST.	Destription of Expenditure
ERIE PA Code 16508	MAILING-SIGNS ETC CK #111
BIROSCAK PRINTING	04/09/2019 50, 88
1919 StreetAddress PEACH ST.	Place (juliar, 60) Expenditions.
GIV ERIE PA Code 16502	FICKETS FOR PARTY CK#112
DE SANTIS 51GNS	04/12/2019 772,52
House 540 Sical Address W-18th ST	Description of Expanditions
City ERIE State PA Gode 16502	FOR SIGNS CK# 113

Statement of Expenditures

Filer Identification Number:

To Whom Paid DESANTIS SIGNS (PAT DECK) Date MM/DD/MYY) Street Address Date MM/DD/MYY) STAPE SIGNS CK#-114
House # 540 Street Address W. 1844 ST. City ERIE State PA Code 16502 STAPLE & TAPE CK#-114 TO Whom Paid FRIE O. DEM. PARTY House # 1305 Street Address STATE ST. City ERIE State PA Code 16501 PARTY CKET City ERIE State PA Code 16501 CK#-115 To Whom Paid Description of Expenditure State PA Code 16501 PARTY TO CKET CK#-115
TOWNOMPAID FRIE CO. DEM. PARTY O4/14/2019 House# 1305 Street Address STATE ST. City: ERIE State PA code 16501 PRRTY TICKET CK#115 TOWNOMPAID Date [MM/DD/MYXYI] 581 - 593
House # 1305 Street Address STATE ST. City ERIE State PA Code: 16501 PRRTY TICKET CK#115 To Whom Paid Date IMM/DD/MYXYI # 588 1 5 9 3
City: ERIE State PA Code: 16501 PRRTY FICKET CK#115
Townom Paid Date IMM/DD/WYY1 St. 7 93
Townom Paid Date IMM/DD/MYY1 S 1329 93
House# 1518 Street Address WALNUT 5T. Desofiption of Expenditure
CITY ERIE STATE PA ZIP 16501 FOOD FOR PARTY CK#116
TOWNOMPAIR NUOVA AURORA Date [IMM/DD/MXXXI] 5 232.00 04/17/2019 232.00
House# 1518 Street Address WALMOT ST- Description of Expenditure.
GIEV ERIE State PA COSTS CK#117
TOWNOMPRAIDE C.A.M (T.V.CHANNEL) Date [MM/DD/MMM] \$ 50,000
House# 142 Street Address W. 12 th ST. Description of Expenditure
GILLY ERIE State PA Code (650) RECORDING CK# 118
The Whom Paid $WZTF$ code (680) $VXYY1 = 350$,
Street Address UNION CITY
ERIE State PA CODE RADIO TIME
To Whom Paid () (\$\)
Figure # Street Address Description of Expenditure.
Gity. State Zip Gode.
(ToWhom Pattle :)
(Abuse)): Description of Expenditure.
Gity. Zip. Zip. Code 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.

Filerice till Cation Number		
Name of Greditor		Outstanding Balance of Debt
House#. Stre	et Address CDATE DEBTAINCURRED (MM/DD/YYYY)	S S S S S S S S S S
City Description of Debt	State Zip Code Z	
Name of Greditor		Outstanding Balance of Debt
AHouse## Stre	et Address DATE DEBT INCURRED. [IVIMI/DB/YYYYY] State Zip Code	
Desgription of Bebs	<250(MedPlaCR274PT	
Nemeof@ædioc	<u></u>	Outstanding Balance of Debt
(GLy	et/Address DATE/DEBT/[NCURRED] [MO/DD/YYYY] State Zip Gode	
(शक्तमंग्री वालंगिवेधः		
Newcoi@collion House: Rice Since	ect Address DATE DEBT (INCURRED) [MM/DD/AYAY] State Zip. Gode :	Oustanding Balance of Debt
व्यक्तामध्यम् क्रिक्ट		
Nameoi Geilio:		Outstanding/Balance of Debt
Street St	PATE DEBT [NGURRED [MM//DD/AWAA]	
(Description of Debt	State: 400 (code: 2	
		DRIFTS AND THE REPORT AND THE REPORT OF THE
	et Address (MIX/ADD/AYAY)	Outstanding Balance of Debt
(dty)	State (Zip	
Description of Debt		