

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	Committee	<input checked="" type="checkbox"/> Lobbyist
Name of Filing Committee, Candidate or Lobbyist	Committee to Elect Christal Lepak 40 Treasurer Rebekah Armel			
Street Address	2657 Poplar 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	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)	11/05/2019	Year	2019	Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	03/11/2019	05/06/2019	
A. Amount Brought Forward From Last Report	\$	0	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	1,232.50	
C. Total Funds Available (Sum of Lines A and B)	\$	1,232.50	
D. Total Expenditures (From Schedule III)	\$	1,191.31	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	41.19	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	175.18	

2019 MAY 13 PM 3:26
ERIE COUNTY
VOTER REGISTRATION
IF

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 pages 1 through 4 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

Cheryl
Signature

My Commission expires 06 11 2022
MO. DAY YR.

R. Armel
Signature of Person Submitting report
Rebekah Armel
Printed Name

814
Area Code

806-7445
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
10th day of MAY 20 19

Cheryl
Signature

My Commission expires 06 11 2022
MO. DAY YR.

Christal L. Lepak
Signature of Candidate
Christal L. Lepak
Printed Name

814
Area Code

722-7189
Daytime Telephone Number

Notary Seal
Commonwealth of Pennsylvania - Notary Seal
Quincy Abbas, Notary Public
Erie County
My commission expires June 11, 2022
Commission number 1284116
Member, Pennsylvania Association of Notaries

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)	\$ 562.50
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)		\$	200.00
Total for the reporting period		(2)	\$ 200.00
3. Contributions Over \$250.00 (From Part C and Part D)			
Contributions Received from Political Committees (Part C)		\$	0
All Other Contributions (Part D)		\$	470.00
Total for the reporting period		(3)	\$ 470.00
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>		\$	1,232.50

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		N/A						Date [MM/DD/YYYY]	\$	0	
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]		\$
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		Joice A. Savocchio			Date [MM/DD/YYYY]	\$	200.00
House #	4015	Street Address		Allegheny Rd	Date [MM/DD/YYYY]	\$	-
City	Erie	State	PA	Zip Code	16509	\$	-
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code		\$	
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code		\$	
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code		\$	
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code		\$	
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code		\$	

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]		\$	0
N/A								
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:	
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Full Name of Contributor				Christal Lepak-Candidate		Date [MM/DD/YYYY]	03/22/2019	\$	60.00
House #	2657	Street Address		Poplar St.		Date [MM/DD/YYYY]	04/10/2019	\$	350.00
City	Erie	State	PA	Zip Code	16508	Date [MM/DD/YYYY]	04/18/2019	\$	60.00
Employer Name				Fortis Incl. of Erie		Occupation		Instructor	
Employer Mailing Address / Principal Place of Business				5757 West 26 th St. Erie, PA 16506					
Full Name of Contributor				—		Date [MM/DD/YYYY]		\$	0
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		N/A						
House #		Street Address						
City		State		Zip Code		Date [MM/DD/YYYY]	\$	⊕

Receipt Description	
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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	
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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:	
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1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.00 OR LESS PER CONTRIBUTOR
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TOTAL for the reporting period	(1)	\$	0
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2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.00 (FROM PART F)

TOTAL for the reporting period	(2)	\$	0
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3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART G)

TOTAL for the reporting period	(3)	\$	0
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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)	\$	0
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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]		\$	
N/A								
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

Filler Identification Number:	
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Full Name of Contributor					Date [MM/DD/YYYY]		\$	0
N/A								
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		Biroscak Printing Co. Inc.			Date [MM/DD/YYYY]	\$	53.00
House #	1919	Street Address	Peach St.		Description of Expenditure		
City	Erie	State	PA	Zip Code	16502	50/50 Fundraising Tickets	
To Whom Paid		VFW Post 470			Date [MM/DD/YYYY]	\$	482.87
House #	1808	Street Address	West 26th St.		Description of Expenditure		
City	Erie	State	PA	Zip Code	16508	Campaign Fundraising Event	
To Whom Paid		DJ Elite Services			Date [MM/DD/YYYY]	\$	100.00
House #	1234	Street Address	Brown Ave		Description of Expenditure		
City	Erie	State	PA	Zip Code	16502	DJ/MC Fundraiser	
To Whom Paid		DeSantis Signs & Graphics			Date [MM/DD/YYYY]	\$	300.00
House #	540	Street Address	West 18th St.		Description of Expenditure		
City	Erie	State	PA	Zip Code	16502	Deposit Yard Signs	
To Whom Paid		DeSantis Signs & Graphics			Date [MM/DD/YYYY]	\$	255.44
House #	540	Street Address	West 18th St.		Description of Expenditure		
City	Erie	State	PA	Zip Code	16502	Balance Yard Signs	
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.

Filer Identification Number:	
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Name of Creditor					Christal Lepak			Outstanding Balance of Debt	
House #	2657	Street Address	Poplar St.		DATE DEBT INCURRED [MM/DD/YYYY]		\$ 25.31		
				04/05/2019					
City	Erie		State	PA	Zip Code	16508			
Description of Debt		Food & Beverages - Meet & Greet @ Erie Library							

Name of Creditor					Christal Lepak			Outstanding Balance of Debt	
House #	2657	Street Address	Poplar St.		DATE DEBT INCURRED [MM/DD/YYYY]		\$ 100.44		
				04/10/2019					
City	Erie		State	PA	Zip Code	16508			
Description of Debt		Fundraiser food decor etc.							

Name of Creditor					Christal Lepak			Outstanding Balance of Debt	
House #	2657	Street Address	Poplar St.		DATE DEBT INCURRED [MM/DD/YYYY]		\$ 39.89		
				04/19/2019					
City	Erie		State	PA	Zip Code	16508			
Description of Debt		Luncheon							

Name of Creditor					Christal Lepak			Outstanding Balance of Debt	
House #	2657	Street Address	Poplar St.		DATE DEBT INCURRED [MM/DD/YYYY]		\$ 9.54		
				04/29/2019					
City	Erie		State	PA	Zip Code	16508			
Description of Debt		Tape for Yard Signs							

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									